International Journal of Advanced Community Medicine

E-ISSN: 2616-3594
P-ISSN: 2616-3586
IJACM 2020; 3(1): 15-21
Received: 08-11-2019
Accepted: 12-12-2019

EE Enwereji,
College of Medicine, Abia State University, Uturu, Abia State, Nigeria

MC Ezeama
College of Medicine, Imo State University, Owerri, Nigeria

KO Enwereji
College of Medicine, Nnamdi Azikiwe University Teaching Hospital Awka, Anambra State, Nigeria

Corresponding Author:
EE Enwereji,
College of Medicine, Abia State University, Uturu, Abia State, Nigeria

Listening to the narratives of students' sexual exposures in selected tertiary institutions in Abia state of Nigeria

EE Enwereji, MC Ezeama and KO Enwereji

DOI: https://doi.org/10.33545/comed.2020.v3.i1a.109

Abstract
Background: Sexual violence is now increasingly practiced in many tertiary institutions in both developing and developed countries. There is need to listen to the students, especially from the perspectives of affected individuals on the types of sexual exposures they experience in tertiary institutions. This will assist researchers to package along with the students, relevant intervention strategies that will minimize the incidence of sexual violence in tertiary institutions.
Methods: Cross-sectional descriptive study using self-administered questionnaire on Students sexual behaviours was done. Three tertiary institutions, federal, state and private universities were randomly selected for study. Purposively, 30 participants were used in each university. Participants were selected to ensure maximum variation in age, gender and exposure. Narrative methods that considered how individuals' sex, age and level of education shaped sexual exposures and experiences were used. To elucidate the practical and feasible steps that could minimize sexual violence among students, integrated narrative analysis grounded with feminist intersectional theory was used to obtain information from the students. This was done realizing that young people's faces, voices, thoughts, inputs, and creativity are useful in suggesting how to reduce sexual violence in tertiary institutions.
Findings: Results showed that in Michael Okpara University of Agriculture (MOUA), 5 (17%) and 4 (13%) of the students respectively practiced anal and oral sex. In ABSU, 2 (7%) and 5 (17%) respectively indulged in anal and oral sex while in Rhema, 8 (28.8%) and 7 (26%) respectively, gave narratives on their involvement in anal and oral sex. Also some students in the three universities narrated being involved in group sex, self- masturbation, Hetro-masturbation, and homosexual relations showing that probably, a good number of them had unprotected sex. The common reasons given for practicing other forms of sex apart from vaginal sex were: to prevent HIV&STIs, to avoid group sex, for quicker sexual satisfaction and to prevent pregnancy.
Conclusion: The study provides further evidence that in order to reduce sexual violence among youths in tertiary institutions, their views, inputs and creativity should be explored.

Keywords: Sexual behavior, tertiary institutions, sexually transmitted infections, narratives, pregnancy

Introduction
Studies have shown that adolescents, especially females in institutions of higher learning are at risk of sexual violence [1-3]. Most students are coerced into having sexual relationships against their wishes [4, 5]. As a result, a good number of them have same sex relationships [6, 7]. This is why to avoid stigmatization; most females do not seek interventions on some of the salient sexual problems they encounter while on campus [8-10].
The problem of not using condoms during sex is common among youths in higher institutions. This practice has been a source of concern in the prevention of HIV and other sexually transmitted infections [11-13]. Researchers have found that females, agreeing to have sex without condom was a necessary condition to avoid conflicts and assaults from male sex partners as well as to receive material goods and/or financial assistances [14-17]. Many researchers are of the opinion that condom use alone is not a sufficient HIV risk-reduction strategy because of the limitations of condoms [18, 19]. Ideally, to prevent unplanned pregnancy and sexually transmitted infections, condom use as well as abstinence should be encouraged among sexually active adolescents especially those in higher institutions [20, 21]. Therefore, for higher effectiveness, adolescents' HIV risk-reduction strategy should concentrate predominately on abstinence. Therefore, there is need to emphasize abstinence to youths at any opportunity sexual health is discussed [22, 23].

Youths with multiple sex partners particularly those in higher institutions, have sexual activities that are highly visible and can significantly contribute to morbidity and mortality as well as infections that can predispose them to stigma and social exclusion [24, 25]. Delayed diagnosis and treatment will cause irreversible harm as alternative treatments are sought from outside the health systems. These alternative treatments could give rise to catastrophic economic and social consequences [26]. In exploring strategies that could reduce sexual violence among youths, it is important to seek the views of those affected so as to understand their perception and how their perception varies by age, gender and types of sexual relations experienced. This is necessary because in-depth exploration of the narratives of affected persons will elucidate the practical and feasible steps that could reduce sexual coercion in higher institutions [27, 28]. There is minimal evidence on the perceptions of individuals affected with sexual violence and coercion especially on views of how to avoid such incidences. Studies have argued that listening to the views of affected youths will produce unique opportunity of sharing their experiences so as to identify relevant strategies on how to overcome such experiences [29, 30]. This will afford the opportunity of not categorizing individuals based on sexual exposure but rather on the synergies of sexual experiences that vary among them.

Studies have shown the need to take seriously youth participation in disease prevention. Young persons have much to offer because of their social life experiences. Young people already feel it is their responsibility to fight injustices, and to educate themselves on the need to be vocal so as to have meaningful change in, issues that concern them [31]. Consequently, researchers have argued that using feminist intersectional theory as a key analytical issue to consider how individuals' unique positions shape their sexual experiences will reflect positively on their health seeking behaviours [32]. When lives become disrupted because of infection or illness, narrating experiences can help in understanding the source of the infection or illness. It could change life styles that would rebuild self-identity of the affected individuals [33, 34]. Narratives from individuals living with same disease are useful in designing prevention programmes and in exploring coping mechanisms for health conditions like HIV and other STIs. Narrative initiates a process of listening and understanding because the fluidity of the stories result in their integration when using narratives like restitution, chaos and quest [35, 36].

Restitution narratives are the most common form of narrative that stress on how the individual moved from health to sickness and back to health again through a health seeking behaviour. Restitution focuses on the desire to return to a 'pre-illness state' on realizing the need to fix the body after illness has produced a functional breakdown of the body systems [37]. In restitution, the concept is to get well after realizing that for every disease there is always a cure.

Chaos narratives generate loss of control and state of hopelessness for life improvement. In chaos narratives, there are detailed descriptions of how the affected persons have been suffering from isolation, rejection and denial from others. The affected persons share their vulnerabilities despite repeated efforts to control the situations and yet the situations prove all-consuming [37, 38]. The problem with chaos narratives is the difficulty to follow the trend of the stories because of the jumbled or broken nature of the narratives. However, [38] described chaos narratives as narrative wreckage which are critically important and must be recognized as individual experiences needing care and attention.

In quest narratives the affected individuals accept their problem and provide suggestions on how to prevent further occurrence. They are aware that they can no longer return to the 'pre-illness condition although they are no longer ill, but that the condition has left an indelible mark that will shape their identity for life. They therefore, encourage others to avoid such conditions [39, 40]. For easier understanding, researchers now present three types of quest narrative as follows

- Memoir narrative which shows that the events one passed through are related and simply unavoidable
- Manifesto narrative, which assumes that the events one passed through will become a motivator for social change in one's lifetime; and
- Automythology which presents the events or illnesses one experienced as capable of shaping ones fate or destiny. Here, researchers are of the view that affected persons who use quest narrative as an ideal method of presenting their experiences may fail to rise above their experiences thereby become socially debased [41, 42].

In using feminist intersectional theory, the belief is that intersectionality will enable individuals to view identity formation and social positions as factors that could shape the individual's 'manhood', 'womanhood', 'motherhood' and 'parenthood,' so as to understand the complexity of life experiences and how to respond to them to avoid inequalities [43]. The theory uses sex, gender, race and class to consider interactions between different aspects of social identity that influence sexual oppressions. The benefit of intersectional analysis in this study is the ability to explain the factors that influence sexual violence and coercion in higher institutions.

Feminist intersectional theory provides in-depth understandings of the subjective gender experiences in sexual violence. Thus using feminist intersectional analysis in narrative explorations from affected individuals will provide further in-depth into how positions of power and privilege affect types of sexual experiences. Feminist intersectional theory will expose risky activities that encourage HIV and other STIs especially having unprotected sexual intercourse, blood transfusion and others [44]. There is need to provide young people with information and counseling on sexual and reproductive health issues as well as on promotion of healthy sexual behaviours. This will reduce all forms of violence, including sexual harassment, gender stereotypes and domestic violence that undermine women's and girls' ability to make decisions regarding their sexual life [45].

This study explored tertiary students' sexual exploits by allowing them to narrate their experiences so as to encourage them to make suggestions on how to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and from all forms of sexual violence and coercion in the university. In particular, they were encouraged to offer ideas on how to maintain healthy sexual relationships. That is, the current study addressed these questions: What patterns of sexual practices are students in tertiary institutions exposed to? To what extent are

university students exposed to sexual violence and/or coercion? How do these patterns of sexual activities differ by sex? Can healthy sexual relationships be maintained? To what extent can students suggest ways of minimizing sexual violence?

Ethical consideration

Ethical Review Committees of the Abia State University approved the project before the commencement of the study. After the approval from the ethical committee, informed consent was sought and obtained from the Dean of Students' Affair of the three universities studied as well as that of the students.

Study area

The study area is Abia State in South East Nigeria. Abia State is made up of 17 local government areas. It has a population of 2.7 million (2006 Nigerian census report).

There are 9 tertiary institutions comprising 3 universities (Federal, State and Private), 2 polytechnics, 2 teacher training institutes and 2 schools of health. All the universities in the State, Michael Okpara University of Agriculture (MOUA), representing federal university, Abia State University, representing State university, and Rhema University, representing private university were used for the study.

Abia State has 3 commercial cities Aba, Umuahia and Arochuku. These cities are densely populated. Inhabitants of Abia State are made up of artisans, traders, farmers, civil and public servants. Individuals in Abia State receive health care services from a teaching hospital, four general hospitals, seven primary health care centres and a host of private hospitals.

Methods

The study used a cross sectional descriptive research design. Three universities, one private, one State and the other Federal were used for the study. The three universities are Michael Okpara University of Agriculture (MOUA), representing Federal University, Abia State University (ABSU), representing State University, and Rhema University, representing Private University. Purposively, 30 participants were used in each university. Participants were selected to ensure variations in age, gender and sexual exposure. Self-administered questionnaire on students' sexual behaviors was done. The study used narrative approaches to probe the students' sexual experiences. Narrative methods considered how individuals' sex, age and level of education shaped their sexual exposures and experiences.

To elucidate the practical and feasible steps that could minimize sexual violence among students, integrated narrative analysis grounded with feminist intersectional theory was used to obtain information from the students. In using this theory to collect information from the students, three types of narratives like quest narrative which adopted three other narratives such as: memoir narrative where respondents viewed sexual violence and coercion as related and unavoidable in tertiary institutions, manifesto narrative, in which the respondents saw the experiences they passed through as lifetime motivators for social change, and automythology narrative, where respondents presented their experiences as capable of shaping their fate or destiny, The second narrative the respondents adopted was chaos narrative where they shared their vulnerabilities to sexual exploits and explained how the efforts they made to avoid the situations failed. The third narrative the students used was restitution narrative. Using this narrative, the respondents explained their willingness to return to 'pre-illness state'. The narrative enabled them to understand how sexual violence and coercion can initiate functional breakdown of the body systems. The narratives were integrated with the understanding that the analysis of the views, facial expressions, voices, inputs, recommendations and creativity of the students are useful in planning strategies on how to reduce sexual violence in tertiary institutions. The uniqueness of this study is that students' suggestions and decisions were the main basis for the recommendations on how to achieve healthy sexual relations in tertiary institutions.

Findings

Table 1: demographic characteristics of the respondents

Characteristics	MOUA	ABSU	Rhema	Total
Sex				
Female	11 (37%)	23 (77%)	25 (83%)	59 (66%)
Male	19 (63%)	7 (23%)	5 (17%)	31 (34%)
Total	30 (100%)	30 (100%)	30 (100%)	90 (100%)
Age range				
Less than 20 years	5 (17%)	15 (50%)	21 (70%)	41 (46%)
20-25 years	21 (70%)	15 (50%)	9 (30%)	45 (50%)
26-30 years	3 (10%)	0%	0%	3 (3%)
31-35 years	0%	0%	0%	0%
36 years and above	1 (3%)	0%	0%	1 (1%)
Total	30 (100%)	30 (100%)	30 (100%)	90 (100%)
Marital status				
Single	30 (100%)	27 (90%)	28 (93%)	85 (95%)
Married	0%	2 (7%)	0%	2 (2%)
Separated	0%	1 (3%)	2 (7%)	3 (3%)
Divorced	0%	0%	0%	0%
Total	30 (100%)	30 (100%)	30 (100%)	90 (100%)

From the Table, Rhema and ABSU as private and State universities respectively had more female students than MOUA which is a federal university. Also students in MOUA were older than those in ABSU and Rhema. However, students in Rhema University were younger in age than those in MOUA and ABSU respectively. On the whole, a total of 31(34%) males and 59(66%) females between the ages of 20-35years were studied in the three universities chosen. Majority of the students studied were single. In ABSU, 3(10%) were married, while 2(7%) were separated/divorced In Rhema, 2(7%) of the students were separated/divorced while in MOUA all the students studied were single. See Table 1 for more details.

Students' narratives on types of sexual behaviour preferred

The respondents narrated two common forms of sexual behaviours preferred as oral and anal sex. The narrative from the students showed that some students preferred anal and oral sex to vaginal sex. Though the narrative showed other forms of sexual behaviours engaged in but basically, anal and oral sex were narrated as the commonly preferred forms of sexual behaviours by some students in the three universities studied. See Table 2 for details.

Table 2: students who preferred anal and oral sex to vaginal sex

Response category	Institutions and preferred forms of sexual behaviours					
	MOUA		ABSU		RHEMA	
	Oral sex	Anal sex	Oral sex	Anal sex	Oral sex	Anal sex
Yes	5 (17%)	4 (13%)	2 (7%)	5 (17%)	8 (28. 8%)	7 (26%)
No	25 (83%)	26 (86.7%)	27 (93%)	24 (83%)	20 (71.2%)	20 (74%)
Total	30 (100%)	30 (100%)	29 (100%)	29 (1900%)	28 (100%)	27 (100%)

From Table 2, more students in Rhema University than in other Universities practiced both anal and oral sex.

The reasons for preferring anal or oral sex to vaginal sex were explored. The reasons given for preferring oral and anal sex include: to avoid HIV infection or other STIs, to prevent pregnancy, for quicker sexual satisfaction and to avoid group sex. See Table 3 for details

Table 3: reasons for engaging in oral and anal forms of sexual behaviour

Reasons narrated	Institutions and reasons for engaging in oral and anal forms of sexual behavior					
	MOUA		ABSU		RHEMA	
	Oral sex	Anal sex	Oral sex	Anal sex	Oral sex	Anal sex
To prevent HIV&STIs	3 (10%)	1 (3.3%)	0 (0%)	4 (13.3%)	3 (10%)	4 (13.3%)
To prevent pregnancy	1 (3.3%)	1 (3.3%)	0 (0%)	1 (3.3%)	3 (10%)	2 (6.7%)
To avoid group sex	2 (6.7%)	4 (13.3%)	3 (10%)	2 (6.7%)	2 (6.7%)	1 (3.3%))
Quicker sexual satisfaction	2 (6.7%)	0 (0%)	2 (6.7%)	0 (0%)	2 (6.7%)	1 (3.3%)

Table 3 contains reasons why some students opted for anal or oral sex as against vaginal sex. The main reason given was to prevent HIV infection and other STIs. A total of 15 (16.7%) of the students gave this reason in the three Universities studied. Later, other forms of sexual behaviours students also engage in were narrated. Table 4 contains the students' narratives.

Table 4: Forms of sexual behaviours students practice

Sexual behaviours also practiced	MOUA	ABSU	Rhema
Oral sex	5 (17%)	2 (7%)	8 (28. 8%)
Anal sex	4 (13%)	5 (17%)	7 (26%)
Self- masturbation	8 (28. 8%)	6 (20%))	4 (13.3%)
Hetero-masturbation,	5 (17%)	3 (10%)	2 (7%)
Vaginal sex	10 (33%)	12 (40%)	8 (28.8%)
Homosexual relationship	4 (13%)	5 (17%)	3 (10%)
Group sex	6 (20%)	4 (13.3%)	3 (10%)
Abstinence	9 (30%)	7 (23.3%)	11 (36.7%)

Table 4 presents various forms of sexual behaviours university students practice while on campus. From this Table, it is obvious that university students engage in various forms of sexual relationships but the commonly practiced among them are vaginal sex and abstinence. The kinds of social activities the students regularly participate in were explored. Table 5 contains the narratives of the social activities students engage in.

Table 5: social activities students participate in while on campus

Types of social activities	MOUA	ABSU	Rhema	Total
Watching films	12 (40%)	10 (33.3%)	9 (30%)	31 (34.4%)
Dancing competitions	11 (36.7%)	13 (43.3%)	8 (26.7%)	32 (35.6%)
Religious activities	6 (20%)	7 (23.3%)	11 (36.7%)	24 (26.7%)
Night clubs	10 (33.3%)	12 (40%)	7 (23.3%)	29 (32.2%)
Footballing	14 (46.7%)	10 (33.3%)	10 (33.3%)	34 (37.8%)
Weight lifting	5 (16.7%)	3 (10%)	2 (6.7%)	10 (11%)
Reading	15 (500%)	16 (53.3%)	18 (0%)	49 (54.4%)
Beauty competitions	8 (26.7%)	6 (20%)	5 (16.7%)	19 (21%)
Drinking extravaganza	9 (30%)	6 (20%)	4 (13.3%)	19 (21%)
Total	30 (100%)	30 (100%)	30 (100%)	90 (100%)

Table 5 shows that some students participated in more than one social activity while on campus. The common social activities students participated in include footballing, 34(37.8%) and reading, 49(54.4%). The students were requested to suggest ways in which sexual violence can be reduced in tertiary institutions. The students' suggestions are contained in Table 6.

Table 6: suggestions on how to reduce sexual violence in tertiary institutions

Suggestions	MOUA	ABSU	Rhema	Total
Banning of sale of alcoholic drinks and cigarette in campuses	6((20%)	7(23.3%)	13(43.3%)	26(28.9%)
Banning night clubs	15(50%)	21(70%)	24(80%)	60(66.7)
Discouraging social gatherings that extend to several hours	7(23.3%)	8(26.7%)	1111(36.7%)	26(28.9%)
Females confining themselves to their hostels at nights	12(40%)	14(46.7%)	16((53.3%)	42(46.7%)
Discouraging wearing of dresses that show parts of the body in campuses	8(26.7%)	10(33.3%)	15(50%)	33(36.7%)
Putting bright lights in all dark corners of the campuses	20(66.7%)	17((56.7%)	22(73.3%)	59(65.6%)
Encouraging religious activities where morals are stressed	13(43.3%)	16((53.3%)	18(60%)	47(52.2%)
Organizing regular seminars on benefits of abstinence	10(33.3%)	11(36.7%)	9(30%)	30(33.3%)
Total	30(100%)	30(100%)	30(100%)	90(100%)

Table 6 contains main suggestions made by the students to reduce sexual violence and coercion in tertiary institutions. From this Table, 60 (66.7%) of the suggestions made were banning night clubs and putting bright lights in all dark corners on the campus.

Discussion

In this study, information was got from students through the integration of three narratives. The three narratives that were integrated were restitution narrative, chaos narrative, and quest narrative. Quest narrative contained three other narratives like memoir narrative, manifesto narrative and automythology narrative. These narratives were used to identify the risk factors of sexual violence and coercion among students in tertiary institutions. From the findings, stories on restitution appeared to be the most common narrative used by many participants. This was noted by the proportion of students who showed their willingness to return to their pre-illness life before the onset of sexual exposure after realizing the risks they have taken. Restitution was most dominant during two key periods, the time students made suggestions on ways to minimize the risk factors and the time when the factors that encouraged sexual violence and coercion on campus were identified. In quest narratives, students who used memoir, manifesto and automythology narratives saw their sexual experiences as lifetime motivators that are capable of shaping their fate or destiny in life. Those who used chaos narrative, shared their vulnerabilities on how they made repeated efforts to avoid the situations, yet the situations proved all consuming.

The recommendations made by greater number of participants that all dark corners on campuses should be brightly lit and also that night clubs should be banned suggest that these constitute the main risk factors of sexual violence and coercion in tertiary institutions. Sexual activity in adolescence is frequently associated with other risk behaviors like the consumption of alcohol, tobacco, or other drugs which adolescents take during social functions like night clubs. This finding agrees with that of [22] that alcohol, cannabis and tobacco are the commonly consumed substances among students in tertiary institutions. Most times adolescents and youth who engage in casual sex consume these substances regularly and may not use condom because they may be too drunk to use it. Some of these drugs consumed act as sexual stimulants by reducing inhibition and increasing sexual desires. It may be safe to assume that adolescents who consume drugs are likely to engage in multiple sex partners and unprotected sexual intercourses than others.

The study noted various forms of sexual violence among the students studied as evidenced by the narratives they gave on types of sexual behaviours they engage in. From the students' narratives, seven different types of sexual behaviours were practiced. These were oral sex, anal sex, self- masturbation, hetero-masturbation, vaginal sex, homosexual relationship, group sex, and abstinence. The fact that the students narrated these forms of sexual behaviours shows the extent to which they are commonly practiced in higher institutions. A good proportion of the respondents narrated being involved in some forms of sexual behaviors, especially that of self-masturbation, hetero-masturbation, group sex, and watching pornographic films.

Ideally, adolescents' sexual and reproductive health should concern their physical and emotional wellbeings. It should also concern the ability to remain free from unwanted pregnancy, unsafe abortion, STIs including HIV/AIDS, as well as all forms of sexual violence and coercion. In particular, young people need to know how to maintain healthy sexual relationships where there will be near zero sexual exploits in higher institutions. It is important for young people to realize that sex before marriage should be avoided. Therefore, there is need for them to talk about how to realize this by engaging in activities that will lower the risk of STIs/HIV and pregnancy.

Relative to the suggestions made by the students where a good number of them specifically suggested regular seminars on benefits of abstinence portray their readiness to avoid pre-marital sex. Other suggestions that included increase in religious activities, putting bright lights in all dark corners of the campus, encouraging decent dressing, females limiting their movements to their hostels, discouraging sale of alcoholics, cigarettes and night clubs further reflect the desires of the students to protect themselves against sexual coercion. These recommendations are feasible and capable of lowering sexual violence.

The fact that part of the reasons the participants gave for practicing oral and anal sex included preventing HIV infection, avoiding group sex, pregnancy and for quicker sexual satisfaction suggest that the students were not properly informed on the mode of HIV infection as well as the risks of anal and oral sex. At this level, one would expect university students to be knowledgeable on risks of HIV infection but the reverse is the case. This poor knowledge must have been what informed them to suggest regular seminars to explain the benefits of abstinence. This finding supports the views of [15, 27, 35] on the need to organize periodic seminars to create HIV awareness in higher institutions.

This study has identified significant variations in the sexual behaviours of students in tertiary institutions in Nigeria. The results of the study reflect the suggestions of [27, 29] that types of social exposure are primary determinants of youth sexual behaviours. Findings are also in support of the literature on

the intersectionality argument by [14, 16, 24] that sexual behaviours are shaped and determined by societal conditions and not necessarily by individual characteristics. Study provides further evidence that in order to promote protective sexual behaviours among students in higher institutions, social and gender-specific tactics should be adopted in the prevention of HIV and other STIs.

When lives become disrupted by unplanned sexual experiences, narrated accounts of the experiences can help in understanding the meaning of the experiences and aid in reconstructing the identity of the affected individuals. Sexual violence and coercion narratives therefore present useful approaches in understanding how individuals experiencing sexual violence and coercion cope with these experiences. Integrated analysis of the narratives from different individuals who experienced sexual violence and coercion has proven useful in designing strategies to reduce such conditions in tertiary institutions [35, 42]. Thus, exploration of sexual experiences through narrative types in the study provided comparisons on experiences of individuals living in the same environment and showed how some individuals were protected while others were not.

In this study, exploring stories through the three main narrative types (restitution, chaos and quest) helped to enhance the process of listening and understanding because the fluidity of the stories encouraged their integration. Therefore, the number of students in the study who adopted different forms of sexual behaviours, and unplanned intercourses perhaps unprotected sex under the influences of alcohol and/or drugs is a source of concern and should necessitate intervention in form of sex education. This is needed because findings in the study suggest poor knowledge of HIV and STIs risks among the students studied. Beyond unprotected sexual relations, concomitant consumption of alcohol or drugs should merit special attention because the female students in this study narrated more encounters of unplanned intercourses under the effect of these substances. Therefore, HIV reduction interventions in tertiary institutions should emphasize abstinence.

Strength and limitations

This study was based on integrated narrative from students in three Nigerian Universities. This method of data collection was used with the understanding that young people's experiences, views, recommendations and creativity are useful in planning strategies to reduce sexual violence in tertiary institutions. Also, information from the narratives were pooled together to have overview of the students' sexual behaviours. However, there were some limitations that need to be highlighted. The limitations include possible bias in the narrative of the students' sexual behaviours, exaggeration and under-reporting of sexual activities. In general, males may tend to over narrate their sexual behaviours while females may under narrate theirs due to sociocultural perceptions. Furthermore, the snapshot nature of cross-sectional studies, may not allow the findings of this study to be globally generalizable.

References

1. Barbot O. Getting our heads out of the sand: using evidence to make system wide changes Am J Prev. Med. 2012; 42(3):311-12.
2. Heeren GA, Jemmott JB III, Ngwane Z, Mandeya A, Tyler JC. A Randomized Controlled Pilot Study of an HIV Risk-Reduction Intervention for Sub-Saharan African University Students. AIDS and behavior. 2013; 17(3):1105-15.
3. Kirk JB, Goetz BM. Human immunodeficiency virus in an aging population, a complication of success. Journal of the American Geriatrics Society. 2009; 57(11):2129-2138.
4. Kohli R, Klein R, Schoenbaum EE, Anastos K, Minkoff H, Sacks HS *et al*. Aging and HIV infection. Journal of Urban Health. 2006; 83(1):31-42.
5. Onen NF, Shacham E, Stamm KE, Overton ET. Comparison of sexual behaviors and STD prevalence among older and younger individuals with HIV infection. AIDS Care. 2010; 22(6):711-717.
6. Patterson TL, Volkmann T, Gallardo M. Identifying the HIV transmission bridge: Which men are having unsafe sex with female sex workers and with their own wives or steady partners? J Acquired Immune Deficiency Syndrome. 2012; 60:414-420.
7. Weed SE. sex education programs for schools still in question: a commentary on meta-analysis Am J Prev. Med. 2012; 42(3):313-15.
8. World Health Organization. Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. Geneva, Switzerland: World Health Organization, 2014. Available at: http://www.who.int/hiv/pub/guidelines/keypopulations/en/ September1, 2016)
9. Frank AW. The wounded storyteller: Body, illness, and ethics: University of Chicago Press, 2013.
10. Hankivsky O. Gender vs. Diversity Mainstreaming: A Preliminary Examination of the Role and Transformative Potential of Feminist Theory. Canadian Journal of Political Science. 2005; 38(4):977-1001.
11. McCall L. The Complexity of Intersectionality. Signs. 2005; 30(3):1771-800.
12. Bauer GR. Incorporating intersectionality theory into population health research methodology: challenges and the potential to advance health equity. Social science & medicine. 2014; 110:10-7.
13. Caiola C, Docherty S, Relf M, Barroso J. Using an intersectional approach to study the impact of social determinants of health for African-American mothers living with HIV. ANS Advances in nursing science. 2014; 37(4):287.
14. Enwereji EE, Akubugwo EI, Onwuka JO, Chikezie DC. Students' sexual exposures in tertiary institutions: a case study of some universities in Abia State of Nigeria. International Journal of Community Medicine and Public Health. 2017; 4(8):2711-2717.
15. Helleve A, Flisher AJ, Onya H, Mathews C, Aarø LE, Klepp KI *et al*. The association between students' perceptions of a caring teacher and sexual initiation. A study among South African high school students. Health education research. 2011; 26(5):847-58.
16. Fisher JC, Bang H, Kapiga SH. The association between HIV infection and alcohol use: a systematic review and meta-analysis of African studies. Sexually transmitted diseases. 2007; 34(11):856-63.
17. Thomas C, Reeve J, Bingley A, Brown J, Payne S, Lynch T *et al*. Narrative research methods in palliative care contexts: two case studies. Journal of pain and symptom management. 2009; 37(5):788-96.
18. Michie S, Abraham C. Interventions to change health

behaviours: Evidence- based or evidence-inspired? Psychol Health. 2004; 19:29-49.
19. Thomas C. Negotiating the contested terrain of narrative methods in illness contexts. Sociology of Health & Illness. 2010; 32(4):647-60.
20. Fadlallah R, El-Jardali F, Nomier M, Hemadi N, Arif K, Langlois EVl. Using narratives to impact health policy-making: a systematic review. Health Research Policy and Systems. 2019; 17(1):26.
21. Paul-Ebhohimhen VA, Poobalan A, van Teijlingen ER. A systematic review of school-based sexual health interventions to prevent STI/HIV in sub-Saharan Africa. BMC Public Health. 2008; 8:4. Doi: 10.1186/1471-2458-8-4.
22. Christensen A-D, Jensen SQ. Doing intersectional analysis: Methodological implications for qualitative research. NORA-Nordic Journal of Feminist and Gender Research. 2012; 20(2):109-25.
23. Bowleg L. The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. American journal of public health. 2012; 102(7):1267-73.
24. Okunlola MA, Morhason-Bello OI, Owonikoko OM, Adekunle AO. Female condom awareness, use and concern among Nigerian Female undergraduates J Obst et Gynaecol. 2006; 26(4):353-356 11
25. World Health Organization. Social determinants of health and well-being among the young people. Health Behaviours in school aged children (HBSC).Study International report from the 2009/2010, survey 2012.
26. Orji EO, Esimai OA. Sexual behaviour contraceptive use among secondary school students in Ilesha South West Nigeria. Journal Obstetrics Gynaecology. 2005; 25(3):269-72
27. Ijioma BC, Kalu IG, Nwachukwu CU, Nwachukwu IG. Incidence Cases of HIV/AIDS Infection in Owerri West Local Government Area of Imo State, Nigeria. Research Journal of Biological Sciences. 2010; 5(4):304-309.
28. Ajuwon AJ, Titiloye M, Oshiname F, Oyediran O. Knowledge and use of HIV counselling and testing services among young persons in Ibadan, Nigeria. International Quarterly of Community Health Education. 2011; 31(1):33-50.
29. Frank AW. In defence of narrative exceptionalism. Sociology of Health & Illness. 2010; 32(4):665-7.
30. Raven J, Akweongo P, Baba A, Baine SO, Sall MG, Buzuzi S *et al*. Using a human resource management approach to support community health workers: experiences from five African countries. Human resources for health. 2015; 13(1):45.
31. Foster V, Clark PC, Holstad MM, Burgess E. Factors associated with risky sexual behaviors in older adults. Journal of the Association of Nurses in AIDS Care. 2012; 23(6):487-499.
32. Frank S, Esterhuizen T, Jinabhai CC, Sullivan K, Taylor M. Risky sexual behaviours of high-school pupils in an era of HIV and AIDS. South African medical journal=Suid-Afrikaanse tydskrif vir geneeskunde. 2008; 98(5):394-8.
33. Clark S, Kabiru C, Zulu E. Do Men and women report their sexual partnerships differently? Evidence from Kisumu, Kenya. Int. Perspect Sex Reprod Health. 2011; 37(4):181-90.
34. Corley AG, Thornton CP, Glass NE. The role of nurses and community health workers in confronting neglected tropical diseases in Sub-Saharan Africa: a systematic review. PLoS neglected tropical diseases. 2016; 10(9):e0004914.
35. Hankivsky O, Cormier R, De Merich D. Intersectionality: Moving women's health research and policy forward: Women's Health Research Network Vancouver, 2009.
36. Izugbara CO. Notions of sex, sexuality and relationships among adolescent boys in rural southeastern Nigeria. Sex Education. 2004; 4(1):63-79.
37. Jemmott JB, Jemmott LS, O'Leary A, Ngwane, Z, Icard LD, Bellamy SL *et al*. School-based randomized controlled trial of an HIV/STD risk-reduction intervention for South African adolescents. Archives of pediatrics & adolescent medicine. 2010; 164(10):923-9.
38. Larson E, George A, Morgan R, Poteat T. 10 Best resources on… intersectionality with an emphasis on low-and middle-income countries. Health policy and planning. 2016; 31(8):964-9.
39. Mberu BU. Protection before the harm: the case of condom use at the onset of premarital sexual relationship among youths in Nigeria. African Popul Stud. 2009; 23(1):57-83.
40. Ogunbode O, Bello F, Ogunbode A. Sexual violence against female undergraduates in a Nigerian tertiary institution. Tropical J Obstet Gynaecol. 2014; 31(1):99-109.
41. Palen LA, Smith EA, Flisher AJ, Caldwell LL, Mpofu E. Substance use and sexual risk behavior among South African eighth grade students. The Journal of adolescent health: official publication of the Society for Adolescent Medicine. 2006; 39(5):761-3.
42. Uchudi J, Magadi M, Mostazir M. A multilevel analysis of the determinants of high-risk sexual behaviour in sub-Saharan Africa. J Biosoc Sci. 2012; 44(03):289-311.
43. Marcell AV, Wibbelsman C, Seigel WM. Committee on Adolescence Male adolescent sexual and reproductive health care. Pediatrics. 2011; 128(6):1658-e1676.
44. Mmari K, Sabherwal S. A review of risk and protective factors for adolescent sexual and reproductive health in developing countries: an update. J Adolesc Health. 2013; 53(5):562-72.
45. Neto S, Bombas T, Arriaga C, Almeida MC, Moleiro P. Contraception in adolescence: recommendations for counselling. Acta Pediatrics Port. 2014; 45:51-63.