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When No Means No: Psychosocial Dynamics of Self-Efficacy for Refusing Sexual Behaviour

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Abstract

The study investigated the relationship between parent-adolescent communication, religiosity, attitude toward sexual abstinence and self-efficacy for refusing sexual behavior among adolescents in Ibadan metropolis. In a cross sectional survey, 200 adolescents were randomly sampled to respond to a structured questionnaire, their ages ranged between 11 and 20 years. Result indicated that parent - adolescent communication, religiosity, and attitude towards abstinence have joint influence on self-efficacy for refusing sexual behaviour ($F(3, 195) = 2.71; R^2 = .21, P < .05$). Also, parent-adolescent communication, religiosity and attitude toward abstinence were found to independently predict self-efficacy for refusing sexual behavior. It then becomes pertinent that in a bid to stem the tide of HIV infection, indiscriminate sexual activities and their attendant negative consequences, parent - adolescent communication should be strengthened, faith based advocacy/mobilization against premarital sex/marital infidelity should be adopted while attitudinal change programmes on sex education and consent should be explored.

Keywords: Self-Efficacy, Sexual behaviour, Parent-child Communication.

Introduction

The current trend in Sexually Transmitted Diseases (STDs) in the world is that adolescents are at a higher risk of contracting STDs than any other group. Many reasons have been advanced for this particular observation. One, it has been suggested that the conflict inherent in the transition from childhood to adulthood if not properly handled often

leads to a breakdown in communication between parents and their adolescent wards and this portends consequences for sexual experiences and behavior of the adolescents. Two, developmental psychologists have indicated that adolescents spend more time with their friends and as such are exposed to a lot of peer influence that can become a form of powerful pressure to engage or experiment with sex without adequate preparation for the likely consequences.

Eng and Butler (1997) reported that in the United States, adolescents run a higher risk of contracting STDs including HIV than the adult population, this assertion was supported by the finding of Centers for Disease Control and Prevention in its HIV/AIDS surveillance report for 1999. The situation in Nigeria is compounded by some other environmental factors like poverty, mass illiteracy, inadequate knowledge and other cultural related factors. According to Adedipe (2000) and Nnachi (2003), Nigeria is faced with several behavioural challenges among its youths; chief among the challenges is sexual behavior. Many adolescents are found to be involved in unprotected sex, multiple sexual partners, sex work and of course age at first sexual experience is now said to be below age 13. One major issue in adolescent girls' sexual behavior seems to be the ability and skills to negotiate safe sex practices with their partners and declining unwanted sexual advances, a situation that put them at risk of contracting STDs and HIV. This is basically seen as a social cognition issue; specifically, that of self-efficacy. Self-efficacy theory as propounded by Bandura (1977) asserts that human motivation and action are based upon three expectancies: situation-outcome, action-outcome and perceived self-efficacy.

According to Conner and Norman (1995), situation-outcome expectancies represent beliefs about what consequences will occur without interfering personal action for instance susceptibility to a health threat. Second, action-outcome expectancy is the belief that a given behavior will or will not lead to a given outcome. For self-efficacy expectancy, it is the belief that a behavior is or is not within one's control. In other words, self-efficacy of an individual will inform whether the individual is able to negotiate safe sexual behavior or not. In a similar assertion, Schwarzer (1992)

affirmed that situation-action expectancies influence behaviour via their impact on action-outcome expectancies by motivating an individual to consider different actions to minimize risks from a particular behavior. On the other hand, self-efficacy expectancies are assumed to have a direct impact upon behaviour and an indirect effect via their influence upon intentions. The import of these assertions is that self-efficacy plays a very crucial role in initiating safe sex behaviour and rejecting risky sexual advances from partners.

Literature has indicated that parent-adolescent communication is a great buffer in building self-efficacy for refusing sexual behavior. DiClemente, Wingood, Crosby, Cobb, Harrington, and Davies (2001), Whitaker, Miller, May, and Levin, (1999), Dilorio, Kelley, Hockenberry-Eaton, (1999) suggested that by mediating the effects of social and peer influence, parent-adolescent communication about sex can reduce the likelihood of adolescents engaging in sexual risk behaviours. Specifically, Miller, Forehand and Kotchicik (2002) reported in a study that by providing, countervailing influence, parent-adolescent communication about sex protected adolescents from peer influence that may have otherwise encouraged sexual risk behaviour. For the western world, there is enough evidence to show that good family communication correlated with a delay in the onset of sexual activities by adolescents and parents have been found to shape adolescents attitudes and beliefs about sex (Fisher 1986; Sander and Mullis, 1988). The same thing cannot be said of Nigeria where the various cultures still treat issue of sex as sacred and the exclusive preserve of adults to the exclusion of children and adolescents; a situation that portends grave consequences for risky sexual behaviours.

In the western world where parents do not shy away from communicating with their adolescents about sex, research has also shown that the patterns of communication differ. While some parents are of the opinion that they should only convey normative messages about sex to their *adolescents others convey only informative messages* (Sanders and Mullis, 1988). These differences in communication patterns may lead to various outcomes in the adolescents in terms of engaging in risky sexual behaviour. Observed

differences in communication pattern have also been suggested along racial/ethnic dimension meaning that parents from some ethnic groups may communicate better with adolescents on sexual matters than parents from some other groups. Jaccard and Dittus (1998, 2002) also reported that there are gender differences in how parents communicate with their adolescents about sex; parents tend to talk more to girls about issues relating to sex than they do with boys. In addition, mothers are found to engage in such discussion than fathers.

Miller, and Cohen (2001) asserted that important aspects of parent-adolescent communication about sex include the quality of communication and the closeness of the relationship. These according to them have been found to be related to lower level of adolescent pregnancy. By implication, adolescents who enjoy close relationships with their parents and have quality communication are likely to engage in less risky sexual behaviour like early sexual debut, multiple sex partners, non abstinence etc.

Research has indicated that apart from parent-adolescent communication, religiosity can also mediate adolescent sexuality. According to Eaton and Flisher (2000), religiosity is the strength of religious faith rather than belief in a particular denomination, and this has been shown to be a protective factor for a number of adolescent health related outcomes including sexual behaviour. The major religions in the world like Islam and Christianity are known to regulate sexual behaviour through their doctrines of mutual fidelity among married people and abstinence from all forms of sex until marriage among adolescents. To this end, it is expected that the strength of an individual's belief and commitment to religion will inform his/her attitude toward sex and as such have implication for risky sexual behaviour. This particular expectation has found corroboration in literature that high religiosity decreases the likelihood of sexual risk behaviour. Of particular interest is the finding of Steinman and Zimmerman (2004) in a study among African American youth, it was found that religious activities limit the different types of risk behaviour related to sex.

There are several ways through which religion can influence and regulate adolescents' sexual behaviour. These include strong opposition to premarital sex, out of wedlock procreation and some forms of discrimination against individuals who go against the norms. Adolescents who attend religious institutions frequently and value religion are more likely than others to develop sexual attitudes and behaviour that are consistent with religious doctrines and as such may exhibit greater commitment toward sexual abstinence before marriage. In addition, significant involvement with religious institutions will likely enhance the chances of adolescents making friends with peers who have restrictive attitude toward premarital sex and thereby delay sexual involvement. These notions have found corroboration in literature, Nonnemaker, (2003) and Steinman, and Zimmerman, (2004) in separate studies concluded that religious involvement and adolescent sexual behaviour and attitudes are strongly correlated.

How sexual abstinence which is seen as the practice of voluntarily refraining from some or all aspects of sexual activities will affect sexual risk behaviour can be a function of the attitude of adolescents toward abstinence. People are found to abstain from sex for several reasons ranging from simple to complex. Reasons may include religious, moral conviction, and socio-cultural considerations. However, a casual look at literature suggests that STDs' contraction is not one of the strong reasons while abstinence is encouraged among the various institutions, emphasis are usually on religious and moral considerations.

Considering the endemic nature of HIV/AIDS and adolescents as a high risk group viz a viz the separate predisposing variables that literature has implicated there is the need to investigate self efficacy of adolescents in refusing sexual behaviour. This is premised on the assumptions that if adolescents are equipped with social skills to refuse sexual advances and or negotiate safer sex, there is likely to be a corresponding significant reduction in engaging in risky sexual behaviour exposing adolescents to the HIV/AIDS contraction. Specifically, this study examined parent-adolescent communication, religiosity and attitude toward

abstinence as independent and joint correlates of adolescents' self efficacy for refusing risky sexual behaviour.

Methods

Design

This is a cross sectional survey using the ex-post facto research design. The variables were pre-existing and so there was no active manipulation in the course of the research. Parent-adolescent communication, religiosity and attitude toward abstinence are independent variables while self efficacy for refusing sexual behaviour is the dependent measure.

Participants

Participants in the study were made up of 200 adolescents in senior secondary schools drawn from four schools within the Ibadan metropolis (2 private & 2 public) using the accidental sampling technique. The age ranged between 14 and 20 years with a mean age of 17.35 and standard deviation of 2.34. Also, there were 100 males and 100 females. 141 (70.5%) were Christians, 53 (26.5%) were Muslims while 6 (3%) practice Africa traditional religion.

Measures

A structured questionnaire consisting of validated scales was used in data collection. Section A tapped demographic information like age, sex, religion and class. Section B of the questionnaire is the Barnes & Olson (1998) parent-adolescent communication scale, this is a 40-item (mother-adolescent 20; father-adolescent 20) measure of communication between parents and their adolescent children. It is a Likert format scale with 5-response option ranging from strongly agree (5) to strongly disagree (1) with a reliability Coefficient of .87 and .78. Section C is an 11-item scale developed by Adamson, Shevlin, Lloyd and Lewis (2000) measuring religiosity, it is also a Likert format scale with original Alpha coefficient of .76

reported by the authors and .79 for the present study. Section D measured attitude toward abstinence and was developed by Miller, Levin, Whitaker, and Xiaohe (1998) who reported a Coefficient Alpha of .85 while the present study yielded an Alpha of .82. The self efficacy for refusing sexual behaviour was measured by Section E of the questionnaire authored by Kassen, Vaughan, and Walter (1992); it has a Coefficient Alpha of .82 as reported by the authors while the present study yielded a Cronbach Alpha of .94, the scale is in the Likert format with 5 response options ranging from not at all (0) to very sure (4).

Procedure

Permission to administer the questionnaires was sought from the authorities of the respective schools after which the questionnaires were administered on the participants with the help of some of the teachers. The participants consent was also sought and only those who agreed to be part of the survey were included with assurance that their responses will be treated with absolute confidentiality. To this end, the participants were instructed not to put their names on the questionnaires nor anything that could compromise anonymity. Administration was done in groups with instruction that there were no right or wrong answers. However, participants were encouraged to be truthful in their responses. The questionnaires were retrieved back on completion while participants were appreciated and accordingly debriefed. In all, 245 questionnaires were administered while 200 were found useful for the analysis.

Statistical Analysis

A multiple regression analysis was carried out to see the independent and joint influences of parent-adolescent communication, religiosity and attitude toward abstinence on adolescent self efficacy for refusing sexual behaviour. Also, a t-test of independent mean was carried out to determine the differences in adolescents self efficacy for refusing sexual behaviour based on types of school (public vs private).

Result

Insert Table 1.0. at about here (see appendix 1)

A zero order correlation to check relationships among the variables showed that, self-efficacy for refusing sexual behaviour is positively correlated with parent-adolescent communication ($r = .39$). Religiosity as well positively correlated with self-efficacy for refusing sexual behaviour ($r = .13$). Similarly, attitude toward abstinence positively correlated with self-efficacy for refusing sexual behaviour ($r = .23$). Result in table 1.0 indicated a significant joint influence of parent-adolescent communication, religiosity and attitude toward abstinence on adolescents' self efficacy for refusing sexual behaviour ($F(3, 195) = 2.71$; $R^2 = .21$; $P < .05$). The three variables jointly contributed 21% to the variance of self efficacy for refusing sexual behaviour. In addition, parent-adolescent communication, religiosity and attitude toward abstinence have significant independent influence on self efficacy for refusing sexual behaviour respectively ($\beta = -1.41$; $t = -2.75$; $P < .05$, $\beta = -.08$; $t = -4.11$; $P < .05$, $\beta = .11$; $t = 4.30$; $P < .05$).

Insert Table 1.1. at about here (see Appendix 2)

The result in Table 1.1 showed there is a significant difference in the self efficacy for refusing sexual behaviour among adolescents in private schools and those in public schools ($t = 2.0$; $df = 194$; $P < .05$). Specifically, adolescents in private schools were found to possess higher self efficacy for refusing sexual behaviour.

Discussion

The findings from this study indicated that communication between parents and adolescents on sexual issues has significant positive influence on the self efficacy of the adolescents in refusing unwanted sexual advances and by extension improves effectiveness in negotiating safer sex practices. This is in line with the reported findings in

literature that adolescents who communicate effectively with their parents have higher self efficacy for refusing sex. Particularly, Sionean, DiClemente, Wingood, Crosby, Cobb, Harrington, et al., (2002) reported that adolescent who spoke more frequently with their parents about sexual issues were nearly twice as likely to consistently refuse unwanted sex than were those who spoke less frequently with their parents. The finding is also corroborated by the work of DiClemente et al., (2001) which suggested that adolescents reporting less frequent communication with parents about sex-related topics are less likely to negotiate safer sex and avoid risky sexual behaviour. This much was as well the assertion of Miller et al., (1998), and Whitaker et al., (1999). It thus becomes obvious that parent-adolescent communication is central to building the self efficacy of adolescents in sexual relationships.

From the results, it is obvious that religiosity influences adolescents' self efficacy for refusing sexual behaviour positively, this means that adolescents who are committed to religious institutions and participate regularly in religious activities are more likely to have higher self efficacy for refusing unwanted sexual attention. The finding is clearly in line with literature that teenagers who participated regularly in religious activities were less likely to engage in sexually risky behaviours. In the same breath, attitude toward abstinence which may be informed by a number of factors is also found to positively influence self efficacy for refusing sexual behaviour; in other words, adolescents with positive attitude toward abstinence are more likely to refuse risky sexual behaviour than those with negative attitude. This assertion is supported by the finding of Basen-Engquist, Masse, Coyle, Kirby, Parcel, Banspach, and Nodora, (1999), in a study that found that high school students who had never had sex had more negative attitude toward sexual behaviour and expressed greater self efficacy for refusing sexual behaviour.

Furthermore, this study showed that parent adolescent-communication, religiosity and attitude toward abstinence have joint significant influence on adolescents' self efficacy for refusing sexual behaviour. This is an indication

that the development and strength of self efficacy are contingent upon a number of interacting factors rather than a single factor, interestingly, the finding found support in the works of Sionean et al., (2001) which concluded that both psychosocial and behavioral factors are correlates of refusing unwanted sex among African-American adolescent females.

Considering the popular assumption in psychology that environmental dynamics significantly influence attitude and behaviour it is then not surprising that the result from this study showed a significant difference in self efficacy for refusing sexual behaviour of adolescents in private schools and their counterparts in public schools. This difference can be explained within the Nigerian context in terms of the elitist nature of the private schools, compared to the public schools, private schools are better managed, better funded, better stalled and as such provide superior skills and information to their students. The public schools on the other hand are largely neglected with little attention to social skills' development.

In all, the findings from this study have shown that a multi-faceted approach should be adopted in shoring up the self efficacy of adolescents for refusing sexual behaviour and negotiating safer sex with partners. Specifically, parents should be seen as very crucial in the promotion of objective and honest communication about sex-related issues between themselves and their adolescents on one hand and between their matured adolescents and their sex partners on the other hand. Moreover, it may not be enough to communicate with the adolescents; the communication should be established very early in life before peer influence becomes predominant. In addition, adolescents should be encouraged to engage in functional religious activities in order to shape their attitudes and discourage risky sexual behaviour. Finally, efforts to reduce sexually-risky behaviour should be directed toward bridging any form of communication gaps between adolescents and their parents, make parents significant advocates of safe sex practices, build self efficacy to effectively engage their partners and negotiate safer sex practices while at the same time concentrating efforts on providing social

competency skills for adolescents in schools and religious institutions.

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Appendix 1

Table 1.0. Summary of Multiple Regression Analysis showing the independent and joint influence of parent-adolescent communication, religiosity and attitude toward abstinence on adolescent self efficacy for refusing sexual behaviour.

Variables		β	T	P	R	R ²	F	P
Self Efficacy	Parent-adolescent communication	1.41	-2.75	.014	.46	.21	2.71	<.05
	Religiosity	-.08	-4.11	.000				
	Attitude toward abstinence	.11	4.30	.027				

Appendix 2

Table 1.1. Summary of t-test of independent means showing the difference in self efficacy for refusing sexual behaviour of adolescents in public and private schools.

Self Efficacy	School Type	N	Mean	SD	df	t	P
	Private	96	13.46	10.01	194	2.0	<.05
	Public	100	10.62	9.84			