

Analysis of Some Key Sexual Behaviour Indicators Among Adolescents in Ekiti Southwest Nigeria

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Abstract: The study examined some key sexual behaviour indicators (ever had sex, age at first sex, reasons for engaging in sexual relations, multiple sexual relations, the use of condoms and incidences of unprotected sex in the last 12 months preceding the survey) in the context of adolescent's sexuality in Ekiti Southwest, Nigeria. Data were obtained from adolescents (15-24 years) who were systematically sampled from five local council areas. In all, 1200 respondents consisting of 240 from each of the council area responded to structured interview scheduled which contained open and closed ended questions. A validity and reliability of the instrument coefficient of 0.84 was arrived using Pearson Product Moment Coefficient. Data showed that well over half of the total respondent had engaged in sex and that the mean ages at first sexual experience, 18 and 17 years in the urban and rural locations, were lower than what was obtained in the past. The mean and the median ages at which the respondents had sex in the last 12 months preceding the survey were 19.7, 19.4 years and 20.4, 19.8 years in the urban and rural locations, respectively. The data revealing that one third proportion of women who had unprotected sex in the last 12 months preceding the survey calls for urgent attention in sexual issues among adolescents most especially in the era of HIV/AIDS pandemic, consequently, the need for more policies on adolescents' sexuality was recommended to curtail the trend of illicit sex among adolescents in Ekiti.

Key words: Sexual behaviour, HIV/AIDS, adolescents, Nigeria

INTRODUCTION

Sexual behavioural studies have become prominent among scholars in the social sciences with special focus on female adolescents; because of the fact that female adolescents bear greater consequences of unprotected sex^[1,2] and that the socio-demographic, economic and health consequences of illicit sex cannot be overemphasized. Sexual activities have increased world over and studies^[3,4] found that it is high in Nigeria as in other parts of the Sub-Saharan Africa. Cultures around the world have varying attitudes towards sexual activities among unmarried adolescents. Traditionally, the family is expected to give legality to marriage thereby setting up various legitimate rights and obligations. In the traditional Africa setting, a woman is not expected to have sex with the man until after marriage consummation. Through marriage arrangement, sexuality is legitimized but then, the trend has changed over the years.

In most countries of the Sub-Saharan Africa, the first sexual experience among adolescents takes place in different social context from those of the previous generations. In fact, the traditional values have declined and cultures relating to sexuality hybridized due to increasing urbanization, modernization and influence of western education. This has reduced the importance of

virginity at marriage^[5]. Adolescents, no more, see the preservation of virginity before marriage as normal, in fact, enjoyment of sexual pleasures has been identified as one of the factors for marriage among guys and that adolescents are no longer willing to be accountable to social structures in most parts of the world (Letamo and Bainame, 1997). Sexuality has increased with its attendant consequences such as early and unwanted pregnancies, risks of abortion and contract of sexually transmitted infections. In the Sub-Saharan Africa, studies have confirmed that most young women become sexually active before they are married or entered a formal union^[6,7]. Consequently they enter into sexual activities at a very early age. In a survey of 400 countries world wide, WHO^[6] found that the median age at first sexual intercourse is the age at which half of the women between 15-24 years age group become sexually active. In Ekiti, recent reproductive health surveys by Tinuola^[8] found the median age at first intercourse at 17 and 18 years in the rural and urban location and that the mean age at first sexual experience was 16 and 17 years in the urban and rural study locations, respectively. This mean age in the urban locations in Ekiti was lower than the estimates of the WHO^[6] Survey of 29 countries in the Sub-Saharan Africa which found the mean age at first intercourse at 17 years.

However, clinical and behavioural researches have found strong associations between age at first sexual intercourse and subsequent sexual health. This is because of the fact that an earlier age at first intercourse may lead to increased lifetime number of sexual partners and increased likelihood of multiple and concurrent partners. There is also the likelihood of contact with HIV/AIDS and other sexually transmitted infections for adolescents' women who are unable to protect themselves against aggressive male behaviour. Also that young women had too little self esteem to oppose their partner's assertion that there were no risks involved in sexual relations or that pregnancy poses no problems. It is therefore germane to research into some key sexual behaviour indicators in the context of adolescents' sexuality in the era where HIV/AIDS infection is affecting a considerable proportion of the population in sub-Saharan Africa.

The major objective of this study is to analyze some key sexual behaviour indicators in the context of adolescents' sexuality in Ekiti Southwest Nigeria. These indicators are. Ever had Sex, Age at First Sexual Intercourse, Reasons for Sexual Intercourse, Condom Use and Multiple Sex Partners in the last 12 months preceding the survey.

MATERIALS AND METHODS

This study is undertaken in Ekiti North Senatorial District in Ekiti State Nigeria. The State occupies the northeast corner of the Yoruba ethnic group in southwestern Nigeria. It is about 150 kilometers away from Lagos, the Business Capital of Nigeria. This study is a section of the Reproductive Health Survey carried out by Tinuola^[8]. Quantitative data were obtained from adolescents (15-24 years) while qualitative data were obtained in an in-depth interview of older women aged 60 years and above. Respondents for quantitative data were systematically sampled from the 5 local council areas that makes up the District. In all, total of 1200 respondents were sampled, 24 respondents from each of the local council areas. The instrument of data collection was a structured interview schedule which contains both open and closed ended questions. The face and the content validities of the instrument were done by experts in Demography. A validity and reliability coefficient of 0.64 was arrived at with the use of Pearson Product Moment Correlation Coefficient. The instrument was administered with the use of female undergraduates from the Department of Sociology, University of Ado Ekiti who had undergone three weeks training on data collection techniques. To validate or otherwise of the views of adolescents and to be able to generate intergenerational

data on sexuality among adolescents, in-depth interview was conducted among ten older women aged 60 years and above in the study locations. The interview schedule contained mostly open ended questions on which responses were sought. This information provided qualitative data used to validate or invalidate quantitative data.

Data: In an attempt to analyse the data, selected characteristics of respondents are correlated with specific sexual behaviour indicators. This was done in order to examine the influence of the characteristics on the sexual behaviour variables. These characteristics treated as independent variables may influence sexual behaviour treated as dependent. The assumption is that the social and cultural factors play important roles in the decisions of adolescents on issues relating to their sexual lives. This chapter will examine the extent to which the characteristics of adolescents influence or shape their sexual behaviour. In attempt to understudy the effects of the variables on the sexual behaviour of the adolescents, questions were raised on the followings: Have you ever had sex, Age at first sexual sexual intercourse, Reasons for engaging in sexual intercourse, condom use and unprotected sexual relations in the last 12 months preceding the survey.

Ever had sex: In the traditional Ekiti society, a strong emphasis was placed on the importance of premarital sexual abstinence. Data on respondents who ever had sex by locations and levels of education shows that 16.4 and 44.0% of the respondents who had Primary education had had sexual intercourse in the urban and rural locations. Well over half (64.3 and 51.5 per cent) of the total respondents who had ever had sex had secondary education in the urban and rural locations while just 19.3 and 4.5% had Post secondary education, , respectively. Of significance in the findings was that most of the respondents who had ever had sex possessed Secondary and Post secondary education. In the urban and rural locations, respectively, 68.8 and 79.5% of the respondents who had ever had sex were between 15-19 years of age while 31.2 and 20.5% of the respondents in the urban and rural locations were between 19-24 years of age. Though education seems to play an important role in the sexual life of adolescents, variation in age plays a more dominant role.

On the extent of sexuality among adolescents, older women listed the factors responsible as modernization and civilization. The stressed that most of the cultural norms and value system guiding sexual behaviour have been put aside. They blamed this on western education

and urbanization which made younger ones live away from home. What used to be sacred in the past has now become an open phenomenon in the society we found ourselves. On where adolescents learnt sexuality, a sixty four years old woman who is literate said:

The television, video films, video cassettes and others are all sources of information on illicit sex. Most of the Television stations, today, show programmes that expose our younger ones to sexual activities at early age. Most of the foreign artists have exposed our children and unfortunately, the Nigeria artists have joined them in that act. Look men may God to deliver us. In the past, you cannot have sex except you are married. In fact situations that could make one have sex before marriage were prevented. You stay most of the time with your parents at home or on the farm. It is no so today, most young one are sent to school at very tender age and left to take independent decisions that may affect their lives. Image nursery/primary schools now having boarding facilities for students who want to live in school. In Ekiti where the value system is education, what do you expect?

Corroborating the view above, a 62 -year old woman responded by saying: Urbanisation and Westernisation have really added to the problem of sexuality among our younger generation. The desire to live away from home in search for greener pastures in the urban areas and intention to live westernised life have really aggravated the problem. Even among those who lined in the rural areas, traditional values of sexuality have been eroded. Whenever you talk, they say “you are not modern and that close times of traditional practices have gone”. At age before 20 years, you see these kids discussing sexuality issues openly. One thing that surprises me most, is that, despite the extent of sexuality, very few of them get unwanted pregnancies indicating that they seem to understand pregnancy preventive measures. Where they learn such, I don’t know.

The views above were presented by older women to buttress the roles of modernization agents of socialization on the incidences of early sexual relations among adolescents. The exposure of these kids to sexual issues at early age is believed to have influences the age at first sexual intercourse. Probing further, questions were asked on respondents’ age at first sex.

Age at first sexual intercourse: The median age at first sexual intercourse for the respondents was estimated by determining the age at which 50% of them reported that they had sex. The median age at first sexual experience was 17.9 years and 16.9 years , respectively for the urban and rural locations , respectively. The data indicated that

the estimated median age at first sex reported by the adolescents in the urban area was much higher than those reported in the rural areas. This study confirms that the median age at first sex varies between urban and rural locations. The report indicated that adolescents in the rural locations had sex earlier than those of the urban locations. In the rural and urban locations, the median ages at first sexual intercourse were about 17 and 18 , respectively.

The differences in the mean age at first sex between the urban and rural locations corroborated the findings of Oguntimehin^[3] which found that the mean ages at first sexual experience were 19 years and 17 years in the urban and rural locations , respectively.

The age at first sexual experience also varied by the different level of education. Most respondents who had primary education in the rural locations who had sex earlier than those with secondary education. In past, older women reported that the age at first sex was directly linked with age at marriage. Since it was traditionally prohibited for anyone to have sex before marriage, society expects sexual behaviour at marriage. Though, relatively, early marriages were reportedly common in some rural communities in the past, it was assumed that at such time, the woman would have been physically mature to give birth. Some older women reported to age at first sexual experience at between 22-25 years in the past, others say that it was two years lower than that. This was based on the traditional practices of virginity before marriage. A lady who could maintain her virginity was reported to have given credibility to her family. In some of the rural communities, the experience seemed to be different from what obtained in the urban study locations, probably because of modernization accompanying urbanization. A rural woman, aged 65 years, who married at age 19 and had no formal education, indicated that since there was no opportunity to attend formal education young ladies were betrothed in early marriage. Consequently, female adolescents married at age ranging from 21 -24 years. She was however of the opinion that the case of male adolescents was different because he has to labour hard in the In laws farm for many years before they could be given in marriage. However, early betrothal did not mean early marriage or consequently, early sex because of the long period of courtship between couples. Couples were not permitted to see each other for many years until the close of the consummation of the marriage. While a girl could be betrothed as early as 12 years, she might not be allowed to marry until about 10 years later and that during these periods, sex was culturally disallowed. Another noticeable difference between the responses of older women and those of the adolescents was age differentials

between the husband and the wife. While adolescents reported an average age of 5 years, older women reported average age differential between couples at about 10 years. However, this may have no effect on the reproductive performance of women.

Reasons for sexual intercourse: During the survey, respondents reported two major reasons for engaging in sex-marriage and economic reasons. These respondents varied in their motives for engaging in sexual relations by occupations. Thirty-seven percent of the urban respondents who were schooling indicated that they had sexual relations for economic reasons as against 8% in the rural locations. These respondents specifically indicated that in order to augment the inability of their parents to pay their school fees fully and promptly, they accepted boy friends and man friends who offer to support them financially. They further indicated that choosing a sexual partner is often based on love and interests. About 41% of the total respondents who indicated marriage as the major reason for engaging in sex in the rural locations were traders. Only 2% of the full housewives in the rural locations indicated that they had extra marital for economic reasons. These respondents stressed that sexual partners often supported them financially and in kind in times of needs. Among those who were Civil Servants, 8% reported having sex for economic reasons in the rural locations and 4% opted for marriage reasons. The data generally provided further explanations for premarital and extramarital sexual relations among adolescents.

Generally, about 15.4% of the total urban respondents (15.4%) engaged in sexual relations for economic reasons while only 19% of the rural respondents reported having sexual relations for economic reasons. Considering the report, urbanization is factor to be reckoned with in discussing reasons why people engaged in sexual relations. In the rural location, a total of 81% of the total sample engaged in sexual relations for marriage reasons while only 19% engaged in sexual relations for economic reasons.

Interview from older women indicated that marriage was linked with sex which inturns linked with child bearing. This again stressed the importance attached to children among the Ekitis. A 60 years old woman responded to the question why do people engage in sex in local dialect:

Eniyan ni ibalopo nitori omo bi bi. Omo se pataki nitori wipe o ni la sehinde. Ojo ti a be re alakeji omo eni ni de ile de eni. Eni ti o ba wa si aye lai bi omo, o wa lasan ni. Ori mi je ki nbi omo (Amin). Interpretation; Sexual relation is a necessary condition to be pregnant and have

children. Children are so important, when one dies, he bears the family name and hold the family for you. Whoever lived in the world childless, has come in vain. May God give me enough children (Amen).

All these, the woman said to buttress her reason for anybody to engage in sexual relations. Corroborating the above, a sixty year old woman indicated that any sexual relations by adolescents that is not aimed at childbirth is an act of promiscuity. She stressed that even though this has become the order of the day, she decried the act. In her words:

Latijo, awon took taya ma nni ibalopo lat bi omo, ireti igbeyawo. Awon ale nikan lo ma nni ibalopo lati se iranlowo fun enikeji. Opolopo ninu awon ti ni ale ni won ti maa nbi omo inu won tan. Ni akoko yii, o see se ki oko eniyan mon ale iyawo re. Sugbon, ana ma nse bi eni pe won ko mo ale omo won. Idi eyi ni wipe owe Yoruba kan so wipe 'a kii mon oko omo eni ki a tun mo ale re'. Mimo yii tumo si wipe ebi ana iywo ko le gba nkankan lowo ale omo won lehin igba ti won ti gba eru lowo oko re.

Interpretation: In the past, sexual relation was directly related to child bearing, the reason for marriage. At an older age, a woman can have concubine with whom she relates sexually occasionally. However, the concubines were not officially recognized by the parents of the woman.

The responses above indicated that sex at an early age was to give birth to children. This also depended on whether such sex is protected or not. In modern times a married couple could delay childbirth after marriage for some reasons. Unprotected sex in this situation results in unwanted pregnancies and contract of sexually transmitted infections. Questions were asked on the extent of unprotected sexual relations. Responses are presented in further section. But then there is the need to ascertain whether respondents have multiple sexual partners or not.

Multiple sexual partners in the last 12 months: Findings indicate that all those who had ever had sex also had sex in 12-months preceding the survey. The responses are presented by age and level of education. The mean and median ages of the respondents who had sex in the last 12-months were 19.7, 19.4 years and 20.4, 19.8 years , respectively for the urban and rural locations. The mean and median are higher than the mean and median ages at first sexual intercourse for both the urban and rural location.

It further shows that 64.3 and 81.8% of those who had had sexual relations indicated that they had sex in the last 12-months in the urban and rural locations. Out of the total respondents between 20-24 years who had sexual

relations, 76 and 75% of them had sex in the last months in both the urban and rural locations.

There are differences by level of education in the urban and rural locations. About 66.3 and 67.4% of the respondents in the urban and rural locations who had primary education had multiple sexual relations in the last 12-months compared about half of those who had secondary education.

Among those with post primary education, 67.1% of those in the urban area compared with 72.0% of those in the rural area reported that they had sex in the last 12 months. It would appear that nearly all the adolescents irrespective of the level of education and location were sexually active.

Ever use condoms: The World Health Organisation, Joint United Nations Programme on HIV/AIDS and United Nations Population Fund issued a joint policy in 2001 that condom, when used correctly and consistently, can serve a dual role of protection against sexually transmitted infection and prevention of unwanted pregnancies FMOH^[7]. The major public health challenge in reducing HIV/AIDS and other sexually transmitted infections (STIs) is to encourage greater use of condoms among people at risk. Despite the importance of condoms for protection against HIV and other STIs, reliance on the male condom for family planning is rare among married women in developing countries. In this study, respondents were asked whether their male counterparts frequently used condoms during sex. The responses are presented below

One of the indices for measuring condom use among the respondents is the ability of the female adolescents to compel their male sexual partners to use condom during sexual intercourse. However, most adolescents indicated that their male counterparts were compelled by them to use condoms if they must have sex with them. The mean age of respondents who ever used condom were 19.9 and 20.8 years in the urban and rural locations. The adolescents who used condom in the rural areas were generally older than those in the urban areas. There were also variations in condom use according to the level of educations of the adolescents. In both the urban and rural locations, most adolescents who had secondary education had ever used condoms in the survey.

In the rural and urban locations, 82.5 and 57.8% , respectively had ever used condoms. Data showed that only 7.3 and 5.0% of respondents who had post secondary education had ever used condoms in the urban and rural locations , respectively.

There was generally a high use of condoms among respondents who were Christians in both the urban and rural locations than the Moslems. Fifty-four and 74% of

respondents who were Christians had ever used condoms in both the urban and rural locations against 16.5 and 10.0% among Moslems.

Older women reported that condom is a new phenomenon. In the past people went into sexual activities to give birth and as such, there was no such artificial barrier or protection against pregnancies. Traditional methods were often employed in the past to prevent pregnancies for some reasons. In some cases, a local juju called (Igbadi) was tied around the wants. In as much the woman wears the juju, any unprotected sexual intercourse would not lead to pregnancy. There were also situations where a woman is naturally barren and unable to have pregnancy. Adolescents reported that condom use is normal, most especially, because it offers dual protections. It protects against unwanted pregnancies and contract of sexually transmitted infections. They stressed that the use of condoms is influenced by factors such as the desire to be pregnant, the disposition of the male sexual partner and the fear of contracting sexually transmitted infections including HIV/AIDS. Some adolescents indicated their boyfriends often complained about the use of condom and consequently, have stopped the use of condoms. When further asked why they have stopped condom use, responses indicated that 30% of the respondents in the rural locations who used condoms before stoppage indicated that they did not enjoy using it. As said earlier in this study, the condom use was measured by the ability of the female adolescents to compel their male sexual partners to use condoms during sexual intercourse and the usage of femidom by female adolescents where available and when the users could afford the price of acquiring them. Only 26.1% stopped the use of condoms because they did not enjoy it. Common among respondents who were married or intended to marry was that they stopped condom use because they wanted "children". Those who were not married and stopped condom's use indicated that they did that because it was desired by their intending husbands. About 33.5 and 26.9% stopped condom use because they wanted a child. However, 13.2 and 16.2% of the respondents indicated that they stopped the use of condoms because their male counterparts opposed the continuous use. Among reasons listed for opposing the use by male partners are less of sexual enjoyment, it at times breaks during ejaculation and offers protection against the practice of flesh sexually. About 7 and 10.3% stopped condom usage for religious reasons in the rural and urban locations. Aside from the intention to have children, other reasons for stopping condom use may not be justifiable taking into consideration the risks of unwanted pregnancies and contract of sexually transmitted infections including HIV/AIDs which is life threatening.

Unprotected sexual relations with more than one partner in the last twelve months: The data shows the percentage distribution of respondents who had unprotected sex with more than one partner in the last 12-months by certain characteristics. Unprotected sexual intercourse may result in unwanted pregnancies, abortion, contract of sexually transmitted infections and places adolescent at increased risks of reproductive health problems Tinuola^[5]. The Table shows that there is a wide difference between respondents in the urban and rural locations. In the urban locations, 56.5% of the respondents who had sexual relations specifically had unprotected sex compared to 38.5% in the rural locations. More of adolescents between 15-19 years of age were involved in unprotected sexual relations with multiple sexual partners in the last 12-months than those 20- 24 years old preceding the survey.

Only 15.6 and 13.5% of the respondents between 20-24 years of age in the urban and rural locations had unprotected sexual relations with multiple sexual partner in the last 12-months.

When the National data are compared with this survey data, there were differences in the percent of respondents who had unprotected sexual relations with multiple sexual partners in the past 12 months preceding the survey. Among respondents who were between 15-19 years, about 38.9% had unprotected sexual relations as reported in the NARHS' survey compared to 56.5% reported in the urban locations in 2004. There was only a slight difference between the NARHS data and the percent of those who had unprotected sexual relations in the rural locations.

HYPOTHESES

Age at first sexual intercourse and level of education:

$H_0 : r =$ That age at first sexual intercourse is not significantly level of education of respondents in the study locations

$H_1 : r =$ There is a significant relationship between age at first sexual intercourse and the level of education respondents in the study locations

To test the above hypothesis, data on age at first sexual experience and level of education are used.

Using Chi square test

$$X_c^2 = 268.74$$

degree of freedom = 3

Testing the validity or otherwise of the hypothesis using different levels of significance, the results are shown below:

At 0.05, 0.01, 0.005 levels of significance, $X_c^2 > X_c^2$, therefore, we reject the null hypothesis and accept and confirm the alternate hypothesis. The test shows that

there is a significant relationship between the level of education of respondents and the ages at first sexual intercourse in the study locations.

Economic and social reasons for entering into sexual relations by occupation: $H_0 : r =$ That there is no significant relationship between economic and Social reasons for entering into sexual relationship by occupation in the urban locations

$H_1 : r =$ That there is a significant relationship between economic and Social reasons for entering into sexual relations by occupation in the rural locations.

To test the validity or otherwise of the hypotheses above, table on the distribution of respondents into economic and marriage reasons for engaging on sexual relations by occupation provide the relevant data

Using Chi square test

$$X_c^2 = 34.72$$

Degree of freedom = 4

$$X_c^2, 13.277 \text{ at } 0.01 \text{ level of significance}$$

Decision criterion: since $X_c^2 > X_c^2$, we reject the null hypothesis and accept and confirm the alternate hypothesis. The test showed that there is a significant relationship between economic and social reasons for entering into sexual relations by occupations of respondents

CONCLUSION

The study dealt with the analysis of some key sexual behaviours indicators as indicated by National AIDS and Reproductive Health Survey (2003) report of the Federal Ministry of Health. Respondents varied on whether they ever had sex by location. In the rural locations, less than half of the total sample had ever had sex while well over half of the urban sample had ever had sex. The mean age at first sexual experience was lower in the urban than rural locations. Urban residents have access to modern life style associated with high sexuality. Research experience indicated that most urban residents had access to print and electronic media are that often precursors of knowledge of reproductive health issues. With the high level of sexuality of among adolescents most especially in the urban locations, the associated risks were also examined. Adolescents stand the risks of unwanted pregnancies, contract of sexually transmitted infections and early childbirth. These risks can be curtailed by the use of condoms. The mean age of respondents who had ever used condom during sex was 19.9 and 20.8 years in the urban and rural locations, respectively. Some adolescents indicated that were engaged in unprotected sexual relations within the last

12 months preceding the survey. The mean age of the adolescents who had unprotected sex was 18.1 years for both urban and rural locations. The decision to have unprotected sexual relations was motivated by the desire to get married.

Data show the age at first sexual experience nowadays is lower than what was obtained in the past. The current mean age at first sexual experience is reported at 17 years older women reported a higher age. In the past age at first sex was linked with age at marriage and that people go into sex for procreation. The situation is not the same today. Consequent on the above, there is the need for sexual orientation among adolescents. This could be achieved through the inclusion of sex education in the curriculum of secondary schools. This may record remarkable success in Ekiti where the value system is education aside from the fact that stakeholders in reproductive health should formulate appropriate policies on adolescents' sexuality through appropriate legislation to curtail the trend of illicit sex and other sexual risks behaviours among adolescents.

REFERENCES

1. WHO, 1994. WHO Urges Sex Education in Schools. Press release; Geneva.
2. N'galy b and R. Ryder, 1988. Epidemiology of HIV infection in Africa in *Journal of Acquire Immune Deficiency syndrome*, 5: 51-58
3. Oguntimehin, F., 1992. The nature and pattern of multiple sexual District, Ondo State Nigeria. A M.Sc thesis submitted to the department of Demography and social statistics, OAU, Ife-Ife.
4. Tinuola, F.R., 2002. Socio-cultural determinants of adolescents' pregnancies and sexually transmitted infections in Ikole Local Government. A M.Sc thesis submitted to the Department of Sociology, University of Ado-Ekiti, Nigeria
5. Tinuola, F.R., 2003. Premarital pregnancies among adolescents in Odo Oro Ekiti in *UNAD Journal of Education*, 3: 112-122
6. WHO, 2001. Global Prevalence and incidence of selected curable sexual transmitted infections; overview and estimates, Geneva; WHO, 200)
7. FMH, 2003. Nation AIDS and Reproductive Health Survey in Nigeria
8. Tinuola, F.R., 2004. Adolescents reproductive health Behaviour department of sociology, University of Ado-Ekiti, Nigeria.