

Sexuality and Partnership Formation in Adolescent with HIV/AIDS in Nigeria

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Abstract

Background

Sexuality is a central aspect of being human throughout life. It encompasses sex, gender, identities and roles, pleasures, intimacy and reproduction. It is broadly defined as the social construction of a biological drive which determines whom one has sex with, in what ways, why, under what circumstances and with what outcomes a person engage in sex. Adolescent sexuality gets little or no attention especially for those with disabilities or living with HIV. Few studies have considered the sexuality and partnership formation in adolescents living with HIV. This lack of research has led to an over-moralization of sexuality.

Main questions/Hypothesis

What is the sexuality profile of adolescents living with HIV? What are their aspirations and needs in terms of their sexuality? What is the pattern of their partnership formation? Does their sexuality profile differ by gender? Sexuality profile of adolescent living with HIV is significantly related to their partnership formation?

Methodology

The study covered two purposively and randomly selected designated ART sites in Ekiti State, Nigeria. The data was obtained through qualitative and quantitative approaches. The study sample consisted of 538 (Male = 211, Female = 327) respondents. A self-constructed questionnaire with a test –retest reliability coefficient of 0.72 over an interval of three weeks was the instrument of data collection for the quantitative data. For the qualitative phase, we conducted 5 focus group discussions and 7 in-depth interviews with respondents who have initiated treatment. Analysis was done with the use of STATA software while data from the qualitative study were reported verbatim.

Findings

They had misconceptions about their own sexuality. Majority reported that their sexuality is highly and constantly controlled first by treatment provides and by significant others. Some coping mechanisms were mentioned. Sexual abstinence is the most frequently mentioned. Sexuality is affected by other intervening variables such as current health, length of health since diagnosis and social circumstances. Sexual desires were suppressed due to their status, emotional pains and infecting others. Most of the participants in the qualitative study mentioned that their relationships were very unstable.

Conclusion

Instability in relationships and other health related causes may explain the sexuality profile in Adolescent Living with HIV.

Keywords: Sexuality, Adolescents Living with HIV, Desires, Partnership Formation, Nigeria