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PERCEPTION OF SELF AND SAFE SEXUAL BEHAVIOR AMONG FRESH UNDERGRADUATES IN A NIGERIAN UNIVERSITY

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ABSTRACT

Descriptive as well as interventional studies regarding sexual activity, vis a vis safe sexual practice among adolescents and young adults have found that many of these youths are still particularly permissive in their sexual behavior, despite numerous behavioral approach suggested for its prevention and minimization.

Pre-morbid personality characteristics of the individual youths have been asserted by contemporary researchers to play a part in adherence to this safe sexual practice. This study was designed to examine the effect of self-efficacy, self-esteem, age, gender as well as years of education as they affect and related to safe sex behavior among fresh University Undergraduates.

200 fresh University Undergraduates of University of Ibadan were used. They comprised of 124 males and 76 females. The mean age was 21.75 (SD, 3.33). The mean for years of education was 13.37 (SD 2.48).

Using instruments to assess self-efficacy, self esteem, demographic data and safe sexual behavior, Results indicated that fresh University undergraduates with high level of self-efficacy and self-esteem would engaged in safe sex behavior. Also found was the relationship between increasing age and years of education to safe sexual behavior. Results were discussed in relation to existing literature and theories on safe sexual practice.

INTRODUCTION

The Acquired Immune – Deficiency Syndrome (AIDs) as a serious health problem has frightenly and dramatically been on the increase in spite of concerted local and international social efforts designed to control the spread of the disease. For example, in 1992, 367 new cases of AIDs were reported in the country, the number increased to 917 in September of 1993 and 1490 at the end of 1994.

Recent documentation by the World Health Organization (WHO) reported that 10,010 individuals have had AIDs as at September 1997 in Nigeria (WHO 1989). In 1998 cumulative number of AIDs cases has risen to 590,000 (UNAIDS 1999) and more than 2 million (about 4.12%) adults live with HIV. And it is likely that this number will continue to increase because many Nigerian still continue to engage in risky sexual behavior. For example, in a national survey of sexual behavior, Isuigo Abaniye (1997) revealed that 54% of married men and 38% of women had reportedly had unprotected extra marital sex, with 18% of men and 11% of women reportedly having unprotected extra marital sex during the week preceding the survey. In another study Orubuloye and others (1997) surveyed married men in South-western Nigeria and found that in urban areas 19% and 20% of those in monogamous and polygamous marriages respectively had had extra marital sex in the year before the study, while corresponding figure for those in rural areas were 15% and 27% respectively.

The aforementioned review studies point to the fact that adequate behavior change against risky sexual behavior among adult is yet to be achieved. Among adolescents, evidence also exit that adequate behavioral change against risk sexual behavior is still lacking. Makinwa – Adebusoye (1992) in a National survey of Urban youth age 15 – 25 years, found that 41% of the 5,500 youth have had unprotected sexual intercourse. Jinadu and Odesanmi (1996) also studied male adolescents aged 15 – 19 years in South – western Nigerian and found that 76% of the secondary school students had reportedly had sex within the past 12 months. 5% of them have had sexual intercourse with prostitutes and 50% with more than one partner, but that only 8% had used a condom during intercourse.

These data underscores many social and behavioral efforts designed to control the spread of AIDs. All these behavioral efforts have centered mainly on informing the public on how the human-immuno – deficiency virus (HIV) is transmitted and how to safe guide

against such infections. It is widely assumed that if people are adequately informed about the AIDs threats, they will take appropriate self-protection action against risky behavior that could predispose one from infection. Heightened awareness and knowledge to health risks are important preconditions for self-directed change. Unfortunately, information alone does not necessarily exert much influence on refractory health impairing habits.

To achieve self-directed change people need to be given not only reasons to alter risky habits but also the means, resources and motivation to do so. Effective self-regulation of behavior is not achieved by act of will alone. It requires certain skills in self-motivation and self-guidance, (Kruger & Richter, 1997). The importance of self as a personality entity in adherence to therapeutic as well as interventional programs of refactory health problems have long been an interest among contemporary researchers (Bandura; 1977; Olley 1997).

Bandura 1977 contended that expectation of personal mastery and success exerts a tremendous influence on psychosocial functioning. Perceived self-efficacy concerns patients judgment of their coping capabilities in designated areas of functioning. Converging findings from several areas of research show that that affect of therapeutic interventions on health behavior is partly mediated by changes on perceived self.

This is consistent with views held in Professional circles that individuals' safe sexual practice is one most basic and crucial components of his personality (Fishbein and Azjen, 1975; Moore and Rosenthal, 1991; Slonim-Nero, Ozawa and Auslander, 1991; Standing, 1992; Crawford, 1994 and Scheper-Hughes, 1994).

Furthermore, it is of great view that a realistic self-evaluation and full measure of self-acceptance and self-esteem are the foundation stones of health behavioral adjustment and acquisition of basic social skills for change. What a man thinks of himself will influence whatever

he decides to do with his life and what he expects from life. It therefore follows that for any enlightenment programme or intervention against risky health behavior to succeed; how the individual perceives him/herself will be a vital component to be considered. The present endeavor is an attempt in questioning the relevance and understanding of certain personality characteristics vis-à-vis self efficacy and self esteem in reducing high rates sexual behavior and it's usefulness in the designing of enlightenment programme of change among young adults in Nigeria.

We hypothesized that the degree of self-efficacy and self-esteem of a young adult will significantly affect his/her engagement in safe sex behavior. This to our opinion may serve as a pivot upon which effective propaganda and enlightenment programs of healthy sexual behavior among young adults can be anchored.

METHODOLOGY

Subjects/Setting

Two hundred (200) fresh University undergraduates of the University of Ibadan Nigeria were systematically screened to participate in this study. The idea of choosing fresh undergraduate students was considered due to their peculiarity as well as their vulnerability to unsafe sexual practice (Holland, Ramazanogh, Scott, Sharpe and Thompson, 1992) they are perceived a risk group sophistication of safe sexual practice. This period is "transitional" from a hitherto restricted and monitored life imposed by parental tutelage to a rather independent self directed life influenced by a complex and sophistication of a University as an advance learning institution.

To be eligible, fresh students who had been offered admission for the first time to read any course in the University of Ibadan in the 1999/2000 academic sessions evidenced by their letter of admission and by attendance in classroom instructions and lectures and who

falls within the age range of 16 – 25 years were recruited for the study.

The socio-demographic characteristics of the sample are shown in Table I. There were 124 (62%) males and 76 (38%) females representing 124 (62%) males and 76 (38%) female. One hundred and ninety (190) seven of them (98.5%) were single only three (3) (1.5%) of them were married. Their mean age was 21.75 while standard deviation 1.33. The mean years of education were 13.37 with a standard deviation of 2.48.

INSTRUMENTS/MEASURES

Self-efficacy, self esteem and sexual behaviors of subject were determined through self-report questionnaire.

The Self-Efficacy Scale:

This scale was adopted from the work of Sheerer and Maddox (1982). It measures generalized expectancies any individual has about his/her personal mastery and success when confronted with specific task or situations. It is the beliefs about one's abilities in problem solving. The self-efficacy questionnaire is a 23 multi-item scale with two factor subscales of general self-efficacy and social self-efficacy. Its construct as well as criterion validity as a personality entity has been confirmed and reported through several predicted conceptual relationships with other personality and vocational measures [Sheerer and Maddux (1982)].

For the purpose of this study a cross validation exercise was conducted with eighty (80) University of Ibadan students who had enrolled in an introductory to psychology class. A construct validity for self efficacy scale was established with it's relationship (r. 40) to the internal – external control scale (I.E) Rotter, 1966 and a relationship of (r. 47) with the Adaranijo – Oyefeso self esteem scale. Internal consistency of (a = .89) was also established.

The Self Esteem Scale:

This scale developed by Adaranijo and Oyefeso (1986) measures an attitude about an individual towards his/her self worth. This is a 15 multi-item scale with diverse reported validity of this study; an alpha coefficient of .76 was established. This is consistent with the split-half reliability of 0.76 originally reported by the authors.

Sexual Behavior:

Sexual behavior was an attribute assessed by a self-developed multi-item inventory about knowledge about AIDS, and other STDS. The fresh students were asked a series of questions consistent with what other contemporary researchers have asked about knowledge of AIDS (including it's transmission and prevention) and of risk practice of other STDS (Dada, Olaseha & Ajuwon, 1997). From a series of questions and responses, a single safe sexual practice index was constructed based on their increased knowledge about AIDS/ STDS and ability to abstain or engage in safe sexual practice either by the use of condom or other preventive devices (Dada et al, 1997).

Other Measures:

A socio-demographic scale, which taps information regarding the subject's age, years of education, marital status, course/faculty of study and gender, was also used.

PROCEDURE

By right, fresh students especially those without prior admission into the University will need to be allocated into any of the six halls of residence at the University of Ibadan for males undergraduates, two halls of residence for females undergraduates and one halls of residence with facilities for both male and female.

Through the cooperation of the student affairs officer a and with an informed consent and assurance of confidentially, all the students who reported within two weeks after resumption of school at the clearance point for allocation into halls were given the

questionnaires to fill. No student refused filling of the questionnaire.

A total of two hundred and forty-five (245) questionnaires were filled and collected on the spot by one of the researchers (S.O.J.). Two hundred (200) questionnaires were properly filled for data analysis. Eleven (11) questionnaires were rejected due to reported over-age and thirty-four (34) were discarded due to incomplete and missing data.

The two hundred students that were screened for the study were from seven faculties: Arts, The Social Science, Law, Science, Technology Agriculture and Education. The distribution of the respondents faculty by faculty is also summarized in table I.

Twenty-two students (11%) were from the faculty of Arts while sixty-eight fresh students representing 34% were from the faculty of the Social Sciences.

Four students (2%) were from Law Faculty and forty-four students (21%) were drawn from the faculty of science. Others include thirty-two students (16%) from the faculty of technology.

Ten students (5%) from the faculty of Agriculture, and 22 students (11%) were from the faculty of education.

DATA ANALYSIS

Analysis of data was based on the independent design for the study. Self-Efficacy was measured as a continuous variable with two levels (high and low). Self Esteem was also measured as a continuous variable with two levels (high and low). Both were the independent variables while safe sexual behavior assume the dependent variable.

High attributes indicate that there is an increase potential of such attributes in an individual while low signify an individual with a decrease potential of such attributes. High and low attributes of self efficacy and self esteem were determined by the summation of all the potential scores of the respondents with scores of a standard deviation below the mean were classified as low self efficacy and self esteem respectively.

All respondents with scores not classified into this dichotomy were left out of the analysis. The independent student T-test was then used to find the significant difference between the groups.

RESULTS

The means, standard deviations as well as the t-values for all the variables examined are reported in table II and table III respectively. Results indicate that fresh university undergraduates with high self-efficacy engage in safe sex behavior than those with low self-efficacy ($t = 4.00$, df 173, $P < .05$).

Also, in the same vain high self-esteem fresher students engaged in safe sexual behavior than low self-esteem fresher students ($t = 3.65$, df 173, $P < .05$).

Increasing years of education was related to increasing age ($r = .30$, $P < .01$) and gender ($r = .17$, $P < .05$), self-efficacy was inversely related to years of education ($r = .24$, $P < .01$). Self-esteem was related to increasing age ($r = .16$, $P < .05$), inversely related to increasing years of education ($r = .27$, $P < .01$) and positively related to self-esteem ($r = .47$, $P < .01$) safe sexual behavior was inversely related to increasing age ($r = .48$, $P < .01$) and self-efficacy ($r = .49$, $P < .01$) respectively. Safe sexual behavior was however positively related to self-efficacy and self-esteem respectively.

Table 1: The Subjects' Socio-demographic Characteristics (N = 200)

Characteristics	%
Gender	
Female	38
Male	62
Marital Status	
Single	98.5
Married	1.5
Faculties of Study	
Arts	11.0
Social Sciences	34.0
Law	2.0
Science	21.0
Technology	16.0
Agriculture	5.0
Education	11.0

Table 2: T-test Statistics Showing Mean/SD of Safe Sexual Behavior Score Between High vs Self-Efficacy

Subjects	N	Mean	SD	df	t
High Self Efficacy	94	26.27	2.15	172	4.0
Low Self Efficacy	80	20.99	1.10		

Table 3: T-test Statistics Showing Mean/SD of Safe Sexual Behavior Score Between High vs Low Self Esteem

Subjects	N	Mean	SD	df	t
High Self Esteem	107	34.40	2.94	173	3.65
Low Self Esteem	64	30.18	1.19		

Table 4: Pearson Correlations Matrix for all the Six Variables

No	Variable	1	2	3	4	5	6
1.	Age	-					
2.	Sex[a]	-.04	-				
3.	Years of Education	.30**	.17*	-			
4.	Self-Efficacy	.10	-.09	-.24**	-		
5.	Self Esteem	.16*	-.05	.27**	.47**	-	
6.	Safe Sexual B.	-.48**	.11	.25**	.49**	38**	-

a sex was coded 0 = Female and 1 = Male
* P < .05 ** P < .01

DISCUSSION

This study examines the effect of some personality dimension on safe sex behavior of fresh university undergraduate students at the University of Ibadan. It also documents the relative relationships of certain demographic factors on safe sex behavior of these students. The result shows that there is a significant effect of self-efficacy and self-esteem on safe sex behavior of fresh university undergraduate students.

It confirmed therefore the finding of Slonim-Nero et al (1991) who found out that an individual efficacy is one of the most basic and crucial components of his/her personality. Also the findings of Standing

(1992) reported that self-acceptance and self-esteem are the foundation stories of health adjustment.

Bandura (1977) argues that efficacy expectations are better predictors of behavior. Whether people make an effort to cope with problems and how long they persist in their effort to cope with problems and how long they persist in their effort to change are determined by the extent to which they believe they are capable of such change. This assertion was also confirmed by the work of Fishbein and Azjen (1975) who contended that Self-judgment or efficacies are determinants of choice behavior.

Some researchers have proposed that people with high self-esteem are motivated by a concern for self-enhancement (Crawford 1994). That is, high self-esteem people are interested in enhancing their prestige and image. They want others to think well of them and to praise them when they do something well. In regards to this, high self-esteem people will engage in safe sex behavior in order to enhance their health.

Since it is assumed that older fresh undergraduates will be more exposed and experience, they may be likely to take less risk and be more responsible than younger students. This contention confirmed the documented findings between increasing age and safe sexual behavior of the fresher. Scheper-Hughes (1994) assert that older persons can learn any new materials easier than younger persons when neither have any background in the particular discipline. He emphasized that this is because older people can draw on transferable elements of their overall ability and make applications. Apparently, older people understand methods of investigating problems better than younger persons.

The differences in the activities of older students (22 – 32 years) and younger students (13 – 21 years) on safe behavior agrees with the findings of Moore & Rosenthal (1991) who noted that persons

of different ages differs as a result of the experiences gained from undesirable behavior.

The acceptance of the hypothesis could be linked to identity formation, which is one of the Erik Erikon's psychosocial stages of development as responsible for the better performance of positive desirable behavior of older students than younger students on safe sex behavior using self-efficacy and self-esteem.

This stage of identity versus role confusion that is predominantly within the early adolescent age (13 – 21 years) may still be pressing for resolution and as a result may not be stable thereby affecting their relationship with sexual behavior.

Based on a theory of behavior change. The four programs with a positive impact on sexual behavior were based on social learning theory; social influence theories, or theories of reasoned action. Social learning theory posits that people learn behavior by observing and imitating others as well as through formal education. This is especially true of young people. Social influence theories suggest that because group and individual norms and attitudes shape behavior, it is develop individual and group values that support health and appropriate behavior. Theories of reasoned action assert that people's intention to adapt new behavior reflects their own beliefs and expectations and perceived social norms.

SUMMARY AND POLICY IMPLICATION

In conclusion, this study revealed that people's personality has a major effect on their behavior. Personality characteristic such as self-efficacy and self-esteem are taking into consideration.

Finally age and level or years of education also affects one's sexual behavior. Older fresh university undergraduates are exposed and experience than younger undergraduates who just got admitted into the university. Because of this factor they take less risk and are

more responsible that younger people who are adventurous and high-risk takers.

The findings in this study is encouraging and could stimulate other research works to be done in other high risk population such as secondary school students and the older generation of people in the society.

It is our suggestion also that efforts should be intensified by the Nigerian Government and political leaders who enforce laws and policies to make teaching of sex education compulsory in primary and secondary school in order to increase awareness and knowledge on reproduction, STD/AIDS. Also, they should insist that the News and entertainment media provide more responsible coverage and treatment of sexual behavior since most youths derive their information from friends and the media.

Parents should encourage the health, safety and intellectual development of their daughters, as well as their sons and encourage their sense of self-esteem. Also, they should communicate with their children about reproductive health and safe sexual behavior and answer all their questions fully and accurately.

Reproductive health workers should establish health care protocols that will meet the needs of young people and involve them in programs addressing healthy behavior. They should help the mass media inform the public especially the youth about sex and reproduction accurately and encourage the entertainment media to depict sexual behavior responsibly.

Finally, young people themselves should act responsible in sexual matters for their own sake and that of others and should, in sexual situations respect the rights wishes and concern of others including the use of contraceptives to avoid unwanted pregnancies and of condoms for STD/AIDS protection if they cannot abstain.

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