

**DETERMINANTS OF SEXUAL BEHAVIOUR AMONG YOUTH  
IN OYE-EKITI, NIGERIA**

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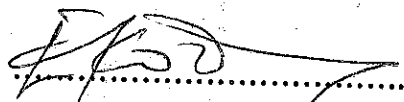
**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT  
DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF  
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AWARD OF BACHELOR OF SCIENCE (B. Sc.) HONS IN DEMOGRAPHY  
AND SOCIAL STATISTICS**

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## CERTIFICATION

This is to certify that SANNI OLAIDE ISAAC of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the topic " DETERMINANTS OF SEXUAL BEHAVIOUR AMONG YOUTHS IN OYE-EKITI, NIGERIA " in partial fulfillment of the award of the requirements for the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision

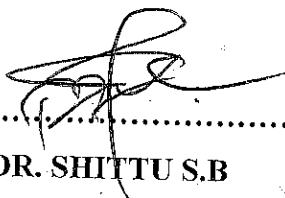


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## **DEDICATION**

The project is dedicated to Almighty God, who has given me the grace to complete my academic career. And I am also dedicating the project research to my parents, Mr. & Mrs. Sanni for the support given towards my project.

## **ACKNOWLEDGEMENTS**

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I could have not written this project without God's help and probably would not have written it without my family's relentless encouragement. I acknowledge my parents who sponsored my academic career. I acknowledge the effort of supervisors Dr. E.K Odushina and Dr. Shittu, who took their time to correct the project.

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### Abstract

The study examined the determinants of sexual behaviour among youths in Oye-Ekiti, Nigeria. Data were collected among youth within the age range of 15-24 using self-administered structured questionnaire. The univariate analysis indicated that 71% of respondents were sexually active. About 38.7% also indicated they had used at least one method of contraceptive. The proportion of youth who claimed to use contraceptives to avoid for unwanted pregnancies 41.7% and sexually transmitted diseases were 58.3%, The multivariate analysis indicated that there was no significant relationship between religion and parents level of education ( $P=0.9>0.05$ ,  $P=0.9>0.05$  &  $P=0.5>0.05$ ). The study concluded there was a need for more study to deepen knowledge and increase understanding about determinants of sexual behaviour among youth in the study area.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to The Study

In 2015, 226 million youth aged 15-24 lived in Africa, accounting for 19% of the global youth population and by 2030, it is projected that the number of youth in Africa will have increased by 42 percent (United Nations, 2015). The population of youth in Africa is expected to grow throughout the remainder of the 21st century, more than doubling from current levels by 2055 (UN, 2015).

The population of Nigeria is estimated to be about 190 million (World Meters, 2018). Nigeria with an estimated population of 190 million as at 2018 (NPC, 2014) is second only to South Africa in the number of people living with HIV/AIDS worldwide, with 9% of the global burden of the disease being in Nigeria (NPC, 2014). Nigeria has a growing population of youth, with adolescents constituting an important proportion of the population. About 28% of adolescent in Nigeria are said to be sexually active (American Journal of Medicine and Medical Sciences, 2017). Although there are findings that adolescents of 15 years median age engage more in risky sex (Folayan, Odetoynbo, Brown, Harrison, 2014).

According to Nigeria Demographic and Health Survey (2013), the median age for first sexual intercourse is 16 years. Before age 18 and 20, 80% has experience sexual intercourse and that studies has shown that premarital sexual activities is high among youth (Odewole, 2000; Omoteso, 2003; Owuamanam, 1995; Ugoji, 2008; Unuigbe & Ogbeide, 1999). Feyisetan and Pebley reported that, more than 16% of females who are teenagers are reported to have sexual intercourse by age 15, while young women are between the ages of 20-24 that is 49.9%. Among



male that are teens is 8.3% reported to have sex by age 15, while young men between ages 20-24 are reported to have sex by age 18.

Base on this, studies and information about sexual behaviour is important to formulate preventive strategies and to amend believe or perspective of the public towards sexual behaviour. The Nigerian Association for the Promotion of Adolescent Health and Health Development (NAPAHD) has also alerted that, a hospital based research has shown that, 80 per cent of patients with abortion complications are adolescents. This assertion was based on the fact that, over 16 per cent of teenage females reported first sexual intercourse by age 15 while 8.3 per cent of boys of age 15 have also had their first encounters. As important determinants of fertility patterns and transmission of sexually transmitted infections, sexual behaviours contribute substantially to the burden of disease (WHO; 2006).

The resulting evidence provides a historically unique opportunity to take stock of sexual behaviour and efforts to protect sexual health at the beginning of the 21st century. Sexual behaviour changes in response to both secular and non-secular social forces. Recent decades have seen large socioeconomic changes in poverty, education, and employment. Demographic changes have taken place, in the age structure of populations, in the timing of marriage, and in the scale of mobility and migration between and within countries, including seasonal labour, rural-to-urban movement, and social disruption due to war and political instabilities.

Attitudes to sexual behaviour have altered in many countries (Zheng Z, Zhou Y, Zheng L, et al) Worldwide communications, including the internet.

Among other factors, age also seems to be a major contributory factor in the spread of HIV/AIDS (UNAIDS, 2004). The spread of HIV/AIDS around the world implies that there is an urgent need for data on human sexual behaviour, especially among young people (Chitamun & Finchilescu, 2003; Peretti-Watel, Guagliardo & Velger, 2004; UNAIDS, 2004). There is a clear link

that exist between risky sexual behaviour and HIV, and it is accepted all over the globe that such behaviour puts them at risk of adverse mental, physical, and socio-economic outcomes (Kaaya, Flisher, Mbwambo, Schaalma, Aaron & Klepp, 2002).

## **1.2 STATEMENT OF THE PROBLEM**

Consequent to some challenges faced by these youths, more adolescents will be expected to present to the health care facilities with different illnesses. In terms of health care scheme the youth are set of group that cannot be ignored. Sexual issues has led to health challenges of young people globally (Muyibi, Ajayi, Irabor, Ladipo, 2010). Lots of challenges are accompanied with the sexual health of youth include high rate of teenage pregnancy with about one million births per year occurred among young female in Nigeria (Slap, Lot, Huang, Daniyam, Zink, & Succop, 2003). By 2008, about 23% of young teenagers between the age 15-19 years are pregnant with their first stage while some are mothers (Muyibi, Ajayi, Irabor & Ladipo, 2010). Child bearing among teenagers within age 15-19 years in the North West region of Nigeria is on the high side with a percentage of 23% (Muyibi, Ajayi, Irabor & Ladipo, 2010). In 2008, it was noted that by the age of 15, 20% of Nigerian are sexually active, and age 17.7 years is the median age were sexual intercourse is first experienced for women and for men is 20.6 years (Muyibi, Ajayi, Irabor & Ladipo, 2010). Studies has shown that risky sexual behaviour is mostly practiced among youth.

The consequences associated with sexual behavior has been documented and risky sexual has been extreme proved to be extreme among youth. In 2014, Reproductive health documented a report that sexual behaviour and sexual practices is based on self-reported HIV status and sex. As at 2008, about 23% of women aged 15–19 years were already mothers or were pregnant with their first child (Muyibi, Ajayi, Irabor & Ladipo, 2010).

Many factors act as determinant for reasons of sexual behaviour and sexual initiation among youth, such factors are; sexual partners, peer pressure, families and community or environment, youth empower institutions, such as religious organization, school, workplace influences the behaviour of youth. This study is aimed at explaining some factors that influences youth to engage in sexual behaviour. In the study area and possibly to avert the spread problem associated with the risky behaviour.

### **1.3 RESEARCH QUESTIONS**

1. What are the proportion of youths who are sexually active in the study area?
2. What are the proportion of sexually active youths who knows one method or the other use of contraceptives in the study area?
3. What are the proportion of sexually unmarried youths who practice safe sex in the study area?
4. What are the influence of religion and parent's level of education on sexual behaviour in the study area?

### **1.4 OBJECTIVE OF THE STUDY**

The general objective of the study is to examine the determinants of sexual behaviour among youth in Oye-Ekiti, Nigeria.

#### **The specific objectives include:**

1. To ascertain the proportion of youth who is sexually active in the study area.
2. To identify the proportion of sexually active youth who knows about one contraceptives method or the other in the study area?

3. To ascertain the proportion of sexually unmarried youth who practices safe sex in the study area.
4. To examine the influence of religion and parent's level of education on sexual behaviour in the study area.

### **1.5 RESEARCH HYPOTHESIS**

In seeking answers to the quantitative research questions, the following hypothesis were formulated and tested.

H<sub>1</sub>: There is no significant difference between sexual behaviour and parent level of education and religion.

### **1.6 JUSTIFICATION OF THE STUDY**

Previous studies has shown there are demographic and social-cultural factors that influences the sexual behaviour of youth, for instance, religion act as a positive determinant that influences the sexual behaviour of youth, and the level of communication between parent their child. Likewise, they also negative determinant that influences the sexual behaviour of youth; such as peer pressure, mass media, use of hard drugs etc. There are several factors that have not been looked into that may influence the target population of risky sex behaviour hence, this study.

The research will serve as a medium to change the change the mindset of youth towards sex, and also help to have safer sexual life. And also adopting into all youth the importance of contraceptive.

### **1.7 Definition of someTerms**

**Sexual Behaviour:** It refers to a broad spectrum of behaviors in which human display their sexuality.

**AIDS:** Acquired Immune-deficiency syndrome

**Adolescent:** According to National Adolescent Health Policy in Nigeria defines adolescents as individuals between ages 10 and 24 years.

**HIV:** Humane Immune Virus

**Youth:** Youth is a stage of transition between childhood and adulthood, but it is a very challenging period of time when many significant life events occur and decisions are made. Describes those between 15 and 24.

**Risky Sexual Behaviour (RSB):** it refers to sexual behaviour that leads to harmful or dangerous consequences. These behaviours could include: self-reports of early and unprotected sexual intercourse or not using contraceptive; having multiple sexual partners; which can lead to the chances of contracting sexually transmitted diseases.

## Chapter Two

### 2.0 Introduction

This chapter involves important literature corresponding to issues under the survey. Which involves theoretical point of views that has been used to study sexual behaviour among youth.

### 2.1 Literature Review

#### 2.1.2 Social Learning theory (Albert Bandura)

The theory of social learning according to Bandura's explains that people learn from one another through observation, modeling, and imitation. In his theory he states. "Most human behaviour is learned observationally through modelling: from observing others, one forms and idea of how new behaviour are performed and on later occasions this coded information serves a guide for actions". (Bandura). His theory explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural, and environmental influences. Albert Bandura believes that affirmed that behaviour is a result of cognitive and environmental factors interplaying with each other.

Bandura's theory explains observational learning as a process that happens intentionally or unintentionally, which means that one might be involved in a certain behaviour knowingly or unknowingly. The behaviour of people influences their environment, the environment can also influence their behaviour. People conform their behavior and attitudes towards the happenings around them, and they have a strong tendency of imitating what they see by those who have the ability to influence them (Bandura, 1963)

The Social-Learning Theory does consider only the environmental factors that influences human behaviour, but also individual egoistic tendencies. The world is advancing daily, and technology has taken the world to global height. Youth are familiar with technological gadgets, internet,

television, computers etc. through this youths are getting themselves familiarised with technology and imitate what they are expose to, most especially form the internet, which act as an influence to the behaviour and attitude of youth.

It has been observed that the media makes sex more adourable and fashioned. Studies has shown that, most of the adverts on internet, television, has sexual content on them. The concern of the media is to attract the public and selling product (Brown and Keller, 2000). As the saying goes "Sex Sells" (the more sex is been portrayed in the advert of a product, the more it sells). The media does not place emphasis on healthy sexual life. The media is concerned about promoting sex, but does not give guidelines or instruct the public on how they can have protected sex. Adolescence is a stage which is characterized by many changes including cognitive change (Craig, 1996; Papalia & Olds, 1998 & Reproductive Health Outlook, 2004;). Adolescents are not yet cognitively mature, which means that they lack the rational way of thinking (Craig, 1996). Because adolescent are not able to think rationally, put them at risk of contracting HIV and they are not able to interpret to what the media is talking about the danger of HIV and AIDS,

From the study's further observations, most of the advertisements that are shown on television, internet or broadcast on radio have sexual connotations to them. The media only concentrate on drawing the attention of audiences and selling product (Brown and Keller, 2000). As the saying goes "sex sells meaning" which means the more a product has sexual content to it the more it sells.

One of the major of promoting sex is the media, but does not provide ways in which people can have a safe sex life. The media place lots of significance on either using condom during penetrative sex, abstinence from sexual partners or to eradicate stigmatization among those that has contracted the sexual transmitted disease. According Craig (1996), he says adolescent are not matured cognitively, which connotes that they have disabilities to think rationally. Because adolescents lacks

the ability to think puts them at the risk of contracting HIV due to the fact that they lack the ability on how they can interpret the warning messages the media talks about the dangers of HIV and AIDS.

The Piaget's cognitive development theory (1982) states that adolescents are in the formal operational stage. The formal operational stage, a person develops the ability of thinking abstractly, thinks on how to control hypothetical situations and possibilities (Papalia & Olds, 1982). Piaget states in his development theory, that it is not cognitive immaturity that makes adolescent to engage in risky sexual behaviour, but some other factors are also considered. Cognitive dissonance theory by Festinger (1956) does not accept that adolescent are not cognitively matured. The cognitive dissonance theory pin points that the discomfort in physiological tension that people experience when they realize that cognitions are not frequent with each other. For instance, the cognitive dissonance theory states that adolescent may be knowledgeable about the dangers of contracting HIV and AIDS, but the individual would have convinced herself or himself that he or she would not be infected by the virus. Which means that he or she would not have physiological tension as cognition will be consistent with each other.

Nilesen (1996) states that, adolescence is a stage characterised by many factors change, and it is in this stage an individual would learn discover and make some findings about his or her purpose in life. According to Erikson's psychosocial in theory in Papalia, Olds, and Feldman (1998), adolescent are in the identity versus identity confusion stage. Adolescent must try to find out their sense of self or experience confusion about roles (Papalia et al, 1998). It is a stage where adolescents are expose to multiple influences as they try to discover themselves, by who they are, and what they stand for. If this could be process adolescent pass through, so it connotes that adolescent are influence about what they see or hear.



Most Adolescents are imitated by negative things they see on the media. Adolescents disregard the positive information that the media publicise, such as "having safe sex" and "avoid having unprotected sex". The rate at which HIV and AIDS spreads will reduce when adolescents are influenced by the positive information on the media. It can be reasoned that the factor in which adolescents adopt negative information instead of positive information is because they have not developed the ability to think rationally about situations. The Festinger's cognitive dissonance and Piaget's cognitive development theories there are other reasons why adolescents seem to be attracted to negative information rather than positive information from the media.

The prevalence of HIV and AIDS creates dispute about how adolescents manifest their sexuality. Due to the fact that the media and some bodies in the general society are authorizing one thing while the reality of HIV and AIDS says a different thing. The media is known for promoting and publicising sex and sexual relationships, and makes it possible and accepted for someone to be sexually active. This may result into misleading the adolescent because at the long-run adolescent will experience a lot of problems between the norms that the media wants the society to apply, the risk and dangers of having unprotected sex and contracting HIV and AIDS.

### **2.1.3 ECOLOGICAL APPROACH THEORY (BRONFENRENNER)**

This theory is concerned about different environmental factors that influence the life of youths. O'Connor and Lubin, explains that the ecological approach defines the different levels of environment that are necessary to an individual. The ecological approach theory explains the various levels that influence the life of an individual. The level will be listed below:

## MICROSYSTEM

This is first system Bronfenbrenner stated, the microsystem involves activities that surrounds an individual such as the parents, teachers and church.

## MESOSYSTEM

This is the second system, and it deals with bringing together the different components of the microsystem. This involve the stage were adolescent make their friends and how the family interacts with the school.

## EXOSYSTEM

This is the third system, and it involves the external components that influences the youth, but as no direct influence

## THE MACROSYSTEM

This is the last system, and it influences factor an individual develop or get familiar with like, law, cultural beliefs and customs (Hook, Watts, & Cockcroft, 2002; O'Connor & Lubin, 1984;).

The systems above deals with views of adolescent and how they express sexuality. For instance the microsystem, direct impact on an individual which involves the parent and environment of the individual. The ecological approach thinks that parents plays an important role in shaping an individual sexual life.

According to the social learning it states that imitate the things they see or hear around them (Bandura, 1963). Unsafe sexual act are part of habit that an adolescent imitate. Parents can act as instructor in educating their child about sexual issues and the risk of contracting HIV and AIDS.

The mesosystem states how adolescent makes friends. And also peers can be used to educate each other about the risk of HIV and AIDS. Friends can be seen as a strong factor that influences the

adolescent, because adolescents listen to each other rather than their parents (Craig, 1996; MacPhail, 1998).

The ecological approach system helps in reshaping how adolescents will choose to conduct themselves sexually. The exosystem and macrosystem can be used to educate parents on how they can relate sexual issues with their children. The four systems of the Ecological Approach play an important role in adolescents and perceive sexuality as it is from cultural beliefs and the societal norms that perceptions are formed.

#### **2.1.4 Control Theory**

Control theory explains why people do not act on deviant behaviour or youthful delinquency. The control factors might be external or internal. Some of the external factors are; parent, friends and other legal institutions. The internal factors are self-motivation and personal conscience. Theory focuses on how youth create moral constraints from deviant behaviours because these diverse factors control their impulses to conform to social norms. As the belief system goes, youth who are not properly supervised or well-trained have the tendency to engage in risky behaviours than those that are constructively engaged (Zill et al., 1995).

Control theory suggests that youth should devote their time and energy to one acceptable activity or another, in this they won't get involved in any juvenile delinquency. Being devoted to religion, will make youth have a sexual life. Female education serves as a means for controlling unwanted pregnancies and acts as a constraint to early marriage.

#### **2.2 Predictors of sexual behaviour among youth**

They are factors that are said to be the predictors of sexual behaviour among youth and the factors will be considered in this research, especially those factors that act as determinants of sexual

behaviour among youth. According Koyle et al., 1989; Thornton, 1990, states a strong relationship has been document for the age of first sexual activity.

### **2.2.1 Demographic Factors**

As children transit into adolescent, their urge for sex increases, and as children grows more opportunities for sexual created for the fulfillment of their sexual desires. Furthermore, age is a factor associated with the measures of sexual behaviour, including ever having had sex (Harvey & Springer, 1995); early first intercourse (Miller et al., 1997); and lifetime frequency of sexual intercourse (Benda & Diblasio, 1994), economic status of parent or their level of educational attainment. According to Miller and Moore states that a low economic status is related to the increase of sexual activity in adolescent.

### **2.2.2 Family Relationships**

Studies has placed emphasis various interaction between families, which include, communication, cohesion, and control. When there is communication between parent and their child it reduce adolescent sexual activity, According to White & white, 1991, find out that such communication are expected to have effect consistently. No agreement exists between the parental discipline and control. Nielsen (1996) also found that the communication between parents and adolescent about sexual issues also influenced their sexual decisions. Some scholars argued that the impact of control is characterised with moderate at which the parents are strict will lead to a low rate of adolescent sexual activity (Miller et al., 1986). However the level of parental support and monitoring will lead to lower rates of sexual activity (Barnes and Farrell, 1992; Voydanoff and Donnelly, 1990). Family support and cohesion, which is also the level of unity or bond among members of the family, also influences the risk of juvenile delinquency behaviour among youth

(Farrell and Barnes, 1993). Among the family process factors, family cohesion is seen as the best factor that can influence sexual behaviour.

### **2.2.3 Other extracurricular activities**

The control theory suggests that youth who are less busy and having too much time in their hands can end up engaging in delinquency. Organized activities may include social clubs, sport opportunities, dancing, entrepreneurship activities, youth groups, drama or theatre and student council. When youth spend time in extracurricular activities, it reduces the risk of engaging in sexual behaviour. According Marsh (1992) suggests that, extracurricular activity are part of a general pattern of social participation, heightening involvement in and commitment to school and conventional behaviour patterns.

### **2.2.4 The puberty and sexual development**

When it comes to physiological attribute, the male and female gender differs. There is change in the physical appearance of both boys and girls. Due to the rapid change in their body structure, it brings about the function in their sexual organs. In males the primary sexual characteristics are the penis, scrotum and testes, while in girls, it encompass ovaries, uterus and vagina (Papalia & Olds, 1982). The secondary sex characteristics involves additional signs like broad chest in male, hair growing in pubic areas of the body, and development of breast in girls (Papalia & Olds, 1982).

## **2.3 Factors influencing early engagement in sexual relationships**

According to Derlega, Winstead and Jones (1999) reported that there appear to be a strong correlation between religion and sex. In Derlega et al. (1999) Hendrick and Hendrick reported in the study that they conducted personality and human sexuality, that those people that attended church

regularly and are religious, does not engage in sexual relationship compared to those that are not religious. Looking at religiosity, the situation suggests a dwindling sense of morality among this present generation. These highlight the importance of religion in developing the appropriate mentality and disposition towards sex (Idoko, Muyiwa and Agoha, 2015).

#### **2.4 Sexuality in Nigeria Tradition**

In traditional setting of Africa the central point of the rites of transition from puberty stage, to adolescence and to adult hood is marital responsibility and the innocence of male and female involved is taken for granted as the essence of the ceremonies of initiation (Idoko, Muyiwa and Agoha, 2015). In the colonial era, the culture of the Yoruba ascribed a lot of weight to the virginity of the bride on her wedding night. (Jeje and Olu 2002 revised). The pre twentieth century women did not have the luxury of modern techniques of birth control, refined means of abortion, mass media influence and an emboldened women-hood courtesy of the liberation struggles of some women, which are now at the disposal of today's women and they are capitalizing on it (Sorensen 2003). Modernisation is a key factor influencing early sexual engagement. In the old traditional settings of Nigeria, youth were not having the right to gratify sexual desires until both sexes are legally married.

#### **2.5 Sexuality**

Levince (1992), defined sexuality as an individual's personal characteristics. The personal characteristics involve the physiological attributes, like the development of mammary glands in female and broad chest in male, individual's anatomy, reproduction, identity and genital responses. Craig (1996), agreed the fact that an individual's anatomy, physiology, and psychology act as determinant to their sexuality, but Craig further explains that an individual's culture, relationship with the society, and their experience towards development through their life cycle, act as determinants of one's sexuality.

People have different perspective towards the view of sexuality. Some people does not believe in protected sex, while some others try to promote views and attitude towards having protected sex. These are the attitudes that determine an individual's sexual behavior in a particular relationship and to what consequences (Sprecher & McKinney, 1993). These attitudes are determined by how one was raised as a child (Sigmund Freud; in Maddi, 1996). There is a constant struggle, intrapsychically, between what an individual would like to do and what the society demands from an individual (Maddi, 1996). In most cases, some individual participates in activities that pleases the society rather than satisfying their personal self. The society or environment act as key factors that influences the action of an individual. Family and peers are one of the factors that influences the sexuality of adolescent.

According Big Media, Peers are seen to be prominent in the life of a youth and they act as source of information to other youth. Best of reducing HIV and AIDS among youths, they must educate each other about the virus and study reproductive health.

Families act as role model, they are what the adolescent sees and imitate what so ever they do or say. In families where issues on sexuality is freely discuss with their child, the adolescent will tend to have the idea about the use contraceptives, to have a safe sexual life, and also will be careful in making sexual decisions.

## **2.6 Determinants of sexual behaviour**

### **2.6.1 Peer pressure**

Peer pressure is a key determinant influencing the youths. According to MacPhail, 1998, in a survey adolescents were asked the number of times peer pressure influences their decision to have sexual intercourse of, about 90% responded saying peer pressure as a lot to do with decision they take to have sexual intercourse. There is a high need for adolescents to be part of a group, and being counted as one of the group members requires one to conform to the group norms (Craig, 1996; MacPhail, 1998).

It is common among peers, to brag about the number of sexual partner they have and number of sexual intercourse they have had. If any of the peers fail to copy what his or her pairs those, they have the tendency of humiliating such person and several abusive names will be given to the person, for instance "sack" which means the person as a lot of sperm in his scrotum (Craig, 1996; Seloilwe, 2005).

A large number of adolescent are influenced by peer norms, still have a strong tendency to resist peer pressure. According to Tapia-Aguirre, et al., 2003, states that boys experience peer pressure the most than girls. Those who admit not engage in sexual relationships belongs to a particular religious group, which forbid sex before marriage.

### **2.6.2 Sexual activity for financial gain**

Most especially among young girls, some youth engages in sex for material gain from their partners. Some ladies prefer to have sex with men that her working, rather than students or a person that does not have a job. Some of this material gains are pocket money, clothe and fashionable accessories. The partner must provide the necessary commodities.



Among young ladies, they agree to have sexual intercourse with older men that are working, for them to meet ends means, and they believe the older men will provide more for them than the young ones.

### **2.6.3 Substance abuse**

The excess drinking of alcohol and the use of hard drugs serves as a medium for having multiple sexual partners, irresponsibility and high risk of sexual behaviours. According to Papilia and Olds, (1982) it was stated that alcohol suppresses the immune system making it difficult for some to have over sexuality. Alcohol and hard drug serves stimulant for someone to engage in risky sexual behaviour, like increasing the ability of a person to have unprotected sex. In a survey conducted in Botswana by Seloilwe in 2005 on the "Factors That Influence The spread of HIV/AIDS" alcohol reduces will power and judgement and inhibitions.

Alcohol serves as a factor that influences and encourages the low and inconsistent use of condoms. When an individual is under the influence of alcohol it is likely they lack some values like moral constrains, cultural values, discipline and sexual drive will be at its peak. According to Dorrington, the abuse of alcohol increases the risk of HIV and AIDS infection.

In a survey by Dorrington, Bradshaw, and Budlender (2002), gave a statistics in a survey that; 35% were men, 55% were women and 65% of commercial workers who consume alcohol. Men that older tend to take advantage of younger women, when they are drunk. When men are intoxicated by alcohol, it make to be more brave, which increases the prevalence of unprotected sex (Seloilwe, 2005).

#### **2.6.4 Sexual activity for good grades**

Most especially in the university and among the young female students and lecturers. The female students have sexual relationship with their academic staff so that they can have better grades.

#### **2.6.5 Mass media:**

The mass media which include, the social media, television, and the internet plays an important role in youth. Most especially the internet is one of the major components that attract youths. The rate at which youth are addicted to the internet get researcher attracted. Research as shown clear evidence that suggest relationship the exposure of youth to sexual content on the internet, attitudes, beliefs and behaviours. The world has become a global system, and the internet is highly rated the among means of information, and it is commonly among young adult in Nigéria, and investigations has been carried out by some researchers, to know the relationship between youth involvement with online sexual content which includes; meeting an opposite sex, online chat and sexual relationships. As examined by Adebayo et al. to examine the influence of the internet on sexual behaviour of youth. The result gotten reveals that the use of internet increases the extent to which youth engage in risky sexual behaviour. Furthermore, the study carried out by Onyeonoro et al, indicate other mass media forms such as the television serve as the most common forms of information on sex. Studies as proven the rate at which the negative effects of the mass media increases as a result of increase in sexual content and unrestricted access to some obscene act.

## CHAPTER 3

### INTRODUCTION

#### 3.0 Research Design

The possible research method that best suit this survey and to choose a methodology that would provide meaningful address with which the research hypothesis can be clarified. The quantitative research approach method will be made use of. Almost all studies that focuses on sexuality of youth in Africa has been a single method design (McLean, 1995). According to Babbie and Mouton (2001).

The study was design within a quantitative research framework with the use of research survey design. The essence of a survey is to know how people feel about a prevailing issue. A survey identify people's opinions, attitudes, behaviour and relationships among psychological variables and data, which are collected through questionnaire, mailed survey, telephone, personal interview (Reaves, 1992). A quantitative research approach gives an accurate description of a prevailing situation or a circumstance and tries to identify the differences and relationships between variables..

However, a quantitative research design gives a numeric description of an ongoing trends and opinion in a population. Using a sufficient large sample size that represent the total population, one can infer the results and generalize to the total population (Creswell 2003; Pilot & Hugler, 1987). A quantitative research design use gives a true picture of a prevailing situation of a population through the use of sample. When discussing sensitive issues people prefer to write their responses on paper rather than to have than to have a one-on-one interview or discussion. So a questionnaire gives and individual the opportunity to record their sexual behaviour, especially when discussing about sensitive issues. Questionnaire helps to create flexibility and great privacy when it comes to deciding and retrieving information concerning sensitive and embarrassing questions. According to Cresswell, (2003), he states that the advantage of a quantitative approach is the economy of the

design and the rapid turnaround in data collection. So a self-administer questionnaire was selected as instrument to suite the quantitative research analysis in other to obtain a reliable representation of the range and frequency of sexual behaviour.

### **3.1 The Study Sample**

The sample are youth and adolescent of Oye-Ekiti, Ekiti State local government Nigeria. 200 participants within the age range of 15 to 24, comprising both male and female.

### **3.2 Introduction of the Sample**

A non-probability sampling techniques will be conducted to carry out the research, because the research focus on a predefined number of youth, including both male and female.

### **3.3 Data Analysis**

Questionnaire will be used quantify and determine the patterns of sexual behaviour of youth. The computer-based Statistical Package for the Social Sciences (SPSS) version 20.0 will used to analyse the data. The statistical techniques will include Univariate analysis of descriptive statistics and bivariate cross-tabulation and chi-square tests. The level of significant will be 0.05 with a 95% confidence interval. The reason why chi-square will adopted is because, chi-square is non parametric test and is not based on assumption of any kind.

## CHAPTER 4

### Presentation, Analysis and Interpretation of Data

#### 4.0 Introduction

This chapter entails the result of the study. It involves the presentation, analysis and interpretation of data collected in the survey through the use of questionnaire. It also involves univariate, bivariate and multivariate analysis. With cross tabulations, chi-square test and binary logistic regression of the study.

#### 4.1 Table 1:

##### PERCENTAGE DISTRIBUTION OF RESPONDENT BY SOCIO-DEMOGRAPHIC DATA

Socio-Demographic	Frequency (207) N=207	Percentage (%)
<b>Gender</b>		
Male	127	61.4
Female	80	38.6
<b>Total</b>	<b>207</b>	<b>100</b>
<b>Age</b>		
15-17	28	13.5
18-20	92	44.4
21-24	87	42.4
<b>Total</b>	<b>207</b>	<b>100</b>
<b>Religious Affiliation</b>		
Christian	159	76.8
Islam	45	21.7
Others	3	1.4
<b>Total</b>	<b>207</b>	<b>100</b>

<b>Marital Status</b>		
Single	207	100
<b>Total</b>	<b>207</b>	<b>100</b>
<b>Employment Status</b>		
Working	25	12.1
Not Working	182	87.9
<b>Total</b>	<b>207</b>	<b>100</b>
<b>Ethnicity</b>		
Igbo	28	13.5
Yoruba	168	81.2
Others	11	5.3
<b>Total</b>	<b>207</b>	<b>100</b>
<b>Education level obtained</b>		
No formal education	1	5
Secondary	28	13.5
Post Secondary	178	86
<b>Total</b>	<b>207</b>	<b>100</b>
<b>Living Arrangement</b>		
Living with parents	110	53.1
Living alone	72	34.8
Co-habiting with partner of same sex	10	4.8
Co-habiting with Partner of the opposite sex	15	7.2

<b>Total</b>	<b>207</b>	<b>100</b>
<b>Father's Level of Education</b>		
No formal education	5	2.4
Primary	14	6.8
Secondary	42	20.3
Post Secondary	146	70.5
<b>Total</b>	<b>207</b>	<b>100</b>
<b>Mother's Level of Education</b>		
No formal education	5	2.4
Primary	12	5.8
Secondary	56	27.1
Post Secondary	134	64.7
<b>Total</b>	<b>207</b>	<b>100</b>

The total number of respondents that were involved in the survey were 207. 61.4% of the respondent were male, while 38.6% of them were females.

The respondent within age 18-20 were most represented (44.4%), followed by respondent within the age range of 21-24 with a percentage 42.4, while respondents within the age range of 15-17 least represented (13.5% ).

The distribution of the respondent according to their religious affiliation revealed that Christian has the highest percentage of 76.8%, which indicate that highest respondents were Christians, followed by Islam with a percentage 21.7%. While other religions like traditional religion has a percentage of 1.4%, which the frequency of 3 respondents.

On marital status, all the respondent that were present in the survey were 207 and they are all single.

On employment status it revealed that 87.7% of the respondent are not working with the frequency of 182, while 12.1% are working with a frequency of 25.

On ethnicity, the percentage distribution revealed that Yoruba's were the highest respondents with a percentage of 81.2%, followed by Igbo with a percentage of 13.5, while Hausa/Fulani has the lowest percentage distribution of 5.3%.

The percentage distribution for educational status revealed that 86% are post-secondary followed secondary with a percentage distribution of 13.5%, while no formal education a percentage distribution of 5%.

On living arrangement respondent percentage distribution revealed that living with parents which is 53.1%, while 34.8% are living along, 7.2% are cohabiting with partner of the opposite sex and those cohabiting with partners and same sex has the percentage distribution of 4.8%.

On father's level of education the percentage distribution revealed post-secondary has a percentage of 70.5%, while 20.3% are secondary followed by primary 6.8%, while the percentage distribution which is no formal education is 2.4%.

On mother's level of education the percentage distribution for post-secondary has a percentage of 64.7%, while 27.1% are secondary followed by primary 5.8%, while the lowest percentage distribution is 2.4% which is no formal education.



**Section B: Sexual Behaviour of the Respondent**

**Table II: Univariate analysis for sexual behaviour**

<b>Ever engaged in sexual intercourse</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	132	71
No	54	29
<b>when last did you engage in sexual intercourse</b>		
Less than a month	94	78.3
More than a month	26	48.3
<b>Age of first sexual intercourse</b>		
10-14	26	21.1
15-19	80	65
20-24	17	13.8
<b>Have ever heard about contraceptive?</b>		
Yes	146	77.2
No	43	22.8
<b>If yes, list the method of contraceptive known to you</b>		
Condom	47	40.2

Pills	54	46.2
Traditional	12	10.3
Injection	4	3.4
<b>Have you ever used any contraceptive methods?</b>		
Yes	55	38.7
No	87	61.3
<b>Are you currently using any contraceptive methods?</b>		
Yes	41	37.4
No	96	62.6
<b>Did you use any contraceptive method during your last sexual intercourse?</b>		
Yes	40	37.4
No	67	62.6
<b>If yes, which contraceptive method did you use?</b>		
Condom	28	58.3
Pill	9	18.8
Traditional	3	6.3
Withdrawal	8	16.7
<b>Why did you use contraceptive for your last sex?</b>		

Prevention from STDs	20	41.7
Prevention from pregnancy	28	58.3
<b>Who was your last sexual partner?</b>		
Boy/girl friend	84	74.3
Prostitute	4	3.5
Fiancé/fiancée	8	7.1
Casual friend	17	15
Total	113	100
<b>Have you ever used condom before?</b>		
Yes	83	56.5
No	64	43.4
<b>Did you use condom the last time you had sexual intercourse?</b>		
Yes	61	58.7
No	43	41.3
<b>If yes, why?</b>		
Prevention from STDs	48	82.2
To prevent pregnancy	10	17.2
<b>Total</b>	58	100
For good pleasure	18	72.2
Forgot to use condom	6	24.2
Total	24	100

How many sexual partners do you have currently?		
1	46	46.9
2	17	17.3
3	9	9.2
4	10	10.2
5+	16	16.3

The distribution of respondent who has engage in sexual intercourse revealed that 71% agreed to have engage in sexual intercourse, while 29% has not engaged in sexual intercourse.

The percentage distribution for those that's has engage in sexual intercourse revealed the in less than a month is 78.3%, while 48.3% has engage in sexual intercourse more one than one month.

The distribution for age at first sexual intercourse revealed that age 15-19 were the most represented (65%), followed by people under the age range of 10-14 with a percentage distribution of 21.1%, the lowest percentage distribution is age 20-24 which percentage is 13.8%. Which means that the mean age for sexual for intercourse is between age 15-19 years of age.

The table revealed that 77.2% have heard about contraceptive, while 22.8% don't about contraceptive.

The percentage distribution for contraceptive known to the respondents reveal that pills has a percentage of 46.2%, while condom has 40.2% know about condom, injection has the lowest percentage distribution of 3.4%.

On method of contraceptive the table revealed 38.7% have used a method of contraceptive during sex, while 62.6% have not used any method of contraceptive. Which means that contraceptive is not well used during sexual intercourse.

The distribution for method of contraceptive used in their last sexual intercourse revealed that condom is mostly used with a percentage distribution of 58.3%, while the other method is withdrawal method with a percentage distribution of 18.3%, 23% uses both withdrawal and traditional methods of contraceptive.

The distribution for last sexual partner revealed that 74.3% of respondent had intercourse boyfriend/girlfriend, 15% of the respondent says casual friend was their last sexual partner. While 7.1% percent last sexual partner was fiancé/fiancée, only 3.5% has their last sexual intercourse with prostitute.

The distribution for ever used condom before revealed is 56.5% which is yes, while 43.4% said they have use condom before.

The distribution for respondent who used condom in their last sexual intercourse revealed that 58.7% answered yes, while 41.3% answered no that they did not use condom in the last they had sex. The respondent that answered yes they use condom in their last sexual intercourse to prevent STIs and unwanted pregnancies.

On number of sexual partners, percentage of who have one sexual partner is 46.9%, those with two sexual partners are 17.3%, 9.2% has three sexual partners, 10.2 has four sexual partners, while 16.3 has more than five sexual partner.

**4.2 TABLE 3: BIVARIATE RELATIONSHIP OF BACKGROUND VARIABLE AND THE USE OF CONTRACEPTIVE**

Background characteristic	Ever use contraceptive		Total	Chi-Square value
	Yes	No		
<b>Religion</b>				
Christian	71 (85.5)	43 (67.2)	114(77.6)	Pearson chi2(2) = 3.9718 Pr = 0.012
Islam	12(14.5)	18 (28.1)	30 (20.4)	
Traditional	0 (0.0)	3 (4.7)	3 (2.4)	
<b>Age respondent</b>				Pearson chi2(1) = 2.7120 Pr = 0.137
15-17	6(7.2)	8(12.50)		
18-20	34(41)	33(51.56)		
21-24	43(51.81)	51.81(35.94)		
<b>Marital Status</b>				
Single	83	64	147	
	100	100		
<b>Employment status</b>				Pearson chi2(1) = 1.2373 Pr = 0.266
working	9(10.8)	11(17.1)	20	
Not working	74(89.2)	53(82.8)		
<b>Ethnicity</b>				Pearson chi2(2) = 1.8661 Pr = 0.393
Igbo	12(14.5)	6(9.4)	18	
Yoruba	67(80.7)	52(81.3)	119	
Hausa/Fulani	4(4.8)	6(6.8)	10	
<b>Level of education</b>				Pearson chi2(2) = 1.5943 Pr = 0.451
No formal education	0.00	1(1.6)	1	

Secondary	13(15.66)	12(18.8)	25	
Post-secondary	70(84.34)	51(79.7)	121	
<b>Which of the following best fit your living arrangement?</b>				Pearson chi2(3) = 4.4711 Pr = 0.215
Living with partner	41(49.4)	39(60.9)	80	
Living alone	30(36.1)	22(34.4)	52	
Co-habiting same sex	1(1.2)	0.00	1	
Co-habiting opposite sex	13(.25)	3(4.7)	14	
<b>Father's Level of Education</b>				Pearson chi2(3) = 9.0630 Pr = 0.028
No formal education	1(1.2)	3(4.7)	4	
Primary	9(10.8)	0(0.0)	9	
Secondary	21(25.3)	15(23.4)	36	
Post-secondary	52(23.30)	46(71.9)	98	
<b>Mother's Level of Education</b>				Pearson chi2(3) = 4.9548 Pr = 0.175
No formal education	3(3.6)	0(0.0)	3	
Primary	5(6)	3(4.7)	8	
Secondary	19(22.9)	23(35.9)	42	
Post-secondary	56(67.5)	38(59.4)	94	

Result from the table revealed that there is significant relationship between religious affiliation and ever use contraceptive with a probability value of (P.value = 0.012 < 0.05,  $X^2 = 3.9718$ ).

Revealed FROM the statistical table above we can conclude that there is a significant relationship between father's level of education and ever use contraceptive with a probability value of (P.value = 0.028 < 0.05,  $X^2 = 9.0630$ ).

**Table 4: Bivariate Relationships of Backgrounds variables and Number of sexual partners**

Background characteristic	Number of sexual partners		Total	Chi-Square Value
	One	Two and above		
<b>Sex</b>				Pearson chi2(2) = 11.2823
Male	32(44.4)	40(55.7)	72	Pr = 0.004
Female	14(50)	14(.054)	28	
<b>Religion</b>				Pearson chi2(2) = 4.4037
Christian	37(51.4)	35(48.61)	72	Pr = 0.111
Islam	9(36.0)	16(64)	25	
Traditional	0(0.0)	3(100.0)	3	
<b>Age respondent</b>				Pearson chi2(2) = 5.0732
15-17				Pr = 0.079
18-20	3(50.0)	3(50.0)	6	
21-24	26(57.8)	19(42.2)	45	
	17(34.69)	32(65.1)	49	
<b>Marital Status</b>				
Single	26(100)	80(100)	123	



<b>Employment status</b>				
working				Pearson chi2(1) = 0.2558 Pr = 0.613
Not working	6(40.0)	9(60)	17	
	40(47.1)	45(52.9)	73	
<b>Ethnicity</b>				Pearson chi2(2) = 0.1623 Pr = 0.922
Igbo	8(47.1)	9(52.9)	17	
Yoruba	34(46.58)	39(53.3)	98	
Hausa/Fulani	4(40)	6(60)	8	
			123	
<b>Level of education</b>				
Secondary				Pearson chi2(1) = 0.0401 Pr = 0.841
Post secondary	11(47.8)	12(52.2)	23	
	35(45.5)	42(54.4)	77	
<b>Which of the following best fit your living arrangement?</b>				Pearson chi2(6) = 8.5829 Pr = 0.198
Living with partner				
Living alone	26(47.27)	29(52.73)	55	
Co-habiting same sex	16(50.0)	16(50.0)	32	
Co-habiting opposite sex	0(0.0)	2(100.0)	2	
			11	
	4(36.36)	7(63.64)		

<b>Father's Level of Education</b>				
No formal education				Pearson chi2(3) = 13.1735 Pr = 0.004
Primary	0(0.0)	4(100)	4	
Secondary				
Post-secondary	1(3.9)	0(0.0)	8	
	6(23.1)	13(54.17)	24	
	19(73.1)	37(57.81)	64	
<b>Mother's Level of Education</b>				
No formal education				Pearson chi2(3) = 16.8045 Pr = 0.001
Primary	0(0.0)	3(100)	3	
Secondary				
Post-secondary	1(14.29)	6(85.71)	7	
	24(72.73)	9(27.7)	33	
	21(36.84)	36(63.16)	57	

The result from the statistical table revealed that there is significant relationship sex and number of sexual partners with a probability value of (P.value = 11.2823  $X^2= 0.004$ ).

The result from the statistical table revealed that there is significant relationship father's level of education and number of sexual partners with a probability value of (P.value= 13.1735  $X^2= 0.004$ ).

The result from the statistical table revealed that there is significant relationship father's level of education and number of sexual partners with a probability value of (P.value= 16.8045  $X^2= 0.001$ ).

**Table4: Multivariate Relationships of religion, father and mother level of education and the use of contraceptive**

	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
<b>Contraceptive use</b>	RC	RC	RC	RC	RC
<b>Religion</b>	1.02634	0.3554832	0.08	0.940	.5205581 2.023548
<b>Father's level Education</b>	.9915888	0.3079396	-0.03	0.978	.5394976 1.822526
<b>Mother's level of education</b>	1.147014	0.3013395	0.52	0.602	.6853997 1.919523
<b>_Constant</b>	.3876227	0.4594031	-0.80	0.424	.0379823 3.955827

As revealed from the table above, there is no significant relationship between religion, parent level of education and contraceptive use.

## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATION

#### 5.0 Introduction

This chapter entails the summary and discussion of the study. The recommendation and suggestion will be provided for future studies. The recommendation and suggestions will be provided for future study a means of reference in the area of sexual behaviour for future purpose.

#### 5.1 DISCUSSION

The respondent who were part of the survey were male and female within age 15-24, 68% were male and 38.6%. The result of the age is 13.5 for the respondent between the age range of 15-17, while 18-20 is 44% and 21-24 is 42.4%.

The main objective of the study was to compare the determinants that influences sexual behavioral patterns among youth in Oye-Ekiti, Ekiti State. The study prove that 71% of the respondent had ezngage in sexual intercourse, which is to conclude that the large proportion of the youth are sexually active Oye-Ektiti.

From the result of the survey above, further explains that majority of the respondent had engage in sexual intercourse before age 20. Indicating age at first sexual intercourse, age 10-14 is 21.1%, age 15-19 had the highest sexual debut, while respondent between age 20-24 is 13.8%.

The result of the research shows that 77.2% have heard about the use of contraceptive, while 22.8% have no idea about contraceptive. The result of the study indicate that 62.6% did not use any method of contraceptive in their last sexual intercourse, which further explains that the use of contraceptive is not effective among youth during sex. With the result gotten we can further explain that youth engage in unsafe sexual practices.

Using the result of the multivariate analysis, it reveals that there is no significant relationship between religion and contraceptive use.

### **Conclusion**

To conclude, the result from the study has proved that there is low contraceptive among the youth. Which might be as a result of youth not having the access to contraceptive. Also the youth are not enlighten to know the importance of contraceptive.

### **Recommendation**

The findings of this study that sexual behaviour is an important factor in the society and it is also necessary in the sexual reproductive health of youth living in the region of Oye-Ekiti. For youth to have a safe and healthy life, certain factors needs to be considered, which can act as aid in modifying the mindset of the youth in the community.

The study recommends that there should be adequate implementation of courses related to sexual reproductive in academic syllabus and proper revision should be done in several occasions. And all teachers should be well trained and equipped to enlighten youth on the importance of safe sexual life with the use of contraceptive. It is also advisable that the government should create means in making contraceptive available in all shopping outlets and institutions.

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DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS  
FACULTY OF SOCIAL SCIENCES

FEDERAL UNIVERSITY OYE EKITI, NIGERIA

DETERMINANTS OF SEXUAL BEHAVIOUR AMONG YOUTH IN OYE-EKITI,  
NIGERIA

To whom it may concern

Dear Sir/Ma

This is a student's research project aimed at studying the above topic. It is purely an academic exercise for the award of a degree, and it has nothing to do with you as a person. As such, information given by you will be treated confidentially.

I plead that you respond to these questions honestly as much as you can. your cooperation is highly needed.

Thank you.

Sanni Olaide

**SECTION A: Background Characteristics**

1. Gender     Male     Female
2. Age as at last birthday.....
3. What is your religious affiliation:  Christian     Islam     Others  
specify.....
4. What is your marital status?     Single                       Married                       Divorce/Separated  
Others (specify).....
5. What is your employment Status?  Working                       Not Working

6. What is your ethnicity? ( )Igbo ( )Yoruba ( )Hausa/Fulani Others  
(specify).....
7. Level of education? ( )No formal education ( )Primary ( )Secondary ( )Post Secondary Others  
(specify).....
8. Which of the following best fit your living arrangement?  
a. Living with parents ( ) b. Living alone ( ) c. Co-habiting with partner of same sex ( )  
d. Co-habiting with Partner of the opposite sex ( ) e. Others (specify).....
9. What is your father's level of education? ( )No formal education ( )Primary ( )Secondary  
( ) Post Secondary Others (specify).....
10. What is your mother's level of education? ( )No formal education ( )Primary ( )Secondary  
( ) Post Secondary Others (specify).....

**Section B: Sexual Behaviour**

11. Have you ever engaged in sexual intercourse? ( )Yes ( )No (if your answer is no move to question 14)
12. If yes, when last did you engage in sexual intercourse? \_\_\_\_\_
13. At what age did you have your first sexual intercourse? \_\_\_\_\_
14. Have you ever heard about contraceptive? ( )Yes ( )No (if your answer is no move to question 21)
15. If yes, list the methods of contraceptive known to you? \_\_\_\_\_
- 
16. Have you ever used any contraceptive methods? ( )Yes ( )No (if your answer is no move to question 21)
17. Are you currently using any contraceptive methods? ( )Yes ( )No  
(if your answer is no move to question 21)
18. Did you use any contraceptive method during your last sexual intercourse? ( )Yes ( )No (if your answer is no move to question 21)

19. If yes, which contraceptive method did you use? \_\_\_\_\_
20. Why did you use contraceptive for your last sex? \_\_\_\_\_
21. Who was your last sexual partner?      ( ) Boy/Girl Friend      ( ) Prostitute      ( ) fiancé /fiancée      ( ) Casual friend      Others (Specify) \_\_\_\_\_
22. Have you ever used condom before?      ( ) Yes      ( ) No (if your answer is no move to question 25)
23. Did you use condom the last time you had sexual intercourse? ( ) Yes      ( ) No (if your answer is no move to question 25)
24. If yes, why? \_\_\_\_\_ (skip question 25)
25. If no, why? \_\_\_\_\_
26. How many sexual partners do you have currently? \_\_\_\_\_

Thank you