

**FACTORS ASSOCIATED WITH ADOLESCENTS SEXUAL BEHAVIOUR  
IN IDO-OSI LOCAL GOVERNMENT AREA, NIGERIA**

**OLUWASANU GOLD OLUWADAMILOLA**

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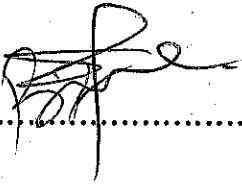
**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF  
DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF SOCIAL  
SCIENCES, FEDERAL UNIVERSITY, OYE-EKITI, NIGERIA.**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE  
AWARD OF BACHELOR OF SCIENCE (B.Sc.) HONS DEGREE IN  
DEMOGRAPHY AND SOCIAL STATISTICS.**

**December, 2018**

**CERTIFICATION**

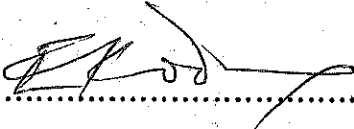
This is to certify that OLUWASANU GOLD OLUWADAMILOLA of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a research on the Factors Associated with Adolescents Sexual Behaviour in Ido-Osi Local Government Area, Nigeria in partial fulfillment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria.



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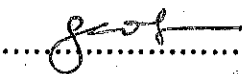
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## **DEDICATION**

The project is dedicated to the Almighty God, the chief architect of who I am and who I will become and the entire family of OLUWASANU GOLD.

## ACKNOWLEDGEMENTS

I would like to appreciate God Almighty for making his grace available before, during and after the accomplishment of this project.

My profound gratitude goes to my wonderful My Father and My Mother, ever-loving and dynamic parents MR AND MRS OLUWASANU GOLD for their unrelenting ever caring and indefatigable efforts and for their financial support and prayers toward my studies. Also to my lovely brothers OLAMILEKAN and AYOMIDE OLUWASANU GOLD for their love and care and I pray that greater height we attained, AMIN.

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## Abstract

Adolescents' sexual activities are on the rise and rapidly emerging as a public health concern. Sexual activities are so rampant and devastating such that adolescents engage in risky sexual behaviors either as a result of what they see around them, things they read from papers, movies they watch or from their peers and even what they copy from adults. Adolescent who belong to the age category aged 10-19 years were the study population and the samples size was 200 adolescent in Ido-osi Local government area, Nigeria. Univariate analysis was carried out using tables of frequency distribution to describe the background characteristics of the respondents and bivariate analysis was done using the Chi-square ( $\chi^2$ ) test to establish level of significance and degree of association between family background and sexual behaviour with other socio-economic characteristics that are categorical variables in the datasets. There was significant association between family background and sexual behaviour ( $P < 0.05$ ). There was strong significant association between ethnicity of respondents, mothers highest level of education and fathers highest level of education, mother's religion, father's religion ( $X^2 = 27.004$ ,  $P = 0.000$ ;  $X^2 = 25.141$ ,  $P = 0.000$ ;  $X^2 = 23.316$ ,  $P < 0.000$ ;  $X^2 = 8.076$ ,  $P < 0.018$ ;  $X^2 = 15.183$ ,  $P < 0.001$ ) and sexual behaviour. Binary logistic regression model was used for the multivariate analysis:  $\log(p/(1-p)) = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \dots + \beta_n x_n$ . From the binary logistic regression: the unadjusted relationship between family background and father's level of education) and sexual behaviour was statistically significant at p value less than 0.05 level of significant. There is statistically significant relationship between Mother's level of education (OR=28.452, P value=0.008, CI=2.403-336.507; OR=8.841, P value=0.021, CI=1.387-56.379) and sexual behaviour. There is statistically significant relationship between Father's level of education (OR=0.081, P value=0.041, CI=0.007-0.908; OR=0.072, P value=0.020, CI=0.008-0.664; OR=0.057, P value=0.002, CI=0.009-0.347) and sexual behaviour.

**Key words: Adolescent, Family Structure, Sexual Behaviour, Sexual Orientation**

## CHAPTER ONE

### INTRODUCTION

#### 1.0 BACKGROUND OF THE STUDY

The term "adolescence" is a concept first popularized in the early 20th century by researchers such as **Baya, S. Y. (2014)**. Generally, it refers to the period of transition from childhood to young adulthood. An adolescent is defined by the World Health Organization (WHO) as a person aged 10 to 19 years (while young people are those aged 10-24 years). It's a progression from appearance of sexual characteristics to sexual and reproductive maturity; development of adult mental processes and adult identity and a period of transition from total socio-economic dependence to relative independence. Adolescents are not a homogenous group; their needs vary enormously by age, gender, region, socioeconomic condition, cultural context, etc. Adolescent sexuality is a stage of human development in which adolescents experience and explore sexual feelings. The interest in sexuality intensifies during the onset of puberty, and sexuality is often a vital aspect of teenagers' lives. It is basically the stage which kick start every emotional feeling. Human's sexual interest may be expressed in a number of ways, such as flirting, kissing, masturbation, or having sex with a partner. Sexual behavior of unmarried young adults or adolescents cannot be studied alone without looking at their background characteristics. These characteristics may be gender, generation, race and ethnicity, education, geographic region, Religion, Family type, Parent's income and occupation. Studies have shown that the influence of parents in the upbringing of their children in certain ways of life cannot be over emphasized. The way parents behave or their actions and the examples they show to their children have a great influence on the adolescents' sexual behavior and development **Chromy, S.(2007)**. It is vital reiterate that a child's sexual behavior is dependent on his/her stage of



development. Obviously, the manifestation of this sexual behavior is the child's right and it is up to both parents and adults to ensure that this right is respected. Nevertheless, a prominent study has clarified that children and adolescents with sexual behavior problems have been opened to variety of family dysfunction that may impact on them the development of sexually inappropriate behavior Ugoji, F. N. (2014). A study showed that 40-85 percent of children will get involved in some sexual behavior before turning thirteen years of age Summary, E. (n.d.). Studies from several parts of the country have reported high level of sexual activity among unmarried adolescents of both sexes with progressively decreasing age of debut, risky sexual practices, including unprotected sexual intercourse with multiple partners. Girls, most often, bear the consequences of early sexual activity in: unwanted pregnancies, teenage births and abortions, often by untrained or lowly trained personnel. Sexually transmitted diseases occur in both sexes and when inadequately treated, result in chronic reproductive tract infections and infertility. Young people, aged 15-24, accounted for an estimated 45% of new HIV infections worldwide in 2007. About 16 million girls, aged 15-19 years, give birth every year, most in low- and middle-income countries. An estimated 3 million girls of the same age group undergo unsafe abortions every year. (Aji.je.,al 2013). The role and status of parents play a pivotal role in inculcating a certain good behavior in their children. Essentially, the family structure has been theorized to have several benefits for children. For instance, children have easy access to biological parents, higher parental involvement, more enjoyable parent-child relationship, rare cases of disagreements between children and parents among the in-tact families Considine, G., &Zappalà, G. (2002)

More so, the concern of how divorce affects children has been the subject of interest over the past years. Research has indicated that divorce has long-term effects on children. According to

Whitehead (1993); adolescents do not recover after parental divorce and the chaos of the family can have long-term emotional effects on them. The immediate effects of single parents have been found in adolescent's wellbeing, especially when measured up to adolescents from intact families Review, C. A. (n.d.). No doubt, adolescents who have experienced parents' separation are more prone to a variety of problems ranging from emotional to academic Pop, M. V, &Rusu, A. S. (2015). These emotional problems from single parents may present themselves in a form of sexual activity at an earlier age. Furthermore, there is consensus that adolescents engage in high risk sexual behaviour that predisposes them to reproductive health problems. This is as a result of physiological and psychological changes that cause them to desire sexual intercourse and take risks, leading to unfavorable sexual and reproductive health indices including unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted diseases, and Acquired Immune Deficiency Syndrome (AIDS). Traditional norms in most Nigerian cultures demand premarital sexual abstinence until entry into marital unions; nevertheless, these values are changing rapidly, for the worse, in all ethnic groups.

Studies from several parts of the country have reported high level of sexual activity among unmarried adolescents of both sexes with progressively decreasing age of debut, risky sexual practices, including unprotected sexual intercourse with multiple partners.

### **1.1 STATEMENT OF RESEARCH PROBLEM**

Adolescents' sexual activities are on the rise and rapidly emerging as a public health concern. Secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psychosocial development result in sexual curiosity and experimentation. Sexual activities are so rampant and

devastating such that adolescents engage in risky sexual behaviors either as a result of what they see around them, things they read from papers, movies they watch or from their peers and even what they copy from adults. From literature, it has been observed that young people see parents or adults having multiple sexual partners, engaging in sexual intercourse under the influence of alcohol and go scot-free and they equally follow suit; and ladies expose their nakedness in the name of fashion. Movies and television programs usually lead the young minds of adolescents into emotional state that eventually change their behaviors into experimenting what they have watched in televisions and movies with little or no knowledge of the risk involved. Specifically, there are numerous family characteristics which go a long way in determining different sexual behaviors exhibited by adolescents in any given area. These characteristics may include the family type, religion, parents' income, etc and they are vital in determining behavior of a child.

Today, adolescents engage in high risk sexual behavior that predisposes them to various reproductive health complications, this is as a result of physiological and psychological changes that cause them to desire sexual intercourse and take risks, leading to unfavorable sexual and reproductive health indices including unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted diseases which include Acquired Immune Deficiency Syndrome (AIDS) among others. Traditional norms in most Nigerian cultures demand premarital sexual abstinence until entry into marital unions; nevertheless, these values are changing rapidly, for the worse, in all ethnic groups. However, the study intend to examine the implication of Family characteristics on sexual behavior of adolescents in Ido-osi Local government area.

## **1.2 RESEARCH QUESTIONS**

1. What is the Prevalence of Sexual Behavior among Adolescents in Ido-Osi Local Government Area, Nigeria?
2. What are the Factors Associated with Adolescent Sexual Behaviour in Ido-Osi Adolescents in Ido-Osi Local Government Area, Nigeria?

## **1.3 JUSTIFICATION OF THE STUDY**

The study examined the implication of background characteristics on sexual behavior of adolescents in Ido-osi Local Government area, Nigeria. The findings will benefit the parents, counselors, educators, social workers and care-givers by enabling them to realize their expected roles towards the upbringing of tomorrow's leaders. The findings reviewed the current level and pattern of adolescent sexual behavior in the study area and provide more informative insights to policy makers and the general public to provide potential strategies to reduce the prevalence. A study conducted by Leah, W. (2014) has shown that there is high level of sexual activities among Nigerian adolescents, but this study will depict a more positive and direct approach to clearly examine the implication of the family background characteristics on the sexual behaviors of adolescent in Ido-osi Local government area, Nigeria .

## **1.4 OBJECTIVES OF THE STUDY**

### **1.4.1 Main Objective**

The Main objective of the study is to examine the factors associated with adolescents sexual behavior of adolescents in Ido-osi Local Government area, Nigeria.

### **1.4.2 SPECIFIC OBJECTIVES**

The specific objectives are to:

- ~ Ascertain the level or the prevalence of sexual behavior among adolescents in Ido-osi Local Government area, Nigeria.
- ~ Examine the factors associated with adolescents sexual behavior among adolescents in Ido-osi Local Government area, Nigeria.

## **1.5 HYPOTHESIS TESTING**

**H<sub>0</sub>**: There is no statistically significant relationship between Factors Associated with Adolescents sexual behavior in Ido-Osi Local Government Area.

**H<sub>1</sub>**: There is statistically significant relationship between Factors Associated with Adolescents sexual behavior in Ido-Osi Local Government Area.

## **1.6 DEFINITION OF TERMS**

**Adolescent:** a young person or individual going into the stage of adolescence. They are different from both young children and adults. They are also defined by the United Nations as individuals within the ages 10-19.

**Family structure:** is the composition and membership of the family and the organization and patterning of relationships among individual family members.

**Sexual behavior:** A person's sexual actions or practices and responses that are related to pleasure seeking. i.e. engaging in sexual intercourse, having multiple sexual partners and engaging in unprotected sexual intercourse.

**Sexual orientation:** Sexual orientation can simply be defined as a person's sexual, emotional, or romantic attraction, as well as the gender(s) of the people they are attracted to. Sexual orientation differs from gender identity in that gender identity describes a person's psychological identification with a particular gender, rather than their attraction to people.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 OVERVIEW OF THE STUDY**

#### **2.1 ADOLESCENT SEXUAL BEHAVIOR IN AFRICA**

A number of reviews have examined the patterns and trends in adolescent sexual behavior in SSA using nationally representative survey data Greathouse, S. M., Saunders, J., Matthews, M., Keller, K. M., & Miller, L. L. and National surveys provide some evidence of a trend over time towards later age at first sex, first marriage and first birth, although changes are often limited to subgroups of adolescents (e.g. gender, urban/rural, education, wealth. Condom use appears to be increasing but overall levels of use remain low (Wellings et al. 2006). Encouragingly, a recent review found a reduction in adolescent sexual risk behaviors that coincided with reductions in HIV prevalence in several countries (The International Group on Analysis of Trends in HIV Prevalence and Behaviors in Young People in Countries Most Affected by HIV 2010). Most of the above reviews focused on the broader 15 to 24-year-old age group and only the last one included data collected since 2006. However, a recent study which focused on the sexual and reproductive behaviour of adolescents in sub-Saharan Africa, Particularly 15 to 19 year-olds (D.M Aoife. et al. 2012) described that up to 25% of 15- to 19-year-olds reported sex before age 15, and the proportion shrank overtime in many countries. The study concluded that many adolescents (15- to 19-year-olds) are at risk of HIV/STIs and unplanned pregnancies because of multiple partnerships and insufficient condom and other contraceptive use. In many countries, trends are moving in a favorable direction. To better inform prevention program in this important

area, we recommend routine collection of sexual and reproductive behaviour data for adolescents aged <15 years, expanding the data collected for 15- to 19-year-olds to include detailed information on sexual behaviour within partnerships, and disaggregating data according to socio demographic variables.

### **2.1.1 ADOLESCENT SEXUAL BEHAVIOR IN NIGERIA**

Nigeria has a growing population of young people, with adolescents constituting an important proportion of the population. About 28% of adolescent in Nigeria are said to be sexually active. Although there are a number of findings reporting sexual debut at earlier age, the median age has been 15 years with adolescents between the ages of 15 to 19 years engaging more in sex. Hederos, K., Randi, E., Lindquist, M. J., & Sandberg, A. (2016). Despite their early sexual initiation and being sexually active, many adolescents in Nigeria lack the skills to delay the onset of sex and to negotiate safe sex. This is of concern considering that age at first sexual intercourse is an important indicator of the possibility of unintended pregnancy and sexually transmitted diseases among adolescents. We all have the right to a satisfying and safe sex life and the freedom to decide when to do so but without ill health. However, for most adolescents, the decision to initiate sex and have a protected or an unprotected sex is influenced by many factors such as poor access to correct sexual and reproductive health information and services. Correct knowledge of contraceptive use is relevant in addressing the sexual and reproductive health problems of adolescents. A study that was conducted in the central part of Nigeria revealed that very few adolescents could precisely identify when a girl is likely to get pregnant. Likewise, less than 50% of adolescents had good knowledge of contraceptive. Even among those who had some knowledge, male condom was the most popularly known contraceptive. Many



factors act as drivers to adolescent sexual initiation and reasons for sexual behavior. Among the top reasons given by adolescents who participated in a national survey across 12 states in Nigeria for their sexual activity were; the show of love, to derive pleasure, to have fun and to satisfy curiosity. Others on the other hand said they were forced into sex, or had sex for the financial and material gain. Evidence of differences in the sexual behavior between the literate and the illiterate adolescents have been reported, others have also viewed economic status, a proxy for poverty as an important influence to adolescent sexual behavior mainly among adolescents who are out of school. Studies in Nigeria have proven that socially defined role and power ascribed to men and women affect the reproductive health of adolescent differently. The inequality faced by Nigerian females on the basis of the gender norm that places the male child above the girl has been reported from studies to affect the ability of the females to assert their right to negotiate sex or condom use. This is because of the perceived superiority of the man and the expectations that a female should always submit to the demands of the man. The sexual behavior of adolescents in Nigeria has exposed them to the risk of unintended pregnancy, STI and HIV among others.

Studies from several parts of the country have reported high level of sexual activity among unmarried adolescents of both sexes with progressively decreasing age of debut, risky sexual practices, including unprotected sexual intercourse with multiple partners. Girls were reported most often times having to bear the consequences of early sexual activity in: unwanted pregnancies, teenage births and abortions, often by quacks. Sexually transmitted diseases occur in both sexes and when inadequately treated, result in chronic reproductive tract infections and infertility. Fomby, P., & Cherlin, A. J. (2011).

## 2.2 REVIEW OF LITERATURES ON ADOLESCENT SEXUAL BEHAVIOUR

Several studies have been conducted on adolescent sexual behavior across countries and localities, some of them are reviewed below:

According to the Nigeria Demographic and Health Survey of 2013, the median age at first sexual intercourse for girls is just over 14 years. By ages 18 and 20, 63% and 77% respectively have experienced sexual intercourse. Several other studies have reported high rates of pre-marital sexual activities among Nigerian women (Odewole, 2000; Omoteso, 2003; Owuamanam, 1995; Ugoji, 2008; Unuigbo&Ogbeide, 1999). However, over 16% of women reported first sexual intercourse by age 15, while among young women aged 20–24 nearly one-half (49.4%) reported first sex by age 18.

Also, among teenage males 8.3% reported first sex by age 15 while 36.3% among those aged 20–24 reported first sexual intercourse by age 18 Health, P. (n.d). In areas that are characterized by high residential turnover, poverty, and crime rates, and which are perceived by residents to be dangerous, adolescents and women tend to have early onset of sexual intercourse, low use of contraception, and high-level pregnancy rates (Billy, Brewster, & Grady, 1994; Miller, Benson & Galbraith, 2001; Upchurch, Leah, W. (2014).. Such description corroborates with some communities in the South–south region of Nigeria.

Several studies in Sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents. A study on Prevalence of premarital sexual practice and associated factors among undergraduate health science students of Madawalabu University in Ethiopia Journal, A. (2011).

The study found that from the total respondents who had boy or girl friends; about 129 (42.7%) have had premarital sexual intercourse. The result showed that more young people in higher institutions are getting sexually active and often take advantage of freedom from direct parental supervision and guidance to express their freedom by initiating sexual activity without adequate protection. Indeed, higher institutions give high level of personal freedom and social interactions, which offers an opportunity for high level of sexual networking. On the other hand, young people often face enormous peer's pressure to engage in sex, to watch unlicensed erotic/romantic video films and the desire for some benefit gain. As a result of this, a significant number of adolescents are involved in sexual activities at an early age. The findings from the study were found lower than findings of John Imaledo et al which showed (52%). Fawole AO, Ogunkan DV and Adegoke G.S (72.2%) and on the other hand, this finding was relatively higher than that HAPCO in oromia region (31.3%) and result among School Adolescents in Nekemte Town, East Wollega which revealed that about (21.5%) of the participants had had premarital sexual intercourse at the time of the survey.

A study on Nigerian college students: HIV knowledge, perceived susceptibility for HIV and sexual behaviors by Hederos, K., Randi, E., Lindquist, M. J., & Sandberg, A. (2016) examined HIV knowledge, perceived risk and sexual behavior among university students. The study utilizes an existing data set that is composed of students from five universities located in Southern Nigeria in response to HIV-related knowledge, attitude and sexual behaviors. The study revealed that college students in Nigeria have little knowledge about HIV/AIDS, engage in risky sexual activity, and supposed themselves to be at minimal risk for contracting HIV. The findings also reveal gender difference, with females knowing more about HIV, engaging in similar risky activities but perceiving themselves at lower risk. Hoskins, D. H. (2014).

Another study in Nigeria by Okereke (2010) indicated that 50.8% of all the adolescents interviewed had experienced sexual intercourse. 30.2% of them had experienced unplanned pregnancies. In that study, adolescents perceived their engagement in sexual intercourse as in being in consonance with the current trend of modernism. Adolescents have several reasons why they have sex and these reasons run through most sexual and reproductive health studies conducted among adolescents. These include the fact that adolescents “felt like having sex”, “to satisfy their curiosity” and “for money or gifts” Hederos, K., Randi, E., Lindquist, M. J., & Sandberg, A. (2016)

Odey (2004) carried out a study titled “The Role of the Family in Sex and Sexuality Education”. The study was aimed at rapid assessment among junior secondary students in Benue state to discover how much parents tell their children about sex and sexuality issues. The purpose of the study was to find out the extent the adolescents know about sex and sexuality. To discover the source where they get information on sex and sexuality. To determine the level of communication between parents and their children on sex and sexuality. The study was conducted in five schools in Ido-osi metropolis using a twenty-item questionnaire. The population of the study comprised 294 adolescent students randomly selected for the study. The researcher employed frequencies, simple percentage and preference rating to analyze the data. The researcher found out that the family is the primary contact point of any child in issues about sex and sexuality matters. Besides, the adolescents are besieged with the problems of sexually transmitted infections due to their ignorance on sexual matters. The researcher also found out that parents withhold adequate and relevant sex information from their children because of some socio-cultural and religious constraints. Recommendations were made which include that



enlightened efforts should be aimed at improving communication among family member. Posters, hand bills, radio and drama should be used to communicate sex and sexuality matters. Religious leaders should review age old religious injunctions about talking about sex and sexuality. Forums like the Parents Teachers Association (PTA) should be used effectively to empower parents to discuss sex and sexuality in homes.

Abiodun (2007) did a study titled "A study of the Sexual Attitudes of Secondary School Students in Ondo State". It was an effort to discover the attitudes of secondary school students towards sex. The study was carried out on 1489 adolescent students whose age ranged from 13 to 18. All the respondents were from Ekiti State. The methodology used was survey research design. The researcher discovered that the adolescent students get information about sex through their interaction with peers and the media. As a result of this, the students indicated that they often fall victims of sexual ignorance. Seventy-two percent (72%) of his respondents agreed that secondary school students should be given sex counseling. In the light of the above, Abiodun recommended that sex education should be included in the secondary school curriculum to help adolescent students surmount their ignorance and also to assist them gain proper information to replace their misconceived assumptions and misinformation about sexual matters.

A study by Donatus. O. Owuamanam and Prof. Mary O. Bankole 2013 on family type and attitude to sexual promiscuity of adolescent students in Ekiti State, Nigeria also investigated the influence of family type on adolescents' attitude to sexual promiscuity in Ekiti State, Nigeria. Two family types, polygamous and monogamous families were compared. The study further compared the attitude to sexual promiscuity of male and female adolescents. Four hundred adolescents drawn from secondary schools in Ikere Local Government Area of the State responded to a structured questionnaire to give information on their family type, gender and

attitude to sexual promiscuity. A significant difference was found between the attitude to sexual promiscuity of adolescents from the two-family types, adolescents from polygamous homes showing more favorable attitude than those from monogamous families ( $t=6.61, p<0.05$ ). There was however, no significant difference in attitude to sexual promiscuity of male and female adolescents.

B.K. Odu and B.F. Paulina 2008 carried out a study on Influence of Family Structure on the Social Behaviour of Adolescents in Ekiti State, Nigeria. The research design used in this study was survey. A sample of 398 adolescent students was selected through stratified random sampling technique from 161 public Senior Secondary Schools in Ekiti State. The population for the study was made up of all the adolescent students in secondary schools in Ekiti State. The sample for the study consisted of (398) adolescents selected from four secondary schools in the three senatorial districts of Ekiti State.

The selection was achieved through multi-stage Sampling technique. The face validity procedure of the instrument was determined through critical examination and evaluation of the items on the questionnaire by experts in Guidance and Counseling and also in Tests and Measurement. A test-retest method was used to ensure the reliability of the instrument. The reliability coefficient of the instrument was estimated at 0.97. The instrument for collecting data was a self-designed questionnaire titled; Family Structure Questionnaire (FSQ) containing 40 items.

Descriptive statistical analysis was done using frequency counts, percentages, standard deviation and means while t-test

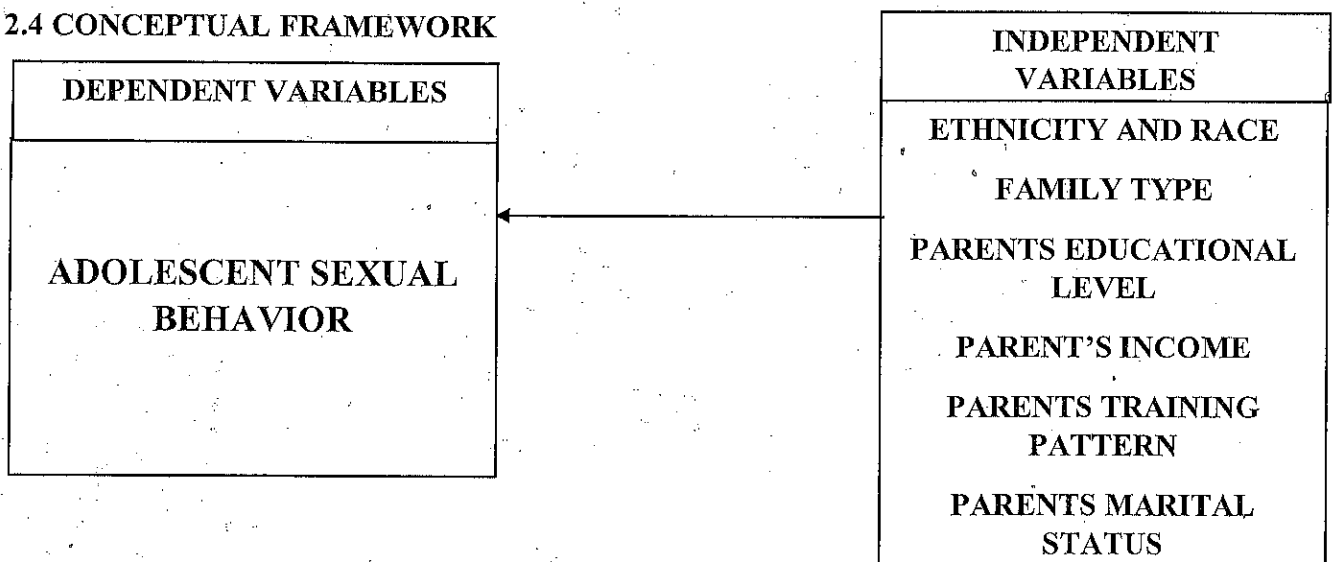
Statistics and Pearson Product Moment Correlation (PPMC) were used in the data analysis, 4 research questions were raised to guide the study and 4 corresponding hypotheses were

formulated and tested at 0.05 level of significance. The results of the analysis showed that the family structures of the adolescents influence their social behaviour. It was found out that adolescents from single parent homes and those from both parents differ significantly in their social behaviour. Based on the results, it was recommended that the father and the other should stay together for good upbringing of their children. Also, that couples should try to prevent separation in the marriage, so that their children will not be influenced negatively.

### 2.3 THEORETICAL FRAMEWORK

Theories and Models are very essential as they help to organize, direct and interpret research. Encarta dictionary (2009) defined theory as the body of rules, ideas, principles and techniques that apply to a subject especially when seen as distinct from actual practice. However, this study anchored on psychoanalytic theory

### 2.4 CONCEPTUAL FRAMEWORK



Source: Damilola, 2018



The diagram above describes two important variables, the dependent variable is "Adolescent sexual behavior" and the independent variables on the other hand are the predictor variables. The study will provide an appropriate explanation on implication of all the independent variables on adolescent's sexual behavior I.e the implication of ethnicity, race, parents educational level, parent's marital status, parents training pattern, family type, and religion on the sexual behavior of adolescents in Ido-osi Local government area, Nigeria.

#### **2.4.1 THE PSYCHOANALYTIC THEORY**

The psychoanalytic theory was developed by Sigmund Freud (1856-1939). The key focus of psychoanalytic theory is personality formation. Freud argues that human behaviour is motivated by both inborn instincts and drives that one's basic personality is shaped by events in the first six years of life. Two powerful drives, according to Freud, drive all human behaviour: the libido (sexual motivation) and thanatos (aggressiveness).

Furthermore, everyone's personality is composed of three divisions, which he labelled the id, ego, and superego. The id is the inner, uncontrolled child; it is a collection of unconscious desires and urges that always seek expression. The superego is the strict inner parent who consistently brings to mind social and personal standards. The ego mediates between the id and the superego, and the instinctual urges of the id. Freud's work on personality development includes proposal of psychosexual development with the key issue being the libido. The energy of the libido, he proposed, is directed to different erogenous zones during the stages of development. Should a problem occur during a developmental stage, a fixation can develop; a fixation is the

development of an adult behaviour characteristic of a childhood stage that results from pent-up psychic energy.

All psychological difficulties, hence, result from problems during development. For a problem to be corrected or improved, an individual would have to do intensive processing of an earlier stage of life. Freud paid a great deal of attention to the developmental stages and their potential effects for later in life. Behavioural theory is another approach to sexuality. The premise of this theory is that all human behaviours are a result of the rewards and punishment that have been received as a result of past behaviours. Behaviour can be modified using reinforcement or punishments. Reinforcement encourages an individual to continue exhibiting a particular behaviour by tying it to something pleasurable. For example, a parent might take a child for ice cream after the child is well behaved in the doctor's office.

An example applicable to sexuality is receiving pleasure during sexual interactions with a partner and, as a consequence, desiring to have frequent intimate relationship with that person. Conversely, punishment discourage an individual from repeating a behaviour by associating the behaviour with something negative. According to social learning theory, we learn by observing the behaviours of others and by interacting with them. Social learning theory posits that we can learn by seeing the rewards and punishments that others receive for their action without having to experience them personally. Individuals learn about their own sexuality by first imitating the behaviour of others and then acting after having developed an anticipation of the potential results.

A sociological approach goes beyond behaviourism and social learning to examine how social institutions influence sexuality. Social institutions include family, religion, economy, educations; proponents of this approach argue that variations in these social institutions account for differences in beliefs about sexuality across cultures. A culture sets guidelines for proper

behaviour for different situations based on scripts. A script is a cognitive plan that guides one to behave in a predictable, patterned, organized fashion and in accordance with what is acceptable and expected in a given culture.

Cognitive theories propose that one's perception and labeling of events determine one's reactions to them. What sexually arouses individuals is what they think sexually arouses them.

Additionally, people act based on the labels they ascribe to certain feelings, phenomena, or sensations. If individuals label behaviours or an experience as negative, they will act in a more aversive way toward that behaviour or experience than individuals who label the same behaviour or experience as positive. Psychosocial theory assumes that psychological factors (such as attitudes, motivations, and emotions) work alongside with social factors to shape individuals' sexual attitudes, values, and behaviours. An additional category of theories includes those that focus more on biology and human evolution than on social or cognitive factors. A biological theory of sex posits that sexual intercourse is no more than a biological process. Arousal and attractions are matters of sheer biology and physiology, such as genetics and hormones. Consequently, medical interventions or prescriptions should be sufficient to resolve sexual problems. This theory is often combined with psychosocial theory to produce a bio-psychosocial theory. This theory allows for the scientifically documented influences of hormones and physiology while still considering important social and intrapersonal factors.

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.0 INTRODUCTION**

This chapter seeks to explain the plan and approach for executing the research work. It covers the description of the study area, target population, source of data, sampling design and sample size, method of data collection, measurement of variables and method of data analysis

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

##### **3.1.1 EKITI STATE**

Ekiti is one of the states in western Nigeria, came into an existence on 1 October 1996 alongside five others by the military under the dictatorship of General Sani Abacha. The state, carved out of the territory of old Ondo State, covers the former twelve local government areas that made up the Ekiti Zone of old Ondo State. On creation, it had sixteen Local Government Areas (LGAs), having had an additional four carved out of the old ones.

Ekiti state is placed in the western part of Nigeria. It is on the 32 place by area and on the 29 by the population number. The number of inhabitants is about 3 million. Ado Ekiti is a municipal center of the state; the population is over 360 thousand people. (Wikipedia, 2017)

The Ekiti, whose ancestors migrated from Ile-Ife as a people, form one of the largest ethnic groups in Yoruba land. Ekiti are culturally homogeneous and they speak a dialect of Yoruba language known as Ekiti. The homogeneous nature of Ekiti confers on the state some uniqueness among the states of the federation. Slight differences are noticeable in the Ekiti dialects of the Yoruba language spoken by the border communities to other states. For example, the people of

Ado local government area do not speak exactly the same dialect with the people of Ijero Local government area, while the people of Ikole area speak something different from the people of Ikere area. The communities influenced by their locations, include Otun (Moba land) that speaks a dialect close to the one spoken by the Igbominas in Kwara State. The people of Oke-Ako, Irele, Omuo speak a similar dialect to that of Ijesas of Osun State. However, part of the uniqueness of the Ekiti is that wherever is your own part of the state, you will understand well, when the other Ekiti man/woman speaks, in spite of the dialectal variations. In addition, all towns in Ekiti State take a common suffix, "Ekiti," after their names. The main staple food of the people of Ekiti is pounded yam with Isapa soup or vegetable soup.

### **3.1.2 IDO-OSI LOCAL GOVERNMENT AREA**

The local government is full of rural towns and villages that cherishes education and has almost 10% of the total professors in the country, and one of the local government districts of the Ekiti State. It is very close to other local districts, Moba, Ijero, Ilejemeje and Ado. The local government comprises towns Aaye, Ido, Usi, Ayetoro, Ilogbo, Osi, Ifaki, Orin, Ora, Igbole and some other smaller villages. The local government headquarters is hosted by Ido with the secretariat sited in between Ido town and Usi. Among her contemporary in Ekiti State, Ido-Osi has highly educated people with early sitting of churches and a primary school in Usi Ekiti just immediately a school was established in Ado-Ekiti the present state capital. Notable individuals like the former state governor [Olusegun Oni] is from Ifaki, a town in the local government. The Local Government is basically aganan with people cultivating root crops and grains e.g. yams, cassava, maize, rice e.t.c. There are a few cottage industries in the Local Government devoted primarily to processing of agricultural produce. Other Industrial undertakings are in the area of

printing, bakeries, weaving, and carpentry e.t.c. The thriving industries in the local government include Timber/Saw mills which include Ido-Ekiti Sawmill, Ora-Ekiti Sawmill, Usi-Ekiti Sawmill, and Osi-Ekiti Sawmill; Bakeries which include Negro Special Bread, to mention a few. Printing Press which include Ade Commercial Press Ido-Ekiti, Jolayemi Printing Press Usi-Ekiti and Adedayo Printing Press Ifaki-Ekiti. All the towns in the Local Government enjoy electricity although very unreliable in supply. According to 1991 Census, the Local government has a total population of 107,000 people. There are thirteen major communities of Ido, Osi, Aiyetoro, Usi, Ifaki, Ilogbo, Igbole, Orin, Ora, Aaye, Ifaki, Ilogun, and Oke-Ora, inhabited mainly by the Ekiti, but with some non-Ekiti living peacefully among the people. There are 11 Electoral wards in the Local government.

### **3.2 TARGET POPULATION**

The target population will comprise of 200 adolescents (10-19) male and female found in their respective homes and in their different Schools during the study period.

### **3.3 SAMPLING PROCEDURE**

The study will use two methods of sampling. The first method is purposive by purposively selecting adolescents who belong to the age category 10-19. The second method of sampling is systematic random sampling and it will be used to select eligible respondents.

### **3.4 SAMPLE DESIGN**

The major instrument will be a structured questionnaire which will comprise both the open ended and close ended questions to yield appropriate response. The questionnaire will be divided into two major sections. The first section described the socio-demographic and

background characteristics of the respondent while the other section will describe the information on adolescents' sexual behavior in Ido-osi Local government area, Nigeria.

### 3.5 CONSENT

Prior to each interview, informed consent to participant will be sought from each respondent. Respondent will clearly be informed to quit the interview at any time and guaranteed the information given will be kept strictly confidential.

### 3.6. VARIABLE DESCRIPTION AND MEASUREMENT

#### DEPENDENT VARIABLE

VARIABLE	DESCRIPTION	MEASUREMENT
Adolescent sexual behavior	Sexual actions or practices and responses that are related to pleasure seeking. i.e. engaging in sexual intercourse, having multiple sexual partners and engaging in unprotected sexual intercourse.	Have you ever had sexual intercourse? -Yes -No

## INDEPENDENT VARIABLES

VARIABLE	DESCRIPTION	MEASUREMENT
Religion	This indicates the Family religion the respondent in the study area practice	Christianity Islam Traditionalist Others
Age	Age the length of an existence extending from the beginning to any given time (Merriam Webster)	10-14 15-20
Educations Status	This describes the current education status of respondent.	No education Primary education Secondary education Post-secondary education
Ethnicity	This refers to the ethnic group of adolescents in the study area. Categorized to three	Igbo Yoruba Hausa Others
Income(Parents)	This describes the total money receivable by Parents of respondents in a month	Below minimum wage Above minimum wage
Parents Employment status	This refer to the employment status of respondents parenting the study area classified into two major group: employed or unemployed	Unemployed Employed
Parents Education attainment	This is the highest education attained by respondents parent in the study area	No education Primary education Secondary education Post-secondary education
Parents marital status	These describe the relationship status of parents.	-Married -Divorced
Parents training pattern	This explicitly describe the training pattern of parents	-Hard -Soft



### **3.7 DATA COLLECTION METHODS**

Data collection of the study will be a self-administered questionnaire .The questions will be written in English language the appropriateness of format and wording of the questionnaire was also designed in a way to make the questions easy to understand for the respondents. Thereafter the instrument was reviewed by the project supervisor and necessary adjustments and corrections will be made before administering the questionnaire to the study population.

### **3.8 METHOD OF ANALYSIS**

The analysis will be done at three levels of univariate, bivariate and multivariate analysis using SPSS. At the univariate level, frequency distribution will be used to describe the adolescents' background characteristics. Also, Chi square and Logistics regression will be used at the bivariate level and multivariate level to examine factors associated with sexual behavior.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.0 INTRODUCTION**

This chapter consists of data analysis, presentation and interpretation. Data collected through questionnaire were analyzed using Statistical Package for Social Science (IBM SPSS statistics 20) according to research questions of the study. Univariate analysis involved using simple frequency and percentage distribution to describe the dependent and the independent variables. Bivariate analysis was conducted to investigate the relationship between dependent and independent variables and to ascertain significant relationship. Binary logistic regression analysis was also used to describe the relationship between dependent and independent variables at 5% level of statistical significance.

#### **4.1 UNIVARIATE ANALYSIS OF DEPENDENT AND INDEPENDENT VARIABLES**

##### **4.1.1 SOCIO-DEMOGRAPHIC AND FAMILY BACKGROUND CHARACTERISTICS OF RESPONDENTS**

The table (4.1) below shows the frequency and percentage distribution of respondent's socio demographic and background characteristics of adolescents in Ido-osi Local government Area, Nigeria. The characteristics involved age, gender, ever attended school, highest level of education, religion, ethnicity, marital status, mother's highest level of education, father's highest level of education, mother's religion, father's religion, mother's monthly income, father's monthly income, family type, mother's occupation and father's occupation.

Majority of the respondents in Iso-osi Local government area are within age range of 10-15 while few of them are in there 20's and the gender of the adolescents interviewed had the same proportion. Most of the respondents were affiliated to Christianity (64.5%) in which majority of them were in secondary school. Most of the respondents were Yoruba (60.1%) while about 27% were Igbo and the rest were either Hausa's or other tribe. As expected, over 92% of respondents were single.

Most of the parents of the sampled respondents in the study area had at least a primary education in which more than 30% of the mothers had a secondary education while 30% of the fathers had a post-secondary education. Majority of parents of sampled respondents were self-employed, as a matter of fact an average of 75.8% of both mothers and fathers were not civil servants. 47.8% of the respondents reported they had a monogamous family, while 29.6% had a single parent and 20% had a polygamous family. Furthermore, more than half(51%) of the sampled respondents reported their mother had no realistic income monthly while about 22% reported they their mother had less than 18,000 Naira monthly. Contrarily, more than halve of Fathers received at least 18,000 monthly.

**TABLE 4.1.2 SOCIO DEMOGRAPHIC CHARACTERITICS OF ADOLESCENTS IN IDO-OSI LOCAL GOVERNMENT AREA.**

VARIABLE	FREQUENCY	PERCENTAGE (%)
<b>AGE</b>		
10-15	99	48.8
16-20	84	41.4
20+	10	4.9
TOTAL	193	95.1
<b>GENDER</b>		
Male	101	49.8
Female	101	49.8

Total	202	99.5
<b>EVER ATTENDED SCHOOL</b>		
Yes	170	83.7
No	32	15.8
Total	202	99.5
<b>HIGHEST LEVEL OF EDUCATION</b>		
No education	29	14.3
Primary	55	27.6
Secondary	87	42.9
Post-secondary	31	15.3
Total	203	100.0
<b>RELIGION</b>		
Islam	53	26.1
Christianity	131	64.5
Traditional	18	8.9
Total	202	99.5
<b>ETHNICITY</b>		
Igbo	53	26.1
Yoruba	122	60.1
Hausa	26	12.8
Others	1	0.5
Total	202	99.5
<b>MARITAL STATUS</b>		
Single	187	92
Married	12	5.9
Divorced/separated	3	1.5
Total	202	99.5
<b>MOTHER'S HIGHEST LEVEL OF EDUCATION</b>		
No formal education	60	29.6
Primary education	25	12.3
Secondary education	80	39.4
Tertiary education	37	18.2
Total	202	99.5
<b>FATHER'S HIGHEST LEVEL OF EDUCATION</b>		
No formal education	44	21.7
Primary education	40	19.7
Secondary education	57	28.1
Tertiary education	61	30.0

Total	202	99.5
<b>MOTHER'S OCCUPATION</b>		
Civil servant	41	20.2
Self-employment	160	78.8
Student	1	0.5
Total	202	99.5
<b>FATHER'S OCCUPATION</b>		
Civil servant	51	25.1
Self-employment	148	72.9
Student	3	1.5
Total	202	99.5
<b>MOTHER'S RELIGION</b>		
Islam	57	28.1
Christianity	125	61.6
Traditional	20	9.9
Total	202	99.5
<b>FATHER'S RELIGION</b>		
Islam	56	27.6
Christianity	123	60.6
Traditional	20	9.9
Total	199	98.0
<b>FAMILY TYPE</b>		
Single parent family	60	29.6
Monogamous family	97	47.8
Polygamous family	41	20.2
Total	198	97.5
<b>MOTHER'S MONTHLY INCOME</b>		
No income	105	51.7
Less than 18000	41	20.2
18000-30000	35	17.2
30000-52000	14	6.9
52000+	7	3.4
Total	202	99.5
<b>FATHER'S MONTHLY INCOME</b>		
No income	51	25.1
Less than 18000	38	18.7
18000-30000	54	26.6
30000-52000	27	13.3
52000+	26	12.3
Total	196	96.6

#### 4.1.3 SEXUAL BEHAVIOUR AND PRACTICE AMONG ADOLESCENTS IN IDO-OSI LOCAL GOVERNMENT AREA, NIGERIA.

The table (4.2.2) below describe the sexual behavior and practice among adolescents in Ido-osi Local Government Area. The study reviewed that about 60% of adolescents in the study area have not/never had sexual intercourse surprisingly more than half of had sexual debut between age 10 and 14. Majority of those who said they have had sex reported they had it days while few said years ago. Furthermore, more than half of the respondents have had sex with more than one person.

#### SEXUAL BEHAVIOUR AND PRACTICE AMONG ADOLESCENTS

VARIABLE	FREQUENCY	PERCENTAGE (%)
<b>Ever had sexual intercourse</b>		
Yes	63	31.0
No	119	58.6
Total	182	89.7
<b>Age at first sexual intercourse</b>		
10-14	36	17.7
15-20	28	13.8
Total	64	31.5
<b>Last time respondents had sexual intercourse</b>		
Days ago	20	9.9
Weeks ago	17	8.4
Months ago	16	7.9
Years ago	10	4.9
Total	63	31.0
<b>Relationship with whom respondent had sex with</b>		
Spouse	11	5.4
Casual	3	1.5
Boyfriend/Girlfriend	40	19.7
Rape	7	3.4
Total	61	30.0
<b>Age of the person respondent had sex with</b>		
10-19	31	15.3
20-29	20	9.9
30+	3	1.5
Total	54	26.8

<b>Had sex with another person</b>		
Yes	27	13.3
No	38	18.7

#### 4.1.5 KNOWLEDGE & ATTITUDE OF ADOLESCENT TO CONTRACEPTIVE/STI (SEXUAL TRANSMITTED DISEASE)

The knowledge and attitude of adolescents to contraceptive and sexually transmitted infection was accessed and 47.% of the respondents reported they don't know any STI while 32.5% were found to know HIV/AIDS, 9.4% knew Gonorrhoea and a microscopic 2.5% said they knew syphilis. Arguably, 90% reported they have never had any sexually transmitted infection yet they reported they don't know any STI. Furthermore, sampled respondents were asked if they ever used contraceptive in last 12 months of which more than half reported they never used while 14 from 58 reported they used.

#### KNOWLEDGE & ATTITUDE OF ADOLESCENT TO CONTRACEPTIVE/STI

<b>Knowledge of STI</b>		
Yes	90	44.3
No	97	47.8
<b>Type of STI respondent know</b>		
HIV/AIDS	66	32.5
Gonorrhoea	19	9.4
Syphilis	5	2.5
Genital herpes	2	1.0
<b>Ever had STI</b>		
Yes	3	1.5
No	183	90.0
<b>Ever Used contraceptive in last 12 months</b>		
Yes	14	6.9
No	44	21.7

SOURCE: DAMILOLA'S FIELD WORK, 2018

#### 4.1.6 RESPONDENT PERCEPTION TO SEXUAL BEHAVIOUR / ORIENTATION

The table below describes the perception of adolescents in Ido-osi Local Government Area to certain behavioral questions. About 70% of respondents described that having sexual intercourse before marriage is wrong while a few (3.4%) strongly disagreed that it's certainly not wrong. Majority of respondent reported "undecided" about having someone to have sex with while 25.6% reported they had someone they could have sex with but majority(63.1%) reported they were afraid of impregnating or getting pregnant, while 70% reported they were afraid of contracting HIV/AIDS and 43% disagreed with having more than one sexual partner. Furthermore, most of the respondents (43%) strongly agreed that parents have big influence on sexual behavior of adolescents, they should get involved.

<b>Respondent Sexual Orientation</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Having sex before marriage is wrong	141(69.5%)	16(7.9%)	28(13.8%)	8(3.9%)	7(3.4%)
Afraid of impregnating or getting pregnant	128(63.1%)	47(23.2%)	12(5.9)	8(3.9%)	4(2.0%)
have someone you can have sex with	36(17.7%)	15(7.4%)	76(37.4%)	19(9.4%)	52(25.6%)
Afraid of contracting HIV/AIDS	142(70%)	24(11.8%)	20(9.9%)	6(3.0%)	6(3.0%)
have anything against oral sex	26(12.8%)	30(14.8%)	97(47.8%)	21(10.3%)	23(11.3%)
believe sex is a mutual agreement	76(37.4%)	68(33.5%)	29(14.3%)	11(5.4%)	12(5.9%)
Have anything against anal sex	16(7.9%)	20(9.9%)	98(48.3%)	47(23.2%)	18(8.9%)



having multiple sexual partners is not a bad idea	6(3.0%)	8(3.9%)	66(32.5%)	32(15.8%)	87(42.9%)
love sex	22(10.8%)	25(12.3%)	77(37.9%)	30(14.8%)	44(21.7%)
parents have anything to do with your sexual life	99(48.8%)	19(9.4%)	33(16.3%)	19(9.4%)	24(11.8%)

**SOURCE: DAMILOLA'S FIELD WORK, 2018**

#### **4.2 RELATIONSHIP BETWEEN FACTORS ASSOCIATED WITH ADOLESCENTS SEXUAL BEHAVIOR.**

Bivariate analysis was conducted to investigate the relationship between dependent and independent variables and to ascertain significant relationship at 95% significant level. Ethnicity, mothers level of education, fathers highest level of education, family type, mothers income, fathers income and religion of both parents were cross-tabulated with adolescent sexual behavior using "ever had sexual intercourse" to measure the variable. However, ethnicity of respondents, mothers highest level of education and fathers highest level of education all had p-value of 0.000 which were found statistically significant ( $p < 0.05$ ) and clearly depict relationship with the sexual behavior of adolescent in the study area. Also, both parent's income and religion were found statistically significant having confidence level less than 0.05 but more than 0.001. Furthermore, occupation of both parents of sampled respondents had p-value more than 0.10 which were considered not statistically significant that is they don't have relationship with the adolescent's sexual behavior in the study area. Lastly, the family type of respondents was considered and it showed chi-square value of 3.60 and  $p < 0.165$  which clearly describe no statistical relationship with adolescent sexual behavior.

**BIVARIATE ANALYSIS OF RESPONDENTS FACTORS ASSOCIATED WITH ADOLESCENTS SEXUAL BEHAVIOUR**

VARIABLE (FACTORS ASSOCIATED WITH ADOLESCENTS)	EVER HAD SEXUAL INTERCOURSE		TOTAL
	YES	NO	
<b>ETHNICITY</b>			
Igbo	12(26%)	34(73.9%)	46(100.0%)
Yoruba	32(28.3%)	81(71.7%)	113(100.0%)
Hausa	18(81.8%)	4(18.2%)	22(100.0%)
Total	1(100.0%)	0(0.0%)	1(100.0%)
Chi-square=27.004 P-value=0.000			
<b>MOTHER'S HIGHEST LEVEL OF EDUCATION</b>			
No formal education	34(60.7%)	22(39.3%)	56(100.0%)
Primary education	4(16.7%)	20(83.3%)	24(100.0%)
Secondary education	16(22.9%)	54(77.1%)	70(100.0%)
Tertiary education	9(28.1%)	23(71.9%)	32(100.0%)
Total	63(34.6%)	119(65.4%)	182(100.0%)
Chi-square= 25.141 P-value=0.000			
<b>FATHER'S HIGHEST LEVEL OF EDUCATION</b>			
No formal education	26(63.4%)	15(36.6%)	41(100%)
Primary education	8(25.0%)	24(75.0%)	32(100%)
Secondary education	19(35.8%)	34(64.2%)	53(100%)
Tertiary education	10(17.9%)	46(82.1)	56(100%)
Total	63(34.6%)	119(65.4%)	182(100%)
Chi-square= 23.316 P-value= 0.000			
<b>MOTHER'S OCCUPATION</b>			
Civil servant	9(24.3%)	28(75.7%)	37(100%)
Self-employment	54(37.2%)	91(62.8%)	145(100%)
Total	63(34.6%)	119(65.4)	182(100%)
Chi-square= 2.173 P-value= 0.140			
<b>FATHER'S OCCUPATION</b>			
Civil servant	11(22.4%)	38(77.6%)	49(100%)
Self-employment	51(38.9%)	80(61.1%)	131(100%)
Student	1(50.0%)	1(50.0%)	2(100%)
Total	63(34.6%)	119(65.4%)	182(100%)

Chi-square= 4.492 P-value= 0.106			
<b>MOTHER'S RELIGION</b>			
Islam	25(51.0%)	24(49.0%)	49(100%)
Christianity	34(29.1%)	83(70.9%)	117(100%)
Traditional	4(25.0%)	12(75.0%)	16(100%)
Total	63(34.6%)	119(65.4%)	182(100%)
Chi-square= 8.076 P-value= 0.018			
<b>FATHER'S RELIGION</b>			
Islam	29(54.7%)	24(45.3%)	53(100%)
Christianity	27(24.5%)	83(75.5%)	110(100%)
Traditional	4(25.0%)	12(75.0%)	16(100%)
Total	60(33.5%)	119(66.5)	179(100%)
Chi-square= 15.183 P-value=0.001			
<b>FAMILY TYPE</b>			
Single parent family	13(24.1%)	41(75.9%)	54(100%)
Monogamous family	31(34.8%)	58(65.2%)	89(100%)
Polygamous family	15(42.9)	20(57.1%)	35(100%)
Total	59(33.1%)	119(66.9%)	178(100%)
Chi-square= 3.609 P-value=0.165			
<b>MOTHER'S MONTHLY INCOME</b>			
No income	44(45.4%)	53(54.6%)	97(100%)
Less than 18000	10(26.3%)	28(73.7%)	38(100%)
18000-30000	5(16.1%)	26(83.9%)	31(100%)
30000-52000	2(20.0%)	8(80.0%)	10(100%)
52000+	2(33.3%)	4(66.7%)	6(100%)
Total	63(34.6%)	119(65.4%)	182(100%)
Chi-square= 11.734 P-value= 0.019			
<b>FATHER'S MONTHLY INCOME</b>			
No income	27(54.0%)	23(46%)	50(100%)
Less than 18000	12(35.3%)	22(64.7%)	34(100%)
18000-30000	12(24.5%)	37(75.5%)	49(100%)
30000-52000	6(25.0%)	18(75.0%)	24(100%)
52000+	6(24.0%)	19(76.0%)	25(100%)
Total	63(34.6%)	119(65.4%)	182(100%)
Chi-square=12.753 P-value= 0.013			

SOURCE: DAMILOLA'S FIELD WORK, 2018

#### **4.3 MULTIVARIATE ANALYSIS DESCRIBING RELATIONSHIP BETWEEN DEPENDENT AND INDEPENDENT VARIABLES.**

The table below logistic regression model describing factors associated with adolescents sexual behavior of adolescents in Ido-osi Local Government Area, Nigeria. Considering ethnicity of respondents taken Igbo as reference category, Yoruba and Hausa were found to 2% and 1% more likely to have implication with adolescent sexual behavior (OR=3.2, OR=2.3  $P>0.05$ ). Considering mothers highest level of education, no education was taken as reference category, those who had primary education were found 5% more likely to have implication on adolescent behavior ( $p>0.146$ ) while those who had secondary education were found significant ( $p>0.008$ , OR=28.452) and 28% more likely to have implication on adolescents sexual behavior than those who had no education and among others.

The family type of respondents was considered, none of the variables were found significant. Single parent was taken as reference category, however those who reported having a monogamous family were 46% less likely to have factors associated with adolescents' sexual behavior while those who had polygamous family type were 39% less likely to have implication on adolescents sexual behavior in Ido-osi Local Government Area, Nigeria ( $p>0.05$ ).

**LOGISTIC REGRESSION MODEL DESCRIBING FACTORS ASSOCIATED WITH ADOLESCENTS**

EVER HAD SEXUAL INTERCOURSE	ODD RATIO	P>Z	(95% CONF.)	
			UPPER INTERVAL	LOWER INTERVAL
<b>ETHNICITY</b>				
Igbo(RC)	1.0			
Yoruba	3.294	0.999	0.000	
Hausa	2.336	0.999	0.000	
<b>MOTHER'S HIGHEST LEVEL OF EDUCATION</b>				
No formal education(RC)	1.0			
Primary education	5.250	0.146	0.562	49.083
Secondary education	28.452	0.008	2.403	336.507
Tertiary education	8.841	0.021	1.387	56.379
<b>FATHER'S HIGHEST LEVEL OF EDUCATION</b>				
No formal education(RC)	1.0			
Primary education	0.081	0.041	0.007	0.908
Secondary education	0.072	0.020	0.008	0.664
Tertiary education	0.057	0.002	0.009	0.347
<b>FAMILY TYPE</b>				
Single parent family (RC)	1.0			
Monogamous family	0.466	0.329	0.100	2.159
Polygamous family	0.393	0.165	0.105	1.468
<b>MOTHER'S RELIGION</b>				
Islam (RC)	1.0			
Christianity	1.163	0.891	0.134	10.113
Traditional	1.205	0.837	0.204	7.120
<b>FATHER'S RELIGION</b>				
Islam (RC)	1.0			
Christianity	0.660	0.516	0.189	2.309

**SOURCE: DAMILOLA'S FIELD WORK, 2018**

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.0 INTRODUCTION

The study sets to establish the factors associated with adolescents sexual behavior in Ido-osi Local Government Area, Nigeria. This chapter provides the summary of the findings, discussion of the findings, conclusion of the findings from the research, and recommendations based on research.

#### 5.2 DISCUSSION OF FINDINGS

The study reviewed that about 60% of adolescents in Ido-osi Local Government Area, Nigeria have not/never had sexual intercourse, surprisingly more than half of had sexual debut between age 10 and 14. Majority of those who said they have had sex reported they had it days before the interview while few said years ago. More so, more than half of the respondents have had sex with more than one person. However, ethnicity of respondents, mothers highest level of education and fathers highest level of education all had  $p < 0.000$  which were found statistically significant ( $p < 0.05$ ) and clearly depict relationship with the sexual behavior of adolescent in the study area. Also, both parent's income and religion were found statistically significant having confidence level less than 0.05 but more than 0.001. Furthermore, occupation of both parents of sampled respondents had p-value more than 0.10 which were considered not statistically significant that is they don't have relationship with the adolescent's sexual behavior in the study area. Lastly, the family type of respondents was considered and it showed chi-square value of 3.60 and  $p > 0.165$  which clearly describe no statistical relationship with adolescent sexual behavior. Lastly, those who had primary education were found 5% more likely to have factors associated with adolescent behavior ( $p > 0.146$ ) while those who had secondary education were

found significant ( $p$ -value=0.008, OR=28.452) and 28% more likely to have factors associated with adolescents sexual behavior than those who had no education and among others.

### **DECISION RULE**

From the binary logistic regression, the relationship between Factors Associated with Adolescents in Ido-osi Local Government Area is statistically significant in ( $P < 0.05$ ).

From this, we can conclude that there is relationship between factors associated with adolescents (Mother's highest level of education and Father's highest level of education) and sexual behaviour.

Therefore, we partially fail the Null Hypothesis.

### **5.3 CONCLUSION**

The main objective of the study was to examine factors associated with adolescents sexual behavior in Ido-Osi Local Government area. The finding describe that 60% of adolescents in the study area have never had sexual intercourse and more than half of the respondents who reported they have had sexual intercourse have had sex with more than one person. However the study conclude that ethnicity of respondents, mothers highest level of education and fathers highest level of education, both parent's income and religion were found having a statistical relationship with adolescents sexual behavior in Ido-Osi Local government Area, Nigeria.

#### 5.4 RECOMMENDATIONS

- Majority (48.8%) of respondent strongly agreed that parents have something cogent to do or add up to maintaining their sexual life. However, there is need for re-orientation of parents to continually reduce early sexual experience and continue to push the bar relative to totality of adolescents life which in return will have significant impact to achieving a healthy society
- We cannot overemphasis the impact of conducting sexual education across schools and outside schools to get them informed.



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OYE-EKITI

FACTORS ASSOCIATED WITH ADOLESCENTS SEXUAL BEHAVIOUR IN IDO-OSI  
LOCAL GOVERNMENT AREA, NIGERIA

QUESTIONNAIRE

INTRODUCTION

Dear Sir/Ma, my name is OLUWASANU GOLD OLUWADAMILOLA a final year student from the department of Demography and Social Statistics, Federal University Oye-Ekiti. I am conducting a survey on FACTORS ASSOCIATED WITH ADOLESCENTS SEXUAL BEHAVIOUR IN IDO-OSI LOCAL GOVERNMENT AREA, NIGERIA

I would appreciate your participation and the information you give will be kept strictly confidential.

Please, if you come across any question you don't want to answer you can answer the next question or stop the interview at any time.

However I hope you will participate in this survey since your views are important.

Thank you

\_\_\_\_\_

SECTION A: SOCIO-DEMOGRAPHIC AND FACTORS ASSOCIATED WITH  
ADOLESCENTS

1. What is your Sex? (a) Male (b) Female
2. What day, month and year were you born? Day   Month   YEA
3. How old were you at your last birthday?
4. Have you ever- attended school? (a) Yes (b) No  
If Yes, continue with number 5
5. What is your highest level of education? (a) No education (b) Primary (c) Secondary (d) NCE/OND. (e) BSC/HND (f) MSC/PHD
6. How old were you when you left school, college, or university?
7. What is your Religion? (a) Christianity (b) Islam (c) Traditional (d) Others
8. What Ethnic group do you belong? (a) Yoruba (b) Igbo (c) Hausa (d) Others

## SECTION B: FAMILY BACKGROUND

9. What is your Martial Status? (a) Single (b) Married (c) Divorced (d) Separated
10. What is your Mother's highest level of education?(a)No formal education (b) Primary education (c) Secondary education (d) Tertiary education
11. What is your Father's highest level of education? (a)No formal education (b) Primary education (c) Secondary education (d) Tertiary education
12. What is your Mother's occupation? (a) Civil Servant (b) Self Employ (c) Student
13. What is your Father's occupation? (a) Civil Servant (b) Self Employ (c) Student
14. What is your Mother's religion?(a) Islam (b) Christianity (c) Traditional
15. What is your Father's religion?(a) Islam (b) Christianity (c) Traditional
16. What is your family type? (a) Single Parent Family (b) Monogamous Family (c) Polygamous Family
17. What is your Mother's monthly income? (a) No Income (b) < 18,000 (c) 18,000-30,000 (d) 30,000-52,000 (e) 52,000 above
18. What is your Father's monthly income? (a) No Income (b) < 18,000 (c) 18,000-30,000 (d) 30,000-52,000 (e) 52,000 above
19. Are you staying with your Parents (a) Yes (b) No (c) Both  
If Yes, with who \_\_\_\_\_

## SECTION C (SEXUAL BEHAVIOR AND PRACTICE)

1. Have you ever had sexual intercourse? (a) Yes (b) No  
If "NO" move to SECTION D
2. If yes, how old were you when you first had sexual intercourse? .....
3. When was the last time you had sexual intercourse? (a) Days ago (b) Weeks ago (c) Months ago (d) Years ago
4. What was your relationship to the person with whom you had sexual intercourse the last time? (a) Spouse (b) Casual acquaintance (c) Boyfriend/Girlfriend (d) Client/prostitute (e) Rape (f) Others
5. How old is this person?
6. Apart from this person have you had sexual intercourse with any other person in last 12 months? (a) Yes (b) No

## SECTION D (KNOWLEDGE & ATTITUDE OF ADOLESCENT TO CONTRACEPTIVE/STI (SEXUAL TRANSMITTED DISEASE))

1. Do you have any Knowledge of STI? (a) Yes (b) No  
If "NO" move to SECTION E

2. What type of STI Disease have you heard? (a) HIV/AIDS (b)Gonorrhoea (c)Syphilis (d) Genital herpes (e) Other
3. Had STI? (a) Yes (b) No  
If "YES" Continue with the question
4. What type of STI? .....
5. Ever use Contraceptive in the last 12 months (a) Yes(b) No
6. Last Sex with Contraceptive? .....
7. Which of the following Contraceptive did you know? (a) Condom (b) Progestogen only pill (c) Diaphragm or Cap (d) Intrauterine Device(IUD) (e) Others

**SECTION E (PERCEPTION TO SEXUAL BEHAVIOUR)**

Tick what you feel is appropriate (SA- Strongly agree, A-agree, D-Disagree, SD- strongly disagree)

	SA	A	UNDECIDED	D	SD
Do you think having sex before marriage is wrong?					
Are you afraid of impregnating or getting pregnant?					
Do you have someone you can have sex with?					
Are you afraid of contacting HIV/AIDS?					
Do you have anything against oral sex?					
Do you believe sex is a mutual agreement?					
Do you have anything against anal sex?					
Do you think having multiple sexual partners is not a bad idea; one needs to enjoy his/her sexual life to the fullest?					
Do you love sex?					