

**SEXUAL EXCHANGE AND SEXUAL COERCION AMONG
FEMALE ADOLESCENTS IN AKURE, ONDO STATE**

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DSS/11/0148

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

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF
BACHELLOR OF SCIENCE (B.SC) HONS IN DEMOGRAPHY AND SOCIAL
STATISTICS**

AUGUST 2015

CERTIFICATION

This is to certify that OWADOKUN OLUWATOMILOLA BUNMI of the Demography and Social Statistics, Faculty of Humanities and Social Sciences, Federal University Oye-Ekiti, carried out a research on the topic “Sexual Exchanges and Sexual Coercion among Female Adolescents in Akure, Ondo State” in partial fulfilment of the requirements for the award of Bachelor of Science (B.Sc.), Federal University OyeEkiti under my supervision.

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DEDICATION

This project is dedicated to the Almighty God and also to my parents, Elder T.O. Owadokun and Deaconess M.A. Owadokun.

ACKNOWLEDGEMENT

I give my unreserved appreciation to the master of the universe and covenant-keeping God for his mentorship and being the pillar behind my achievements. I will forever be grateful.

I am immensely appreciative of my supervisor Dr. Adeyemi E. O. who has not for once seen me as a burden. I thank him for going through the research work/manuscript and giving necessary corrections. May the lord continue to lift you up (Amen). I also use this opportunity to show my appreciation to my worthy incomparable brother, Pastor Owadokun Oluyemi, for his in-loco parental role in my life. Sir, you are going to higher places (Amen).

My appreciation extends to my parents Elder T.O Owadokun and Late Deaconess M.A. Owadokun who chose not to eat in order to get all I needed. Daddy, your fatherly advice and prayers sustained me this far. May God grants you long life to eat the fruit of your labour (Amen). And as for my late mother who slept in the Lord on the 22nd of June 2014. may you continue to sleep in God's bosom (Amen).

I also appreciate the following people who assisted with finances and prayers: Pastor Owadokun Oluyemi and his wife Kemi Owadokun. Barrister and Mrs Ola Amure. Owadokun Abimbola, Owadokun Odunayo Opeyemi, Owadokun Oludare, Ekundayo Tolulope Emmanuel, Ekundayo Opeyemi, Giwa Oluwaseyi, Fatukasi Oluwalonimi.

Lastly, I appreciate all my colleagues and contemporaries who have in one way or the other contributed to the success of this research work. Some of such people are Kafaru Oluwafemi, Bello Oluwalonimi, Owadokun Sarah, Chukwu Uzo, Mr and Mrs Omowaye, Funmilayo, Taiwo, and host of others whose names I might not have mentioned. I say thanks and God bless you all. Remember the altitude is not a place for all birds but only Eagle. We

are therefore centrifugal to the altitude of life where only stars, celebrities reside. "The tragedy of life is not that man losses but that he almost wins" I came. I saw and conquered.

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Abstract

There has been considerable research in recent times on the role of cognitive variables that can lead to sexual coercion among female adolescents. One major dominant variable responsible for sexual coercion is sexual exchange. Cases of sexual coercion that have been reported have been due to exchange of a particular material among the male and the female. For many young women, the most common place where sexual coercion and harassment are experienced is in school, where both the schoolteachers and the male counterpart sexually harass the female students. Other factors found responsible for sexual exchanges and coercion among female adolescents is poverty. This study investigated the relationship between sexual exchanges and sexual coercion among female adolescents. Three levels of analysis were employed in the course of the study. These are frequency count, chi-square and binary logistic regression. The data for the study was obtained through the use of a structured questionnaire. A sample of 300 female adolescents was selected for this study out of which 285 female adolescents between ages 12 and 19 years who have experienced sexual exchanges and sexual coercion were eventually picked as the study group. Findings show that household type, sex in exchange with gift and level of education of respondents are significant factors in predicting sexual coercion ($P < 0.05$). Adolescent who have ever had sex in exchange for gift are more likely to experience sexual coercion ($OR = 22.3$, $P < 0.05$). Also, adolescent whose parents are civil servants are more likely to experience sexual coercion than those whose parents were farmers ($OR = 1.99$, $P > 0.05$). This study therefore suggests that programs should be designed to give the girl-child more quality education and vocational training. In addition, they should be educated on the use of contraceptives.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The sexual behavior and reproductive health of young people in developing countries have attracted considerable attention over the last 15 years. This is because the youth represent a large proportion of the population in these countries. They are also at a higher risk of being affected by HIV and other negative reproductive health outcomes (Mac Cauley and Salter, 2005). Existing literatures on adolescents' sexuality report that adolescents engage in premarital sex with insufficient knowledge of reproduction and family planning, and that small proportion of them use contraceptives, especially condoms (Ajayi A et al., 2001). Unfortunately, such studies have paid little attention to the social context of adolescent sexual activity, particularly the influence that gender relations and power imbalances have on whether and when young people have sex. Moreover, most of these studies assumed that sex among young people is wanted and consensual. Recent studies have however revealed the possibility that a sizeable proportion of episodes of sex among youth may be as a result of coercion (Erulkar, 2004).

Sexual coercion refers to a range of experiences that compel a person to have sex against her or his will. (Heise, Ellsberg and Gottemoeller, 2009) These experiences include the use of "violence, threats, verbal insistence, deception, cultural expectations or economic circumstances" (Heise, Moore and Toubia, 2005). Sexual violence occurs throughout the world. While most of these cases go unreported and un-researched, Hakimi (2001) suggests that nearly one in four women may experience sexual violence by an intimate partner. In fact, up to one-third of adolescent girls report that their first sexual experience was non-consensual, and many of this sexual coercions experienced by these young females are due to sexual exchanges (Jewkeys,

2001). This is corroborated by a UN (2005) study which stated that, particularly in sub-Saharan Africa, the first sexual experience of girls is often unwanted and forced. In a case study of 191 adolescent girls (mean age 16.3 years) attending an antenatal clinic in Cape Town, South Africa, 31.9% of the study cases reported that force was used during their sexual initiation. When asked about the consequences of refusing sex, 77.9% of the study cases said that they feared being beaten if they refused to have sex. This is because they had received gift items from the male counterparts (Jewkeys, 2001).

For many young women, the most common place where sexual coercion and harassment are experienced is in school. In an extreme case of violence in 1991, 71 teenage girls were raped by their classmates and 19 others were killed at a boarding school in Meru, Kenya (Perlez, 2000). Another form of sexual exchange in the school happens between the schoolteachers and the students, whereby the schoolteachers will demand sex in exchange for grades. This highlighted the role of teachers in facilitating or perpetrating sexual coercion. (UN, 2005). Harassment of girls by boys is a global problem. In Canada, for example, 23% of girls had experienced sexual harassment while attending school (Bagley, Bolitho and Bertrand, 2008). A report by Africa Rights (Omaar and de Waal, 2004) found cases of schoolteachers attempting to gain sex, in return for good grades or for not failing female students. A recent national survey in South Africa that included questions about experience of rape before the age of 15 years found that schoolteachers were responsible for 32% of disclosed child rapes. In many of these cases, the schoolteachers often threaten the pupils that they would fail if they did not agree to have sexual intercourse with them or after the sexual coercion they would threaten to fail them if the act was disclosed to anyone (Jewkes, 2005).

Marriage is another institution in which sexual coercion has been legalized. Marriage is often used to legitimize a range of forms of sexual violence against women. The custom of marrying off young children, particularly girls, is found in many parts of the world. This practice is a form of sexual violence since the children involved are unable to give or withhold their consent. The majority of them know little or nothing about sex before they are married. They therefore frequently fear it (George, 2007) and their first sexual encounters are often forced (Sharma, 2000). Early marriage is most common in Africa and South Asia, though it also occurs in the Middle East and parts of Latin America and Eastern Europe (UNICEF, 2001). In Ethiopia and parts of West Africa, marriage at the age of 7 or 8 years is not uncommon. In Nigeria, the mean age at first marriage is 17 years, but in the Kebbi State of northern Nigeria, the average age at first marriage is just over 11 years (UNICEF, 2001). These little girls are often victims of sexual coercion because at that age, they have little knowledge about reproductive health and they have no choice to refuse because they were actually exchanged for bride rights (Ajayi, 2008).

Poverty has also been identified as a culpable factor in sexual exchanges and coercion (Fawole, 2012). Poor women and girls are more at risk of rape in the course of their daily tasks than those who are well-to-do. Children of poor women usually have less parental supervision when not in school, since their mothers may be at work and unable to afford child care. The children themselves may be child workers and thus vulnerable to sexual exploitation. Poverty forces many women and girls into occupations that carry a relatively high risk of sexual violence (Omorodion and Olusanya, 1998), particularly sex work (Wingood and DiClemente, 2000). It also creates enormous pressures for them to find or maintain jobs, to pursue trading activities and, if studying, to obtain good grades – all of which render them vulnerable to sexual coercion

from those who can promise these things (Omaar, 2004). Poorer women are also more at risk of intimate partner violence, of which sexual violence is often a manifestation (International Clinical Epidemiologists Network, 2000).

HIV infection and other sexually transmitted diseases are recognized consequences of sexual coercion (Jenny, 1990). Research on women in shelters has shown that women who experience both sexual and physical abuse from intimate partners are significantly more likely to have had sexually transmitted diseases (Wingood and DiClemente, 2000). For women who have been trafficked into sex work, the risks of HIV and other sexually transmitted diseases are likely to be particularly high.

Over the past decade, a number of studies have demonstrated the difficulty of eliciting reliable reports of sexual coercion (Ellsberg et al., 2005). Moreover, underreporting of sexual coercion among adolescents is likely to be compounded by underreporting of sexual intercourse (Mensch, Hewett and Erulkar, 2003; Gage-Brandon and Meekers, 2003). The reporting of coerced sex in surveys may be even more problematic as the fear of retaliation, social stigma and lack of social support are often cited as barriers (Heise, Moore and Toubia, 1995). Moreover, abused women may be less likely to participate in studies and lack rapport with interviewers.

1.2 Statement of research problem

Many researches have reported significant associations between coerced sex and a range of negative reproductive and as well as psychological and emotional health outcomes. Reproductive health risks correlated with sexual coercion include sexually transmitted infections (which can cause cervical cancer and infertility) including HIV, unintended pregnancy which can possibly lead to unsafe abortion and as a consequence morbidity and even mortality, as well as

the onset of risk-taking behaviours including other non-consensual sexual experiences, multiple partnerships and unprotected sex (Ajayi, 2005)

A negative sexual experience can also result in a host of negative psychological outcomes including sexual dysphonia, anxiety, eating disorders, substance abuse, depression and even suicide or attempted suicide. Adekunle (2003) found that adolescent women who had experienced coercion were significantly more likely to exchange sex for material needs, have multiple sex partners, engage in high rates of unprotected vaginal intercourse, and have more sexually transmitted infections (STIs). John (2000) found that adolescents who reported coerced first intercourse were significantly less likely than those who did not experience coercion at debut to be currently using modern contraceptives, to have used a condom at last intercourse and to have used condoms consistently in the last six months and were more likely to report their most recent pregnancy as unintended and to report one or more genital tract infections. Princess (2002) reported that partner violence and the fear of violence prevented girls from saying "no" to sex and compromised condom use.

Most developing countries experience challenges in educating their youth considering how they interact, behave and on sexual coercion. Another sexual challenges emanating in the country is sexual exchanges which occur ubiquitously in the form of sex in exchange for rent, phones, clothes, drinks, drugs, grades, or school tuition, to name just a few examples (Ajuwon, 2000). Sexual exchanges are particularly common in Southwest of Nigeria where they often involve relationships between older men and younger women or girls. In many cases, the woman in a sexual exchange may remain faithful to her boyfriend, while he may have multiple sexual partners. This study therefore aims at considering sexual exchanges and sexual coercion among female adolescents in Akure, Ondo State.

1.3 Research questions

1. How widespread are incidents of sexual exchanges and sexual coercion among female adolescents in Akure?
2. Is there any relationship between parents' socioeconomic status, sexual exchanges and sexual coercion among female adolescents in the study area?
3. What are the consequences of sexual exchanges and coercion among female adolescents in the study area?

1.4 Objectives of the study

The main aim of this research is to identify and evaluate the level of sexual exchanges and sexual coercion among female adolescents in Ondo State.

The specific objectives of the study are to:

1. identify the extent of sexual exchanges and coercion in the study area;
2. examine the relationship between parental status and sexual exchanges among female adolescents; and,
3. discuss the consequences of sexual exchanges and coercion among female adolescents.

1.5 Scope of the study

The study provides insight into sexual exchanges and sexual coercion among female adolescents in Akure, Ondo State. The study population is limited to only female adolescents in the study location.

1.6 Definition of terms

Sexual coercion: is the use of violence, threats, harassment, and other tactics by males to help them forcefully have sexual intercourse with a female. Such behaviour has been compared to sexual assault, including rape. Sexual coercion has been observed in many species, including

mammals, birds, insects, and fish. While sexual coercion does help increase male fitness, it is very often costly to females. However, in spite of these costs, a possible benefit to the females is a chance to test the stamina of the males, so that only those with "good genes" will father their offspring. Sexual coercion has been observed to have consequences, such as intersexual co-evolution, speciation, and sexual dimorphism (Wikipedia.com, 2015).

Sexual exchanges: Sexual exchanges are where the giving of gifts or services is an important factor. Sexual exchanges are distinct in that the exchange of gifts for sex includes a broader set of (usually non-marital) obligations that do not necessarily involve a predetermined payment or gift, but where there is a definite motivation to benefit materially from the sexual exchange (Hunter 2002).

Adolescence: is a transitional stage of physical and psychological human development .The period of adolescence is most closely associated with the teenage years, though its physical, psychological and cultural expressions may begin earlier and end later. For example, although puberty has been historically associated with the onset of adolescent development, it now typically begins prior to the teenage years and there have been a normative shift of it occurring in preadolescence; particularly in females. Physical growth, as distinct from puberty (particularly in males), and cognitive development generally seen in adolescence, can also extend into the early twenties. Thus chronological age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence (Wikipedia.com, 2015).

CHAPTER TWO

LITERATURE REVIEW

2.1 Analytical Review

Sexual exchanges are sexual relationships where the giving of gifts or services is an important factor. Sexual exchanges are distinct from prostitution, in that the exchange of gifts for sex includes a broader set of obligations that do not necessarily involve a predetermined payment or gift, but where there is a definite motivation to benefit materially from the sexual exchange (Hunter 2002). Often the participants frame themselves not in terms of prostitutes/clients, but rather as girlfriends/boyfriends, or sugar babies/sugar daddies (Hoefinger, 2013). Those offering sex may or may not feel affection for their partners.

In the western world, sexual exchanges occur in the form of sex in exchange for rent, phones, clothes, drinks, drugs, grades, or school tuition. Sexual exchanges in sub-Saharan Africa often involve relationships between older men and younger women or girls (Fawole, 2002). In many cases, the woman in a sexual exchange may remain faithful to her boyfriend, while he may have multiple sexual partners. In other cases, the woman may have multiple partners. Sexual exchange presents an increased risk of HIV infection and is a factor involved in the spread of AIDS in Africa (Fawole, 2002).

Sexual exchanges is generally associated with the joint onslaught of poverty and the influence of Western consumerism, the differences in economic power between men and women, and the breakdown of traditional African marriage customs involving bride wealth. Some scholars also associate sexual exchanges with the use of female erotic power and new inter-generational strategies and argue that these are part of a broader moral economy where the money young women earn from sexual exchanges is redistributed to kin and peers (Cole 2010).

Young people all over the world are growing up in an increasingly complex environment that requires them to take tougher decisions, often without adequate preparation. Although it is generally known that the period of adolescence is a phase in life when young people are particularly vulnerable to many risks, especially in relation to their sexuality, they often lack access to adequate information, counselling and services on issues crucial to their development needs (Isiugo-Abanihe, 2005). A large proportion of young persons are in their most impressionistic years when behaviour and character traits have not been fully formed. They reach sexual maturity before they develop mental/emotional maturity and the social skills needed to appreciate the consequences of their sexual activity (Fee and Youssef, 1993).

Evidence of unmet need is reflected in research that confirms that some young people have poor understanding of the reproductive process. Others harbour misconceptions such as the belief that pregnancy cannot occur during first sexual episode and that use of contraceptives can cause infertility (Amazigo et al., 2000). One of the consequences of the involvement of young persons in sexual coercion is that this group is disproportionately affected by reproductive morbidity including STI/HIV, unwanted pregnancies and their complications (Arowojolu et al., 2003).

With the negative effects of modernization and a multiplicity of other factors which tend to reduce the ability of families to effectively educate and take care of their young ones, there is an urgent need for effective intervention strategies that will promote the well-being of young people, foster positive attitudes and healthy behaviours in adult life. In this regard, the introduction and institutionalization of sexuality education becomes one of the immediate efforts to address this problem, that is, to create awareness about this sexually based problem.

2.1.1 The role of sexuality education in improving the reproductive health status of young persons in Nigeria

Sexuality education seeks to assist young people in understanding positive view of sexuality, provide them with the skills about taking care of their sexual health and making decisions now and in the future and avoid sexual coercion. The rationale is to acquaint the youth with factual and accurate information about the dimension of sexual knowledge that will enable them understand and clarify their personal values, improve their sexual knowledge and sexual decision-making and promote their knowledge about how all these interact with socio-cultural and religious factors to affect personal wellbeing. Such education enables the young people to know themselves and hence relate positively with others. Thus, sexuality education is simply the art of learning how to conform to a certain art of living by being able to reason, examine and monitor oneself in clearly defined terms (Adepoju, 2005).

Teenagers certainly need to think before they act in many aspects of life, but even more in sexual contexts. Sexuality education may not stop them from having sex, but it is capable of making teenagers think twice before having unprotected sex; it not only teaches about positive sexual attitudes or responsible sexual activities, but also peer pressure, drugs, relationships and decision-making. Young people need to be guided to make decisions today that will create the future they desire rather than the one they fear.

According to Madunagu (2005), comprehensive Sexuality Education would guide young people into having a healthy and responsible sexuality and sexual life. This is because through Sexuality Education, young people would be guided:

- To express their sexual feelings in ways that is not harmful to themselves or to another person.

- Not to take risk with their feelings and not to take risk with the feelings of others.
- To take time to learn about their life goals and how to choose careers to meet their goals.
- To take time to learn about their emotions and how to be sexually safe and healthy.
- To know about the kinds of sexual practices that people engage in and hence take time to reflect and think about their choices and be in charge of such choices in the best interest of their health.
- To be able to postpone the expression of sexual feelings through sexual intercourse until, they are ready for the responsibilities of its consequences.
- To learn and understand the consequences of unprotected sex and how best to remain healthy and free from diseases and infections.
- To avoid confusing and misleading information and negative pressure from peers, older siblings, videos, blue films, music, magazines and other media sources and influences.
- To acquire accurate scientific information on basic sexual and reproductive health, values, decision making, communication and life management skills.

Furthermore, in an attempt to address the unmet sexuality education needs of young persons, several governmental, non-governmental agencies and individuals have implemented various programs targeting different categories of young persons including secondary school students, physically challenged youths, apprentices and hawkers across the country.

To further contradict the opinion that may currently be held by groups opposed to introduction of sexuality education in schools, a report by UNAIDS (1997) examined 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States and various Nordic countries. The review found 22 studies that reported that HIV and/or sexual health education either, delayed the onset of sexual activity, reduced the number of

sexual partners, or reduced unplanned pregnancy and STD rates. The review also found that education about sexual health and/ or HIV does not encourage increased sexual activity. The authors hence concluded that good quality sexual health programs helped delay first intercourse and protect sexually-active youth from pregnancy and sexually transmitted diseases, including HIV (UNAIDS, 1997; Grunseit et al., 1997).

2.1.2 The challenges of sexuality education in Nigeria

Despite the benefits listed above, several challenges undermine implementation of comprehensive sexuality education for young persons in Nigeria. One of the most important challenges is the difficulty of coping with the large population of young people (more than half of the national population) in Nigeria. Apart from the difficulty of accessing funds for programs, the lack of political will by appropriate government ministries to mobilize programs in schools and out-of-school programs in different parts of the country is a major challenge. To do this there is need for massive training of teachers, primary health care personnel and community youth leaders, among others in order to make meaningful impact (Isiugo-Abanihe et al., 2002).

The low literacy levels in many Nigerian societies for example, make it difficult to educate the people and disseminate information on the nature of STIs and ways of preventing them. There is a general disapproval of sex education. To many, it is not open for discussion at all. Even where people are literate, in matters of sexuality, all have learnt to tread softly due to the fact that sexuality issues are sensitive issues and as such tend to be kept secret and personal. Currently, schools in Nigeria are supposed to be the avenue for dissemination of sexuality education; although several curricula are now available for implementation of sexuality education programs for young persons in Nigeria, comprehensive sexuality education is still not accessible to the majority of young persons who need it. The bulk of sexuality education

programs implemented in schools still use the extra curricular methods because sexuality education is not included in the curricular in many states of the country (Ajuwon, 2005).

Moreover, whereas the out-of-school adolescents are generally less informed about reproductive health and participate more in risky sexual activity than those in school, most existing sexuality education programs for young persons are school-based. Consequently the reproductive health needs of the out-of-school youths may not be fully addressed. The most important difficulty in implementing sexuality education programs for the out of-school youths is their high mobility. This undermines sustainability of programs and their evaluation.

2.1.3 Adolescent STI/HIV Prevention Programs

For over a decade, compared to older adults, adolescents (15- to 19-years-old) and young adults (20- to 24-years-old) have been disproportionately affected by the STI epidemic. The striking rate of STI infections among adolescents often begs two questions: 1) Why are STI rates so high among this population? And 2). What can we do to prevent HIV/STI in adolescents? Here we provide a brief overview of adolescent sexual behaviors and the current status of STI and HIV rates in adolescents, some potential explanations for why STI rates are so high in the adolescent population, and a summary of what works in terms of HIV/STI prevention programs for teens (WHO, 2013).

Coyle (2006) reported that well-designed and well-implemented HIV/STD prevention programs can decrease sexual risk behaviors among students, including

- Delaying first sexual intercourse.
- Reducing the number of sex partners.
- Decreasing the number of times students have unprotected sex.

- Increasing condom use.

A review of 48 research studies found that about two-thirds of the HIV/STD prevention programs studied had a significant impact on reducing sexual risk behaviors, including a delay in first sexual intercourse, a decline in the number of sex partners, and an increase in condom or contraceptive use. Notably, the HIV prevention programs were not shown to hasten initiation of sexual intercourse among adolescents, even when those curricula encouraged sexually active young people to use condoms.

In addition to determining programs that are most effective in reducing sexual health risk behaviors among youth, scientists also have identified key common attributes among these programs. Effective HIV/STD prevention programs tend to be those that

- Are delivered by trained instructors.
- Are age-appropriate.
- Include components on skill-building, support of healthy behaviors in school environments, and involvement of parents, youth-serving organizations, and health organizations.

Traits common among effective programs should guide the development of curricula and the integration of program activities for HIV/STD prevention in schools and communities (Coyle, 2006).

2.1.4 Sexual Behavior during Adolescence

Many adolescents and young adults engage in sexual intercourse, often times with multiple sex partners and without using condoms. In 2007, 47.8% of high school students in the U.S. reported having had sexual intercourse, with 7.1% reporting having had sexual intercourse for the first time before age 13. Although most adolescents do not have concurrent sex partners

at any given point in time, the number of sex partners cumulates over time. Specifically, among high school seniors in 2007, approximately 22.4% reported having had sex with at least four different sex partners. Moreover, among sexually active adolescents, only 61.5% reported using a condom the last time they had sexual intercourse. In spite of the fact that many adolescents have used condoms at some time during an episode of sexual intercourse, comparatively few report using them every time they have sex. Thus, adolescents engage in sexual behaviors that place them at risk for acquiring STIs, including HIV (WHO, 2013).

2.2 Conceptual review

Sexuality is a fundamental concept in the understanding of sexuality education. Clear understanding of what sexuality and sexuality education mean is necessary because there seems to be wide spread misconception that sexuality is all about issues related to sexual intercourse and on the basis of this misconception some programs of sexuality education in Nigeria have faced steep opposition. Therefore, the definition of sexuality is a necessary step in defining the scope and content of sexuality education proposed in this study.

Sexuality is often broadly defined as the social construction of a biological drive, which often deals with issues such as whom one has sex with, in what ways, why, under what circumstances and with what outcomes a person engages in sex National Aids Control Council (NACC, 2002). Thus, sexuality pertains to the totality of being human (a female or male) and this suggests a multidimensional perspective of the concept of sexuality which is shaped by biological, psychological, economic, political, social, cultural and religious factors operating within the particular context of young persons in each society. It also underscores the need to understand that sexuality education addresses a wide range of needs and is meant for all persons since its purpose is to achieve sexual health, which is not restricted to the act of having sex, but

refers to “a state of physical, emotional, mental and social well being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity”.

Sexuality education, on the other hand, has been defined and approached differently by various schools of thoughts. Action Health Incorporated (2003) for instance, describes sexuality education as a “planned process of education that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual needs of human sexuality.” This implies learning about the anatomy, physiology and bio-chemistry of the sexual response system which determines identity, orientations, thoughts and feelings as influenced by values, beliefs, ethics and moral concerns. The interactive relationship of these dimensions describes an individual’s total sexuality (SIECUS, 1995).

Evidently, sexuality education is a lifelong process of building a strong foundation for sexual health through acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. The education whose curricula encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles, takes place on a daily basis in homes, schools, faith based institutions and through the media. The curriculum emphasizes knowledge, behavior, attitudes and skills that promote committed family and healthy relationships, good character, and healthy sexual and reproductive health. A comprehensive sexuality education program, therefore, teaches young people knowledge and skills of critical issues related to sexuality, including puberty and the reproductive anatomy, emotional aspects of maturation, value of abstinence among teens who are not sexually active, alternative methods of contraception and HIV/STD prevention, health consequences of avoiding contraceptives, preventive methods among sexually active youths.

These recommendations are supported by Kirby (2001) who advises that effective sexuality programs.

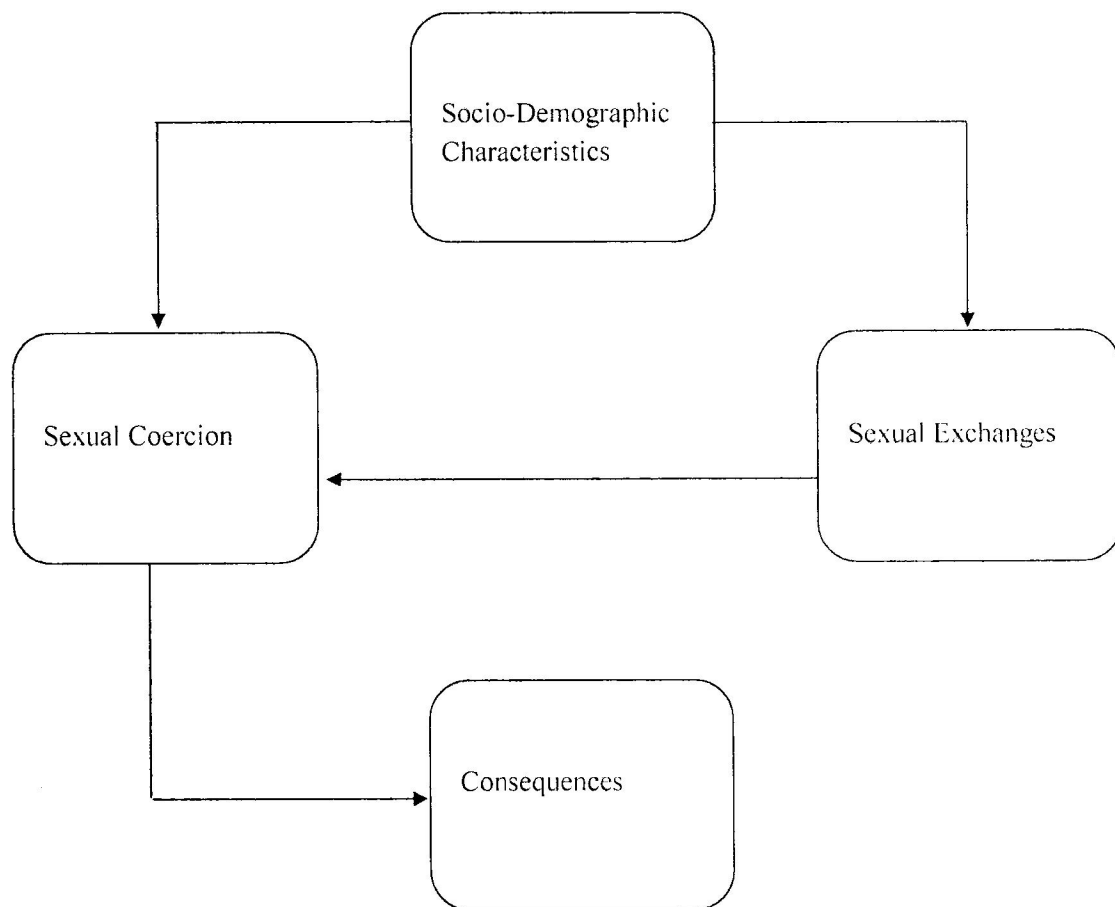
Humans have an unusual (perhaps unique) socio-sexual system, in which men provide extrinsic (non-sexual) goods to women in exchange for sexual gratification (sexual access to women). The system is determined by the aggregate desires and practices of individuals; due to strong differences in relative sex drive (men in general and on aggregate having a much stronger sex drive), in the supply-and-demand type dynamics of the system, men as a group and women as a group are differently positioned in the system (regardless of sometimes great variations in individual desires and practices). Some women may have very high sex drives or some men very low; but because of the strong average difference, the structure of choices available to women and men is different. In heterosexual relationships, sexual access to men has little or no exchange value. Sexual access to women does have an exchange value (Amazigoet al., 2000).

The value may vary greatly from one social-cultural system to the next and from one individual woman to the next; some individual women may be more "valuable" than others; some men are likewise more valuable than others, but not or to an extremely minimal extent on the basis of sexual access or gratification. Regardless of these variables, on the whole in all but the most unusual cases, women (systemically and as a class, if not always individually) are in a position to demand something (love, commitment, money, meat, companionship) in exchange for sexual favours where as men are not (again, systemically and as a class, if not always individually) (Amazigoet al., 2000).

The socio-sexual system, in which men exchange "extrinsic" non-sexual goods to women in exchange for the "intrinsic" sexual goods of sexual access and sexual gratification, creates (or can create) dependencies on the part of women and advantage men on the whole (i.e. produce

patriarchy). The different positions of men and women within the socio-sexual (market-like) system produce sex/gender specific opportunity structures (choices) within the system. (I use “sex/gender” because I am describing a system and process which operates at the intersection of biological sex systems and socio-cultural gender systems; and in my opinion cannot adequately be reduced to one or the other.) Within the human socio-sexual system, women can choose to gain “extrinsic” non-sexual goods (food, companionship, money) through purely non-sexual means (Allen, 2007).

2.3 Conceptual Framework



Source: Author's Construct

The concept of sexual exchanges and sexual coercion among female adolescents is discussed in the above diagram. It was illustrated above that the behaviour of female adolescent depends majorly on the parental status such as the household type, father's occupation, mother's occupation, father's level of education and mother's level of education which could be unfavourable and the kind of friends such adolescent moves with. The fact that some parents are unemployed or come back home very late every day could initiate moving with friends that will have negative influence on the adolescent. Some of these negative influences are collecting gifts from male friends, keeping unnecessary relationships with male friends, allowing opposite sex to touch her breast or buttock. This female adolescent in the process of getting involved in this act could experience sexual exchanges where guys will be willing to have sex with her in exchange of gifts which could be money, cloth, wrist watch, phones and other materials or sexual coercion which comes with force. It was however illustrated that the result of either sexual exchanges or sexual coercion could be unwanted pregnancy or sexual transmitted diseases (STDs). Some of these STDs are Gonorrhoea, Syphilis, HIV/AIDs, Herpes and Candidacies.

According to a report by WHO (2002), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation which is expected to be given by either parent or guardian, eroticism, pleasure, intimacy and reproduction. It is often experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships but not all of them are experienced since most of the parents involved lack required skill to equip their wards with or expressed since it is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. It has been described to

mean “the totality of whom you are, what you believe, what you feel and how you respond” (Action Health Incorporated, 2003).

2.4 Hypotheses

H_0 : there is no significant relationship between sexual exchanges, coercion and parental status

H_1 : there is a significant relationship between sexual exchanges, coercion and parental status

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the methodology used in attaining the stated objectives of the study. It provides the research hypotheses, the research design, population, sampling procedure, data collection method, data collection instruments, method of data analysis as well as the validity of the research instruments.

3.1 Area of Study

Akure is a city in South Western Nigeria. It is the capital of Ondo State as well as the largest city in the state. It has a population of 387,100. The people are of the Yoruba ethnic group. Akure was founded by Omoremi Omoluabi, a grandson of Oduduwa, the progenitor of the Yoruba race. The prince left Ile-Ife, his grandfather's principal kingdom, in search of a place to settle after passing a strict test administered by Oduduwa himself, and eventually founded the city. The Oba's palace, located at the centre of the town, was built in 1150 AD. Akure has three television and six radio stations, Galaxy television, NTA Akure, Ondo State television, Sunshine Radio Akure, Adaba FM, Futa FM, Positive FM Akure, Orange FM and Breeze FM. Akure is the trade centre for a farming region where cocoa, yams, cassava, corn and tobacco are grown. Cotton is also grown and used to weave cloth. Nearby towns include Ilara, Igbaro, Iju, Itagbolu, Idanre, Owo, Ikere and Ondo.

The city has tertiary institutions which include: the Federal University of Technology, Akure, Federal College of Agriculture, School of Nursing and Midwifery and School of Health Technology. It also has famous secondary schools like St. Thomas Aquinas College, Oyemekun Grammar School, and St. Louis Grammar School. The town is also host to Federal Government

Girls' College and St. Peter's Unity Secondary School, amongst many others. In view of the cosmopolitan nature of the city, Akure has a thriving adolescent population, both educated and non-educated. It is thus suitable for this research.

3.2 Research Design

Research design is a blueprint, an outline or scheme that allows a researcher to provide solution to the problems of how to generate data for his study (Adaranijo, 2001). It is crucial because it guides the researcher in the process of collecting, analysing and interpreting observations. The primary source of data in this study was through the use of a structured questionnaire which was designed to collect relevant data from the Akure town, Ondo state. The data collected was further interpreted using the Statistical Package for Social Sciences (SPSS 20).

3.3 Population of the Study

Population or universe is full set or number of objects, people, events or units having certain common observable characteristics which are to be the subject of the study. It can also be described as kind of identity or unifying factors. The population of this research work revolved around selected female adolescents in Akure, Ondo State.

3.4 Sampling Procedure

In this study, a sample size of three hundred (300) respondents was obtained from 2 secondary schools in Akure, Ondo state, in which a simple random technique was employed. Female students from JSS 2 to SS3 were selected at random.

3.5 Distribution of Questionnaires and Response rate

A total of three hundred (300) copies of the questionnaire were administered in the study area. The basis of distribution of the copies of the questionnaire was based on the experience in the research topic. Out of the 300 copies of the questionnaire distributed in Akure, 285 copies were

adequately completed and returned. The high return rate achieved from the field survey can be attributed to the support received from the respondents in the study area.

3.6 Sources of Data Collection

The primary data for the study were sourced through a structured questionnaire. The researcher utilized a questionnaire to obtain information needed on the sexual exchanges and sexual coercion among female adolescents in Akure.

3.7 Data Collection Method

The step used in this study for data collection involves collecting data through the use of a well-structured questionnaire. The result was used to answer research questions and test relevant hypotheses. For this study a structured questionnaire gives the respondent a number of alternative options from which she chooses the one closest to her view, or requires the respondent to fill in the actual figure(s) related to the question asked. The essence of the study was explained to the respondents so as to elicit the respondents' sincere response.

3.8 Data Collection Instruments

The questionnaire used for this study ensured that questions posed to all respondents are uniformly phrased, so as to allow objective comparisons of results obtained.

3.8.1 The Questionnaire

The questionnaire was structured to elicit information on the sexual exchanges and sexual coercion among female adolescent in Akure. The questionnaire is a combination of closed and open-ended questions. The open-ended questions permitted the respondents to give detailed answers, most of them being actual figures. The questionnaire was divided into two sections. Section one deals with personal data of the respondents. Section two dwells on the research questions.

3.9 Method of Data Analysis

The data generated for the study were analysed using descriptive technique. After accumulating the necessary information, descriptive breakdown was used for the analysis of the data in answering the proposed research questions. According to Creswell (2014), the descriptive analysis is a systematic interpretation of individuals' attitudes or opinions in a particular context. The gathered data were used in a descriptive manner considering the subject of the study.

The data collected were recorded into the Statistical Package for Social Sciences (SPSS) used for the analysis where simple percentage in scoring the result of each participant's responses from the questionnaire was used.

3.10 Validity of Research Instrument

The validity and reliability of the research was determined through a review process via pilot study. The constructed questionnaire was given to the supervisor in order to pass adequate comments. His comments were noted and necessary corrections were made accordingly.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND ANALYSIS OF DATA

4.0 Introduction

This chapter illustrates the findings from the research work as analysed by the analytical techniques employed to achieve the objectives of the study. The data used for this study were collected in order to study the sexual exchanges and sexual coercion among female adolescents in Akure Ondo state.

4.1 Demographic Characteristics of Respondents

The Table 4.1 shows the demographic characteristics of the respondents. From the Table, it was discovered that 100 percent of the respondents were females. This is so because this study centres on female adolescents. Also, all of them are still in their secondary level of education, which depicts the educational level of most adolescents. 54.0 percent of them came from monogamous home while 46.0 percent were from polygamous home. This shows majority of the respondents were from monogamous family. As regards the religion been practiced, 78 percent were Christians, 18 percent were Muslims while 4 percent practiced Traditional religion. Therefore, most of the respondents practice Christianity. Concerning parents' level of education, 6.7 percent of respondents' fathers had primary education, 24.2 percent had secondary education while 69.1 percent had tertiary education. This reveals that majority of the fathers were very educated. On the other hand, 18 percent had primary, 37percent had secondary while 46 percent had tertiary education. This also reveals that majority of respondents' mothers were educated. **Therefore, we can conclude that majority of the parents of the respondents had formal education.**

Finally, on the issue of parents' occupation, 23.9 percent of respondents' fathers were paid employee, 41.1 percent were self-employed while 35 percent were farmer. This illustrates

that majority of the parents are employed. As regards the mothers, 27percent were paid employee, 60 percent were self-employed while 13 percent were farmer. This illustrates that majority of respondents' mothers were self-employed. This could be due to the fact that most parents believe mothers that are self-employed do have time for their families. In conclusion, majority of the respondents' parents had jobs.

Table 4.1 demographic characteristics of female adolescent in Akure, Ondo state

Variable	Frequency	Percentage
HOUSEHOLD TYPE		
Monogamy	154	54.0
Polygamy	131	46.0
Total	285	100
RELIGION		
Christianity	221	77.5
Islam	52	18.2
Traditional	12	4.2
Total	285	100
FATHERS' LEVEL OF EDUCATION		
Primary	19	6.7
Secondary	69	24.2
Tertiary	197	69.1
Total	285	100

MOTHERS' LEVEL OF EDUCATION		
Primary	50	17.5
Secondary	105	36.8
Tertiary	130	45.1
Total	285	100
FATHERS' OCCUPATION		
farmer	100	35.0
civil servant	68	23.9
private business/others	117	41.1
Total	285	100
MOTHERS' OCCUPATION		
farmer	37	13.0
civil servant	78	27.4
private business/others	170	59.7
Total	285	100
Are your parent living together		
No	26	9.2
Yes	257	90.8
Total	283	100

Source: Field Survey, 2015

4.2 Sexual Exchanges and Coercion among Female Adolescents

	Frequency	Percentage
Teacher	11	11.3
Boyfriend	36	37.1
Girlfriend	26	26.8
Family Member	24	24.8
Total	97	100
Touch on the buttocks and/ or thighs		
Teacher	11	11.3
Boyfriend	35	36.1
Girlfriend	26	26.8
Family Member	25	25.8
Total	97	100
Kind of Gifts Received		
Money	70	31.3
Perfume/Body Spray	35	15.6
Cloth	52	23.2
Jewellery	18	8.0
Phone	17	7.6
Recharge Cards/Voucher	20	8.9
Wrist watch	12	5.4
Total	224	100
Consequences		
Pregnancy	22	28.6
Death	22	28.6
Sexually Transmitted Diseases (STDs)	15	19.5
Abortion	18	23.4
Total	77	100

Questions	Frequency	Percentage
From whom did you get it?		
Sexual Partner	11	78.6
Prostitution	3	21.4
Total	14	100
Where did you seek treatment?		
Government Hospital	7	58.3
Private Clinic	4	33.3
Traditional Medicine	1	8.4
Total	12	100

Source: Field Survey, 2015

Table 4.2 illustrates the responses of respondents. It was shown that 11.3 percent of the respondents had experienced unsolicited suggestive touch from their teachers, 37.1 percent from boyfriends, 26.8 percent from girlfriends, and 24.7 percent from their family members. This reveals that majority of the respondents had never experienced touch on the breasts while some had experienced it by their family members and boyfriends.

Table 4.2.2 illustrates the respondents if they experienced such touch on the buttocks and/or thighs. From their responses, 11.3 percent had experienced such touch from their teachers, 36.1 percent from boyfriends, 26.8 percent from girlfriends, and 25.8 percent from their family members. This illustrates a good number of them had experienced it from their boyfriends. The kind of gifts the respondents had received in exchange for sex. It was discovered that 31 percent of the respondents had received money in exchange for sex, 16 percent had received perfume/body sprays, 23 percent had received clothes, 8 percent had received jewelleryes, 7 percent had received mobile phones, 9 percent had received recharge cards, and 5 percent had received wristwatches. This reveals that majority of the respondents have had sex in exchange of money while some in exchange of some other gifts.

Respondents' responses concerning consequences of sexual coercion and exchanges. from the table, 28.6 percent were of the opinion that pregnancy is the consequence of sexual coercion, 28.6 percent opined death, and 19.5percent opined STDs while 23.4 percent opined abortion. It can be deduced here that majority of the respondents believed that the consequence of sexual coercion and exchanges is unwanted pregnancy and death.

Furthermore, infected respondents were asked where they had contracted the disease from, 78.6 percent of them claimed they had contracted it from their sexual partners while 21.4 percent said through prostitution. This reveals that most of them would have contracted it from

their boyfriends. Lastly, when asked where they sought for treatment, 58.3 percent of the twelve that were infected said they had gotten treatment from government hospitals, 33.3 percent from private hospitals while 8.4 percent through traditional therapy. This reveals that majority of the infected respondents were treated at government hospitals.

Table 4.2.3 Forceful Sex and Sex in Exchange of Gifts

S/No	Questions	Frequency		
		Yes (%)	No (%)	Total (%)
1.	Has someone tried to forcefully have sex with you?	2(2.1)	95 (97.9)	97 (100)
2.	Has someone used weapons to scare you before for sexual advancement?	0 (0.00)	95 (100)	95 (100)
3.	Has someone tried to have sex with you in exchange of gifts?	39(40.6)	57 (59.4)	96 (100)
Behavioural				
1.	Do you smoke?	0 (0)	86(100)	86(100)
2.	Do you have friend(s) that smoke?	28 (32.6)	58(67.4)	86(100)
3.	Do you take alcohol?	35(36.1)	62(63.9)	97(100)
Sexually Transmitted Disease (STD)				
1	Have you contracted STD before?	14(19.2)	59(80.8)	73(100)
2	Did you seek for treatment?	14(100)	0(0.00)	14(100)
3	While you had it, did you do anything to prevent infecting others?	12(100)	0(0.00)	12(100)

Source: Field Survey, 2015

Table 4.2.3 illustrated that 2 percent of the respondents had experienced forceful sex while 95 percent had not. This reveals that majority of them had not been forced into sex before. Out of 95 people who respond to whether they've been scared with weapon before sex, none of them had been scared with weapons before for sexual advancement. Finally, concerning if any of them have had sex in exchange of gift, 41percent had done it before while 59 percent of the

respondent have not. This shows that some of them have had sex with their partners in exchange of gifts while majority have not.

Respondents' responses concerning some behavioural patterns that induce or cause sexual exchange and coercion among female adolescents, out of 86 respondents that response to smoking, all of them said they don't smoke. 33 percent of the respondents owned up that they have friends that smoke while 67 percent do not have. Finally 36 percent of the respondents take alcohol while 64 percent do not. This claims illustrate that majority of them do not drink alcohol. These female adolescents do attend parties. However, smoking, alcoholism and partying are the major activities that induce sexual coercion among our youths in the society.

19.2 percent of the respondents had contracted STD before. 80.8 percent said they had not. Of the 14 respondents that had contracted it before, the entire respondent sought for treatment, this shows majority of those infected sought for cure. In addition, 86 percent of those infected made effort to prevent the infection from spreading in their locality while 14 percent did not respond. Therefore, majority of those infected made effort that the disease was not contracted by their families, sexual partners, neighbours, etc.

4.3 Test of Hypothesis

The hypothesis formulated for the purpose of the study is stated as follows and was tested using Chi-square.

H₁: There is a significant relationship between sexual exchanges, coercion and parental status

H₀: There is no significant relationship between sexual exchanges, coercion and parental status.

Table 2: Cross Tabulation between sexual coercion, sexual exchange and other demographic variables for female adolescent in Akure, Ondo state

Variables	Sexual coercion			Chi square
	No	Yes	Total	
Household Type				p-value= 0.008 $\chi^2=7.11$
Monogamy	129 (84.9%)	23 (15.1%)	152 (100%)	
Polygamous	124(94.7%)	7(5.34%)	131(100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	
Highest Level of Education				P-value=0.20 $\chi^2= 1.62$
Primary	13(100%)	0(0.00%)	13(100%)	
Secondary	240(85.9%)	30(11.1%)	270(100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	
Fathers occupation				P-value=0.000 $\chi^2=17.56$
Farmer	85(85.0%)	15(15.0%)	100(100%)	
Civil servant	53(80.3%)	13(19.7%)	66(100%)	
Private/business	115(98.3%)	2(1.7%)	117 (100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	
Mothers occupation				P-value=0.000 $\chi^2=68.19$
farmer	36 (97.3%)	1 (2.7%)	35(100%)	
civil servant	49(64.5%)	27(35.5%)	76 (100%)	
private/business	168(98.8%)	2(1.2%)	170(100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	
Mothers education				P-value=0.000 $\chi^2=36.9$
Primary	48(96%)	2(4%)	50(100%)	
Ssce	77(74.8%)	26(25.2%)	103(36.2%)	
Tertiary	128(98.5%)	2(1.5%)	130(46.1%)	
Total	253(89.4%)	30 (10.6%)	283(100%)	
Fathers education				p-value=0.88 $\chi^2=0.26$
Primary	17(89.50%)	2(10.5%)	19(100%)	
Ssce	61(91.0%)	6(9.0%)	67(100%)	
Tertiary	175(88.8%)	22(11.2%)	197(100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	
Religion				p-value=0.071 $\chi^2=5.30$
Islam	51(98.1%)	1(1.92%)	52(100%)	
Christianity	191(87.2%)	28(12.8%)	219(100%)	
Traditional	11(91.7%)	1(8.3%)	12(100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	
Ever had sex with				p-value=0.94 $\chi^2=0.0053$
Boyfriend	16(88.9%)	2(11.1%)	18(100%)	
None	237(89.4%)	28(10.6%)	265(100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	

Ever received gift				p-value=0.021 $\chi^2=5.2905$
Yes	96(95%)	5(5.0%)	101(100%)	
No	157(86.3%)	25(13.74%)	182(100%)	
Total	253(89.4%)	30(10.6%)	283(100%)	
sex exchange with gift				p-value=1.91 $\chi^2=0.17$
Yes	41(95.4%)	2(5.0%)	43(100%)	
No	211(88.3%)	28(11.7%)	239(100%)	
Total	253(89.4%)	30(10.6%)	282(100%)	
Parentleavingtogether				p-value=0.064 $\chi^2=3.42$
Yes	225(88.2%)	30(11.8%)	255(90.7%)	
No	26(100%)	0(0.00%)	26(9.7%)	
Total	251(10.7%)	30(10.7%)	281(100%)	

Out of 11 demographic variables that were tested on sexual coercion. 6 of them are significantly related to sexual coercion and exchange while other variables such as father's education, highest level of education, religion, sexual exchange with gift and parent leaving together are not significantly related.

This table shows that there is a significant relationship between sexual coercion among female adolescent and their household type (p-value=0.0008 $\chi^2=7.11$). It was found out that adolescent who have experience coercion are 15.1% in monogamous family while only 5.3% adolescent have also experience sexual coercion in polygamy. 84.9% of them from monogamy answered no while 94.7% from the polygamy family.

Father's occupation is another factor influencing sexual coercion and sexual exchange (p-value=0.000 $\chi^2=17.56$) among adolescent whose fathers were farmer 85 percent of them reported have not experience sexual coercion while 15 percent of the respondent reported to have experience such. Approximately 20 percent of adolescent whose father were civil servant have experience sexual coercion while 80 percent say no. Only 2 percent of the adolescent whose father owns private business have experience sexual coercion while 98 percent of them have not.

Mother's occupation is significantly related to sexual coercion at $p\text{-value}=0.000$ $\chi^2=68.19$. Approximately 3 percent of adolescent whose fathers were farmer has experience sexual coercion while 97 percent have not. 35 percent of the adolescent whose father were civil servant has experienced sexual coercion while 65 percent have not and 1 percent of the adolescent whose mother owns private business are reported to have experience sexual coercion while only 99 percent of them have not.

There is significant relationship between mothers education and sexual coercion ($p\text{-value}=0.000$ $\chi^2=36.9$). 4 percent of the adolescent whose mother has only primary education have experience sexual coercion while 96 percent of them have not. Adolescent whose mother had ssce has the highest percentage of sexual coercion experience with 25 percent while 75 percent of adolescent whose mother are of the same category have not experience sexual coercion. Only 2 percent of the adolescent whose mother had tertiary education have experience coercion while 98 percent of them have not

Adolescents who usually receive gift from their opposite sex was used to measure sexual coercion and there is significant relationship between them $p\text{-value}=0.02$ $\chi^2=5.29$. Adolescent who have never received gift but have experience sexual coercion was 5 percent while those who have never received gift and have not been sexually coerce are 95 percent. Those who have received gift and been sexually coerced are 14 percent while those who have received gift and have not been sexually coerce are 86 percent.

Table 3: Logistic regression coefficients, significance and odds ratio for female adolescent in Akure, Ondo state to sexual exchange and sexual coercion

Variables	Odd Ratio	p-value	95% confidence interval	
Ever had sex exchange with gift				
No	RC			
Yes	22.31	0.016	1.77	280.98
Household				
Monogamy	RC			
Polygamy	0.59	0.470	0.15	2.43
Mothers Occupation				
Farmer	RC			
Civil servant	70.51	0.004	3.85	1291.16
Private business/others	1.11	0.944	0.062	19.94
Fathers Occupation				
Farmer	RC			
Civil servant	1.99	0.451	0.33	11.93
Private business/others	0.54	0.576	0.064	4.60
Mothers education				
Primary	RC			
Secondary	1.38	0.747	0.196	9.69
Tertiary	0.22	0.192	0.023	2.14
Ever attend party				
Yes	RC			
No	0.12	0.020	0.021	0.72

Adolescent who have ever had sex in exchange for gift are 22.3 times more likely to experience sexual coercion at 95% confidence 1.77 - 280.98. Adolescent from polygamous family are 41 percent less likely to experience sexual coercion (95% 0.15-2.43). Occupation of mothers is another predictor of sexual exchange and coercion, those whose mother are civil servant are more likely to experience sexual coercion (70.51 OR, 95% 3.85-1291.16) than those who mother were farmer and adolescent whose mother have their own private business are (1.11 OR, 95% 0.62-19.9). Adolescent whose father are civil servant are 1.99 times more likely to experience sexual coercion than those whose father were farmer, while adolescent whose father have private business are 0.54 times less likely to experience sexual coercion. Adolescent whose mother had

only secondary education are 1.38 times more likely to experience sexual coercion than those adolescent whose mother had only primary education while adolescent whose mother had tertiary education are 0.22 less likely to experience sexual coercion at 95% confidence interval 0.023-2.138. Another predictor of sexual coercion is ever attend party. adolescent is who have never attend party are 98 percent less likely to experience sexual coercion has those who usually attend party (95%0.021-0.72).

4.4 Discussion

The hypothesis was tested using chi square and logistic regression. In this study, only few female adolescent have had sex in exchange of gift, sexual exchange and sexual coercion are significantly related. This is in consort with Adekunle (2003) identified that adolescent women who had experienced coercion were significantly more likely to exchange sex for material needs, have multiple sex partners, engage in high rates of unprotected vaginal intercourse, and have more sexually transmitted infections (STIs).

In this study, only few respondents have experienced forceful sex. This is counter to a Kenyan survey which revealed that non-consensual sex is a common and often overlooked feature of the early sexual experiences of the country's young women and men. Contrary to the popular assumption that sex among young people is consensual, a substantial number of respondents in our sample had had sex when they did not want to. More than one in five adolescent female and one in 10 sexually experienced young men had had non consensual sex among female adolescent in Kenya. The perpetrators were often the young people's intimate partners their boyfriends, girlfriends and husbands.

There is a significant relationship between sexual coercion among female adolescent and their household type, it was found out that adolescent who have experience coercion in monogamous family are more than that of polygamy family. Nanlesta et al 2013. in their study sexual coercion among adolescent women in Rakai, Uganda suggest in their findings that understanding general family processes and dynamics, including the role of the extended family, within different household family structure may highlight new ways of reducing sexual vulnerability among adolescent female. There is no significant relationship between parents living together and sexual coercion in this study area. Daniel et al (2010) found that adolescents in non-traditional households were more likely to report rape than adolescent female living with both parents.

In conclusion, level of education, parent living together, fathers education, religion were identified as having no significant influence in this study area. On the other hand, poor education, not living with parent/parent living together and having multiple sexual partners are more likely to increase the risk of sexual coercion among female adolescents.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter is the concluding part of this study. It presents the summary of findings, conclusion and recommendations.

5.1 SUMMARY

The aim of this study was to determine the incidence and prevalence of sexual exchanges and sexual coercion among female adolescents in Ondo State. To achieve this, the extent of sexual exchanges and coercion in the study area, relationship between parental status and sexual exchanges among female adolescents and the consequences of sexual exchanges and coercion among female adolescents were examined. The study used primary data with a sample of 300 respondents in 2 secondary schools in Akure, Ondo State. The data were analysed using chi-square and binary logistic regression. All the respondents were females. Most of the respondents came from monogamous home while few of them were from polygamous home. As regards the religion been practiced, most of the respondents were Christians; few of them were Muslims while very few practiced Traditional religion. Concerning parents' level of education, few of the adolescents parent had primary education while most of them had tertiary education. On the issue of parents' occupation, few of them were unemployed while most of them were self-employed.

In the investigation of the nexus between parental status and sexual exchanges among female adolescents, we conclude that adolescents who have had sex in exchange for gift from opposite sex are more likely to experience sexual coercion whereas adolescents from polygamous are less likely to experience sexual coercion. The occupation of parents is another

predictor of sexual exchange and coercion especially as respondents with parents who are civil servants are more likely to experience sexual coercion than those whose parents were farmers. Adolescents with parents who have private businesses are also more likely to experience sexual coercion. Another predictor of sexual coercion noted is the ever attend party variable. Adolescents who have never attended parties are less likely to experience sexual coercion compared to those who usually attend party.

5.2 Conclusion

This study has examined the relationship between sexual exchanges and coercion in the study area, Ondo State. The study revealed the various determining factors for the prevalence of sexual exchange and coercion among female adolescents in the study location. We therefore on the basis of findings conclude that the scourge of sexual exchange and sexual coercion should not be underestimated among female adolescent in the society.

5.3 Recommendations

This researcher recommends that further research studies should explore the social, cultural and psychological effect of sexual exchange and sexual coercion among adolescents. In addition, programs designed give the girl-child more quality education, vocational training and educate them on the use of contraceptives should be more commonplace.

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APPENDIX

QUESTIONNAIRE NUMBER.....

**SEXUAL EXCHANGES AND SEXUAL COERCION AMONG FEMALE ADOLESCENTS
IN AKURE, ONDO STATE**

This questionnaire is on the study of sexual exchanges and sexual coercion among female Adolescents in Akure, Ondo State. It is designed for data collection in respect of B.Sc thesis in the Department -----, Federal University, Oye-Ekiti. Kindly note that each question in this questionnaire is a single option question, this means that multiple answers to a question will invalidate its response. You are expected to supply the information in the space provided and all information supplied shall be strictly used for academic purpose and treated as confidential.

TOMILOLA YETUNDE

SECTION A: Demographic profile of the respondents

1. Gender: male () female ()
2. Household type: Monogamy () Polygamy ()
3. Highest level of formal education: Primary school () School certificate () Graduate ()
4. Father's occupation: Farmer () Civil servant () Private business/others ()
5. Mother's occupation: Farmer () Civil servant () Private business/others ()
6. Religion: Islam () Christianity () Traditional ()
7. Age (in years): _____
8. Father's level of education _____
9. Mother's level of education _____
10. Household structure _____
11. Are your parents leaving together? Yes () No ()
12. What is your father's educational qualification? ND () HND () B.SC ()
13. What is your mother's educational qualification? ND () HND () B.SC ()

14. How often does your father travel? Often () Very often () Once in a while ()
15. How often does your mother travel? Often () Very Often () Once in a while ()
16. Household type: Monogamy () Polygamy ()
17. Father's Occupation: Farmers () Civil servant () Private business/Others ()
18. Mother's Occupation: Farmers () Civil servant () Private business/Others ()

SECTION B: Sexual Coercion among female adolescent in Akure.

19. Have you ever experienced touch on the breast by any of the under listed persons?

Teacher

Stranger

Boy friend

Girl friend

Family member

20. Have you ever experienced touch in the thigh buttocks by any of these persons?

Teacher

Stranger

Boy friend

Girl friend

Family member

21. Have you ever had sex with any of the following persons for the fear of hardship?

Teacher

Stranger

Boy friend

Girl friend

Family member

22. Has someone tried to forcefully have sex with you before? Yes () No ()
23. Has someone used weapons to scare you before for sexual advancement? Yes () No ()
24. Has someone tried to have sex with you in exchange with a gift? Yes () No ()
25. If yes to Q-24, what kind of gift? _____

Money

Phones

Cloth

Recharge Card

Gift

26. Have you ever received gift from your sexual partner? Yes () No ()
27. If Yes what type of gift _____?

SECTION C: Consequences of sexual exchanges and coercion among female
Adolescents in the study area.

28. Have you been impregnated before through sexual coercion? Yes () No ()
29. If yes, what did u do with the pregnancy? Give birth () abort it () Don't know ()
30. Has any of your friends been impregnated through sexual coercion? Yes () No ()
31. What do you think is the consequence of sexual coercion?

32. What do you think will be the consequence of having sex in exchange with gift or
Money? _____

33. Have you heard of sexual transmitted diseases? Yes () No ()

34. Why do you believe sexual exchanges and sexual coercion are both dangerous for
Female adolescent in Akure? _____

35. Have you ever heard of sexually transmitted disease? Yes () No ()

36. Which of the STDs have you heard of?

- a. Gonorrhoea Yes () No ()
- b. Syphilis Yes () No ()
- c. HIV/AIDS Yes () No ()
- d. Herpes Yes () No ()
- e. Candidiasis Yes () No ()
- f. Others Yes () No ()

37. From which source?-----

38. Have you contacted STDs before? Yes () No ()

39. How did you know that you have STDs?
.....

40. From whom did you get it? Spouse () Extramarital partner () Prostitutes () Others()

41. Did you seek treatments? Yes () No ()

42. Where did you seek treatment?

Government Hospital/ clinic.....

Private Hospital/clinic.....

Health worker.....

Medicine store/chemist.....

Traditional birth attendance.....

43. Did you tell your spouse(s) or partner(s) about this? Yes () No ()

44. While you had the symptoms, did you do anything to prevent the passing the Infection to (any of) your spouse(s) or partner? Yes () No ()

45. If yes, what did you do? Abstain from sex () Use a condom () others ()

46. Have you ever experience gang rape? Yes () No ()

47. If yes, how old were you when it happened?

48. Were the culprits arrested? Yes () No ()

49. Do you smoke? Yes () No ()

50. Do you have a friend that smokes? Yes () No ()

51. Do you take alcohol? Yes () No ()

52. Do you attend party? Yes () No ()