PREDICTORS OF SEXUAL BEHAVIOUR AMONG UNIVERSITY OFF CAMPUS STUDENTS IN EKITI STATE, NIGERIA.

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CERTIFICATION

This is to certify that this research work, Predictorsof Sexual Behavior among University off Campus Students in Ekiti State, Nigeria. The study was carried out by **OGUNYEMI FOLAKEMI BLESSING** with Matriculation Number **DSS/13/1183** of the Department of Demography and Social Statistics, Faculty of Social Sciences, Federal University Oye Ekiti, Ekiti State, Nigeria.

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DEDICATION

This research work is dedicated to God Almighty, the Alpha and the Omega, the source of all wisdom and understanding to whom I give all glory, for His love towards me and the grace that wasgiven to me by God to complete this work. Also this work is dedicated to my parents Mr. andMrs. **OGUNYEMI** for their financial support towards the completion of this work and my upbringing from childhood to this stage. May God continue to strengthen them and give themlong life (Amen).

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ABSTRACT

This study examines predictors of sexual behavior among university off-campus students in Ekiti State, Nigeria. Two hundred questionnaires were administered among the off campus students in Federal University Oye Ekiti and Ekiti State University. The study revealed that(61.5%) had sex before while 49% of those that had ever has sex had it with boyfriend. Predictorsof sexual behavior among off campus studentare discussion of sexual experience with peers, peers recommending sex partner for respondents, sharing pornographic material and free access to friend's room to have sex.

It was suggested that government should provide hostel for students. There is also need for education about safe sex among the students.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

The last thirty years in Nigeria, have witnessed the growth of universities andother higher institutions of learning in Nigeria which has lead to rapid growth in student population to the extent that school dormitories and halls of residence are no longer adequate to accommodate the number of entries or admitted students each academic year. To this end, students are to live outside the apparently protected four walls of the institution. This concurring incidence has increased the rate of sexual activity of the same students as they find shelter with themselves in neighboring communities. Undergraduates are most vulnerable to sexual behavior urges and tend to easily succumb to the prevailing pressure. Although the knowledge of the dangers of HIV and STDs to human life is no longer news, it looks like they are not near enough to keep the restraints. Many studies across African countries revealed that youth are highly engaged with unsafe sexual activities. Especially in Sub-Saharan African countries, more than 70 percent of young women begin sexual activity during adolescence period. Males engage in sexual activity younger than females and the age at first sexual intercourse in the region ranges from 16-17 years (UNICEF, USAID and WHO, 2002). Sexual activity among female adolescents has resulted in unwanted pregnancies and illegal abortions, which pose serious health and social problems. The consequences: social, educational and economic, besides medical complications are so grave for adolescent girls. Bankole and Haas (1999) confirmed that, school girls are sexually active at the same time they are getting pregnant

and abortion rates are also absolutely high across the regions (Sub-Saharan). Moreover, Sub-Saharan Africa had 67% of the Globe's 33 million HIV infected people in 2007 and has maintained its position as the world region most heavily affected by the AIDS pandemic (UNAIDS, 2008). Similarly, quantitative and qualitative studies of the sexual knowledge and practices of adolescents reveal that a substantial number of boys and girls in many developing countries engage in sexual intercourse before their 15th birthdays (Dixon-Mueller, 2009). The reason for reviewing this is because early and unprotected sexual initiation can trigger a succession of harmful physical, emotional, and social outcomes, especially for girls (Jejeebhoy, Shah, &Thapa, 2005). Moreover, compared with adults, adolescents are less likely to have the foresight, skills, cognitive maturity, information, and support they need to protect themselves from unwanted pregnancy, HIV, and sexually transmitted infections (Bankole, Biddlecom, Guilla, Singh, & Zulu, 2007). More so, they are prone to being cajoled by adults into sexual activity. In addition, the rising numbers of new HIV infections among these young demographic signals were an urgent need to identify behavior and situations that contribute to sexual and reproductive health in adolescence as university off campus students (Dixon-Mueller, 2009).

In this era of HIV and AIDS, issues of sexual behavior especially among the young people who are sexually active have become increasingly important. University students are particularly important because they live in a mixed but relatively unregulated environment, which puts them at high risk of risky sexual activity. Yet, this is the group that constitutes future leaders. young people especially in universities and colleges are at a higher risk of acquiring sexually transmitted infections (STIs) including HIV because

they are inclined to be engaged in risky sexual behavior (Mengistu, Melku, Bedada and Eticha, 2013). Studies have found that the highest group infected with HIV is the age group of 15 to 24 years where most of the university students fall (UNICEF, 2002). These findings point to a need for investigation of sexual behavior in universities as a matter of priority. Literature is replete with information on studies that have been conducted to address the factors that influence sexual behavior among the youth in various parts of the world. Analysis of these studies reveals that sexual behavior occurs within certain contexts and therefore it is important to examine the demographic, social, cultural, economic and other contextual determinants of sexuality amongst youth to enhance the knowledge of the factors that influence their sexual behavior. For instance, Jaccard, Dittus and Gordon, (1996) in a study on maternal correlates of adolescent sexual and contraceptive behaviour established that teenagers who reported a low level of satisfaction with their mothers were more than twice likely to engage in premarital sexual intercourse compared to those who were highly satisfied with their relationship to their mothers. This finding was similar to the one of Forehand, et al, (2005) who observed that being in trouble at home was a primary parent - reported risk behaviour associated with youth increased odds of intending to engage in sexual intercourse. Several studies have documented the influence of peer pressure on sexual behaviour of the youth (Hampton, McWatters, Jeffery and Smith, 2005).

A few studies have revealed that young adults engage in premarital sex hoping to gain sexual pleasure, intimacy and social status (Ott,et al, 2006). In another study conducted among university students in Southern Ethiopia, university life was associated with engagement in sexual activities. Of the students who reported to be sexually active,

26% had their first sexual encounter after joining university life of whom, female students were 3.7 times more likely to start their sexual intercourse after joining the university than male students (Gelibo, Blachew and Tilahun, 2013). There are still gaps in literature concerning which year of study, age of sexual debut and intensity of sexual indulgence among off-campus students which are focal areas of this study.

Further to these, there is sufficient knowledge of these consequences based on science and medicine. Aral, (2001) observed that Sexually Transmitted Diseases (STDs), including human immuno-deficiency virus (HIV) infections constitute a major reproductive health burden for sexually-active individuals. Aral, (2001) outlined consequences of STDs to include genital and other cancers, pelvic inflammatory disease, ectopic pregnancy, infertility, and adverse outcomes of pregnancy including pre-term delivery and low birth weight. To these, Whiteside, Katz, Anthens, Boardman, et al, (2001) added chronic pelvic pain. Other known consequences of irresponsible sexual behaviour include unwanted pregnancies, abortion, social stigma, etc especially dropping from schools, which often result into a serious damage to the victims' self-esteem. This in turn negatively impacts on their opportunities for individual growtsh as well as the growth of their families. Failure to deal with these issues, incurs a high cost to both the affected individuals and their families in terms of avoidable ill health, wasted life opportunities and social disruption. According to UNESCO (2000) providing informed choices to young people helps to promote safer sexual practices and to reduce unplanned pregnancies and STD infection rates. This in turn improves their future sexual and reproductive life and health.

As a unique population of young adults, college students exhibit conflicting sexually transmitted infection (STI) risk behaviours compared to nonstudents. College students are more likely to have multiple sexual partners and use drugs and alcohol proximal to sexual activity, as well as less likely to exhibit safer sex communication and consistent condom use. Conversely, they are more likely to have higher levels of sexual self-efficacy and use a condom if a partner requests, both of which practices are associated with lower risk of HIV infection (Lewis &Malow, 1997).

These accumulated to drive the researcher to undertake a study of this nature to critically look into the predictor of sexual behaviour among university off campus students in Ekiti state.

1.2 STATEMENT OF THE PROBLEM

The above, notwithstanding, there is still insufficient data concerning sexual life of university students in Nigeria. This knowledge gap could mean that students' sexual health needs are not known, a fact that could affect the provision of their sexual and reproductive health services. In most government owned universities, there are almost no sexual and reproductive health services for university students most of who are expected to be abstaining since they are still unmarried. As a result, there are no condoms for safe sex, no contraceptive services to prevent unwanted pregnancies and sexually transmitted infections, and virtually no reproductive health services. But are these services not really required? To answer this question, it was essential to assess sexual patterns of university students on which universities could base themselves to make informed decisions concerning provision of sexual and reproductive health services to university students.

More so, there is not much known about what actually predicts or ignites sexual behaviour among off campus students. The apparent liberty usually acts as a catalyst on a predictor and this has greatly increased the rate at which university students have engaged in sexual activities and rather more promiscuous methods of intercourse. This need has prompted the researcher to investigate the predictor of sexual behavior among university off campus students in Ekiti state.

1.3 OBJECTIVE OF THE STUDY

The broad objective of this study is to examine the predictor of sexual behavior among university off campus students in Ekiti state.

Specifically, the study is designed:

1. To investigate the pattern of sexual behavior among off campus students in Ekiti state.
2. To ascertain the effect of peer influence on sexual behavior.
3. To examine the influence of socio-economic status of students on their sexual behavior.
4. To examine the rate at which drugs and alcoholism is used close to sexual activity among off campus students.

1.4 RESEARCH QUESTIONS

The following research questions are formulated for this study.

1. What is the pattern of sexual behavior among off campus students in Ekiti state?
2. Does peer influence have any effect on sexual behavior?
3. Does socio-economic status of students have any effect on sexual behavior?

4. How often does off campus students take drugs and alcoholism near sexual activity?

1.5 RESEARCH HYPOTHESES

To provide empirical answers to the research questions above, the following research hypothesis were developed. They are as stated below;

Hypothesis

H_0: There is no significant relationship between Socio-Economic Status (age, marital status, sex, exposure to pornographic material) and sexual behavior among off-campus students.

HI: There is significant relationship between Socio-Economic Status (age, marital status, sex, exposure to pornographic material) and sexual behavior among off-campus students.

1.6 SCOPE OF THE STUDY

The study focuses on the predictor of sexual behavior among university off campus students in Ekiti state. The study centers on the peer influence and socio economic status of off campus students as it determines their sexual behavior. This is due to limitations in this type of study in covering a larger scope of study. More so, in coverage of university education in Ekiti state, the researcher specifically looks at Ekiti State University, (EKSU) and Federal University, Oye Ekiti (FUOYE).

1.7 SIGNIFICANCE OF THE STUDY

This study will be useful to all categories of educationist. The university management will see how the availability of accommodating facilities is constraining the bigger fraction of students living off campus. This study will help the university to provide effective and necessary counseling services to students. The university management will see need to strengthen the guidance and counseling units of their institutions and the provision of health experts to provide necessary contraceptives and advice on the use of these contraceptives, thereby promoting healthy sexual behaviour with reduced vulnerability to sexual transmitted diseases.

Very importantly, the students will also see the need for self-restraint and how they can make more informed decisions regarding their sexual life and health. This study also helps determine the veracity of the predictors of sexual behaviour among university off campus students. Government as well as policy formulators will see the need for macro and micro planning in university planning and the necessity of maintaining a HIV free society right from the doorstep of universities and other higher institutions of learning through adequate measures put in place to reduce improper sexual behaviour among its citizenry.

1.8 DEFINITION OF TERMS

This are the key words used throughout this study:

Sexual behavior: the ability and need to engage in sexual activity.

Off campus students: Students domiciled in accommodations outside the premises of the university. They are students who do not stay in school halls of residence.

Peer influence: This is a pressure that amounts from socialization with friends and acquaintances.

Socio economic status: This is the status of livelihood of a person. It is an indicator of the financial stability of a person.

Adolescents: In this study, adolescents are individuals (students) aged from 16 years to 24 years.

University education: This is the tier of education system in Nigeria after the secondary education usually within a span of 4 to 6 years.

Drugs: The mention of drugs in this work refers to hard drugs like cocaine and heroin.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed relevant and related literatures of various researches in an attempt to relate their work to this study.

The sub-topics discussed in this review include the following:

1. Concept of sexual behaviour
2. Sexual pattern among adolescents
3. Influence of peers on sexual behaviour
4. The socio-economic status of students and their sexual behaviour
5. Drug abuse among adolescents
6. Co-occurrence of substance use and sexual intercourse
7. Consequences of uncontrolled sexual behavior or risky sexual behaviour
8. Theoretical framework

2.1. SEXUAL BEHAVIOR

Sexual behaviour refers to the manner in which humans experience and express their sexuality (Sigelman& Rider, 2009) and risky sexual behaviour can be defined as sexual behaviour that results in negative consequences. This behaviour could include: the failure to take protective action such as condom use and birth control; having casual/unknown or multiple sexual partners; the failure to discuss risk topics prior to intercourse; and sexually transmitted diseases, including HIV/Aids (Whitehead, 2007).

Sexual behaviours can be divided into those that are performed by a solitary individual, such as masturbation and sexual fantasies and those that are performed by at least two people. Sexual interactions with others may include touching, kissing and other forms of non-penetrative sex along with penetrative sex, which includes vaginal, oral and anal sex (Crocett, Raffaelli, &Moilanen, 2003).

Sexual behaviour is the manner to which undergraduates conduct themselves sexually. It is identified by certain sexual patterns like, sexual debut, frequency of intercourse, use of condoms and contraceptives, type of sexual indulgence, multiple partners etc.

In Nigeria, it has been a tradition, to protect young ones from receiving sex education, let alone having early or premarital sex experience in the false belief that ignorance encourages chastity; and early sex experience promotes promiscuity. But in contrast and ironical too, the early initiation of youths into sexual activities for economic reasons and other undisclosed factors has become a cultural norm due to stress occasioned by difficult times, and despite its adverse consequences on health and the society at large. Peltzer (1975) in a study at Malawi has reported that when girls fail to find job, they end up on prostitution. Simiarly, like failing to secure a job, many students burdened with the stress of academic activities and student life resort to sex for ease of the stress.

More so, focus is centred on the off campus students with an apparently independent lifestyle and social freedom. Having the ability and prerogative of choice and decision making, some of them fall victim, of risky sexual behaviours. The inability

for most of them to "hold" themselves and keep their body in sexual chastity due to weak determination and will has increased the frequency of off campus sexual activities.

2.2 SEXUAL PATTERN AMONG UNIVERSITY STUDENTS

2.2.1 Age of sexual debut

The age of sexual debut marks the beginning of possible sexual exposure. A systematic review by Stokhl et al, (2012) showed that there was a significant association between early sexual debut and HIV. Early sexual debut is therefore a major concern, particularly in high-prevalence areas like Nigeria.

In a study by Mathews et al. (2009), which looked at age of sexual debut in high-school learners, initiation of sexual activity was found to be as early as 13 years with 13% among females and 31% among males of this age having already initiated sex. In another study conducted in a rural area in the south-eastern part of South Africa, where the mean ages of females and males were 15 and 16 years, respectively, 76% of females and 91% of males were sexually active. Males were found to initiate sexual activity earlier than females (13.4 years versus 14.9 years), and had a history of more partners and nearly twice as many sexually transmitted infections than females (Kelly and Ntlabati, 2002). Findings from a study in the Northern Cape, among 900 adolescents aged 16 to 20 which conducted interviews and focus group discussions in nine schools, showed an early debut occurring by the age of 15 as well as a high incidence of multiple partners (Pettifor et al., 2004). This is a clear indicator that more and more adolescents are initiating sex earlier. The above studies show that adolescents are becoming sexually active at a

significantly early age ranging between 12 and 15 years. This means that an even greater number of adolescents are becoming exposed to these sexual risk behaviours.

This is important because there is a strong association between age at first intercourse and subsequent sexual health (Gueyeet al.2001). Anyanwu et al. (2s013) reported that at the University of Venda, average age at first intercourse was 17.5 years (16.7 years for males and 18.4 years for females). This finding is supported by Hoque et al. (2011) who found that males started to have sex earlier (16.5 years) than females (18.1 years). However, Fisher (2007) found younger age at first sexual intercourse among female college students compared to males in the US. Haggstrom-Nordin et al. (2002) did not find any significant gender differences among Swedish high school students with regard to age at first intercourse. The reasons for initiating first sex vary by sex, residence and other characteristics. For instance, Gueye et al. (2001) in their survey of adolescents identified in households in Mali, showed that the majority of young males gave reasons for initiating first sexual intercourse to include curiosity, peer pressure and love (in that order) whilst females reported to be love, promise of marriage and marital duty.

2.2.2 Condom use

Results from clinical and epidemiological studies show that condom use is so far regarded as the best method to prevent HIV and STD infection. Failure to use condoms can therefore be regarded as the most common indicator of risk in adolescents. A systematic review conducted by Weller and Davis (2002) showed that consistent male condom use resulted in an approximately 80% reduction in HIV and STD transmission. Worryingly, numerous research studies have shown that correct and consistent condom

use remains very low in sub-Saharan Africa. This pattern of behaviour promotes early and unwanted pregnancies as well as sexually transmitted diseases among undergraduate students.

A review of unsafe sexual behaviour among South African youth by Eaton at al. (2003) demonstrated that South African teenagers are at risk of infection through unprotected sex. The review established that at least 50% of young people in South Africa are sexually active by age 16, and that 50 to 60% report not using condoms (Eaton et al., 2003). A more recent survey by the HSRC in 2012 showed a decline in condom use in all age groups. Other studies looking at condom use examined gender differences. A South African survey among youth in 2002 showed that only 29% of sexually active women surveyed used condoms consistently with the most recent partner (Pettifor et al., 2004). Another cross-sectional study looking at condom use and masculinity by Shai et al. (2012), found that 48% of men aged 15– 26 in rural areas of the Eastern Cape had never used condoms. These findings demonstrate that condom use is a particularly problematic issue among Nigerian adolescents. Shai's study alluded to the fact that the poor condom use among African youth may be attributed to the conservative gender norms of African societies. Encouraging condom use is often seen as encouraging adolescents to engage in sexual activity (World Bank, 1992). Moreover, the silence of the society on the topic of the use of condom has not in any way reduced the frequency of sexual behaviour among students as they seem to be more active when they enter into the university. Most Nigerian university students do not think of the use of using a form of contraceptive when engaging in sexual behaviour.

2.2.3 Multiple partners

Having multiple partners is reported to be one of the common trends among male student and adolescent students. The presumed social acceptance and recognition among one's peers has lured many into having multiple sexual partners. This is also a cause for the rapid spread of the HIV and STD epidemic in the country and Africa at large. Even more concerning is the results of research conducted by Kalichman (2000) in Botswana showed concerning evidence that multiple partners are associated with other risky behaviours. For example, those with multiple partners used condoms less than those with one partner; there was evidence of greater alcohol use; and those with multiple partners were more likely not to disclose their status to partners compared to those who did not have multiple partners. Given the low and inconsistent condom use highlighted above, the issue of multiple sexual partners therefore becomes important in the context of understanding sexual risk behaviour and the design of prevention studies for young people.

2.3 INFLUENCE OF PEERS ON SEXUAL BEHAVIOUR

From adolescence to adulthood, parental influences are thought to change or decline since the corresponding increase of peer influence and other factors related to extra familial socialisation emerge and they begin to be guided by their own internalised morals and values (Mostert, 1991). According to Macphail and Campbell (2001), the strong desire to identify with models within the peer group may result in the adolescents acquiring anti-social behaviour. In the perceived absence of a legitimate opportunity structure, undergraduates become vulnerable to the influence of adult criminals. With a

negative self-concept are likely to compensate for their inadequacies by drinking alcohol under the influence of their peers since they might fear to be rejected when not conforming to the group (Macphail& Campbell, 2001). I this light, many students, live in active sexual experiences because of their peers. Living outside the university affords students the privilege of engaging and relating with peers from different backgrounds even the uneducated indigenes. This either directly or directly arouses sexual behaviour among adolescents.

Peer group influence is also reported to be one of the primary reasons for alcohol use and risky sexual behaviour among adolescents. Most often undergraduates start by experimenting with the so called gateways drugs such as tobacco, alcohol and marijuana (Oshodi, et al., 2010), which impair their reasoning and thinking abilities, thereby indulging in unplanned sexual activities (Patric, Pallen, Caldwell, Gleeson, Smith & Wegner, 2012).

2.4 THE SOCIO-ECONOMIC STATUS OF STUDENTS AND THEIR SEXUAL BEHAVIOUR

Research has been carried out on the many socio-economic factors around students that predict sexual behaviour. These are for example:

- Attitude of the society
- Family influence
- Poverty
- Unemployment
- Media

- Pornography
- Dysfunctional families
- Divorce
- Single parenthood
- Orphanage etc

However, this study will not exhaust these factors but will only focus on family influence, poverty, media and pornography.

2.4.1. Family influences

Unfortunately, many Nigerian youths are not growing up in the canopy of sound parental leadership and model-behaviour. This pandemic has resulted in an epidemic of orphanhood and child-headed households, which has left many children having to fend for themselves. Single-parent households are becoming the norm in Nigeria, with the majority of children growing up with only one parent most likely a mother. Increasing numbers of fathers are absent and a crisis of male role-models in Nigerian homes seems to be perpetuating patterns of abuse and desertion (Holburn& Eddy, 2011).

According to Oshodi, Aina and Onajole (2010), the quantity and quality of the time that parents spend with their children from adolescence to adulthood is linked to those sexual behaviour within or without the home. When parents/primary caregivers spend ample time with their adolescents, risky sexual behaviour by adolescents is less likely to occur. Parent–child relationships, parental control, and parent-child communication have all been implicated in adolescent sexual behaviour. Better parent–

child relationships are associated with postponing intercourse, less frequent intercourse and fewer sexual partners (Miller, Benson, and Galbraith, 2001).

On the other hand, adolescents without a nurturing home environment are more likely to seek out to others, and typically fellow age-mates, to fulfil their need for acceptance and recognition (Bee & Boyd, 2003). When parents hold on to the belief that by discussing sexuality with their adolescents it will increase sexual permissiveness, it could result in these adolescents contracting STI‘s including HIV/AIDS (Pastorino& Doyle-Portillo, 2011).

2.4.2 Poverty

Poverty has long been a risk factor that overwhelms the self-concept and predisposes undergraduate to alcoholic use and other social morbidities such as unplanned sexual behaviour (Monti& O‘Leary, 2001). It is also linked with a lower family income and lower parental educational attainment which in turn is associated with a greater likelihood of teenage intercourse and unplanned fatherhood (Sieving, et al. 2000). Frustrations and anger at being poor may give way to feelings of weakness, victimisation and loss of control. These factors are often expressed as pessimism, loss of hope, depression and alcohol use, and adolescents may find that to continue with school is difficult because their caregivers do not support them. Consequently, they resort to drinking alcohol or sleeping around as a solution to their misery (Holburn& Eddy 2011).

Oyefara (2005) carried out a study to determine those factors that motivate young female Nigerians to join sex industry in Lagos using quantitative and qualitative research methods. The result showed that the data on current age of sampled commercial sex

workers indicate that majority of the women (89.1%) in the sex industry were youths below the age of 30 with modal age of 20 – 24, and mean age of 23.8 years. Elicited information on current marital status showed that single females pre-dominate the sex industry (73.1%). And data on parental socioeconomic background revealed that majority of them (74.4%) were from poor homes. Some students (mostly female) may become victim of improper sexual behaviour and sexual promiscuity due to poverty and the need to fund their education. This has led them to the streets in search of required finance in the hands of "sugar daddies" and "yahoo boys".

2.4.3 Mass media

According to most theories on media effects, the influence of media depends largely on the content it contains. Much of the research linking media and sex particularly studies of attitudinal effects has focused on television. Television viewing remains the most common medium and platform, and it makes up the largest chunk of adolescents' media use, accounting for 4.5 hours of media time out of nearly 11 total hours spent with media daily. Television includes a great deal of sexual content, creating a strong potential for observing such effects (Collins, Martino & Elliot, 2011). The extensive viewing of sexual violence and rape could be detrimental to the cognitive and moral development of adolescents (Weiten; 2011). As the media is flooded with sexual images on a daily basis, sexual music videos, adolescent males receive misleading information on sexuality issues, which is likely to skew the teenagers' sexual perception and even encourage risky behaviour such as the use of ineffective means of contraception (Weiten, 2011).

2.4.4 **Pornography**

Adolescent curiosity about sexuality is a normal and healthy aspect of human development however; sexual exploration has led them to sneaking peaks at nude pictures. The Internet and cable television have ushered access to hard-core pornographic images, and adolescents are jumping in head first for the ride (Griffiths, 2001). The amount of pornography available for adolescents has roared into everyday life so overwhelmingly that it has challenged the ability of social science to create models of treatment and outcome to keep up with the pace of the changes (Fisher & Barak 2001).

The exact effects of pornography on adolescents is a hotly debated topic, as few empirical studies exist which definitively examine the issue. Reason for this lack in clinical research include the reluctance of many teens to talk about their sexual habits and the monumental ethical dilemmas of setting up research studies involving youths and their exposure to pornography. Nevertheless, numerous studies have pointed to the potential for serious harm. These include modelling and imitation of inappropriate behaviour; unhealthy interference with normal sexual development; emotional side effects (including nightmares and residual feelings of shame, guilt, anxiety and confusion); stimulation of premature sexual activity and the development of misleading and potentially harmful attitudes towards sex.

2.5 DRUG ABUSEAMONG UNIVERSITY STUDENTS

Substance abuse is the repeated use of a substance even with the knowledge of its negative health consequences (Francis, 2003). Drugs, that can be swallowed or inhaled, normally alter people's judgment and this leads to risky sexual behaviours, such as

unprotected sex, having multiple sexual partners and prolonged and traumatic sex (UNAIDS, 1999).

In developing countries, substance use is emerging as a big problem than expected (UNAIDS and WHO, 2008). Some studies associate alcohol use with reduced sexual inhibitions, multiple partners, unprotected sex, sexual violence, and commercial sex encounters (Weiser et al., 2006). In other words, studies suggest that easily accessible substances such as khat and marijuana are commonly used and that multiple-substance use increases adverse behaviours (Barnwell and Earleywine, 2006).

Even though many African countries are on drug transit routes (Berkley, 1994), the extent of drug-related problems is not clear. In other words, though drug use does not appear to be a major public health problem (Berkley, 1994) for much of Africa, a number of hospital admissions for drug-associated problems have recently increased in some cities. For example, in Nigeria, heroin and cocaine related problems have been highlighted in a number of reports (Berkley, 1994). On the other hand, sexually transmitted diseases were identified to be higher among drinkers than non-drinkers in patients seen at Harare's primary health clinic (WHO, 1993).

Substance use among college and university students remains an important area of research due to the implications of early substance dependence (Baldwin etal., 1991). For example in Kenya, among few studies conducted in Universities and colleges, high rates as high as 84% for alcohol use and 54.7% for tobacco use reported (Odek-Ogunde and Pande-Leak, 1999).

Therefore; since substances abuse may be legal or illicit and addiction plays a major role in substance abuse, behavioural addictions (sex addiction) can have social,public health, and medical consequences and may have unintended health consequences for University students; this indicates that data regarding substance use and sexual risk behavior among University Students especially off campus students is important. Therefore, this study aimed at assessing the magnitude of substance use, sexual risk behavior and factors associated among students in Ekiti state.

One study also found out that the period in which alcohol consumption of young people is higher than any other time of the year, is the time they spend at holiday resorts with friends (Knibbe, 2006). Students outside the walls of the universities are exposed to bars and joints where alcohol and substances are sold and appreciated. This has led to an increase in substance use and abuse as well as the sexual behaviour practices. Unprotected sex and other risky sexual behavioural practices are common among university undergraduates staying off campus. This is because these joints where hard drugs are sold are normally not available within the school.

Many other studies which have been done on adolescents, college students and other young adults in the United States and other developed countries, have found profound risky sexual attitudes and behaviour. These studies have reported high rates of unprotected sexual activity, multiple sexual partners, and a decline in the age of sexual debut (Langer, Warheit& McDonald, 2001; Morris &Albery, 2001). Of the estimated 12 million new cases of sexually transmitted diseases (STD) diagnosed among Americans each year, three million involve people younger than the age of 20, and another four million occur among 20-25-year olds. Among adolescents, key behavioural risk factors

for STD infection are initiating sexual intercourse, having multiple concurrent or sequential sexual partners, having a partner who has had multiple partners and failure to use barrier contraceptives. All of these are traceable to the excessive intake of alcohol.

2.6 CO-OCCURRENCE OF SUBSTANCE USE AND SEXUAL INTERCOURSE

Undergraduate males who have been exposed to alcohol use have a tendency to engage in multiple sex partners and unprotected intercourse (Malow, Devieux, Jennings, Lucenko, &Kalichman, 2001). Research with samples of university students suggests that sexual behaviour and substance use tend to co-occur within broad time periods, such as lifetime, that is, adolescents who have ever engaged in one of the forms of behaviour are more likely to have also engaged in the other (Palen, et al. 2006).

Studies have consistently demonstrated that adolescents who strongly believe that alcohol enhances sexual arousal and performance are more likely to practice risky sexual behaviour after drinking (Dermen, & Cooper, 2000). In a research conducted with high school students from Cape Town, South Africa, it was demonstrated that lifetime use of alcohol is associated with higher odds of lifetime sexual intercourse. There are at least two general types of reasons why substance use and sexual behaviour may co-occur, which in turn have implications for intervention strategies. First, the two types of behaviour may have common origins. This is consistent with the Problem Behaviour Theory in which factors like external locus of control and low parental monitoring contribute to multiple adolescent risk behaviour. In this situation, the initiation of substance use and sexual intercourse could occur in any order (including simultaneously), depending on the nature of the underlying variables or processes. Despite this body of

research, there is a paucity of studies that indicate three different, but related categories of explanations are usually proposed to account for the relationship between alcohol use and sexual risk behaviour. One category of explanation is that alcohol consumption may represent other behavioural, lifestyle, contextual and/or personality factors which are associated with the engagement in high risk sexual behaviour (Hargreaves, Bonell, Boler, Boccia, Birdthistle, Fletcher, Pronyk, & Glynn 2002). For example, in certain instances, male alcohol consumers go to drinking venues which are also frequented by sex workers, and while in those venues they end up having casual and sometimes higher-risk sexual encounters with those sex workers. More so, according to this explanation, the drug ethanol' acts on the central nervous system, reduces inhibitions, and consequently, increases people's likelihood of engaging in risky sexual and other behaviour (Hargreaves et al., 2002).

2.7 CONSEQUENCES OF UNCONTROLLED SEXUAL BEHAVIOUR

Consequences of irresponsible sexual behaviour include unwanted pregnancies, abortion, social stigma, dropping from schools etc, which often result into a serious damage to the victims' self-esteem. This in turn negatively impacts on their opportunities for individual growth as well as the growth of their families. Failure to deal with these issues, incurs a high cost to both the affected individuals and their families in terms of avoidable ill health, wasted life opportunities and social disruption. According to UNESCO (2000) providing informed choices to young people helps to promote safer sexual practices and to reduce unplanned pregnancies and STD infection rates. This in turn improves their future sexual and reproductive life and health.

2.7.1 Unwanted pregnancy

Women who experience unwanted pregnancies are at increased risk of suicide (Brockington, 2001), show elevated depressive symptom (McLennan, Kotelchuck, & Cho, 2001), experience post-partum depression (Beck, 2001), and have a higher likelihood of experiencing violence from one's partner (Jasinski, 2001). These potential health concerns apply to partner rape victims because they are at risk of an unwanted pregnancy. The risk of unwanted pregnancy from rape, compared to consensual sexual interaction, has been shown to be at the same or higher rate. A number of studies have shown that women who are victims of sexual abuse have a higher likelihood of contracting a sexually transmitted disease (Brown et al., 2003; Hogben et al., 2000). Rape which may result in unwanted pregnancy as well as campus cohabitation are among the most ranked sexual maladjusted behaviour on campuses.

2.7.2 Physical injury.

Another major health concern is that risky sexual behaviour is coupled with violence. All sexual crimes are considered violent because they include the physical violation of another person, whereas violent offending may not have a sexual component (Quinsey, Harris, Rice, & Cormier, 1998). Nonsexual nonviolent crimes are comprised of property crimes and violations of conditional orders. In addition to this, other researchers have discriminated between two types of aggression, those with and without physical injury (Monahan et al., 2001). It should also be noted that sexual aggression could occur with varying degrees of physical injury to the victim. Any form of non-consensual copulation, whether it results from persuasion, threats, or physical violence, is necessary

for a sexual encounter to be labelled as sexual coercion. The other necessary condition is that the act is resisted to the best of the victim's ability, or resistance is reduced due to real threats of injury. This is otherwise called rape. Thus, the term sexual coercion includes rape, sexual assault, or any label that meets these two criteria.

From the cited evidence, penile-vaginal rape appears to be a common form of sexual coercion with consequences including mental health problems, unwanted pregnancies, sexually transmitted diseases, and physical injury. The high prevalence of rate among university students poses a serious public health concern, deserving greater attention from empirical research.

2.7.3 Depression

When a person has depression, it interferes with daily life and normal functioning. It can cause pain for both the person with depression and those who care about him or her. Doctors call this condition "depressive disorder," or "clinical depression." It is a real illness. Most people who experience depression need treatment to get better. There have been some other various accounts of depression as a mental illness such as the genetic, biochemical and the psychological theories. Clinical psychologist view depression form the angle of unipolar disorder and bipolar disorder.

Depression is known to be a feeling of heaviness that lasts for a long time and affects one's everyday life. Depression therefore, is a change in a person's mood, with feelings of sadness and misery. These feelings can go on over some period of time It can make one feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect one's self-esteem, sleep, appetite, sex drive and, sometimes, one's physical health.

In its mildest form, depression doesn't stop one leading a normal life, but it makes everything harder to do and seem less worthwhile. Sometime, one cannot even leave one's bed at the dawn of a new day. They find it rather difficult to cope with the activities of their daily living. At its most severe, depression can make one feel suicidal, and be life-threatening.

It should also be noted that sexual aggression and coercion usually results in depressed victims. Students suffering from depression will have lower grades, and low morale for academic activities. Depression is common with students who do not have the privilege of counselling services especially after engaging in sex. The trauma and psychological effect affects their general wellbeing.

2.7.4 Sexually transmitted diseases (infections) and HIV

Too many adolescents acquire sexually transmitted infections (STI's) including the human immunodeficiency virus (HIV) by not using condoms and this behaviour accelerates the spread of HIV (Mabille, 2009). The incidence of the HIV infection worldwide is not only staggering, but the daunting statistics show that currently, half of new HIV infections occur in people between the ages of 15 and 25. This bracket is the commonest range of university undergraduates. As most people initiate sexual activity during adolescence, (many having sex before the age of 15), a total of nearly 12 million young people is reported to be living with AIDS worldwide and many will die before the age of 35 (Reproductive Health Outlook (RHO), 2004). Alarming reports state that South Africa has the largest percentage of people living with HIV/AIDS in the world, with estimates that over 1500 people become infected daily (Goldstein, Pretorius & Stewart,

2003). It is possible that many AIDS cases now appearing among those aged 20 to 24 may be coming from those exposed to the virus during their adolescent years (Langer, Warheit& McDonald, 2001).

Corroborating the aforementioned, the misuse of alcohol is increasingly being recognised as a key determinant in risky sexual behaviour, and consequently, an indirect contributor to HIV transmission in sub-Saharan countries (Fritz, Woelk, Bassett, McFarland, Routh, Tobaiwa& Stall, 2002). Numerous cross-sectional investigations which have been conducted have shown consistently that alcohol use is associated with HIV infection (Clift, Anemona, Watson-Jones, Kanga, Ndeki, Changalucha, Gavyole, & Ross, 2003). However, the relationship between alcohol consumption and unprotected sex is equivocal. Some studies, (Fritz et al, 2001), have found a significant relationship between alcohol consumption and unprotected sex, whereas others have not (Fritz et al., 2001).

2.7.5 Rape and Sexual Assaults

Researchers estimate that alcohol use is implicated in one- to two-thirds of sexual assault and acquaintances or datel rape incidents among adolescents. In a survey of university students, 55% of sexual assault perpetrators and 53% of sexual assault victims, admitted to be under the influence of alcohol at the time of the assault.

A study of college women found that alcohol use is one the strongest precursors of college women rape. A survey of high school students found that 18% of females and 39% of males say it is acceptable for a boy to force sex with the girl…" (Fritz et al., 2001).

2.8 THEORETICAL FRAMEWORK

2.8.1 Problem Behaviour Theory

According to Jessor and Jessor (1977), Problem Behaviour Theory (PBT) is a psychosocial model that attempts to explain behavioural outcomes such as substance use, deviancy, and risky sexual behaviour. Researchers have shown its applicability to adolescents and students. Donovan and Jessor (1985), state that PBT consists of three independent yet inter-related systems of psychosocial components. The personality system includes social cognitions, individual values, expectations, beliefs, and attitudes. The perceived environmental system consists of proximal and distal social influence factors such as family and peer orientation and expectations regarding problem behaviour. The third component of PBT, the behaviour system, consists of problem and conventional behavioural structures that work in opposition to one another. Examples of the problem behaviour structure include risky sexual behaviour and activity and deviant behaviour in general (e.g. delinquency and precocious sexual behaviour). Jessor and colleagues postulate that the problem behaviour stems from an individual's affirmation of independence from parents and societal influence. In contrast, conventional behaviour structures consist of behaviour orientated toward society's traditional standards of appropriate conduct such as church attendance and high academic performance. According to Jessor, proneness to specific problem behaviour entails a greater measure of involvement in other problem behaviour and less participation in conventional behaviour (Jessor and Jessor, 1977).

The Problem-Behaviour Theory framework has logical implications for developmental behavioural change. The theory has been organised to account for proneness to engage in problem behaviour that departs from regulatory norms. Much of what is considered to be problem behaviour in youth is relative to age-graded norms and age-related expectations. The very same behaviour may be permitted or even prescribed for those who are older but proscribed for those who are younger. Drinking, for example, is prescribed for those under legal age but is permitted for those who are older; sexual intercourse, normatively acceptable for adults, is likely to elicit social controls for a young adolescent. When the initial occurrence of such age-graded behaviour takes place at a relatively young age or earlier than is normatively expected, it constitutes a departure from the regulatory age norms that define appropriate behaviour for that age or stage in life. Consensual awareness among youth of the age-graded norms for such behaviour carries with it, at the same time, the shared knowledge that occupancy of a more mature status is actually characterised by engaging in such behaviour. Thus, engaging in certain behaviour for the first time can mark a transition in status from "less mature" to "more mature," from "younger" to "older," or from "adolescent" to "youth" or "adult.‖. (Donovan, Jessor, & Costa, 1991).

Problem-Behaviour Theory has been employed in a wide variety of studies both cross-sectional and longitudinal and considerable evidence has accumulated in support of the generality and robustness of the theoretical framework. Investigators have used the psychosocial concepts and measures derived from Problem-Behaviour Theory, and they have been applied to the investigation of a broad variety of behaviour in childhood,

adolescence, and young adulthood, including alcohol use, and early sexual intercourse (Donovan, et al, 1991).

The social-psychological framework of Problem-Behaviour Theory has been shown over the years to account for substantial percentages of variation in the numbers related to different types of problem behaviour, health-related behaviour, and pro-social behaviour in both adolescent and young adult samples. It has, in addition, demonstrated explanatory usefulness in accounting for developmental transitions in problem behaviour and health behaviour during adolescence (Donovan et al. 1991).

2.8.2 Social-Cognitive Theory

According to Bandura (1994), Social-Cognitive Theory defines human behaviour as a dynamic and reciprocal interaction of personal, behavioural, as well as environmental influences. Individual behaviour is uniquely determined by each of these three factors. Young people need to learn how to be sexually responsible and accountable and to make safer sexual choices. Therefore, greatly emphasized in the Social-Cognitive Theory, are the importance of skills, self-regulation and self-efficacy (the judgment that one has the ability to perform a given behaviour) (Bandura, 1999). An individual's self-efficacy can develop inter alia as a result of his/her history of achievement in a particular area, through observational learning of others' successes and failures, from persuasion by others, as well as from one's own physiological state (e.g. anxiety or emotional arousal) whilst performing a behaviour. Difficulties can arise in the following of safer sex practices, as self-protection often conflicts with interpersonal and social pressures. The

best informed judgment can be swayed by influences such as a desire for social acceptance, situational constraints, coercive threats and fear of rejection (Bandura, 1994).

Studies have shown that women have the lowest assurance in their ability to exercise control over pressures by a desirable partner to engage in unprotected sex, which places them at potential risk of HIV infection (Bee & Boyd 2003; Ryckman, 2008). Bandura (1994), notes that the weaker one's perceived self-efficacy is, the more such social and affective factors increase the likelihood of risky sexual behaviour. According to Weiten (2011), beliefs of personal efficacy (or perceived self-efficacy), is the central foundation of human agency. He notes that, unless adolescents believe that they are capable of producing desired efforts by their actions, they will have little incentive to act or persevere in the face of difficulties. Desired outcomes have been shown to affect: whether people consider changing their behaviour; the degree of effort they invest in changing; and the long-term maintenance of behavioural changes (Bandura, 1999).

Studies suggest that perceived self-efficacy is important in substance abuse and HIV risk behaviour change (Bandura, 1994; 1999). This model proposes that health protective behaviour is the result of a process of cognitive appraisal that integrates knowledge, outcome expectancies that is associated with adopting risk deduction behaviour, as well as social influences (LaBrie, Schiffman & Earleywine, 2002). Emphasis is placed on four major components deemed necessary for effective programs of change, aimed at altering each of the three above mentioned interacting determinants (Bandura, 1994). Informational designed to increase people's awareness and knowledge of risks; development of social and self-regulative skills; skill enhancement and

development of self-efficacy (or confidence in one's ability); and enlisting and creating social support structures for desired personal changes (Bandura, 1994).

An important factor in managing one's sexuality is that people have to exercise influence over themselves and others by means of self-regulatory skills. Self-regulation motivates and guides one's actions through internal standards, affective reactions to one's conduct, and the use of motivating self-incentives and other forms of cognitive guidance (Bandura 1994). Self-regulatory skills therefore form an essential part of risk-deduction processes and determines how effectively one is able to resist socially induced potentially risky behaviour. Efficacy beliefs, coupled with goal aspirations, incentives and disincentives rooted in outcome expectations, serve to operate as a major cognitive motivator and regulator of behaviour. It is widely accepted that personal change occurs within a network of social influences that could serve to aid, retard or undermine efforts at personal change. Social-Cognitive Theory therefore also extends the conception of human agency to a collective agency needed to accomplish necessary social goals. Because substance abuse and HIV/AIDS is a social problem (and not just a personal one), peoples' shared beliefs in their efficacy to improve their life circumstances, through unified social effort, is crucial for effective intervention processes (Bandura, 1999).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter serves as a background to the research process of the study; it aims to orientate the reader to how the research was conducted. The focus of this chapter falls on the research procedures that will be followed in conducting this study. The description of the type of design, population and sampling technique, instruments, variable classifications, data collecting procedures, and method of data analysis are discussed.

3.1 RESEARCH DESIGN

A research design according to Coolican (2004) is the overall structure and strategy of the research study. Although considerations surrounding convenience, timing and cost may influence the decision regarding the choice of methodology, a quantitative survey research was deemed appropriate to this study, primarily because of the descriptive and quantitative nature of the study. Moreover, the advantage of using quantitative (survey research) approach is to draw generalization from a sample to a population so that inferences can be made about some characteristics, attitude, or behavior of this population which is not the case in qualitative research (Babbie, 1990 cited in Creswell, 2009). This type of research involves the systematic collection of information under considerable control, and analyzing that information using statistical techniques. This approach enables the researcher to systematically analyze large amounts of information that will be gathered with the scales and questionnaires.

3.2 STUDY AREA

The study area selected for the study is Ekiti state. Ekiti is a state in western Nigeria, declared a state on 1 October 1996 alongside five others by the military under the dictatorship of General Sani Abacha. Ekiti State is one of the thirty-six states (Federal Capital Territory (Nigeria)) that constitute Nigeria. The State is mainly an upland zone, rising over 250 meters above sea level. It is generally undulating country with a characteristic landscape that consists of old plains broken by step-sided out-crops that may occur singularly or in groups or ridges. The State is dotted with rugged hills, notable ones being Ikere-Ekiti Hills in the south, Efon-Alaaye Hills on the western boundary and Ado-Ekiti Hills in the centre. Total area of Ekiti state is 6,353 km2 (2,453 sq. mi) and the population is estimated in 2005 at 2,737,186. Ekiti State is reputed to have produced the highest number of professors in Nigeria. Several pioneer academics are from the state. There are no distinctive ethnic groups in the Local Government as a greater percentage of the people resident is of the Yoruba Language race. Nearly all the people speak Yoruba Language with negligible dialectical variations.

3.3 POPULATION OF THE STUDY

A population is made up of all conceivable elements, subjects, or observations relating to a particular phenomenon of interest to the researcher. The population of the study covers all the off campus students of the entire populace of two universities in Ekiti state. The universities are Federal University of Oye, Ekiti State and Ekiti State University.

The hint for creation of a University in present Ekiti state came during 1979 Nigeria general elections, when a gubernatorial candidate for the then old Ondo State, Chief M. A. Ajasin made the university creation one of his campaign promises. On Friday, 19th February, 1982, the Governor – Chief M. A. Ajasin announced the appointment of the University's first Vice-Chancellor, while the University's law was passed into law on 29th March, 1982 as Obafemi Awolowo University Law No. 3 of 1982. The University Council held its 1st meeting at Ado Ekiti and resolved, among others, that 30th March of every year be declared the University foundation day. During a meeting held in June 1985, its name was changed from Obafemi Awolowo University, Ado-Ekiti to Ondo State University, Ado-Ekiti under the State Military Government headed by Commodore M.B. Otiko. Upon the creation of Ekiti state, the University's name was changed to University of Ado-Ekiti and later to Ekiti state University.

Federal University Oye, Ekiti on the other hand, is located within Oye community, and is one of the nine Federal Universities established by the Federal Government of Nigeria, pursuant to an executive order made by the then President of the Federal Republic of Nigeria, His Excellency, Dr. Goodluck Ebele Jonathan, GCFR. Federal University Oye-Ekiti, has two campuses at Oye-Ekiti and Ikole-Ekiti with 4 Faculties and 27 Departments.

3.4 SAMPLE SIZE AND SAMPLING TECHNIQUE

Sample size of a survey most typically refers to the number of units that were chosen from which data were gathered. Sample is a subset or portion of the total

population. Samples are used in statistical testing when population sizes are too large for the test to include all possible members or observations.

To derive an appropriate sample size for this research work, a systematic sampling technique was used to select 4 students from every 5th off campus hostel in the axis and premises of Federal University Oye-Ekiti and Ekiti State University. The sample size is set at 200 respondents to limit the researcher and enable successful recollection of research instrument. It is believed that this sampling technique will effectively cover the population of off campus students especially those within the university premises.

3.5 RESEARCH INSTRUMENT

A questionnaire will be adopted for this study due to the nature of this study. The questionnaire is titled "The Predictors of Sexual Behaviour among University Off-Campus Student in Ekiti State, Nigeria. The instrument will have a designated section for demographic and personal data of the target respondents while they will also pose items to answer the research questions in respective sections.

3.6 VALIDITY OF THE INSTRUMENT

The drafted questionnaire was validated by the researcher's supervisor. The items that appeared superfluous were modified and thus ensuring both face and content validity of the questionnaire items constructed for the study.

3.7 RELIABILITY OF INSTRUMENT

The reliability of an instrument is established by testing for both consistency and stability of a research instrument. Consistency indicates how well the items measuring a concept

hang together as a set and measures what it is expected to measure. The researcher will adopt split half technique to determine the reliability of items. Off-campus students at Adekunle Ajasin University will be tested for the reliability of the instrument as the location of the school is outside the study population. The recollected entries will be subjected to Pearson Product Moment Correlation Coefficient and the result will determine the reliability.

3.8 METHOD OF DATA COLLECTION TECHNIQUES

The administration of the questionnaire for the study is the main source of data collection. This will be performed chiefly by the researcher after getting approval from the research supervisor. Following this, informed verbal consent will be obtained from all participants before the administration of the questionnaire as administration of the research instrument was done on a face to face basis. The participants were also informed to skip item/s or totally decline from filling the questionnaire if they do feel uncomfortable. Assistant data collectors and assistants will accompany the researcher to effectively and quickly cover the sample frame for the study.

3.9 METHOD OF DATA ANALYSIS

The method of data analysis was done in two stages;

Univariate

Bivariate

The **Univariate** is the descriptive statistics using frequency percentage. Meanwhile descriptive Chart was used to represent some univariate statistics.

Bivariate was used to determine empirical relationship between dependent variable (sexual Behavior) and independent variable using Pearson chai square test statistics.

Further analysis of the questionnaire was done using SPSS version 20.

3.10 VARIABLE DESCRIPTION AND MEASUREMENT

The variables to be used are classified into independent and dependent variables, they are briefly discussed below:-

INDEPENDENT VARIABLE

The independent variables are measured as follows:-

Age

Gender

Departments

Faculty

Academic Level

Religion: is measured in three categories; Christian, Islam, Traditional.

Marital Status: is a categorical variable divided into four; Single, Married, Divorced, Co-habiting.

Father's occupation: is measured in six categories; Unemployed, Artisan, Civil Servant, Business Owner, Clergy, Retired.

Mother's occupation: is measured in six categories; Housewife, Artisan, Civil Servant, Business Owner, Clergy, Retired.

DEPENDENT VARIABLE

Sexual behavior was measured (The question on have you ever had sexual experience before).

CHAPTER FOUR

PRESENTATION OF DATA ANALYSIS AND RESULTS

4.0. INTRODUCTION

This section presents the data analysis on the predictors of sexual behavior among University Off-Campus students in Ekiti State, Nigeria. It includes descriptive statistics of some selected variables of the respondents while Chi square and Logistics regression were used at the bivariate level and univariate level to examine the predictive factors to sexual behavior among the sampled population.

4.1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF SEXUAL BEHAVIOUR.

THE FREQUENCY OF SOCIO-DEMOGRAPHY VARIABLES

Variables/Categories	Frequency	Percentages
Age		
15-19	61	30.5
20-24	113	56.5
25-29	23	11.5
30-34	3	1.5
Gender		
Male	100	50
Females	100	50
Faculty		

Sciences	58	29
Social sciences	81	40.5
Management sciences	3	1.5
Arts	19	9.5
Engineering	11	5.5
Agriculture	15	7.5
Education	12	6
Environmental studies	1	0.5
Academic Level		
100	55	27.5
200	58	29
300	55	27.5
400	32	16
Religion		
Christianity	151	75.5
Islam	38	19
Traditional	8	4
Others	3	1.5
Father's Occupation		
Unemployed	15	7.5
Artisan	25	12.5
Civil Servant	81	40.5
Business Owner	49	24.5
Clergy	6	3
Retired	24	12
Mother's Occupation		

Housewife	15	7.5
Artisan,	29	14.5
Civil Servant	76	38
Business Owner	71	35.5
Clergy	4	2
Retired	5	2.5
Father's Economic Status		
Average	37	18.5
Moderate	86	43
Normal	77	38.5
Mother's Economic Status		
Average	43	21.5
Moderate	83	41.5
Normal	74	37
Father's Level of Education		
No formal Education	6	3.0
Primary School	16	8.0
Secondary School	34	17.0
Tertiary	121	60.5
Don't Know	23	11.5
Level of Education		
No Formal Education	13	6.5
Primary School	25	12.5
Secondary School	41	20.5
Tertiary	102	51.0
Don't Know	19	9.5
Total	**200**	**100**

The percentage distribution of undergraduates selected for this study disclosed that majority were within ages 20-24 years (56.5%) followed by ages 15-19years (30.5%). This implies that undergraduates who stayed off campus were mostly within ages 20-24years. Also the respondents had equal gender (50%) representative so as to have a fair insight into predictive factors of sexual behavior among off-campus students. Forty percent off-campus students were in social sciences followed by sciences (29%) and (2%) were from education management and (1%) from environmental studies in FUOYE and EKSU. Also (29.5%) were in 200 level while(10%). were in 400 level. The percentage distribution of the respondents by religion affiliation showed that majority were Christian (75.5%) while Islam and others religion are (19%) and (5.5%) respectively. Majorly of the respondentsfathers occupation were civil servant (40.5%) followed by Business/self-Employed (24.5%) while clergy took the least (3%). Similarly, mothers' occupation of the respondents were found to be majorly civil servant (38%) followed by Business/self-Employed (35.5%).

Frequency of Pattern of Sexual Behavior

Variables/Categories	Frequency	Percentage
Have you ever had sex?		
Yes	123	61.5
No	77	38.5
If yes, with who?		
Boyfriend	98	49
Girlfriend	93	46.5
Husband	8	4

Ex-girlfriend	1	0.5
At what age did you have your first sexual intercourse?		
15-19	155	77.5
20-24	38	19
25-29	3	1.5
30+	4	2
How often do you have sex?		
Frequently	39	19.5
Occasionally	48	24
Rarely	40	20
Never	73	36.5
Are you sexually active?		
Yes	129	64.5
No	71	35.5
Are you staying alone?		
Yes	119	59.5
No	81	40.5
If No, with who?		
Boyfriend	10	5
Girlfriend	19	9.5
Husband	2	1
Room mate	130	65
Parent	7	3.5
Friends	32	16.0
Have you had sex at least once since you gained		

admission?		
Yes	104	52.0
No	96	48.0
If Yes, with who?		
Boyfriend	90	78.9
Girlfriend	24	21.1
Husband	0	0
Have you had sex at least once since you started staying off campus?		
Yes	104	52
No	96	48
Do you use contraceptives or condom when you are having oral sex?		
Yes	91	45.5
No	109	54.5
How often do you use contraceptives or condom?		
Frequently	48	24
Occasionally	38	19
Rarely	22	11
Never	92	46
Do you have sex in exchange for gift?		
Yes	14	7
No	186	93

If yes why?		
Financial reasons	42	21.0
Social reasons	123	61.5
Economic reasons	35	17.5
Total	**200**	**100**

The percentage distribution of sexual behavior among the respondents revealed that (61.5%) had sex before while 38.5% never had such experience. It was found that 49% had sex with boyfriend. (77%) of the respondent revealed that they first had sex when they were in ages 15-19years while (19%) had sex within ages 20-24years. It was found that 19.5% of therespondents had sex frequently while (24%) had sex occasionally and (36.5%) never had sex. Also (59.5%) of the respondents stayed alone while (16%) stayed with friend. Similarly, seeking to know whether the respondents have ever had sex since they gained admission, 52% had sex while 48% never had sex since admitted to the university. When asking who they had sex with, it was found that (51%) had sex with Girlfriend while 45% had sex with Boyfriend. Furthermore, on sexual behavior of therespondents it was found that 52% were those who had have sex at least once since they started living off campus. Forty five percent of the respondents are using contraceptives/condom while those who have sex because of financial reasons were (21%) and economic reason (17.5%).

Frequency for Predictors of Sexual Behavior

Variables/Categories	**Frequency**	Percent
Do you have a sex partner?		
Yes	81	40.5

No	119	59.5
If yes do you live with your partner?		
Yes	37	18.5
No	163	81.5
If no why?		
Not ready	13	6.5
Not married	33	16.5
Nothing	30	15
schooling	114	57
privacy	10	5
Do you discuss sexual experiences with your peer?		
Yes	96	48
No	104	52
Are your friends sexually active?		
Yes	124	62
No	76	38
Have your peers recommended sexual partners to you before?		
Yes	82	41
No	118	59
Do you share pornographic materials with peers?		
Yes	40	20.0
No	160	80.0

Do you watch pornographic materials before sex? Yes No	 39 161	 19.5 80.5
Can you use you friends' residence whenever you want to have sex? Yes No	 49 151	 24.5 75.5
Do you have sex for financial reasons? Yes No	 27 173	 13.5 86.5
Can one's family background affect tone's sexual behavior? Yes No	 96 104	 48 52
Is poverty a cause of risky sexual behavior? Yes No	118 82	59 41
Can you blame the mass media for risky sexual behavior? Yes No	 100 100	 50.0 50.0
What socio economic factors do you think affect your sexual behavior the		

most?		
Fashion	9	4.5
Internet	4	2.0
Mode of dressing	6	3.0
Environment	15	7.5
insufficient income	82	41.0
None	13	6.5
Peer group influence	71	35.5
Do you drink alcohol?		
Yes	61	30.5
No	139	69.5
Can you per day smoke an average of three cigarettes?		
Yes	26	13.0
No	174	87.0
Does smoking and drinking make sex more enjoyable?		
Yes	43	21.5
No	157	78.5
Do you care about contraceptives after taking alcohol?		
Yes	57	28.5
No	143	71.5
Do you prefer drinking before sex?		
Yes	46	23
No		

	154	77
Does alcohol and cigarettes hamper your decisions and judgment?		
Yes	39	19.5
No	161	80.5
Is sex painful without alcohol?		
Yes	28	14
No	172	86
Do you feel like having sex after smoking or drinking?		
Yes	40	20
No	160	80
Does your parent live in a Rentage apartment?		
Yes	51	25.5
No	149	74.5
If No where do they live?		
own built house	146	73
family house	54	27
Total	**200**	**100**

The predictors of sexual behavior among the respondents indicate on the discussion of sexual experience with peers, peers recommending sex partner for respondents, sharing pornographic material and free access to friend's room to have sex. Fifty two percent never discussed sexual experience with their peers. Similarly, 62% of the respondents

disclosed that their friends were sexually active while 38% said they are not. Forty one percent of peers recommended sexual partner to respondents. Twenty percent shared pornographic materials with friends while 80% watch privately. Nineteen percent of students shared pornographic before sex while 24.5% of the respondents disclosed that they can used their friend's room for sex. Furthermore, it was revealed that family background influence sexual desire among the respondents. Poverty was also included as a factor for having sexual intercourse.

4.2 Predictors of Sexual Behavior among University Off-Campus Students in Ekiti State, Nigeria.

Table 4: Percentage Distribution of Sexual Behavior by Age and Sex

	Have you had sex since you gained admission		Total
Age	Yes	No	
15-19	30	31	61
	24.4	40.3	30.5
20-24	75	38	113
	61.0	49.4	56.5
25-29	17	6	23
	13.8	7.8	11.5
30-34	1	2	3
	.8	2.6	1.5
Total	123	77	200
	100.0	100.0	100.0
Chi-Square (X2)=7.545, p=0.006			
Gender			
Male	70	30	100
	56.9	39.0	50.0
Female	53	47	100
	43.1	61.0	50.0
Total	123	77	200
	100.0	100.0	100.0
Chi-Square (X2)=16.103, p=0.013			

4.3. HYPOTHESIS ONE

H_0: There is no significant relationship between age of students and sexual behavior in the study area.

H_1: There is significant relationship between age of students and sexual behaviour in the study area.

CRITICAL REGION: At 0.05 level of significance, Reject H_0 if P-value < 0.05. Hence, accept if otherwise.

DECISION: Since P-value for Age is (X2=7.545, p=0.006), therefore we reject the Null hypothesis and conclude that there is a significant relationship between age andtheir sexual behavior.

	Have you had sex since gained admission		Total
Faculty	Yes	No	
Science	37	21	58
	30.1	27.3	29.0
social science	49	32	81
	39.8	41.6	40.5
management science	2	1	3
	1.6	1.3	1.5
Arts	14	5	19
	11.4	6.5	9.5
Engineering	6	5	11
	4.9	6.5	5.5
Agriculture	7	8	15
	5.7	10.4	7.5
Education	7	5	12
	5.7	6.5	6.0
Environmental studies	1	0	1
	.8	0.0	.5
Chi-Square (X^2)=3.684, p=0.0815			
Marital Status			
Single	113	73	186
	91.9	94.8	93.0
Married	6	2	8

	4.9	2.6	4.0
Divorced	1	1	2
	.8	1.3	1.0
co-habiting	3	1	4
	2.4	1.3	2.0
Total	123	77	200
	100.0	100.0	100.0
Chi-Square (X^2)=1.079, p=0.078			

4.3.1 HYPOTHESIS TWO

H_0: There is no significant relationship between Marital Status of students and sexual behavior in the study area.

H_1: There is significant relationship between Marital Status of students and sexual behavior in the study area.

CRITICAL REGION: At 0.05 level of significance, Reject H_0 if P-value < 0.05. Hence, accept if otherwise.

DECISION: Since P-value for Marital Status is (X^2) = 1.079, p=0.078> 0.05, therefore we accept the Null hypothesis and conclude that there is no significant relationship between Marital Status of students and sexual behavior.

	Have you had sex		Total
Religion	Yes	No	
Christianity	90	61	151
	73.2	79.2	75.5
Islam	23	15	38
	18.7	19.5	19.0
Traditional	7	1	8
	5.7	1.3	4.0
Others	3	0	3
	2.4	0.0	1.5
	123	77	200
	100.0	100.0	100.0
Chi-Square (X^2)=14.407, p=0.0221			

Mother's Occupation	Have you had sex		Total
	Yes	No	
Housewife	12	3	15
	9.8	3.9	7.5
Artisan	18	11	29
	14.6	14.3	14.5
Civil Servant	51	25	76
	41.5	32.5	38.0
Business Owner	37	34	71
	30.1	44.2	35.5
Clergy	2	2	4
	1.6	2.6	2.0
Retired	3	2	5
	2.4	2.6	2.5
	123	77	200
	100.0	100.0	100.0
Chi-Square (X2)=6.551, p=0.0301			
Father Occupation Unemployed	8	7	15
	6.5	9.1	7.5
Artisan	18	7	25
	14.6	9.1	12.5
Civil Servant	48	33	81
	39.0	42.9	40.5
Business owner	28	21	49
	22.8	27.3	24.5
Clergy	3	3	6
	2.4	3.9	3.0
Retired	18	6	24
	14.6	7.8	12.0
	123	77	200
	100.0	100.0	100.0
Chi-Square (X2)=4.334, p=0.502			

4.3.2 HYPOTHESIS THREE

H_0: There is no significant relationship between parent's occupation and sexual behavior in the study area.

H_1: There is significant relationship between parent's occupation andsexual behavior in the study area.

CRITICAL REGION: At 0.05 level of significance, Reject H_0 if P-value < 0.05. Hence, accept if otherwise.

DECISION: Since P-value for Mother Occupation (X^2=6.551, p=0.0301) <0.05 and Father Occupation (X^2) = 4.334, p=0.502)> 0.05, therefore we accept the Null hypothesis for father occupation and conclude that there is no significant relationship between father occupation and sexual behavior of the students.

	Have you had sex		Total
Parent's Economic Status	Yes	No	
Average	24	13	37
	19.5	16.9	18.5
Moderate	54	32	86
	43.9	41.6	43.0
Normal	45	32	77
	36.6	41.6	38.5
Total	123	77	200
	100.0	100.0	100.0
Chi-Square (X^2)=1.542, p=0.763			
Are you staying alone	Have you had sex		Total
	Yes	No	
Yes	75	44	119
	61.0	57.1	59.5
No	48	33	81
	39.0	42.9	40.5
Total	123	77	200
	100.0	100.0	100.0
Chi-Square (X2)=6.289, p=0.030			
Do you discuss sexual experiences with your peers			
Yes	76	20	96

	61.8	26.0	48.0
No	47	57	104
	38.2	74.0	52.0
Total	123	77	200
	100.0	100.0	100.0
Chi-Square (X2)=24.33, p=0.000			
Do you share pornographic materials with peers			
Yes	34	6	40
	27.6	7.8	20.0
No	89	71	160
	72.4	92.2	80.0
Total	123	77	200
	100.0	100.0	100.0
Chi-Square (X^2)=11.662, p=0.001			

More so, from the table majority of the respondents who had sexual experience were living alone (61%) while (39%) are not living alone with Chi-Square (X^2)=11.662, p=0.001>0.05 we therefore conclude that sexual behavior can be significantly be predicted by whether students stay alone.

Similarly, this study found that sharing of pornographic materials with peer can influence sexual behavior as (27.6%) of the respondents who had sexual experience were sharing pornography with Chi-Square (X^2) =11.662, p=0.001>0.05 we therefore conclude that sexual behavior can significantly be predicted by whether students shared pornography materials with peer.

This study found that discussing sexual experience with peer can influence sexual behavior as (61.8%) of the respondents who had discussed sexual experience with peers have sex while those that said No were (38.2%) with Chi-Square (X2)=24.33, p=0.000 >0.05 we therefore conclude that sexual behavior can significantly be predicted by whether students shared sexual experience.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This study examined the predictors of sexual behavior among university off campus students in Ekiti State, Nigeria. Two hundred questionnaires were administered among the off campus students in Federal University Oye Ekiti and Ekiti State University.

5.1. SUMMARY OF FINDINGS

The percentage distribution of sexual behavior among the respondents revealed that (61.5%) had sex before. It was found that 49% of the respondents had sex with their boyfriend. Most of the respondents revealed that they first had sex when they were in ages 15-19years (77%) while those who had sex within ages 20-24years were (19%). It was found that 19.5% of the respondents had sex frequently. Also (59.5%) of the respondents stayed alone. Furthermore, on sexual behaviour of the respondents, it was found that 52% were those who have sex at least one since they started living off campus. And contraceptives/condom usage among the respondents was found to be 45.5%. Reasons for having include sex as means of social acceptance (61.5%). While those who have sex because of financial reasons were "(21%) and 17.5% said it is due to economic reason. The predictors of sexual behavior among the respondents from Federal University Oye and Ekiti State University revealed that sexual behavior are discussion of sexual experience with peers, peers recommending sex partner for respondents, sharing pornographic material and free access to friends room to have sex. 52% had never discussed sexual experience with their peers. Similarly, 62% of the respondents disclosed

that their friends were sexually active. 41% of peers recommended sexual partner to respondents. 20% shared pornographic material with friends. 19.5% of students shared pornographic before sex. 24.5% of the respondents disclosed that they can used their friends room for sex.

Similarly, this study found that sharing of pornographic materials with peers can influence sexual behavior as (27.6%) of the respondents who had sexual experience were sharing pornography material with Chi-Square (X^2) =11.662, $p=0.001<0.05$ we therefore conclude that sexual behavior can significantly be predicted by whether students shared pornography material with peers.

5.2. CONCLUSION

This study the predictors of sexual behavior among the respondents and it was identified by peers recommending sex partner for respondents, sharing pornographic materials and free access to friends room to have sex.

5.3 RECOMMENDATION.

The level of risky sexual behavior among undergraduates is quite alarming which has been neglected by government and other stakeholders in the university. There is need for urgent orientation for students living outside the campus. This will reduce the menace among the students.

Also, the school management should create awareness among the students on the repercussion of their risky sexual behavior. Therefore, there is need for re-orientation in reducing pre-marital sex among undergraduates.

APPENDIX

QUESTIONNAIRE

PREDICTORS OF SEXUAL BEHAVIOUR AMONG UNIVERSITY OFF-CAMPUS STUDENTS IN EKITI STATE, NIGERIA.

Faculty of Social Science,
Department of Demography and Social Science,
Federal University Oye-Ekiti,
Ekiti State.

Dear Respondents,

This research instrument was constructed to elicit information on the predictors of sexual behaviosr among university off campus students in Ekiti state. The researcher is conducting an academic research and is keen on obtaining information from this questionnaire. Please fill the columns of the questionnaire appropriately. You are ensured of total confidentiality.

Thank you for your cooperation.

Ogunyemi Folakemi.

Project Researcher

QUESTIONNAIRE TITLED: PREDICTORS OF SEXUAL BEHAVIOUR AMONG UNIVERSITY OFF-CAMPUS STUDENTS IN EKITI STATE, NIGERIA.

DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS

SECTION A: BACKGROUND INFORMATION

Respondents will be required to fill the space with the necessary information or by ticking the boxes where applicable

1. Age: (Please write your age in years) ………………………………
2. Gender: Male ( ); Female ( )
3. Department: …………………………………………………………
4. Faculty: ………………………………………………………………
5. Academic Level………………………………………..
6. Marital status: Single ( ); Married ( ); Divorced ( ); Co-habiting ( );
7. Religion: Christianity ( ); Islam ( ); Traditional ( ); others please specify………..
8. Fathers' occupation: Unemployed ( ); Artisan ( ); Civil servant ( ); Business owner ( ); Clergy ( ); Retired ( );
9. Mothers' occupation: Housewife( ); Artisan ( ); Civil servant( ); Business owner ( ); Clergy ( ); Retired ( );
10. Father's Economic Status; Average ( ); Moderate( ); Normal ( );
11. Mother's Economic Status; Average( ); Moderate( ); Normal( );
12. Father's Level of Education; No formal Education ( ); Primary School ( ); Secondary School( ); Tertiary( ); Don't know ( );
13. Mother's Level of Education; No Formal Education ( ); Primary School ( ); Secondary School ( ); Tertiary ( ); Don't Know ( );

SECTION B: PATTERN OF SEXUAL BEHAVIOR

Respondents will be expected to select one of the spaces provided for each question as an indication of their best possible response.

1. Have you had sex? Yes ( ); No ( )
2. If Yes with who?..
3. At what age did you have your first sexual intercourse.................
4. How often do you have sex; Frequently ( ); Occasionally ( ); Rarely ( ); Never ( )
5. Are you sexually active? Yes ( ); No ( )
6. Are you staying alone; Yes ( ); No ( )
7. If No with who?...
8. Have you had sex at least once since you gained admission? Yes ( ); No ( )
9. If yes, with who?...
10. Have you had sex at least once since you started staying off campus? Yes( ); No ( )
11. Do you use contraceptives or condom when you are having oral sex? Yes( );No( )
12. How often do you use contraceptives or condom: Frequently ( ); Occasionally ( ); Rarely( ) Never ( )
13. Do you have sex in exchange for gift; Yes ( ); No ( )
14. If Yes why? ....

SECTION C: PREDICTORS OF SEXUAL BEHAVIOR

1. Do you have a sex partner? Yes ( ); No ( )
2. If yes, do you live with your partner? Yes ( ); No ( )
3. If no, why? ....
4. Do you discuss sexual experiences with your peers? Yes ( ); No ( )
5. Are your friends sexually active? Yes ( ); No ( )
6. Have your peers recommended sexual partners to you before? Yes ( ); No ( )
7. Do you share pornographic materials with peers? Yes ( ); No ( )
8. Do you watch pornographic materials before sex? Yes ( ); No ( )
9. Can you use your friends' residence whenever you want to have sex? Yes( );No( )
10. Do you have sex for financial reasons? Yes ( ); No ( )
11. Can one's family background affect one's sexual desire? Yes ( ); No( )
12. Is poverty a cause of risky sexual behaviour? Yes ( ); No ( )
13. Can you blame the mass media for risky sexual behaviour? Yes ( ) ; No ( )

14. What socioeconomic factor do you think affects your sexual behaviour the most?...

15. Do you drink alcohol? Yes (   ); No (   )

16. Can you smoke an average of three cigarettes per day? Yes (   ) ; No (   )

17. Does smoking and drinking make sex more enjoyable? Yes ( ); No ( )

18. Do you care about contraceptives after taking alcohol during sex? Yes ( ) No ( )

19. Do you prefer drinking before sex? Yes (   ); No (   )

20. Does alcohol and cigarettes hamper your decisions and judgment? Yes ( ); No( )

21. Is sex painful without alcohol? Yes (   ); No (   )

22. Do you feel like having sex after smoking or drinking?Yes (   ); No (   )

23. Does your parent live in a rentage apartment? Yes (   ); No (   )

24. If No where do they live...

25. Have you had sex with multiple partners before? Yes (   ); No (   )

26. Do you expose your body in order to seduce your opposite sex? Yes (   ); No (   )

Thank you

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