Volume 11 No. 1, 2013

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Published by THE IFE CENTRE FOR PSYCHOLOGICAL STUDIES Ile-Ife, Nigeria.

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VOLUME ELEVEN, NUMBER ONE, 2013 ISSN: 1596-9231

Published by the Ife Centre for Psychological Studies,

lle-lfe, Nigeria.

PROJECT COORDINATOR OLOWU, Akinsola

EDITORS ADAMU, Fatima, AGIOBU-KEMMER, Ibinabo AKOTIA, Charity AMOLE, Dolapo BAAH -ODOOM, Dinah BATEYE, Bolaji BHOWON, Uma EPHRAIM OLUWANUGA, Sola EPIE, Chantal GUERNINA, Zoubida IDEHEN, Egbewuare ILESANMI, Oluwatoyin MADU, Sylvester, N MENSAH, Emma

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BEHAVIOUR

Volume 11 No 1, JUNE, 2013

Published by: Ife Psycholog**IA** (RC 011934) Ife Centre for Psychological Studies/Services. P.O. Box 1548, Ile-Ife Osun State, Nigeria.

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The Network of Psychological Studies of Women Issues Department of Psychology University of Ibadan Ibadan. Printed by Ife Centre for Psychological Studies/Services

IEZ6-965I :NSSI

EDITORIAL

This volume Eleven Number One of our Gender and Behaviour contains twenty nine brilliant write-ups from all corners of Africa. They all enhance the study of gender and behaviour. The quality of these research papers will benefit the professionals and students in this field. Congratulations to persons whose manuscripts made the mark.

We are grateful as usual to all who have supported this effort again. God bless you.

Sincerely yours,

Professor A.A. Olowu; Ph.D; F.C.I.P.M; F.N.P.A Project Coordinator; Gender & Behaviour Ife Centre for Psychological Studies/Services P.O. Box 1548, Ile-Ife, Osun State, Nigeria. Phones: 08037116382; 08056343255 Email: ifepsy@yahoo.com Web: www.ifepsychologia.org <u>The Viagra Revolution</u> The three pills; Cialis(tadalafil), Viagra(Sildenafil), and Levitra(Vardenafil) have revolutionalized the treatment of erectile disorder over the past decade

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Undergraduates Perspectives on Sex Education and Teenage Pregnancy in Covenant University, Ota, Ogun State, Nigeria

Akanbi, Moses Ayokunle; Adetoro, Gbemisola Wuraola & Okoya, Omolola Omowunmi

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This study examines undergraduates' perspective on sex education and teenage pregnancy in Covenant University, Ota, Ogun State, Nigeria. The study population was 250 undergraduates of Covenant University. Frequency tables, linear regression analysis and analysis of variance were used to analyze the data collected via self-administered questionnaires. Two hypotheses were tested in this study. The results derived from this study are: firstly, that the level of awareness on sex education is significantly related to teenage pregnancy. . Secondly, the t statistics at p=0.000 shows that there is a high significant relationship between the use of contraceptive and teenage pregnancy. Also, the Analysis of Variance (ANOVA) indicated that at p= 0.000, there is a high significant relationship between sex education and teenage pregnancy. Thus, the paper recommends the following: Firstly, that there should be, as a matter of urgency, the establishment of functional youth-friendly services that will enable teenagers to express their opinions on sexual activity. Secondly, teenagers should be exposed to basic sex education in both primary and secondary schools so that contraceptive methods and their usage will not be strange to them. Thirdly, training of teenagers by healthcare service providers should be made available to the teenagers so that they would be able to open up on matters relating to their sexual life.

Key Words: Undergraduates, Sex education, Teenage pregnancy and Perspectives

Several Scholars across the globe have dealt with the issue of 'sex education' and 'teenage pregnancy' in the past years. However, no single remedy or program was identified to have helped the global society preventing all unplanned teenage in pregnancies (National Conference of State Legislatures, 2009). Obviously, teens in every society are of diverse groups with family upbringing different and environmental exposures, this might be one of the responsible factors for ineffective prevention of teenage pregnancy.

This study discusses the definitional concepts of 'sex education' and 'teenage pregnancy' because the understanding of these two vital concepts is germane to addressing the issue properly. Basically, sex education refers to formal programs of instruction on a wide range of issues relating to human sexuality, including human sexual anatomy. sexual reproduction, intercourse, sexual reproductive health, emotional relations, reproductive rights and responsibilities, abstinence. contraception. and other aspects of human sexual behaviour (Barbara, 2011). However, another author defined sex education as 'the study of the characteristics of beings; a male and female, such characteristics make up the sexuality' 2009). person's (Burt, Alternatively, teenage pregnancy is the pregnancy by a female of under 20years. A teenager is a person (boy or girl) who is between 13 to 19 years old (Longman Dictionary of Contemporary English, 2007).

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It is generally attached to a female who is unmarried and usually referred to as an 'unplanned pregnancy'. Human physiology has made it known that pregnancy can take place in the life of a girl at any time after puberty. In essence, the first menstrual period (that is, menarche) normally takes place around age twelve or thirteen years. And consequently, the female or girl-child becomes potentially fertile (Barbara, 2011). Studies have shown that in South Korea, the rate of teenage pregnancy vary from 143 per 1000 girls and varies from 2.9 per 1000 in Sub- Saharan African countries (United Nations Children Fund: UNICEF, 2001).

Many studies and campaigns has been attempted in order to uncover the causes limit the and numbers of teenage pregnancies. This increase may be attributed to lack or inadequate sex education of teenagers while growing. In most countries today, teen pregnancy is becoming very rampant so also sexually transmitted diseases and infections (STDs and STIs). Teenage pregnancy is dependent on a number of personal and societal factors. Teenage pregnancy rates vary between countries because of differences in levels of sexual activity, general sex education provided and access to affordable contraceptive options. In 10 out of 12 developed nations with available data, more than two thirds of young people have had sexual intercourse while still in their teens (UNICEF, 2001). Specifically, globalised environment has paved way for sex education awareness in schools and at home to help reduce teen pregnancy. This has led to the increased level of education in both developed and developing countries as parents want their children to have better knowledge and understanding of sex education. By doing so, the children would be a better parent because they will have a better knowledge of what sex education is all about unlike their parent who had little or no idea. In fact, 88% of parents of junior high school students and 80% of parents of senior high school students believe that sex education in school makes it easier for them to talk to their adolescents about sex (Henry, 2004). Also, 92% of adolescents report that they want both to talk to their parents about sex and to have

comprehensive in-school sex education (Locker, 2001).

Sex education would also go a long way in helping to control AIDS and other sexually transmitted diseases like gonorrhoea, nongonoccocal urethritis, pelvic inflammatory disease and syphilis. Sex education to the teens is the responsibility of every parent and teacher, as it is better and safer for them to get the right information from their parent rather than getting wrong information from other sources like friends, magazines or internet. For instance, a young girl who had no idea of what sex was all about, instead of asking her mother, decided to ask her house boy. The house boy instead of clarifying the issue; proceeded to sexually-abused the young girl. As a result, the young girl was impregnated which eventually led to the death of both the young girl and the child during child birth because her cervix was too small to deliver the baby safely. However, a study buttressed the fact that comprehensive sex education is effective in assisting young people to make healthy decisions about sex and to adopt healthy sexual behaviors (Alford, 2003).

No doubt, sex education is central to the decrease of teenage pregnancy, and Nigeria has been found to be one of the countries that have the lowest level of investment in * sex education awareness in the world, as * 20% of women in Nigeria are teenage mothers (Nigeria Demographic and Health Survey, 2003).

The crux of this study was to answer the following research questions? Firstly, what role has sex education played on teenage pregnancy? Secondly, what has been the influence of contraceptive use on teenage pregnancy among University undergraduates?

With cognizance to earlier statements, the study attempts to explore the undergraduates' perspective on sex education and teenage pregnancy in Covenant University, Ota, Ogun State, Nigeria.

Method

A total sample size of 250 teenagers was randomly selected from Covenant University, Canaan-land, Ota, Ogun State, Nigeria. Initially, teenagers were drawn in the sample area (at Covenant University Campus) using cluster sampling method. There was random selection of teenaged undergraduates that are ranging from 15years and 19years old. These University undergraduate teenagers were carefully selected by ensuring that they are not less than 15 years and not more than 19 years. These respondents (Covenant University undergraduate teenagers) were drawn from different departments and programs. They belong to the two colleges at Covenant University namely: College of Development Studies and College of Science and Technology. Coding of questionnaires was done before entry into computer for analyses stages. The analyses and presentations of data were necessitated by using the statistical package for social sciences (SPSS version 15.0). The linear regression analyses were used to determine the acceptance (H_1) or rejection (H_0) of the hypotheses. The data for the study was analyzed by using the information obtained through questionnaires and personal interviews. The variables of consideration on the frequency tables for this study includes: gender, age, religion, ethnicity, fathers level of education, mothers level education, fathers occupation, mothers education, etc. The choice of making Covenant University as the area of this study was because the undergraduate teenagers are within the academic base of the researcher.

Interpretations of Tables

Table 1 and 2 in this study reflects the following: Initially, with the analysis below, the males' respondents are 28.0% whereas the females' respondents are 72.0%. This indicates that the females are the major respondents as far as sex category is concerned in this study.

The analysis of age distribution shows that respondents who are 19years have the highest proportion in this study with 36.0%. This was followed by18years respondents that are, 25.2%, followed by 17years respondents with 14.4% while the respondents who are 15 and 16years constituted 12.4% and 12.0% respectively. The respondents who are 16 years have the lowest proportion with 12.0% of the total respondents. This implies that respondents who are 19years represent the major this research. Also. proportion in Christianity constitute the highest number of respondents (195), with 78.0%, followed by the Muslim (35) with 14.0% of the respondents, followed by others (20) who actually represent 8.0% of the respondents. By ethnicity, the Yoruba's constitute the highest number of respondents (121), with 48.4% of the respondents, followed by the Igbo's (63) that is, 25.2% of the respondents, followed by others (34) that is 13.6% of the respondents . The Hausa people (32) also accounts for 12.8% of the respondents.

However, the fathers with tertiary education have the highest proportion with 84.4%, followed by fathers with secondary 6.8%. education with Obviously, the respondents with 'No schooling' are 6.4% while those respondents with primary level of education accounted for 2.4%. Also, the mothers with tertiary education have the highest proportion with 82.8%, followed by mothers with secondary education which 8.8%. accounts for whereas the respondents with 'No schooling' are 4.4% and those with primary level of education are 4.0%.

Table 1 and 2 further clarified that majority of respondents said that their fathers have professional jobs which accounts for 59.6%. The respondents, who are civil servants accounts for 18.0%, followed by artisan (skilled and unskilled) which accounts for 9.6%, while those with trading and unemployed category are 12.4% and 4% respectively.

No doubt, the greater proportion of mothers in this study have professional jobs that is, 32.0%. Of-course, the civil servants represent 31.2%, followed by trading with 26.0%, artisan (skilled and unskilled) with 7.2%, and lastly unemployed with 3.6%.

Indeed, 46.4% of parents in this study live on moderate incomes, 45.6% of them live on high incomes while 7.6% of them live on low incomes. The majority of respondents said that their fathers have professional jobs with 59.6%, those with civil servants are 18.0%, followed by artisan (skilled and

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unskilled) which is 9.6%, while trading and unemployed respondents are 12.4% and 4% respectively. Furthermore, 82.4% of respondents' education was sponsored by parents, 6.8% of them were sponsored by boyfriends, and 6.4% were sponsored by relatives. However, 3.2% and 1.2% were sponsored by self and others respectively. 70.8% of the respondents have both parents, 20.0% have single parents, 4.8% live with guardians and lastly, 4.4% have no parenting in this study. **Tables in the Study**

Table 1: Socio-Demographic Characteristics of the University Undergraduate Teenagers

Variable	Frequency	Percentage
Gender		
Male	70	28.0
Female	180	72.0
Total	250	100.0
Age of Teenagers(years)		
15	31	12.4
16	30	12.0
17	36	14.4
18	63	25.2
19	90	36.0
Total	250	100.0
Religion		
Christianity	195	78.0
Islam	35	14.0
Other	20	8.0
Total	250	100.0
Ethnicity		
Yoruba	121	48.4
Ibo	63	25.2
Hausa	32	12.8
Other	34	13.6

Total	250	100.0
Father's Level of Education		
Primary	6	2.4
Secondary	17	6.8
Fertiary	211	84.4
No Schooling	16	6.4
Total	250	100.0
Mother's Level of Education		
Primary	10	4.0
Secondary	22	8.8
	207	82.8

Source: Field Report, April, 2012.

Table 2: Socio-DemographicCharacteristics of the UniversityUndergraduate Teenagers Continued

Variable	Freq	www.inued	
Mother's Level of Education			
No Schooling	11	4.4	
Total	250	100.0	
Father's Occupation			
Civil Servant	45	18.0	
Artisan(Skilled/Unskilled)	24	9.6	
Professional	149	59.6	
Trading	31	12.4	
Unemployed	1	0.4	
Total	250	100.0	
Mother's Occupation			
Civil Servant	78	31.2	
Artisan(Skilled/Unskilled)	18	7.2	
Professional	80	32.0	
Trading	65	26.0	
Unemployed	9	3.6	

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Total	250	100.0
Income Category of Parents		
Low	19	7.6
Moderate	117	46.8
High	114	45.6
Total	250	100.0
Sponsor of Education		
Parent	206	82.4
Relative	16	6.4
Self	8	3.2

17	6.8
3	1.2
250	100.0
50	20.0
177	70.0
11	4.4
12	4.8
250	100.0
	3 250 50 177 11 12

Source: Field Report, April, 2012.

Table 3: Model Summary

	(A)	Linear Regression		Standard Error of the	
Model	R	R Square	Adjusted R ²	Estimate	
1	0.531(a)	0.282	0.270	0.586	
	(B)	ANOVA (b)			
Model	Sum of Squares	Df	Mean of Square	F	Significant
Regression	32.988	4	8.247	24.026	0.000(a)
Residual	84.088	245	0.343		
Total	117.076	249			
	(C)	Coefficients(a)			
	Unstandardized	Coefficients	Standardized Coefficients	Т	Sig.
Model	В	Std. Error	Beta	В	Std. Error
1 (Constant)	-0.210	0.217	-	-0.970	0.333
Awareness on sex education	0.479	0.150	0.186	3.185	0.002
Contraceptive use	0.650	0.090	0.419	7.238	0.000
Boy/girl friend	0.106	0.085	0.074	1.242	0.215
Awareness of contraceptive use	0.167	0.129	0.078	1.298	0.195

Source: Field Report, April, 2012.

Components of Table 3

(a) Predictors: (Constant), Q12 awareness of respondent on contraceptive use, Q14 do you make use of contraceptive, Q24 respondent awareness on sex education, Q31 relationship status (boy/girl friend).
(b) Dependent Variable: Q20 involvement in sexual experience

Hypothesis One

 H_0 : There is no significant relationship between sex education and teenage pregnancy.

 H_1 : There is a significant relationship between sex education and teenage pregnancy.

Hypothesis Two

 H_0 : There is no significant relationship between contraceptive use and teenage pregnancy

 H_1 : There is a significant relationship between contraceptive use and teenage pregnancy.

Interpretations and Discussions of Table 3

Table 3 (A), (B), and (C); in this study reflects the following: Firstly, at R=0.531(a), there is an average interaction between sex education and teenage pregnancy. However, awareness of sex education and relationship status (boy/girl friend) are positively related to involvement in sexual experience. At p=0.002, this means that the

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level of awareness on sex education is significantly related to teenage pregnancy. This infers that an alternative hypothesis one in this study is accepted. Also, the strength of the relationship is quite weak. It can also be seen that $R^2 = 28.2\%$ of the total variation is explained by the independent variable, meaning that the model is not a Secondly, the t statistics at good fit. p=0.000 shows that there is a high significant relationship between the use of contraceptive and teenage pregnancy. Infact, an alternative hypothesis two in this study is accepted to buttress the aforestated.

Additionally, Analysis of Variance (ANOVA) indicated that when the F value is less than 0.05 (0.00<0.05), then we reject the null hypothesis (Ho) and accept the alternative hypothesis (H_1). From the table above, the F value (24.028) shows that at p= 0.000, there is a high significant relationship between sex education and teenage pregnancy.

Conclusions

The primary focus of this paper is to empirically examine the role of sex education on teenage pregnancy. The paper is hereby concluded with evidences from frequency tables and model summary. Evidences from frequency tables include; firstly, majority of University undergraduates teenagers interviewed are 19 years and above, more females than males were interviewed, and most of the respondents are Christians in this study. Secondly, in this study almost all respondents were Yoruba and their parents acquired tertiary levels of education. Thirdly, more respondents were aware of sex education and contraceptive use. Fourthly, greater proportion of respondents was in boy/girl friend relationships. Also, higher proportion of University undergraduates' teenagers has never done abortion and majority of respondents are of the opinions that awareness of sex education can help reduce teenage pregnancy.

Alternatively, evidences from model summary include the following: Firstly, there is an average interaction between sex education and teenage pregnancy. However, awareness of sex education and relationship status (boy/girl friend) are positively related to involvement in sexual experience. It was also observed from t statistic that the level of awareness on sex education is significantly related to teenage pregnancy. This infers that an alternative hypothesis one in this study is accepted. Also, from linear regression, the strength of the relationship between sex education and teenage pregnancy is quite weak which clarified that the total variation is explained by the independent variable in the model summary is not a good fit. Secondly, the t statistics for hypothesis two shows that there is a high significant relationship between the use of contraceptive and teenage pregnancy.

Recommendations

The recommendations for this study include: Firstly, that there should be, as a matter of urgency, the establishment of functional youth-friendly services that will enable teenagers to express their opinions on sexual activity. Secondly, teenagers should be exposed to basic sex education in both primary and secondary schools so that contraceptive methods and their usage in order to avoid teenage pregnancy. Thirdly, training of teenagers by healthcare service providers should be made available to the teenagers so that they would be able to open up on matters relating to their sexual life.

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