

**PREDICTORS OF UNPROTECTED SEXUAL BEHAVIOR AMONG UNDER-GRADUATES  
STUDENT IN FUOYE**

**BY**

**ADU YEMI MORAKINYO**

**DSS/13/1168**

**PROJECT SUMMITTED TO THE DEPARTMENT OF DEMOGRAPHY AND SOCIAL  
STATISTICS, FACULTY OF THE SOCIAL SCIENCES, FEDERAL UNIVERSITY OYE  
EKITI IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF  
BACHELOR OF SCIENCE (B.Sc) DEGREE IN DEMOGRAPHY AND SOCIAL  
STATISTICS.**

**DECEMBER, 2017.**

**CERTIFICATION**

This is to certify that this research work titled Predictors of Unprotected Sexual Behavior among Under-graduate on FUYOYE Campus was carried out by ADU YEMI MORAKINYO, Matriculation number DSS/13/1168 of the Department of Demography and Social Statistics, Faculty of Social Science, Federal University Oye-Ekiti.

---

**Mr. S.B SHITTU  
CO- SUPERVISOR**

---

**Date**

---

**PROF. PETER OGUNJUYIGBE  
PROJECT SUPERVISOR**

---

**Date**

---

**PROF. PETER OGUNJUYIGBE  
HEAD OF DEPARTMENT**

---

**Date**

## DEDICATION

I dedicate this research work to God almighty, my parents Mr. and Mrs. ADU and my siblings (Mr. Akinbode, Aina, Olumoroti, Ige and Bose ADU).

## ACKNOWLEDGEMENTS

The successful completion of this research project and indeed a university degree programme has been a thing of tremendous joy, and dream fulfilled. My appreciation goes to God almighty, the beginning and the end of everything pertaining to my life, and for the abundant mercies which have always manifested at every phase of my life, because the research carried out is a product of His grace.

I cannot fully express my gratitude to my supervisor, Prof. Peter Ogunjuyigbe for his fatherly guidance and affections, which was my source of steam and courage to the very end. His understanding, outpouring kindness and his unassuming disposition inspired me in no small ways. Only God can recompense him most equitably for his painstaking efforts and unwavering support throughout the course of this research work. I also appreciate my co-supervisor, Mr. S. B Shittu for his assistance and cooperative. I also appreciate my HOD Prof. P. O. Ogunjuyigbe, Dr. E. O. Adeyemi, Dr. L. F. C. Ntoimo, Mr. S. B. Shittu, Miss C. A. Alex-Ojei, Mr. B. I. Babalola and also the non-academic staff of the department who labored heavily in ensuring a successful and fun-filled stay in FUOYE.

My sincere appreciation goes to Mr. Abatan, and Mr. Soji for his generous assistance, encouragement and sacrifices. His helpful piece of advice and inputs helped greatly.

My gratitude also goes to my cousins (Deji, Ayo, Dayo, Juwon, Tayo, Emmanuel and Abiodun) and to my One and only Adekola Oluwaseyi for their support, prayer and word of encouragement, I pray that you will all excel in life in Jesus name.

I am also indebted to my brother Mr. Adu Akinbode for his financial support and word of advice, I pray that may the Lord bless you real good. And to my baby Adu Darasimi you are all sighted.

I acknowledge Mr. Adu Akinbode, you are very precious to me and extremely vast in your supports and inestimable gestures. My very sincere gratitude also to all my friends and colleagues, with special thanks to Felix, Mutiu, David, Abayomi, Tobi, Kayode, Shittu, Tosin, Bolu and Kenny.

## TABLE OF CONTENT

<b>TITLE PAGE</b>	<b>i</b>
<b>CERTIFICATION</b>	<b>ii</b>
<b>DEDICATION</b>	<b>iii</b>
<b>ACKNOWLEDGEMENT</b>	<b>iv</b>
<b>TABLE OF CONTENT</b>	<b>vi</b>
<b>ABSTRACT</b>	<b>ix</b>
<b>CHAPTER ONE: INTRODUCTION</b>	
1.0 Background of the study	1
1.1 Statement of the problem	3
1.2 Significance of the study	5
1.3 Research question	5
1.4 Research objectives	5
1.4.1 Main objectives	5
1.4.2 The specific objectives	6
1.5 Definition of terms	6
1.6 Scope of the study	7
<b>CHAPTER TWO: LITERATURE REVIEW</b>	
2.0 Introduction	8
2.1 Conceptual framework	8
2.1.1 Concept of sexuality	8
2.1.2 Concept of behavior	10

2.1.3	Concept of sexual behavior	11
2.2	Theoretical framework	16
2.2.1	Social learning theory	16
2.2.2	Theory of psycho sexual development	16
2.2.3	Ecological theory	17

### **CHAPTER THREE: RESEARCH METHODOLOGY**

3.0	Introduction	19
3.1	Description of the study area	19
3.2	Study population	19
3.3	Sampling techniques	20
3.4	Sample instrument	20
3.5	Variable description and measurement	20
3.5.1	Dependent Variable	20
3.5.2	Independent variables	21
3.6	Data processing and analysis	23
3.7	Hypothesis	23

### **CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS**

4.0	Introduction	24
4.1	Uni-variate analysis	24
4.2	Bi-variate analysis	37
4.3	Multi-variate analysis	42

## **CHAPTER FIVE: SUMMARY, RECOMMENDATIONS AND CONCLUSION**

5.0	Introduction	45
5.1	Summary of findings	45
5.2	Conclusion	46
5.3	Recommendation	46
	REFERENCES	48



## ABSTRACT

The purpose of the research was to explore specific factors that may contribute to unprotected sex among university students, decision to practice abstinence, engage in safer sex or higher risk sexual behavior or practices. In this study, random sampling was used to examine the sexual behaviors and practices of undergraduate's students in Federal University Oye-Ekiti (FUOYE). The participants were students who are into relationship. The theory of planned behavior loosely guided the selection of variables, attitudes and behavioural control constructs were used to examine the sexual behavior of undergraduate's students on campuses. The number of hours per day students listen to rap music and view rap music videos, and extent rap music or rap music videos influence on their sexual attitudes were variables examined using logistic regression. The study found out that place of residence, ethnicity, level of education, wealth index and age at first intercourse have significant relationship with their sexual risk behavior, that is, the predictor results indicate that there is a higher proportion of students having multiple sexual partners while neglecting the vital importance and use of contraceptives among students on campus.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 BACKGROUND OF THE STUDY

In Nigeria, unmarried university students continue to engage in unprotected sex (Elegbeleye, 2006; Kabir, Iliyasu, Abubakar, & Kabir, 2004; Odu & Akanle, 2008). This is despite “substantial sums spent on information campaigns, the marketing of condoms” (Cleland & Watkins, 2006, p. 2; Meekers, Van Rossem, Zellner, & Berg, 2004), and a high awareness of HIV/AIDS risk (Momoh, Moses, & Ugiomoh, 2006; National Population Commission [NPC] and ICF Macro, 2009). The need to understand and account for the knowledge, attitude, and practice gap (Westoff & Bankole, 1995) described above partly inspired this study. The second inspiration is the need to demonstrate the continuing relevance of structuration theory for the understanding of society and social conduct.

The populations of adolescents and the young adults have increased significantly over the years. There has been an observation that the population of young people between the ages of 10 and 24 is becoming larger than it used to be in history. This group of people account for greater than 20% of the sub-Saharan African population. These adolescents and young people are considered as assets to the community and have the potentials to contribute positively to global development. Sexual interests among adolescents, as among adults, vary greatly. Sexual activity in general is associated with various risks including unwanted pregnancy and sexually transmitted diseases including HIV/AIDS. The risks are elevated for young adolescents because they are sexually active. Undergraduates have been found to develop varying degrees of increased in the opposite sex, and they are usually interested in

both physical and sexual attractiveness. These tendencies expose them to certain risks. In addition, young adults are more likely to make decisions without making a thorough consideration of the consequences.

Sexual behavior which refers to a broad spectrum of behaviors in which humans display their sexuality. These behavioral expressions contain both biological elements and cultural influences and involve sexual arousal (with its physiological changes, both pronounced and subtle, in the aroused person). Sexual behavior ranges from the solitary (such as masturbation and autoerotic stimulation) to partnered sex (intercourse, oral sex, non-penetrative sex, etc.) that is engaged in periodically. Sexual behavior can also involve behavior that is aimed at arousing desire in potential partners (courtship displays or rituals) or behavior aimed at enhancing sexual experiences (foreplay, etc.). Sexual risk behavior (SRB) includes premarital sex, early sexual initiation, unprotected sexual intercourse, sex with multiple partners, and unprotected sex with partners who are potential carriers of sexually transmitted infections (STIs). SRB is a major public health problem across the world, with well-documented risk factors. However, the predictors of SRB among adolescents confined within welfare institutions are not well known, therefore, this research will sort to find the predictors of sexual behavior among undergraduates. Students of higher learning institutions are assets of the society and change agents in filling the gap in the past and on whom the future generation is based. It is also clear that this group is on the way of transforming to adulthood; filled with ambition; and building their future, academic and social career. Neglecting their sexual and reproductive health can lead to high social and economic costs, both immediately and in the years ahead. One of the most important commitments a country

can make for future economic, social, and political progress and stability, therefore, is to address the sexual and reproductive health needs of this population group.

According to The Joint United Nations Program on HIV/AIDS (UNAIDS), in 2008 young people aged 15–24 years accounted for 42% of new HIV infections in people aged 15 and older and nearly 80% of this live in sub-Saharan Africa including Nigeria . Unless appropriate age and institution targeted intervention exist, certain behaviors can place the university students at greater risk of HIV infection. As they are in the youth age category, they are exposed to many risky behaviors including sexual coercion, STI including HIV/AIDS, unwanted pregnancy and abortion like other youths. Groups of people who engage in these high-risk behaviors are considered vulnerable to HIV infection and need to be watched cautiously in order to control its epidemic.

These risky behaviors may further be worsened by the fact that university students are increasing yearly , lack facilities for sexual and reproductive health services and live away from their parents and free from parental control. In addition, some are subjected to wide spread substance use and peer-pressure that aggravate the risky behaviors. Thus, this study will seek to examine the sexual behaviors and predisposing factors for possible interventions.

## **1.1 STATEMENT OF THE PROBLEM**

University students are in the young age classification and are presented to dangerous sexual behavior, for example, unprotected sex prompting to HIV different STI and undesirable pregnancies. Female students are inclining to undesirable pregnancies that lead to dangerous pre-mature births, serious diseases, barrenness and demise.

Sexual risk behaviors remain a significant problem predisposing university students for STIs and HIV infection. Studies show that the special vulnerability of the youth in universities result from unsatisfactory knowledge, low risk perception, cultural difference, females low negotiation skills in condom use, widespread substance use and peer pressure towards STIs. Young people aged 10–24 years constitute around 1.8 billion and represent 27% of the world's population. Studies noted that as they are in the youth age category, their modest or dynamic behavior vulnerable them to risky sexual behaviors. Sexually transmitted diseases like HIV/AIDS and other reproductive health (RH) problems are the great threats to the well-being of adolescents and youth. Globally, one-third of the 340 million new STIs cases occur per year in people under 25 years of age. Each year, more than one in every 20 adolescents contracts a curable STI. Studies reported that more than half of all new HIV infections occur in people between the ages of 15 and 24 years. Youths matured 10-24 years constitute around 1.8 billion and speak to 27% of the total populace. Concentrates noticed that as they are in the adolescent age class, their unobtrusive or element conduct powerless them to unsafe sexual practices. Sexually transmitted maladies like HIV\ AIDS and other regenerative well-being (RH) issues are the best dangers to the prosperity of teenagers and youths.

Human immunodeficiency Virus (HIV) contamination has being one of the top wellbeing related difficulties for as far back as three decades. This is particularly basic for the African country which bears 67% of the worlds HIV/AIDSs loads, (World health organization WHO 2010) Dangerous sexual practices add to the high HIV predominance in Africa, (Cherie and Berhane, 2012). Thinks about, shows that youth, including undergraduates are at high

danger of contracting HIV because of their hazardous sexual practices, (Cherie and Berhane 2012).

## 1.2 SIGNIFICANCE OF THE STUDY

This study will seek to examine the sexual behavior of an adolescent and their behavioral intentions preceding the behavior. The study of sexual behavior is of great importance largely because of the threat of HIV/AIDS. Nigeria has been categorized as a country with the third largest population of people living with this infection (UNAIDS, 2006). Despite the rough estimates that Nigeria has low HIV prevalence rate of 3.9 percent compared with some country in sub Saharan African (e.g Swaziland 33.4percent, Botswana 24.1 percent, Lesotho 23.2 percent) due to the fact it is most populous country in the region.

## 1.3 RESEARCH QUESTION

What are the factors associated with sexual behavior among university student on campus in Ekiti State?

What are the patterns of sexual behavior of university student on campus in Ekiti State?

## 1.4 RESEARCH OBJECTIVES

### 1.4.1 MAIN OBJECTIVES

The main objective of this study is to examine the sexual behavior of undergraduate on campus in Ekiti State.

## 1.4.2 SPECIFIC OBJECTIVE

The specific objective are

1. to know the factors associated with sexual behavior among university student on campus in Ekiti State
2. to determine the pattern of sexual behavior among under graduate on campus in Ekiti State.

## 1.5 DEFINITION OF TERMS

**PREDICTORS:** Causes or factors associated.

**UNPROTECTED SEX:** Means having sex (vaginal, anal or oral) without using a condom. It means you are at risk of HIV as well as sexual transmitted infections (STIs).

**RISKY SEXUAL BEHAVIOUR:** An un-protective sexual exercise/activity (e.g. non use of condom) as measured by the Students' Sexual Risk Behavior Scale (SSRBS).

**GENDER:** The fact of being male or female.

**SEXUAL BEHAVIOUR:** is the manner in which humans experience and express their sexuality. It also means any activity between two persons (solitary) or in a group that induces sexual arousal. The sexual behavior of an individual is to a large extent a function of the inherited sexual response pattern or the extent of the restraint exerted on the individual by society.

## **1.6 SCOPE OF THE STUDY**

The study was limited to undergraduate student in Federal University Oye Ekiti. Four faculties were selected for the study. Which are the faculty of Art, Social science, Science and Education.

The study used primary data which was obtained from questionnaire which involve three sections. Section A, B, C. Section A consists of background information, section B consist the pattern of sexual behavior information and Section C involve predictors of sexual behavior.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 INTRODUCTION**

The purpose of this section is to review relevant literature related to the research on predictors of sexual behavior among undergraduates on campus. This information was obtained from several publications including textbooks, Reports, Journals, and the Internet sources. In this chapter, literature related to the study has been reviewed under the following sub headings: Conceptual Framework, Theoretical Framework, Empirical Studies and Summary of Literature.

#### **2.1 Conceptual Framework**

##### **2.1.1 Concept of Sexuality**

Sexuality, according to World Health Organization (WHO, 2002) is a central aspect of being human throughout life and encompasses sex, gender identities and roles sexual orientation, eroticism, pleasure, intimacy and reproduction Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitude, values, behaviours, practices, roles, and relationships. Sexuality is often broadly defined as the social construction of a biological drive which often deals with issues such as whom one has sex with, what ways, why, under what circumstance and with what outcomes a person engages in sex (National Aids Controls Council [NACC], 2002). Teenage sexuality worldwide is a topical issue in sociological discourse and of concern with unfavorable sexual and reproductive health indices, including unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted diseases, STDs and the Acquired Immune Deficiency Syndrome, AIDS.

Over the last decade, this has become a major public health concern. Various studies addressing adolescent sexuality in Nigeria reported early age at sexual initiation, high levels of premarital sexual activities, risky sexual practices including unprotected sexual intercourse with multiple partners and little or no knowledge about sexual and reproductive health matters (Owuamanam, 1982; Action Health Incorporated, 1996; Amazigo, Silva, Kaufman, & Obikeze, 1997). The visible health and social outcomes of these are high rates of unwanted pregnancies, maternal mortality, STDs, which increases the risk of HIV infection and increasing number of school dropouts.

According to the Nigeria Demographic and Health Survey (NDHS) (2003) 1/5th of women age 15-19 had sex before the age of 15 and half of women age 20-24 had sex by the time they were age 18. Over (37%) of ever-married women age 15- 24 first had sex before the age of 15. Initiation into sex at such young ages is not nearly as common among the never-married. Among the never-married, just 6% of both men and women had sex by age 15 (NDHS, 1999).

As a result, it is now commonly accepted by governments and international organizations that interventions are needed to help teenagers manage their sexual and reproductive lives. The most commonly supported policy and research by international organizations in Africa have focused on the identification of access barriers to family planning services for teenagers and most importantly, access to knowledge on sexual and reproductive health through sex education or Family Life Education (Action Health Incorporated, 1996; Policy Working Paper Series No. 12, 2004).

At the International Conference on Population and Development (1994), governments agreed that information and services should be made available to teenagers to help them

understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility (ICPD Programme of Action, 1994).

According to the Policy Working Paper Series No. 12 (2004), Nigeria is in the early stages of carrying out its new national policy on sexuality and reproductive health education. Worldwide, school-based programs are an important element of efforts to improve the reproductive health of young people. School-based sexuality and reproductive health education is one of the most important and widespread ways to help young people improve their reproductive health. Countries in every region have organized sexuality education programs of one type or another. Such programs, if thoughtfully designed and well implemented, can provide young people with a solid foundation of knowledge and skills. Comprehensive sexuality education can improve sexual and reproductive health and enable people of all ages to understand and manage their sexual and reproductive lives. When provided before and during adolescence, it can have a triple impact. It can help teenagers understand and manage their sexuality and reproduction during this crucial period of social and physical development; prepare young people to manage their sexuality in adulthood, including controlling their fertility and maintaining their own and their partners' sexual health and prepare them for parenthood when they will be called upon to guide, support and educate their own children (Irvin, 2000).

### **2.1.2 Concept of Behavior**

Behavior refers to the actions and mannerisms made by organisms, systems, or artificial entities in conjunction with their environment, which includes the other systems or organisms around as well as the physical environment. It is the response of the system or

organism to various stimuli or inputs, whether internal or external, conscious or subconscious, overt or covert, and voluntary or involuntary (Dusenbery,2009).

In humans, behavior is believed to be controlled primarily by the endocrine system and the nervous system. It is most commonly believed that complexity in the behavior of an organism is correlated to the complexity of nervous system.

Generally, organisms with more complex nervous system have a greater capacity to learn new responses and thus adjust their behavior. Behavior can be regarded as any action of an organism that changes its relationship to its environment. Behavior provides outputs from the organism to the environment. Human behavior can be common, unusual, acceptable, or unacceptable. Humans evaluate the acceptability of behavior using social norms and regulate behavior by means of social control. In sociology, behavior is considered as having no meaning, being not directed at other people and thus is the most basic human action, although it can play a part in diagnosis of disorders such as the autism spectrum disorders. Animal behavior is studied in comparative psychology, ethnology, behavioral ecology and sociobiology. According to moral values, human behavior may also depend upon the common, usual, unusual, acceptable or unacceptable behavior of others.

### **2.1.3 Concept of Sexual Behavior**

According to Wikipedia (2011), sexual behavior is the manner in which human experience and expresses their sexuality. The objective of sexual behavior in human typically is to achieve orgasm. Sexual activity also includes conduct and activities which are intended to arouse the sexual interest of another, such as strategies to find or attract partners (mating and display behavior) and personal interaction between individuals such as flirting and foreplay. Gebhard (1953) described human sexual behaviour as any solidarity activity between two

persons or in a group that induces sexual arousal. For him there are two determinants of human sexual behavior that have evolved as means of ensuring reproduction, and that part of each individual's genetic inheritance and the degree of restraints or other type of influence exerted on the individual by the societal attitudes toward sex and each individual's upbringing. Owuamanam (1982) identified five types of sexual behaviours found among pre-adolescent. They include kissing, breast and genital fondling, embracing, holding of arms, and sexual intercourse. Alzea (1978) and Soyinka (1979) had earlier identified dating, petting, masturbation, oral genital contact and homosexual contact.

Normal childhood sexual play is an information gathering process. Children explore visually and through touching of each other's bodies (for example, play doctor), as well as try out gender roles and behaviors (e.g., play house). Children involved in such explorations are of similar age and size, are generally of mixed gender; are friends rather than siblings, and participate on a voluntary basis ("I'll show you mine if you show me yours!"). The typical feeling level of these children, in regard to sexually-related behaviors, is light-hearted and spontaneous. In natural sexual play or exploration, children often are excited, and they feel and act silly and giggly (Johnson, 2001).

The sexual behaviors of children who are engaged in the natural process of childhood exploration are balanced with curiosity about other parts of their universe as well. They want to know how babies are made and why the sun disappears; they want to explore the physical differences between males and females. If children are discovered while engaged in sexual play and are instructed to stop, their sexual behavior may, to all appearances, diminish or cease, but it generally arises again during another period of the child's sexual development (Johnson, 2001).

The range of sexual behaviors in which children engage is broad; however, not all children engage in all behaviors: some may engage in none, and some may only engage in a few.

The sexual behaviors engaged in, may include: self-stimulation and self-exploration, kissing, hugging, peeking, touching, and or the exposure of one's genitals to other children, and, perhaps, simulating intercourse, (a small percentage of children, 12 or younger, engage in sexual intercourse.) Because of this broad range of possible sexual behaviors, diagnosing a child on sole basis of their sexual behaviors can be misleading.

Some children display more sexual behaviors than other same-age children. Many children have been sexually abused; some have been exposed to explicit sexual materials; and some have lived in households where there has been too much overt sexuality. Young children, who watch excessive amounts of soap operas or television and videos, and who live in sexually explicit environments, may display a multitude of sexual behaviors. Some parents, who themselves may have been sexually and/or physically victimized, express their sexual needs and discuss their sexual problems openly with their young children. This can over-stimulate and/or confuse their children. Some children are not able to integrate these experiences in a meaningful way. This can result in the child acting out his or her confusion in the form of more advanced or more frequent sexual behaviors, or heightened interest and/or knowledge beyond that expected for a child of that age. The sexual behaviors of these children often represent a repetition compulsion or a recapitulation (often unconscious) of previously over-stimulated sexuality or sexual victimization. The time between the sexual over-stimulation and the sexual behaviors is close, and often overlaps or is contiguous (Johnson, 2001).

Behaviors of some children include: excessive or public masturbation, overt sexual behaviors with adults, insertion of objects into their own or other's genital, and talking about sexual acts. Such sexualized behavior may be the way the child works through his or her confusion around sexuality. After being told that their sexual behaviors need to be altered, such children generally acknowledge the need to stop the behaviors and welcome help. The sexual behaviors of these children are often fairly easy to stop, as they do not represent a long pattern of secret, manipulative, and highly charged behaviors, such as those seen among child perpetrators

Sexual behaviour, like any other social behaviour, is always in a context. It is the interface between structural characteristics of the prevailing socio-cultural situation and the psychological state of the individual. In the adolescent years, the informal context of home environment provides a framework (whether smoothening or constraining) which structure behaviour, perhaps in different ways from the formal contexts of the school and influence of groups and associations in the wider environment. The home environment, conceived here as the characteristic features of residences, including within-house and immediate neighbourhood conditions in which adolescents live, is not only a projection of family identity, but also an expression or physical translation of cultural believes, practices and behaviour. The identification and categorization of dwelling units in the urban landscape permit differentiation of the home environment into residential densities or neighborhoods. The existence of distinct and recognizable residential neighborhoods or home environments is one of the overwhelming conclusions in the literature (Abumere, 1992; Oyelese, 1971; Akorede, 1974; Onokerhoraye 1986).

The differences in each home environment may be viewed along the lines of household structure, housing type and quality, ownership patterns etc, but all play crucial role in explaining differences in such sexual behavioural characteristics as identity of first sex partner, age of first sex etc, with serious implications for sexual health and well-being. It is argued here that, the type of home environment as indicated by urban residential neighbourhoods in which adolescents live and possibly work have implications for and may even compound, sexual behaviour among other behavioural dispositions. This is because as an element of complex social interactions taking place within urban milieu, sexual behaviour is not free from both the micro and macro environmental processes that affect the cultural foundation of behavioural disposition. In other words, home environment is an embodiment of micro environmental processes that affect among other behaviours, sexual behavioural disposition. For instance, in the inner city home environment characterized by planlessness, dilapidated housing conditions, high occupancy ratio etc., the associated poor living and environmental conditions will affect such sexual characteristics as age of first sex, the nature whether this be by coercion), condition (whether FP method was used) and process (whether this is by monetary enticement or poverty driven), of first sex experience, as well as identity of first sexual partner (whether this is an older man or woman or a younger sibling). On the other hand, in the well laid-out low-density home environment, characterized by expensive homes and lawns, with where adolescents living in separate rooms, often beyond parental supervising/watchful eyes, and with access to products of modern technology, there is ample opportunity for various sexual experimentations among adolescents (Isiugo-Abanihe & Oyediran, 2004). The behavioural pattern in the medium density home environment may



approximate either the inner city or low-density environmental situation, depending on the strength of the prevailing micro-environmental processes.

## **2.2 Theoretical Framework**

### **2.2.1 Social Learning Theory**

This implies that demons or evil spirits can take possessions of an individual, directing or pushing him/her to engage in outlawed or sexual risk conduct often against their will.

The explanation assumes that human beings are robots who act out the bidding of demons inside them. This theory is seriously under attack for its unscientific nature, since, it is practically impossible to locate the part of human body which demons or evil spirits inhabits, and how this fit is achieved by them (Vold, 1958). Interestingly, this form of explanation still strongly holds in Nigeria for their strong belief in nemesis. People believe that sexual risk behaviours were as results of wrath from God or gods for offences parents committed. In most cases parents commit themselves to prayers or try to appease God/gods for forgiveness of their sins.

### **2.2.2 Theory of Psycho Sexual Development**

The psycho sexual theory of personality development was developed by Sigmund Freud (1943) in his effort to understand the sexual behavior of an individual. The basic idea that underlines the theory is that a child at birth possesses certain amount of sexual energy referred to as libido.

This libido is biologically guided from one part of the body to the other as the child grows.

Where the libido is located becomes the source from from where the child receives the greatest

Physical pleasure .This inherited sexual energy continually seeks expression and satisfaction From the erogenous zones. Adolescents constant socialization with peers of opposites sex Could arouse sexual curiosity and experimental especially among adolescents who lack self control. As a result of this counselors have the task of providing personal socio information To the adolescent relating to self understanding, boy girl relationship with others for healthy living in the society. The relevant information on sex will help the adolescents make intelligent And responsible decisions in matters of their boy girl relations and avoiding potential problems associated with sexual risk behaviors.

### **2.2.3 ECOLOGICAL THEORY:**

The emphasis of ecological theory is on the habitat and mode of life of living organisms in their physical environments. The ecological theorists believed that both physical and geographical factors greatly influence people's social life generally, and in particular sexual behaviour.

Using the city of Chicago Clifford Shaw and Henry Mckay (1972) refuted the predominant explanation of the rising crime/deviancy rate in the city of Chicago on racial and cultural grounds with blacks and immigrants as scapegoats.

With population explosion and a large influx of immigrants Chicago witnessed a rapid increase in deviant behaviour and crime. Shaw and Mckay explained this by reference to the ecology of the city. They found that certain areas of the city had consistently high deviant and crime rates than others. Such areas were identified as the physically and socially disintegrated communities close to the industrial and commercial sections of the city. The authors revealed

that delinquency, deviance and crime tend to decrease as one moves from the centre of the city inhabited by the lower class to the peripheries where the rich and well-to-do generally reside. They came to the conclusion that slums of the city are deviant and crime breeding grounds.

Using also the city of Chicago, Thrasher (1963) argued that deviant and delinquent gangs develop and thrive in the slum areas of the city where a large army of children is crowded in a small area. With inadequate parental care and supervision, young boys and girls join gangs as a result of restlessness and the desire for companionship and prestige.

Therefore, the theory suggests that with imbalance in the distribution of economic resources(food, accommodation, dresses, reading materials etc), individuals and in particular undergraduates indulge in any form of sexual risk acts to make ends meet.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 DESCRIPTION OF THE STUDY AREA**

The survey was carried out in the campus of Federal University Oye-Ekiti, Ekiti state, Nigeria. The Federal University Oye-Ekiti is a Federal University of Nigeria poised to take education to the next level not only in sub-saharan Africa but indeed to the rest of the world. Established in 2011, offers students from all backgrounds degrees in Agriculture, Engineering Social Sciences and Sciences as well as Arts/Humanities. The school had their first graduating set in 2016

Federal University Oye-Ekiti (FUOYE) was one of the nine Federal Universities established by the Federal Government of Nigeria, pursuant to an executive order made by the former President of the Federal Republic of Nigeria, His Excellency, Dr. Goodluck Ebele Jonathan, GCFR. Federal University Oye-Ekiti, whose pioneer Vice Chancellor, was Professor Chinedu Ostadinma Nebo, OON, and the present Vice Chancellor Professor Kayode Soremekun who was recently appointed by the current President, has two campuses at Oye-Ekiti and Ikole-Ekiti and 6 Faculties and 38 Departments

#### **3.2 STUDY POPULATION**

The target population comprises of 200 undergraduate students (both male and female) on campus in Federal University Oye Ekiti

### 3.3 SAMPLING TECHNIQUES

In view of the size of the study area, a representative sample size determination of two hundred (200) undergraduates either male or female was randomly selected using appropriate approach. Data will be collected through the use of questionnaire

### 3.4 SAMPLE INSTRUMENT

The major instrument was a structured questionnaire which comprises both the open ended and close ended questions to yield appropriate responds. The questionnaire was divided into three major sections. The first section described the background characteristics of the respondent while the other two sections will describe the information on pattern of sexual behaviour and predictors of sexual behaviour.

### 3.5 VARIABLE DESCRIPTION AND MEASUREMENT

#### 3.5.1 DEPENDENT VARIABLE

VARIABLE NAME	DEFINITION	MEASUREMENT
Predictors of unprotected sexual behaviour among undergraduate in Ekiti State.		

### 3.5.2 INDEPENDENT VARIABLES

VARIABLE NAME	DEFINITION	MEASUREMENT
Age group	Age the length of an existence extending from the beginning to any given time (Merriam Webster)	
Gender	Gender is the social dimension of being male or female	Male Female
Academic Level	The course work for an associate degree can be usually be transferred to a four year college or university, and applied towards the requirements for a bachelors degree.	100 level 200 level 300 level 400 level.
Marital status	The state of being married or not married.	Married Divorced Co habitation
Religion	This indicates the religion of respondent in the study area practise.	Christian Islamic Traditional Others

Fathers occupation	A person's usual or principal work or business, especially as means of earning a living.	Unemployed Artisan Civil servant Business Owner Clergy Retired Others
Mothers occupation	A person's usual or principal work or business, especially as means of earning a living	House wife, Artisan Civil servant Business Owner Clergy Retired Others
Place of residence at home	This involve the dwelling place of respondents	Urban Rural
Type of family	This comprises of people living together in the same household who share a personal level of relationship.	Polygamous Monogamous

### **3.6 DATA ANALYSIS**

The quantitative data gathered from the field was analyzed using STATA at a univariate, multivariate and bivariate analysis level:

Univariate analysis was conducted using the frequency distribution table to describe both the dependent and the independent variables

Bivariate (chi-square) and Multivariate (binary regression) analysis was used to describe and compare the relationship between dependent and independent variables.

### **3.7 HYPOTHESIS**

Ho: Socio demographic status does not predict sexual behavior among undergraduate on campus.

Hi: Socio demographic status predicts sexual behavior on campus.



**CHAPTER FOUR**  
**DATA PRESENTATION AND ANALYSIS**

**4.0 INTRODUCTION**

This chapter focuses on data presentation and statistical analysis on the predictors of unprotected sexual behavior among university students on-campus in Ekiti state. univariate analysis shows the percentage distribution of the predictors of unprotected and sexual behavior among university students on-campus in Ekiti state. The statistical techniques used were chi-square and logistics regression to examine the influence of predictors of unprotected and sexual behavior among university students on-campus in Ekiti State.

The Socio-demographic and Economic characteristics include; Age, Gender, Department, Academic level, Marital Status, Religion, Place of Residence, type of family etc.

**Table 4:1 Percentage Distribution of respondent by socio-demographic characteristics**

Variable / Category	Frequency	Percentage
<b>Age</b>		
15-19	46	23.00
20-24	123	61.50
25-29	29	14.50
35+	2	1.00
<b>Gender</b>		
Male	109	54.50
Female	91	45.50
<b>Faculty</b>		
Science	66	33.0
Social science	85	42.50
Management	6	3.00

Arts	26	13.00
Engineering	8	4.00
Agriculture	4	2.00
Education	4	2.00
<b>Academic Level</b>		
100	35	17.50
200	51	25.50
300	70	35.00
400	44	22.00
<b>Religion</b>		
Christianity	159	79.50
Islam	39	19.50
Traditional	2	1.00
<b>Father's Occupation</b>		
Unemployed	16	8.00
Artisan	42	21.00
Civil servant	71	35.50
Business owner	28	14.00
Clergy	21	10.50
Retired	21	10.50
Others	1	0.50
<b>Mother's Occupation</b>		
Housewife	34	17.00
Artisan	40	20.00
Civil servant	82	41.00
Business owner	27	13.50
Clergy	8	4.00
Retired	8	4.000
Others	1	0.50
<b>Father's Economic status</b>		
Average	73	36.50

Moderate	92	46.00
Normal	35	17.50
<b>Mother's Economic Status</b>		
Average	63	31.50
Moderate	102	51.00
Normal	35	17.50
<b>Father's Education</b>		
No Formal Education	21	10.50
Primary	25	12.50
Secondary	39	19.50
Tertiary	102	51.00
Don't Know	13	6.50
<b>Mother's Education</b>		
No Formal Education	18	9.00
Primary	33	16.50
Secondary	53	26.50
Tertiary	83	41.50
Don't Know	13	6.50
<b>Resident</b>		
Urban	146	73.37
Rural	53	26.63
<b>Family Type</b>		
Monogamous	154	77.39
Polygamous	45	22.61
<b>Marital Status</b>		
Single	172	86.00
Married	7	3.50
Divorced	2	1.00
Co-habiting	19	9.50
<b>Total</b>	<b>200</b>	<b>100</b>

Source: Field survey 2017

The table above shows the respondents socio demographic according to their age groups and it revealed that the age groups 20-24 constitute the larger percentage i.e about 6 out of every 10 (61.5%) followed by age groups 15-19 which constitute (23.0%) about 2 out of every 10, while the least age group were 35 above with (1%) i.e less than 1 out of every 10 and age group 25 29 with (14.5%) about 1 of every 10 respectively.

It also shows the respondents according to their gender with male constitute the highest percent (54.5%) about 5 to 6 out of every 10 and female constitute (45.5%) between 4 to 5 out of every 10. It further shows the academic level of the respondents with 300 level constitute the highest percentage (35.0%) between 3 to 4 out of every 10 followed by 200 level with (25.5%) i.e 2 to 3 of every 10, while 100 level constitute the least (17.5%) i.e close to 2 out of every 10 and 400 level (20.0%) exactly 2 out of every 10 respectively.

It further revealed the respondent marital status and the larger percentages of respondents were single (86.0%) with 8 to 9 out of every 10 followed by co-habiting (9.5%) with 9 to 10 out of every 10, while the least were divorced with (1.0%) with less than 1 out of every 10 and married (3.5%) with 3 to 4 out of every 10 respectively.

The table also shows the respondent by their faculty and it revealed that certain respondent were social science with (42.3%) about 4 out of every 10 followed by science with (33.0%) with about 3 out of every 10 and Arts with (13.0%) with about 1 out of every 10 respectively, while Agriculture constitute the lowest with exactly 2 out of every 10 (2.0%) followed by Education with about 2 to 3 out of every 10 (2.5%) and management (3.0%) exactly 3 out of every 10 respectively.

It further revealed the respondents level of education and about 3 to 4 out of every 10 (35.0%) of the respondents reported that they were in 300 level followed by those that were in 200 levels with about 2 to 3 out of every 10 (25.0%), and those in 400 level with about 2 out of every 10 (22.0%) 400 level, while 100 level constituted the least percentage with close to 2 out of every 10 (17.5%) of the respondents.

The information on the table above shows that majority of the respondents are Christianity with about 8 out of every 10 (79.5%), followed by Islam religion with about 2 out of every 10 (19.5%), while Traditional religion constituted the least percentage with just 1 out of every 10 (1.0%).

The table also shows the respondents father occupation with larger proportion of respondents were Civil Servants with 3 to 4 out of every 10 (35.5%), Artisan with about 2 out of every 10 (21.0%), Business with about 1 out of every 10 (14.0%) and both Clergy and Retired constituted (10.5%) with about 1 out of every 10 respectively, while others constituted the least percentage (0.5%) i.e less than 1 out of every 10 and Unemployed (8.0%) with about 1 out of every 10. It also shows the respondents mother occupation and it shows that the majority were Civil Servant (42.0%) i.e about 4 out of every 10, followed by Artisan (19.0%) with close to 2 out of every 10 and Housewife with close to 2 out of every 10 (17.0%) respectively, while the least were Clergy with less than 1 out of every 10 (4.0%), followed by others with less than 1 out of every 10 (0.5%) and Business owner (13.5%) i.e about 1 out of every 10 respectively. It also shows the respondents father economic status though most of them were in moderate economic status i.e between 4 to 5 out of every 10 (46.5%) followed by those with average economic status i.e between 3 to 4 out of every 10 (36.5%) and those with normal economic status constituted the least (18.0%) i.e close to 2 out of every 10. It

further revealed the mother economic status and majority of respondents were moderate economic status (51.0%) i.e about 5 out of every 10, followed by those that had Average economic status (31.5%) with about 3 out of every 10, while those that had normal economic status constituted the least (17.5%) i.e close to 2 out of every 10.

The table further explained the respondent place of resident and majority were reside in urban areas (77.5%) i.e close to 8 out of every 10, while (27.5%) i.e close to 3 out of every 10 were reside in rural areas. It also shows the respondent family type and most of them were in monogamous type of union (77.5%) i.e close to 8 out of every 10, while polygamous constituted the least (22.5%) i.e about 2 out of every 10.

This section examined the pattern of sexual behavior among university students on-campus in Ekiti state.

**Table 4:2 Pattern of Sexual Behavior**

Variables/ Categories	Frequency	Percentage
<b>Sex as Must</b>		
Yes	83	41.21
No	117	58.79
<b>Ever Had Sex</b>		
Yes	127	64.47
No	70	35.53
<b>Age Recommend to Start</b>		
<b>Sex</b>		
15-19	50	25.38
20-24	139	70.56
25-29	6	3.05
30-34	2	1.02

<b>Having Sex is Good</b>		
Yes	114	58.16
No	82	41.84
<b>Age at First Sex</b>		
15-19	104	53.33
20-24	83	42.56
25-29	3	1.54
30-34	5	2.56
<b>Level at First Sex</b>		
100	77	39.5
200	100	51.28
300	16	8.21
400	2	1.03
<b>How Often Having Sex</b>		
Frequently	60	30.77
Occasionally	50	25.64
Rarely	30	15.38
Never	55	28.21
<b>Sexually Active</b>		
Yes	116	59.49
No	79	40.51
<b>Staying Alone</b>		
Yes	119	61.34
No	75	38.66
<b>Ever Had Sex Gained Admission</b>		
Yes	131	67.53
No	63	32.47
<b>Ever Had Sex Staying on Campus</b>		
Yes	121	62.37

No	74	37.63
<b>Contraceptive During Sex</b>		
Yes	91	46.91
No	103	53.09
<b>How Often Using Contraceptive</b>		
Frequently	59	30.41
Occasionally	45	23.20
Rarely	31	15.98
Never	59	30.41
<b>Type of Contraceptive Use</b>		
Male Condom	70	36.08
Female Condom	32	16.49
Diaphragm	8	4.12
Oral Pills	19	9.79
Injection	1	2.06
Others	61	30.44
<b>Sex in Exchange for Gift</b>		
Yes	23	11.86
No	171	88.14
<b>Why Sex in Exchange for Gift</b>		
Financial reason	102	52.58
Social reason	82	42.27
Economic reason	10	5.15
<b>Number of Sexual Partner</b>		
1-2	135	69.59
3+	21	10.82
None	38	19.59
<b>Sexual Partner</b>		
Co Student	125	64.43



Lecturer	19	9.79
Mentor	2	1.03
Others	48	24.74
<b>Total</b>	<b>200</b>	<b>100</b>

**Source:** field survey 2017

The table above shows some background characteristics of the respondent pattern of sexual behavior. It further revealed the respondent attitude toward sex and it shows that majority of respondent who reported no (58.54%), while those that reported yes constituted (41.5%). It further explained that majority of respondent reported that they had sex (65.0%). It also shows that most respondents reported that they started having sexual intercourse between age group 20-24 (69.0%). It further indicated that majority of respondent reported that having sex is good (58.5%), while (41.5%) reported that is not good. The information on the tables also shows the question that asked the respondent age at first sex and most respondents initiated sex at early age at most of them reported that they were between 15 and 19 year when they first had sex (53.5%). It also shows the question that asked the respondent the level they first had sexual intercourse and majority of them reported 200 level (51.5%). Respondents were also asked how often they had sex and most of them reported frequently (31.0%). The table further stated the question that asked the respondent are you sexually active and the larger proportion reported yes 60.5%, they also asked are you staying alone and majority of respondent reported yes (60.5%), majority of respondent also reported that they had sex at least once since they gained admission (65.0%), also larger proportion of respondent reported that they did not use contraceptive during sex (53.5%) and (31.0%) are reported using contraceptive frequently (31.0%). It also shows the question that asked the respondent the type of contraceptive used and majority reported male condom (36.5%), most

of respondent also reported that they were not having sex in exchange for gift (88.0%), most of respondent also reported that they had between 1 to 2 sexual partner (69.0%) and most of them reported that their sexual partner were co-students (64.5%)

Predictors of sexual behavior

Variable/Categories	Frequency	Percentage
<b>Live with Sex Partner</b>		
Yes	44	22.68
No	150	77.32
<b>Have Sex Partner</b>		
Yes	115	59.28
No	79	40.72
<b>IF NO, WHY</b>		
Not ready	57	29.38
Not married	83	42.78
Nothing	7	3.61
Schooling	41	21.13
Privacy	6	3.09
<b>Discuss Sexual Experiences with Peer</b>		
Yes	93	47.49
No	101	52.06
<b>Are Friends Sexually Active</b>		
Yes	119	61.34
No	75	38.66
<b>Peers Ever Recommend Sexual Partner</b>		
Yes	101	52.06
No	93	47.94
<b>Share Pornography Materials with Peers</b>		
Yes	73	37.63

No	121	62.37
<b>Why Engage in Sex</b>		
Enjoyment	107	55.15
Moral Support	67	34.54
Financial Support	5	2.58
Others	15	7.73
<b>Watch Pornography before Sex</b>		
Yes	64	32.99
No	130	67.01
<b>Friends Resident For Sex</b>		
Yes	70	36.08
No	124	63.92
<b>Sex For Financial Reason</b>		
Yes	45	23.20
No	149	76.80
<b>Family Background affect Sexual Desire</b>		
Yes	96	49.48
No	98	50.52
<b>Poverty cause of risky Sexual Behavior</b>		
Yes	96	49.48
No	98	50.52
<b>Blame Mass Media for Risky Sexual Behavior</b>		
Yes	106	54.64
No	88	45.36
<b>Socioeconomic Factor affect sexual behavior</b>		
fashion	27	13.92
internet	48	24.74
mode of dressing	30	15.46
environment	19	9.79

insufficient income	36	18.58
peer group influence	33	17.01
peer pressure	1	0.52
<b>Drink Alcohol</b>		
Yes	81	41.75
No	113	58.25
<b>Smoke three Cigarettes per Day</b>		
Yes	53	27.32
No	141	72.68
<b>Smoking and Drinking make Sex Enjoyable</b>		
Yes	75	38.66
No	119	61.34
<b>Have Protected Sex</b>		
Yes	99	51.03
No	95	48.97
<b>Kind of Contraceptive</b>		
Male Condom	78	40.21
Female Condom	48	24.74
Diaphragm	19	9.79
Oral Pills	17	8.76
Injections	26	13.40
Others	6	3.09
<b>Care for Protection after Drinking Alcohol During Sex</b>		
Yes	81	41.75
No	113	58.25
<b>Prefer Drinking Before Sex</b>		
Yes	71	36.60
No	123	63.40
<b>Alcohol and Cigarettes hamper Decisions</b>		

<b>and Judgment</b>		
Yes	57	29.38
No	137	70.62
<b>Sex Painful Without Alcohol</b>		
Yes	34	17.53
No	160	82.47
<b>Parent Live in Rentage Apartment</b>		
Yes	77	39.69
No	117	60.31
<b>IF NO, Where do they live</b>		
own built house	138	71.13
family house	60	28.87
<b>Ever Had Sex with Multiple Partners</b>		
Yes	56	28.87
No	138	71.13
<b>Total</b>	<b>200</b>	<b>100</b>

**Source:** Field survey 2017

The table above examined the proportion of respondent as regards predictors of sexual behavior, it shows that majority of respondent are not living with their partner (78.0%), also majority of respondent had sex partner (60.0%), it further revealed that larger proportion of the respondent don't discuss sexual experiences with their peers (51.0%), also most of the respondent friends were sexually active (60.0%). Furthermore majority of the respondent reported that their peers recommended sexual partner for them (51.5%), also most of the respondent reported that they do not share pornographic materials with their peers (63.5%), the respondent also reported the reason why they engage in sexual behavior and majority of them reported that they were enjoying it (56.0%), the table also revealed that larger

percentage of the respondent reported that they were not watching pornographic materials before sex (67.5%), it also shows that majority of the respondent reported that they were not using friends residence whatever they want to have sex (63.5%), most respondent also reported that they were not having sex for financial reason (77.5%), the table further explained that family background does not affect one's sexual desire (51.0%), majority of respondent also reported that poverty does not cause risk of sexual behavior (50.5%), although most of respondent blame mass media for risk of sexual behavior (55.0%) and also majority of respondent reported that they had protected sex (51.0%).

## 4.2 BIVARIATE ANALYSIS

### 4.2: Bivariate Analysis of the predictors of unprotected sexual behavior among university student on- campus in Ekiti state

Predictors of unprotected sexual behavior	Do you have protected sex		Chi-Square
	Yes	No	
<b>Age</b>			
15-19	56.52	43.48	X <sup>2</sup> = 2.9415 P-Value = 0.401
20-24	47.97	52.03	
25-29	51.72	48.28	
35+	100.00	0	
<b>Marital Status</b>			
Single	48.84	51.16	X <sup>2</sup> = 11.9577 P- Value = 0.008
Married	14.29	85.71	
Divorced	100.00	0.00	
Co-habiting	78.95	21.05	
<b>Are you staying alone</b>			
<b>Yes</b>	67.77	32.23	X <sup>2</sup> = 34.7277 P-Value = 0.000
<b>No</b>	25.64	74.36	

<b>Why do you engage in sex?</b>			
<b>For fun and enjoyment</b>			
Enjoyment	68.75	31.25	$X^2 = 46.6965$ P-Value = 0.000
Moral Support	19.12	80.88	
Financial Support	100.00	0.00	
Others	46.67	53.33	
<b>Is poverty a cause of sexual behavior</b>			
Yes	68.69	31.31	$X^2 = 24.5403$ P-Value = 0.000
No	33.66	66.34	
<b>Can you blame the mass media for risk sexual behavior</b>			
Yes	58.18	41.82	$X^2 = 5.0453$ P-Value = 0.025
No	42.22	57.78	
<b>Gender</b>			
Male	55.96	44.04	$X^2 = 2.3615$ P-Value = 0.124
Female	45.05	54.95	
<b>Faculty</b>			
Science	50.00	50.00	$X^2 = 2.1806$ P-Value = 0.949
Social science	51.76	48.24	
Management	50.00	50.00	
Arts	53.85	46.15	
Engineering	50.00	50.00	
Agriculture	25.00	75.00	
Education	50.00	50.00	

<b>Academic Level</b>			
100	57.14	<b>42.86</b>	X <sup>2</sup> =1.6868 P-Value=0.640
200	52.94	<b>47.06</b>	
300	51.43	<b>48.57</b>	
400	43.18	56.82	
<b>Father's Economic status</b>			
Average	47.95	52.05	X <sup>2</sup> =0.5992 P-value = 0.741
Moderate	53.33	46.67	
Normal	54.29	45.71	
<b>Place of residence</b>			
Urban	53.79	46.21	X <sup>2</sup> = 3.2275 P-Value = 0.358
Rural	45.28	54.72	
<b>Religion</b>			
Christianity	53.46	46.54	X <sup>2</sup> = 3.3234 P-Value= 0.190
Islam	43.59	56.41	
Traditional	0.00	100.00	

**Source: Field survey 2017**

The table above reveals the relationship between age of respondent in groups and their protected sexual behavior. The information also shows that, majority of respondents who reported yes in the age group 20-24 (60.98%) followed by age group 25-29 (51.72%) and the least age was 35+ with (2.0%) and age group (15-04%) respectively, it also indicated the respondent that reported no with majority were age group 15-19 (63.04%) followed by age group 25-29 (48.28%) while the least age were 35+ (0%) and age group 20-24 (39.02%) respectively.



Since chi-square value 9.5491, with P-value (0.023) therefore, we reject Null hypothesis and concluded that there is a significant relationship between age of respondent and their protected sexual behavior among university students on-campus in Ekiti state.

The table further revealed the relationship between respondent marital status and their protected sexual behavior, it revealed that the Divorced, which reported yes, were the highest (100.00) followed by those that were cohabiting (78.95%) and the least were married with (14.29%) and single with (48.845) respectively, while those that were married reported no (85.715%) followed by single (51.16%) and the least were cohabiting and divorced respectively.

Since the chi square value 11.9577, with P-value (0.008) therefore, we reject Null hypothesis and concluded that there is a significant relationship between marital status of respondent and their protected sexual behavior among university students on-campus in Ekiti state.

The table also explained the relationship between the respondent that were staying alone and their protected sexual behavior, it further explained that those staying alone reported yes with larger respondent (67.77%) followed by those that weren't (25.64%) while majority of those that reported no were those not staying alone (74.36%) and those staying alone (32.23%) respectively.

Since the chi square value 34.7277, with P-value (0.000) therefore, we reject Null hypothesis and concluded that there is a significant relationship between respondent that were staying alone and their protected sexual behavior among university students on-campus in Ekiti state.

Furthermore it also revealed the relationship between respondent that engage in sex and protected sexual behavior, it further revealed those that reported enjoyment with yes (68.75%) and no were (31.25%), and respondent that reported moral support with yes (19.12%) and no were (80.88%), respondent that reported financial support with yes (100.00%) and no (0.00%) while those that reported others with yes (46.67%) and no (53.33%).

Since the chi square value 46.6965, with P-value (0.000) therefore we reject Null hypothesis and concluded that there is a significant relationship between respondent that engage in sex and unprotected sexual behavior among university students on-campus in Ekiti state.

The table also shows the relationship between poverty as a cause of risky sexual behavior and having unprotected sex, it further shows those respondent with yes (68.69%) and no with (100.00%), while respondent that reported no were (33.66%) and (100.00%).

Since the chi square value 24.5403 with P-value (0.000) therefore we reject Null hypothesis and concluded that there is a significant relationship between is poverty a cause of sexual behavior and unprotected sexual behavior among university students on-campus in Ekiti state

The table further explained the relationship between blaming the mass media for risky sexual behavior and having unprotected sex. Thus, it explained that respondent reported yes with (58.18%) and no with (41.82%) while respondent who reported yes were the highest.

Since the chi square value 5.0453 with P-value (0.000) therefore, we reject Null hypothesis and concluded that there is a significant relationship between mass media and unprotected sexual behavior among university students on-campus in Ekiti state

It also indicated the relationship between gender and having unprotected sex thus revealing that the male reported yes with (55.96%) and no with (44.04%) while female that reported yes were (45.05%) and no (54.95%)

Since the chi square value 2.3615 with P-value (0.124) > 0.05, therefore we fail to reject the Null hypothesis and concluded that there is no significant relationship between gender and unprotected sexual behaviour among university on-campus in Ekiti state

It also revealed the relationship between faculty and having unprotected sex. With the respondent who were in science faculty reported yes with (50.00%) and no with (50.00%), and social science faculty were reported yes with (51.76%) and no with (48.24%), also respondent who were in management faculty were reported yes with (50.00%) and no with (50.00%), respondent who were in Arts faculty were reported yes with (53.85%) and no with (46.15%), while respondent in Engineering faculty, Agriculture faculty and Education faculty respectively who reported yes with (50.00%) and no with 50.00%), (25.00%) with no (75.00%) and (50.00%) with no (50.00%)

Since chi square value 2.1806 with P-value (0.949) > 0.05, therefore we fail to reject the Null hypothesis and concluded that there is no significant relationship between faculty of respondent and unprotected sexual behavior among university students on-campus in Ekiti state.

#### **4.3 MUTIVARIATE ANALYSIS**

The binary logistic regression analysis was employed to determine the relative importance of the different categories of the independent variables in relation to have you had sex which is the dependent variable.

<b>The predictors of unprotected sex</b>	<b>Odd ratio</b>	<b>Confidence interval lower limit</b>	<b>confidence interval upper limit</b>
<b>Age</b>			
15-19	1.0(RC)		
20-24	1.62	0.63	4.14
25-29	1.56	0.45	5.46
<b>Staying alone</b>			
Yes	1.0(RC)		
No	5.15 ***	2.42	10.07
<b>Why do you engage in sex?</b>			
<b>For fun and enjoyment</b>			
Enjoyment	1.0(RC)		
Moral Support	7.71 ***	3.41	17.41
Financial Support	3.27	0.93	11.54
<b>Is poverty a cause of risky sexual behavior</b>			
Yes	1.0(RC)		
No	3.59 ***	1.68	7.67
<b>Can you blame the mass media for risk sexual behavior</b>			
Yes	1.0(RC)		
No	0.81	0.37	1.75

The table above presents the results of logistic regression analysis of the relationship between each of the Socio-demographic characteristics of the predictors of unprotected sexual behavior among university students on-campus in Ekiti state.

The table indicates that the odd ratio of respondents age group 20-24 are more likely to have protected sex than age group 15-19 (RC) Reference category with ( $P > 0.05$ ). It also established from the table that the odd ratio of the respondent age group 25-29 may more likely have protected sex compared to those age group 15-19 (RC) Reference category with P-value ( $0.489 > 0.05$ ). It also show from the table that those that reported that they were not staying alone are more likely to have protected sex than those that staying alone (RC) Reference category with P-value ( $0.000 < 0.05$ ). It further indicated that respondent that have sex for fun and enjoyment and it shows that those that have sex for moral support are more likely to have protected sex compared to those that have it for enjoyment (RC) Reference category with P-value ( $0.000 < 0.05$ ). The table further stated those that reported that they have sex for financial support are more likely to have protected sex compared to those that have it for enjoyment (RC) Reference category with P-value ( $0.065 > 0.05$ ). It also explained the respondent who reported that poverty can cause risky sexual behavior. Hence, those that reported no may less likely have protected sex than those that reported yes (RC) Reference category with P-value ( $0.001 < 0.05$ ). It also reported those that said media does not affect their sex behavior compare to those that reported that it affected their sexual behavior (RC) Reference category with P-value ( $0.590 > 0.05$ ).

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1 SUMMARY

The overall objective of this study is to explore the relationship between predictors of unprotected sexual behavior among university students on-campus in Ekiti state. The study was based on the sample size of 200 respondents who are currently students on campus in Ekiti state Nigeria.

With respect to the socio-demographic characteristics, this study revealed that majority of the respondents age group between 20-24 years constituted (61.50%), also majority of respondent gender were male with (54.50%) and the larger proportion of respondents were in faculty of social science (42.50%) while most of them were in 300 level (35.00%), furthermore the larger percentage of respondent were Christianity (79.50%), most of the respondent parent occupation were civil servant with (35.50%) and (41.00%) respectively and also most of them reside in the urban areas (73.37%), mean where majority of respondent were from monogamous family (77.39%) and most of them were single (86.00%).

The study also revealed the pattern of sexual behavior among student on-campus and majority of respondent considered sex as not most (58.79%), while most of the respondent admitted that they have had sex (64.47%), also the larger percentage of respondent recommended age to start sex 20-24 (70.56%), while most of them reported that sex was good (58.16%). Furthermore majority of respondent reported that level of first sex was 200 level (51.28%), the larger percentage of the respondent reported that they often have sex frequently

(30.79%) and most of them were sexually active (59.49%), most of the respondent were staying alone (61.34%), mean where most of them were using male condom (36.08%), also majority of them having sexual partner as co-student (64.43%).

The study also revealed the predictors of sexual behavior among student on-campus and majority of the respondent have sex partner (59.28%) and most of them reported that they enjoyed sex (55.15%), while majority of them blame media for sexual behaviour (54.64%) Furthermore, the bivariate analysis shows the relationship between Marital status, Are you staying alone, Why do you engage in sex, Is poverty a cause of sexual behavior, Can you blame the mass media for risky of sexual behaviour and have protected sex among university student on-campus, while some variables have inverse relationship. The logistic regression also explained the effect of each of these Socio-demographic Characteristics on having protected sex.

## **5.2 CONCLUSION**

The study concluded that place of residence, ethnicity , marital status, wealth index , level of education , occupation and age at first intercourse have significant relationship with their sexual risk behavior i.e. the predictor results indicate that there is a higher proportion of having multiple sexual partners while neglecting the vital importance and use of contraceptives among students on campus , age 16 and above.

## **5.3 RECOMMENDATION**

Contraceptives service points should be provided for undergraduate who engage in one activity or the other so as to have access to it.

- . Contraceptive use among students on campus should be encouraged in order to curb the issue of abortion.
- . Parents should try and lecture their children on sex education so as to reduce sexual risk behaviors.
- . Sex education should be taught in schools most especially among students on campuses.
- . Religious leaders should encourage contraceptive use among their members place of worship.



## REFERENCE

- Fawole, A.O, Ogunkan, D.V. and Adegoke, G.S. (2011) Sexual Behaviour and Perception of HIV/AIDS in Nigerian Tertiary Institutions: University of Ilorin a Case Study. *Global Journal of Human Social Science*.
- Hazzaz, M.D., Bin, K., Zubairu, I. and Isa, S.A. (2005) Sexual Behavior among Students in Tertiary Institutions in Kano Northern Nigeria. *Journal of Community Health and Primary Care*, **16**, 17-22.
- Sabitu, K., Iliyasu, Z. and Baba, S.E. (2007) Sexual Behavior and Predictors of Condom use Among Students of a Nigerian tertiary institution. *Nigerian Journal of Medicine*, **16**, 338-343.
- Owoaja, E.T. and Uchendo, O.C. (2009) Sexual Risk Behaviour of Street Youths in South West Nigeria. *East African Journal of Public Health*, **6**, 274-279.
- Mohammed Danjuma Alhaji , (2012) Influence of Family Life Education on Sexual Behavior of Secondary School Student In Niger State, University of Nigeria.
- Adinma, J.I.B., Okeke, A.O., Agbai, A.O. and Okoro, J.M. (1999) Contraception in Teenage Nigerian School Girls. *Advances in Contraception*, **15**, 283-291. Adinma, J.I.B. and Okeke, A.O. (1995) Contraception Awareness and Practice among Nigeria Tertiary School Girls. *West African Journal of Medicine*, **14**, 34-37.
- Chukwuma, D., Anthony, I., Kelvin, C.D., Kelechi, A.U., Irene, A.M., Chima, A.E. and Uche, R.O. (2005) Sexual Behavior, Contraceptive Knowledge and Use among Female Undergraduate in Imo State Nigeria. *American Journal of Medical Science and Medicine*, **3**, 61-66.
- Adinma Joseph Ifeayi Brian, Osita Umeononihu , Adinma Dolly Echendu, Nkemakolam Eke. (2016) Sexual Behavior among Student In A Tertiary Educational Institution In Southeast Nigeria, *Adance In Reproductive Sciences*, 2016, **4**, 87-92.
- Okonko, I.O., Akinpelu, A.O. and Okerentugba, P.O. (2012) Prevalence of Sexually Transmitted Infections among Attendees of ARFH in Ibadan Southwestern Nigeria. *Middle Eastern Journal of Scientific Research*, **11**, 24-31.
- Robyn, N.F. and Kimberly, A.W. (2014) Clinical Update in Sexually Transmitted Diseases. *Cleveland Clinic Journal of Medicine*, **81**, 91-101.
- Holmes, K., Sparling, P., Stamm, W., Piot, P., Wasserheit, J., Corey, L. and Cohen, M. (2007) Sexually Transmitted Diseases. 4th Edition, McGraw-Hill Professional Publishing, New York.

- Azuike Emmanuel Chukwunonye, Iloghalu Ifeoma Chisom, et al. (2015). Sexual Behavior among Senior Secondary School Student In Nnewi North And Nnewi South Local Government Areas Of Anambra State, South-Eastern Nigeria, *European Journal Of Preventive Medicine*.
- Isiugo-Abanihe, U.C., Erinosh, O., Ushie, B., Aderinto, A., Sunmola, G. and Joseph, R. (2012) Age of Sexual Debut and Patterns of Sexual Behavior in Two Local Government Areas in Southern Nigeria. *African Journal of Reproductive Health*, **16**, 81-94.
- Sabitu, K., Iliasu, Z. and Baba, S.E. (2007) Sexual Behavior and Predictors of Condom Use among Students of a Nigerian Tertiary Institution. *Nigerian Journal of Medicine*, **16**, 338-343.
- Centers For Disease Control and Prevention (2010) Youth Risk Behavior Surveillance. USA 2009, MMWR 39; No.SS-5: 1-42.
- Emma-Slaymaker, Walker, N.H., Zaba, B. and Collumbian, M. (2009) Unsafe Sex in; Global Health Risks, Mortality and Burden of Disease Attributable to Selected Major Risks. WHO, Geneva, 1178-1254.
- Umeononihu, O.S. (2012) Adolescent Reproductive Health in Nigeria, the Role of the Family. *WOSSRI News*, **11**, 1-4. Centres for Disease Control and Prevention (2005). Youth Risk Behaviour, Surveillance USA 2005. Summaries 55 (SS-5).
- National Population Commission (NPC) Nigeria and ORC Macro (2009) Nigeria Demographic and Health Survey 2009. Calverton.
- Ary, D. V. et al. (1999). Developmental model of adolescent problem behavior. *J Abnorm Child Psychol*, **27**:141-150.
- Averett, S., & Yang, W. (2011). Identification of the Effect of Depression on Risky Sexual Behavior: Exploiting a Natural Experiment".  
<http://sites.lafayette.edu/averetts/http://www.barackobama.com/pdf/issues/HealthCareFullPlan.pdf>
- Baumrind, D. (1987). A developmental perspective on adolescent risk-taking in contemporary America. In: *Adolescent Social Behavior and Health: New Directions for Child Development*, Irwin CE, ed. San Francisco: Jossey-Bass, pp 93-125
- Biggs, Q. et al. (2010). "Acute Stress Disorder, Depression, and Tobacco Use in Disaster Workers Following 9/11". *American Journal of Orthopsychiatry*, **80**(4)586:592.10
- Braun-Courville, D. K., & Rojas, M. (2009). Exposure to sexually explicit web sites and adolescent sexual attitudes and behaviors. *Journal of Adolescent Health*, **45**, 156-162.

- Brown, L. K. et al. (2006). "Depression Symptoms as a Predictor of Sexual Risky among African American Adolescents and Young Adults." *Journal of Adolescents Health*, 39 (3): 444. Centers for Disease Control and Prevention, (2010a). "Current Depression Among Adults—United States, 2006 and 2008". *Journal of the American Medical Association*, .304(20):2233-2235.
- Chewning, B., & Koningsveld, R. (1998). Predicting Adolescents' Initiation of Intercourse and Contraceptive use. *J Appl Soc Psychol*, 28:1245–1285.
- Danziger, S. (1995). Family life and teenage pregnancy in the inner-city: experiences of African American youth. *Child Youth Serv Rev*, 17:183–202.
- Davies, S .L., DiClemente, R. J., & Wingood, G. M. (2003). Pregnancy desire among disadvantaged African American adolescent females. *Am J Health Behav*, 27:55 – 62
- Dawud, A., (2003). Perception of the risks of sexual activities among out-of school adolescents in South Gondar Administrative Zone.
- DiClemente, R. J., Lodico, M., & Grinstead, O. A. (1996). African-American adolescents residing in high-risk urban environments do use condoms: correlates and predictors of condom use among adolescents in public housing developments. *Pediatrics*, 98:269–278.
- Doljanac, R. F., & Zimmerman, M. A. (1998). Psychological factors and high-risk sexual behavior: race differences among urban adolescents. *J Behav Med*, 21:451–467.
- Donenberg, G. R. et al. (2001). Understanding AIDS-risk behavior among adolescents in psychiatric care: links to psychopathology and peer relationships. *J Am Acad Child Adolesc Psychiatry*, 40:642–653.
- Donenberg, G. et al. (2002). Holding the line with a watchful eye: the impact of perceived parental monitoring and parental permissiveness on risky sexual behavior among adolescents in psychiatric care. *AIDS Educ Prev*, 14:138–157.
- Ethier, K. A., Kershaw, T. S., & Lewis, J. B. (2006). Self-esteem, emotional distress and sexual behavior among adolescent females: Inter-relationships and temporal effects. *J Adolesc Health*, 38: 268 – 74.
- Fatusi, A.O. (2001). Faith Communities and Adolescent Sexual Health Development in HIV/AIDS Era. In Akinrinade S, Kolawole M, Mojola I, Ogungbile (eds). *Locating the Local in the Global: Voices on a Globalised Nigeria*
- Fisher, L., & Feldman, S. S. (1998). Familial antecedents of young adult health risk behavior: a longitudinal study. *J Fam Psychol*, 12:66–80.
- Flood, M. (2007). Exposure to Pornography Among Youth in Australia. *Journal of Sociology*, 43 , 45–60. Geri, R. D. et al. (2003). Tracing the Roots of Early Sexual Debut Among

Adolescents in Psychiatric Care. *J Am Acad Child Adolescent Psychiatry*, 42 (5) : 594–608.

Gorman-Smith, D. et al. (1996). The Relation of Family Functioning to Violence among Inner-city minority youth. *J Fam Psychol*, 10:115–129.

Gullette, D. L., & Lyons, M. A. (2006). Sensation seeking, self-esteem, and unprotected sex in college students. *J Assoc NursesAids Care*, 17:23 – 31.

Haggstrom-Nordin, E. et al. (2009). Experiences of and attitudes towards pornography among a group of Swedish high school students. *The European Journal of Contraception and Reproductive Health Care*, 14: 277– 284.

Halama, P. (2008). Confirmatory factor analysis of Rosenberg self-esteem scale in a sample of Slovak high school and university students. *Stud Psycho*, 50:255 – 66.

Iwuagwu, S. C., Ajuwon, A. J., & Olasheha, I. O. (2000). Sexual behavior and negotiation of male condoms by female students of the University of Ibadan. *Journal of Obstetrics and Gynaecology*, 20 (5): 507-513 .

Jaccard, J., Dittus P. J., & Gordon, V. V. (1996). Maternal correlates of adolescent sexual and contraceptive behavior. *Fam Plann Perspect*, 28:159–185.

Jenness, S. M. et al. (2010). Unprotected Anal Intercourse and Sexually Transmitted Diseases in High-Risk.