CHAPTER ONE

INTRODUCTION

Background to the Study

One of the foremost adolescents' problems these days is their early involvement in different sexual behaviours which could be detrimental to their wellbeing. Human sexual behaviour involves the manner in which humans experience and express their sexuality. Abiodun, Gbadebo and Motunrayo (2013) maintained that human sexuality is generally described as the sum total of manner through which people experience and articulate their sexual sensation. It encompasses physiological make-up as well as socio-cultural, psychological and spiritual aspects of life. It involves engaging in sexual activities which range from hugging, touching, kissing, dating, foreplay, sexual feelings, masturbating, pornographic watching, and romantic relationship to sexual intercourse.

Momodu and Imhabekhai (2012) observed that sexuality issues have been one of the most fundamental aspects of human existence, which is directly related to both the physical and psychological well-being of an individual. It reflects the integral joyful part of human with biological, social, physiological, spiritual, ethical and cultural dimensions. It also encompasses concepts such as growth and development, human reproduction, family life, pregnancies, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDs and other sexually transmitted infections. Sexuality can also be seen as the quality of being sexual, the state of being either male or female, sexual desires and their gratifications (Uyi-Osaretin & Okobia, 2010).

Momodu (2010) asserted that sexual thoughts, feelings and behaviours present throughout life, are often accentuated during adolescence. Students, most of whom are adolescents are particularly inclined to try out new ideas received from the environment. Today, our environment is not that friendly to students in providing them with the necessary productive ideas needed to promote their health. Rather, it provides them with that which motivates them to take decisions that are detrimental to their health. For example, Uyi-Osaretin and Okobia (2010) lamented that sex, which use to be treated as sacred topic is now being flaunted on billboards, television, magazines, internets, and any where one looks at today. This is not very good for adolescents as they are particularly inclined to try new ideas whether positive or negatives. At this time, the adolescents lack the abilities of life skills to assimilate multiple stimuli from the environment especially the ones from peers and media thereby luring them to experiment risky sexual behaviours.

Morhason-Bello, et al (2008) reported that Okpani and Okpani (2000) and Okonofua (2000) maintained that studies within Africa including Nigeria have demonstrated increasing rate of premarital sex and decline in age of sexual debut among adolescents contrary to our moral and cultural values. This act exposes the adolescent to unsafe sexual practices. One of the factors that has recently been linked by researchers such as Okafor (2011); Geckil and Dundar (2011) to adolescent early sexual debut and unprotected sex is self-esteem.

In the same vein Alavi (2011) observed that self esteem is one of the most important variables and concepts that has a meaningful influence on addiction, theft and

prostitution. Self-esteem simply means individuals' opinion of their self-worth or ability to feel positive about themselves. It can also be seen as one's sense of self-worth, self regard, self respect and self integrity. Guidon (2002) defined self esteem as the attitudinal, evaluative component of the self; the affective judgments placed on the self-concept consisting of feelings of worth and acceptance, which are developed and maintained as a consequence of awareness of competence, sense of achievement, and feedback from the external world. People's sense of self-esteem influences their attitude about what they can do, how to cope with problems and how to get along with peers or friends (New, 2012; Gerhardt, 2013; and Torres, Fernandez, & Maceira, 1995).

Self esteem is of two types, high and low self-esteem. High self-esteem is a quick comfortable feeling of total acceptance and love for oneself as one is. It is respecting oneself as a worthwhile human being and honestly seeing one good and bad quality. People with high self-esteem are assertive, self confident, smart, intelligent, goal oriented and very loving and lovely. They are able to overcome stress, and get adjusted to situations, criticism and unfavorable environment in a favorable manner. On the other hand, low-self-esteem is a feeling of hatred for one's self. It is when one is not happy with oneself and as such does not have self worth, self respect, and self acceptance. In this case the individual is depressed and moody, feels rejected and unduly cared for. People with low self-esteem react to others with extreme emotion or no emotion. This is one of the reasons why low self-esteem is being linked with increased risk behaviors such as: increased sexual risk behaviours, poor health and depression (Donnellan, Trzesniewski, Robbins, Moffitt & Caspi, 2006). Also, Lejeuz, Simmons, Aklin and Daughters (2004) maintained that low self esteem places the individual at a high risk for

taking part in risky behaviours such as risky sexual activities including having unprotected sex and not limiting partners. In contrast, Cole and Slocumb (1995); and Hollar and Snizek (1996) both authors using Rosenberg's Self Esteem Scale, found in their study that among sample of college students, high self esteem students were more significantly likely to engage in risky form of conventional sexual behaviours than the low self esteem counterparts.

The importance of high self esteem in the development of healthy behaviours (especially sexual behaviours) among adolescents cannot be over emphasized because, high self esteem is usually assumed to be protective and predictive of healthy behaviours. This is why Favara (2013) maintained that high self esteem is a "social vaccine" that inoculates people, especially young people against vulnerability to a wide range of social illnesses, while low self-esteem is predictive of negative behaviours such as risky sexual activities, unprotected sex and having multiple sexual partners (Geckil& Dundar, 2011; Simmons, Aklin & Daughters). Low self-esteem is also being linked with increased risk behaviors such as poor health and depression (Darane, 2003; Donnellan, Trzesniewski, Robbins, Moffitt & Caspi, 2006). Also, Lejeuz, Simmons, Aklin and Daughters (2004) maintained that low self esteem places the individual at a high risk for taking part in risky behaviours such as risky sexual activities including having unprotected sex and not limiting partners.

Based on the above facts, it is obvious that a significant relationship exist between self-esteem and sexual behaviours among adolescents. What is not clear is the direction of the relationship. Some researchers such as Favara (2013); Lejeuz, Simmons, Aklin and Daughters (2004) are of the opinion that high self-esteem is promotive,

predictive and protective of safer sex behaviours while others like Heinrichs, Macknee, Auton-Cuff and Donnel (2009); and Farrell (2013) refute this belief and maintain that high self-esteem is promotive and predictive of unsafe sexual behaviours. in order words low self-esteem is predictive, promotive and protective of safer sex behaviours while HSE is predictive and promotive of unsafe sexual behaviours. This controversy which exists between self esteem and sexual behavior is what actually necessitates this study, especially in school setting such as secondary schools in South-South Geopolitical Zone of Nigeria.

Again, several studies such as Moris, Young and Jones (2000); and Christensen (1985) have equally observed that the relationship between self esteem and sexual behaviours is greatly influenced by students' age, gender, level of education, attitudes, religion, parenting styles, family pattern and parents' social economic status (SES). For example, Moris, Young and Jones (2000) opined that students' age, gender, level of education, and attitudes significantly influence the relationship between their self esteem and sexual behaviours. Christensen, (1985) on the other hand maintained that religion did not significantly influence the relationship between self esteem and sexual attitudes and sexual behaviours in his study on self esteem and adolescent sexual attitudes and behaviours in California and New Mexico all in the United States of America.

Several studies such as Egbochuku and Ekanem (2008) and Upchurch, Aneshensel, Sucoff and Levy-Storms (1999) have reported adolescent involvement in various sexual behaviours raging from discussion of sex, watching pornographic films, indecent dressing to sexual intercourse. This further buttress the fact that adolescents do not only involve in sexual practices/behaviours but also indulge in forms of sexual risk

behaviours that place them at the risk of HIV infection, other sexually transmitted infections and unwanted pregnancies. When this happens, it either makes them to face the problem of being dropped out from the school particularly the female students in the case of unwanted pregnancy or death in the case of deadly sexually transmitted infections (STIs).

It is very unfortunate and painful to believe that secondary school students who are supposed to be serious with their studies so as to have a bright future now engage in various sexual behaviours that have the potentials to endanger their health and bright future. Centre for Disease Control and Prevention (CDC), (2009) supported this view when it observed that nearly half of the 19 million new STIs, each year are among young people aged 15-24 years.

Adolescents do not only involve in penetrative sex or sexual intercourse, but involve in other sexual behaviours such as: hugging, kissing, touching, masturbating, buying and watching pornographic materials, hanging out with opposite sex and discussing sexual issues. This agrees with the study of Igudia and Obasuyi (2011) where fresh university students maintained that they watch pornography, discuss sex and dress sexily.

In Nigeria, associations between media, peer influence, family typology, neighborhood influence, ages, gender, level of education, parental socio-economic status, curiosity, sex drive, pleasure, monetary gain, religion and sexual behaviours have been established (Temin et at.,1995; Okpani and Okpani, 2000; Izugbara,2001; & 2010; Aji, et al 2013). But that of self-esteem and sexual behaviours is yet unknown because there is no empirical work existing in this area that is known to the researcher.

Statement of the Problem

The problem of adolescents' involvement in risky (unsafe) sexual activities exists in Nigeria as reported by (Okpani and Okpani, 2000; & Aji, et al 2013). The influence of media, peers, attraction, parental social economic status, religion and gender have been linked to adolescents early involvement in these sexual activities. In other parts of the world like America, South Africa and United Kingdom self-esteem has been identified as one of the factors influencing adolescents' involvement in risky sexual behaviours including sexual risk practices especially, unsafe sex behaviours. Having noted that high self-esteem is protective against unhealthy behaviours and that low self-esteem is predictive of unhealthy behaviours, so enhancing adolescents' self-esteem (high self esteem) is now seen as a means of fostering academic success, moral behaviours and healthy decisions making especially in America.

In Nigeria, although it has been established that the problem of early sexual debut exists among secondary school students and variables such as media, peers influence and parental socio-economic factors are responsible, but it has not been ascertained whether self-esteem is associated with sexual behaviours in the area of safe and unsafe sex behaviours among federal secondary school students in South-South Geopolitical Zone of Nigeria as there is no existing empirical work, known to the researcher that has been done in this area. It is on this note that the researcher carried out this study to determine the relationship between self esteem and safer sex behaviours among federal secondary school students in South-South Geopolitical Zone of Nigeria.

Purpose of the Study

The purpose of this study was to determine the relationship between self-esteem and safer sex behaviours among federal secondary school students in South-South Geopolitical Zone of Nigeria.

Specifically, the study determined the:

1. self esteem scores of federal secondary school students in South-South Geopolitical Zone of Nigeria.

1. safer sex behaviours scores of federal secondary school students in South-South Geopolitical Zone of Nigeria.
2. self esteem scores of male and female students in federal secondary schools in South-South Geopolitical Zone of Nigeria.
3. safer sex scores of male and female students in federal secondary schools in South-South Geopolitical Zone of Nigeria.
4. relationship between male students self esteem scores and their safer sex behaviours scores in federal secondary school in South-South Geopolitical Zone of Nigeria.
5. relationship between female students self esteem scores and their safer sex behaviours in federal secondary school in South-South Geopolitical Zone of Nigeria.
6. relationship among the students' self esteem scores, safer sex behaviours scores and their gender in federal secondary schools in South-South Geopolitical Zone of Nigeria.

7. relationship between junior students self esteem scores and their safer sex behaviours scores in federal secondary schools in South-South Geopolitical Zone of Nigeria.
8. relationship between senior students self esteem scores and their safer sex behaviours scores in federal secondary schools in South-South Geopolitical Zone of Nigeria.
9. relationship among the students' self esteem scores, safer sex behaviours scores and their gender in federal secondary schools in South-South Geopolitical Zone of Nigeria.

Significance of the Study

Results of this study will be beneficial to health educators and adolescents, especially those in secondary schools. It will also be beneficial to State and Local Government, school administrators, parents, health education curriculum planners and finally, to researchers.

The findings of this study that revealed positive relationship between self esteem and safer sex behaviours can be used by health educators to design comprehensive health education and social programmes that will help to increase adolescents self esteem thereby inoculating them against social vices including unsafe sexual behaviours.

The findings of this study would be beneficial to all adolescents who will come in contact with this work in the internet and library as it would help to reveal the self esteem of students and their safer sex behaviours. This in turn could wake up the responsibility of improving their self esteem and accept the responsibilities to adopt safer sex

behaviours in their sexuality. Again, the results of this study will be useful to all adolescents if published especially the female folks as it will help to inform stake holders, curriculum planners and health educators the need to take cognizance look at gender sensitive in self esteem development and safer sex practices. This is because it has been observed that girls are more vulnerable to low self esteem and unsafe sexual behaviours among adolescents' students.

With the publication of the findings of this study, there will be clear evidence to convince the State and Local government, including school administrators of the relationship between adolescents' self esteem and safer sex behaviours. This may cause them to show more commitment in their efforts towards raising adolescents' self esteem that will help to protect the adolescent against unsafe sexual practices. On the side of parents, it will equally help them to adopt and develop strategies for raising adolescents' self esteem and safer sex behaviours.

The findings will equally help curriculum planners in the field of health education and public health to design and implement health programmes to prevent unsafe sexual practices among adolescents. Finally, the result of this work will provide a"springboard" for the takeoff of other related or similar research work or the replication of this work in other parts of the country or continent by other researchers.

Scope of the Study

This study was delimited to all the federal secondary school students in South-South Geopolitical Zone of Nigeria who were in school in 2015/2016 academic year. The independent variable that was considered in this study was self-esteem and the dependent variable was safer sex behaviour.

Research Questions

The following research questions were raised to guide the study

1. What are the self esteem scores of federal secondary school students in South-South Geopolitical Zone of Nigeria?
2. What are the safer sex behaviours scores of federal secondary school students in South-South Geopolitical Zone of Nigeria?
3. What are the self esteem scores of male and female federal secondary school students in South-South Geopolitical Zone of Nigeria?
4. What are the safer sex behaviour scores of male and female federal secondary school students in South-South Geopolitical Zone of Nigeria?
5. What is the relationship between self esteem scores and safer sex behaviours' scores of federal secondary school students in South-South Geopolitical Zone of Nigeria?
6. What type of relationship exists between male students' self esteem scores and their safer sex behaviours'scores in federal secondary schools in South-South Geopolitical Zone of Nigeria?

7. What type of relationship exists between female students' self esteem scores and their safer sex behaviours'scores in federal secondary schools in South-South Geopolitical Zone of Nigeria?
8. What type of relationship exists between senior students' self esteem scores and their safer sex behaviours' scores in federal secondary schools in South-South Geopolitical Zone of Nigeria?
9. What type of relationship exists between junior students' self esteem scores and their safer sex behaviours'scores in federal secondary schools in South-South Geopolitical Zone of Nigeria?

Hypotheses

The following hypotheses were formulated and tested at 0.05 alpha level of sig.

1. There is no significant relationship between self esteem scores and safer sex behaviours'scores of federal secondary school students in South-South Geopolitical Zone of Nigeria.
2. There is no significant relationship between male students' self esteem scores and their safer sex behaviours' scores in federal secondary schools in South-South Geopolitical Zone of Nigeria.
3. There is no significant relationship exists between female students' self esteem scores and their safer sex behaviours' scores in federal secondary schools in South-South Geopolitical Zone of Nigeria.
4. There is no significant relationship between self esteem scores and safer sex behaviours of male and female secondary schools students of South-South Geopolitical Zone of Nigeria.

5. There is no significant relationship between junior students' self esteem scores and their safer sex behaviours' scores in federal secondary schools in South-South Geopolitical Zone of Nigeria is not significant. scores

6. There is no significant relationship between senior students' self esteem scores and their safer sex behaviours' scores in federal secondary schools in South-South Geopolitical Zone of Nigeria.

7. There is no significant relationship self esteem scores and safer sex behaviours of senior and junior secondary schools students of South-South Geopolitical Zone of Nigeria

Operational Definition of Terms

Sexual Behaviours: Human sexual behaviour involves the manner in which humans experience and express their sexuality.

Safer Sex Behaviours: This refers to sexual activities engaged in by people who have taken precautions to protect themselves against sexually transmitted infections (STIs) such as HIV/AIDS and unwanted pregnancy.

Self Esteem: Self esteem is the attitudinal, evaluative component of the self; the affective judgments placed on the self-concept consisting of feelings of worth and acceptance, which are developed and maintained as a consequence of awareness of competence, sense of achievement, and feedback from the external world.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

The related literature was reviewed under the following subheadings:

Conceptual Framework

Sexual Behaviours

Safer Sex Behaviours

Self Esteem

Theoretical Framework

Social Cognitive Theory by Albert Bandura (1986)

Theoretical Studies

Self Esteem and Safer Sex Behaviours

Relationship among Gender, Self Esteem and Safer Sex Behaviours

Empirical Studies

Self Esteem and Safer Sex Behaviours

Relationship among Gender, Self Esteem and Safer Sex Behaviours

Summary of Review of Related Literature

Conceptual Framework

Sexual Behaviours

Human Sexual behaviours involve the manner in which humans experience and express their sexuality. Humans experience and express their sexual behaviours in many ways ranging from hugging, touching, kissing, dating, foreplay, sexual feelings, arouser masturbating, pornographic viewing and romantic relationship to sexual intercourse. Sex is mainly for adults that are legally married according to the custom and tradition of the people. These days, the rate at which the unmarried youths particularly the adolescents get involved in various forms of sexual behaviours is alarming. Aji, et al (2013) observed that, adolescents' sexual activities are on the rise and rapidly emerging as a public health concern.

Samkange-Zeeb, Spallek, and Zeeb (2011) reported that over 16% of teenage girls and 8.3% of boys are reported to have had first sexual intercourse by age 15. This is in line with CDC (2009) when it opined that nearly half of 19 million new STDs each year are among young people aged 15-25 years. In the same vein, Aji, et al (2013) reported that young people, aged 15-24, accounted for an estimated 45% of new HIV infections worldwide in 2007. About 16 million girls, aged 15-19 years, give birth every year, most in low- and middle-income countries. An estimated 3 million girls of the same age group undergo unsafe abortions every year (Okonta, 2007). According to CDC (2004), there are approximately 870,000 pregnancies occurring every year among women 15-19 years old and about 3 million cases of STDs, now STIs are reported annually among 10-19 years old.

It can be inferred from the literature above that adolescents are involved in sexual activities that places them at risk of STIs, HIV/AIDS and unwanted pregnancies. This is against the African culture, which forbids children and adolescents or unmarried youths from involving/indulging in sexual intercourse. Instead it expects and encourages adolescents to wait for sexual debut until they are married.

Adolescent, according to World Health Organization (WHO, n.d), is a person aged 10 to 19 years (While young people are those aged 10 to 24 years). Adolescence is a progression from appearance of sexual characteristics to sexual and reproductive maturity development of mental processes and adult identity and a period of transition from total economic dependence to relative independence. Adolescents are involved in sexual activities for various reasons ranging from curiosity, experimentation, and sexual urge to peers' influence.

Safer Sex Behaviours

Safe sex is one of the components of sexual behaviours. Safe sex simply means sexual behaviours which prevent the transmission of STIs and unwanted pregnancy. It involves sexual intercourse that involves the use of condom and limitation of sex partner to only one. Compact Oxford Dictionary (2009) defined it as sexual activities engaged in by people who have taken precautions to protect themselves against sexually transmitted infections (STIs) such as HIV/AIDS. Safe sex refers to taking steps before and during sex that can prevent one from getting an infection, or from giving an infection to one's partner (Mindlineplus, 2014). It is actually safer sex and not safe sex because there is no sexual behavior that is actually safe just that one can be safer or better than others. On

this note, safer sex can now be referred to as sexual activities engaged in by people who have taken precautions to protect themselves against sexually transmitted infections (STIs) such as HIV/AIDS or taking steps before and during sex that can prevent one from getting an infection, or from giving an infection to one's partner. Planned Parenthood (2014) revealed that safer sex:

Reduces our risk of getting a sexually transmitted disease (STD)

Using condoms makes vaginal or anal intercourse safer sex

Using condoms or other barriers makes oral sex safer sex

Having sex play without intercourse can be even safer sex

Safer sex can be very pleasurable and exciting.

Schantz (2012) observed that risky sexual behavior indicates one or more of the following:

Early initiation of sexual intercourse**:** Sexual debut at a very young age increases the likelihood of involvement in other sexual risk behaviors (IOM & NRC, 2011). According to the 2011 Youth Risk Behavior Survey (YRBS), 6% of high school students in the U.S. reported having had sexual intercourse prior to age 13 (CDC, 2012).

Vaginal, anal, or oral sex without a condom, or when a condom is used incorrectly: Condoms are highly effective when used correctly, but many youth lack the knowledge and experience needed for effective use. Among respondents to the 2011 YRBS, 34% of students were currently sexually active, and 40% of

these sexually active students did not use a condom at last intercourse (CDC, 2012).

Multiple sexual partners: Together with inconsistent condom use, having multiple partners increases the likelihood of exposure to STDs and HIV (Floyd & Latimer, 2010). Having multiple sexual partners is also associated with other risky sexual behaviors and increased use of substances (Morrison-Beedy, Carey, Crean, & Jones, 2011). According to the 2011 YRBS, 15% of students reported having had sex with four or more partners in their lifetime (CDC, 2012).

Women's Health (2009) maintained that safer sex is a term that means the reduction of one's risk of exposure to a sexually transmitted infection. This can be done by limiting the number of sex partners to one. However, the term safe sex is a bit of a "misnomer". There is always the risk of contracting a sexually transmitted infection because one cannot guarantee the fidelity of one's partner. The risks of a sexually transmitted infection range from the mild: itching, burning or discharge to the more severe: infertility, chronic pain or death (Women's Health, 2009).

Some of the ways to practice safer sex according to Women's Health (2009) are:

i. Knowing the sexual history of one's partner.

ii. Being frank in asking a partner if he/she has been diagnosed with a sexually transmitted infection in the past.

iii. Ask if partners engage in high risk sexually behaviors including: multiple partners and failure to use a barrier method.

iv. Always use barrier methods to prevent the transmission of STIs.

Safer sex activities (Women's Health, 2009)

i. Massage, hugging, touching, Masturbation.
ii. Social kissing (kissing with closed mouth).
iii. Rubbing against each other.
iv. Fantasy (just thinking about sex).
v. Kissing the body (clean skin, not sexual areas or open sores).
vi. Saying no to anything you do not feel comfortable about.

It is often assumed that these kinds of activities are only a lead-up to sexual intercourse. Many people find that these safer forms of sexual activity are more than enough to express their emotions and their love for each other. If adolescents can practice these kinds of sexual activities, it would go a long way to prevent them against the dangers of unsafe sexual practices.

The opposite of safe sex practice is unsafe sex practices. It is also sometimes referred to as risky sexual intercourse. That is sexual intercourse that does not involve the use of contraceptives and limiting of sex partner to only one. This kind of sexual practice is very common among youths as majority of them end up in illegal abortion as a result of unwanted pregnancies. Also several studies all over the world maintain that more than 51% of STIs among sexually active adolescent is through sexual intercourse.

Unsafe sexual activities

i. Anything that allows blood contact.

ii. Sex without a condom (unless you are in a relationship where you can be sure that your partner does not have an STI, and you are using some form of contraception if you do not want to become pregnant).

iii. Using condoms that have been used before or continuing to use one after it has broken.

iv. Getting body fluids, such as: Semen, menstrual blood or urine, inside the body of the other person through vagina, anus or on open cuts.

Adolescents most times get involved in these risky sexual practices because they are yet to develop the ability to negotiating safer sex practices with their partners. Negotiating safer sex practices with a partner can be very helpful in the prevention of STIs and HIV/AIDS.

But starting a conversation with a partner (or potential partner) about safer sex can be very tough, because:

It is often difficult to be assertive when negotiating safer sex.

One could worry about a partner's reaction.

One might even worry about not knowing how to use a condom.

Many cultures do not speak openly about sex and this can make it difficult because we are just not used to talking about it.

Men and women are often brought up differently. Men may have been taught to be more dominant and women taught to be more passive - this can sometimes make it hard for women to take the lead.

Although it might really be very difficult discussing safer sex with a potential sex partner but it is greatly recommended in order to play safe. So being difficult to discuss is not an excuse for unsafe sex practices. Another reason that makes it difficult for adolescents to discuss and practice safer sex is because in Nigeria, there is no programme on ground to teach adolescent how to practice safe sex. This is in line with Morhason-Bello, Oladokun, Enakpene, Fabamwo, Obisesan and Ojengbede (2008); and Okonofua (2000) when they maintained that Nigeria presently cannot boast of any functional programme that specifically addresses adolescents' reproductive health.

Self-Esteem

Several preventive programmes put in place to reduce the problem of early sexual debut among adolescents have included self esteem in their components with the belief that increased levels of self-esteem will serve as a protective factor (Donnelly, Young, Pearson, Penhollow and Hernandez, 2008); thereby decreasing the motivation for and increasing the resistance to early sexual debut among adolescents.

Self esteem simply means individuals' opinion of their self-worth or their ability to feel positive about themselves. It can also be seen as one's sense of self-worth, self regard, self respect and self integrity. It reflects a person's overall emotional evaluation of his own worth. It is in judgment of oneself as well as attitudes toward the

self. It is based on one’s personal belief about themselves and the way others see them. Alavi (2011) opined that self-esteem is the reflection of the understanding of oneself and sense of personal value.

People’s sense of self-esteem influences their attitude about what they can do, how to cope with problems and how to get along with peers or friends (New, 2012 and Gerherdt, 2013). According to Roseberg (1965) Self-esteem refers to self-judgments of personal worth and global feelings of competence and self-acceptance. Recently, Guidon (2002) defined self esteem as the attitudinal, evaluative component of the self; the affective judgments placed on the self-concept consisting of feelings of worth and acceptance, which are developed and maintained as a consequence of awareness of competence, sense of achievement, and feedback from the external world. This in line with the opinion of Abraham Maslow when he included self esteem as one of the hierarchy of needs, and noted that before an individual can be satisfied with his achievement or be self actualized, one must achieve esteem needs first if not, one cannot be self actualized.

In the 1960s, when Rosenberg defined self-esteem as a feeling of self worth, he equally developed the Rosenberg Self Esteem Scale (RSES) which became the most widely used scale to measure self esteem in the social sciences (Baumeister, Smart, & Boden, 1996). In psychology and sociology, self-esteem reflects a one’s overall emotional evaluation of one’s own worth. It is a judgement of oneself as well as an attitude towards the self. Baumeister, et al, (1996) maintained that self esteem encompasses beliefs and emotions such as triumph, despair, pride and shame. Similarly,

Smith and Mackie (2008) maintained that self esteem is the positive or negative evaluation of one self.

Self esteem, being a psychological construct, is very attractive because researchers have conceptualized it as an influential predictor of relevant outcomes such as academic achievement, happiness, exercise behaviours satisfaction being able to forgive, cope or solve, problems and healthier life style and ability to be self conscious (Nathaniel, 1987; Baumeister, Campbell, Krueger & Vohs, 2003; Olsen, Breckler & Wiggins, 2008; and Schacter, Gilbert, & Wenger 2009). This is in agreement with Neumark – Sztainer, Paxton, Hannan, Haines and Story (2006) when they revealed that a significant relationship exists between self esteem and adolescent health behaviours. In the same view, Geckil and Dundar (2011) noted an important association between self esteem, and health risk behaviours of adolescents in their study. Specifically, they found out that adolescents who score low on self esteem had higher scores for health risk behaviours than those who have high self esteem.

Types of Self Esteem

Self esteem is mainly divided into high and low self esteem.

High self esteem: High self-esteem is a quick comfortable feeling of total acceptance and love for oneself as one is. It is respecting yourself as a worthwhile human being and honestly seeing your good and bad qualities.

High self-esteem is characterized by congruence between inner states (beliefs, feelings, attitudes) and outer states (behaviours, relationships, health). People with high self-esteem are assertive, self confident, smart, intelligent, goal oriented and very loving

and lovely. They are able to overcome stress, out on healthy behavior and get adjusted to situations, criticism and environment in a favorable manner. They are not actually the problem of public health, because every good individual agitates for high self-esteem in other to have self worth, fulfillment and satisfaction.

Rosenberg (1965) has been a leading figure in self esteem research. His definition of self esteem states that:

> *"when we speak of high self esteem .... we shall simply mean that the individual respects himself, consider himself worthy, he does not necessarily considering himself better than others, but he definitely does not consider himself worse, he does not feel that he is the ultimate in perfection but, on the contrary, recognizes his limitations and expects to grow and improve".*

People with a healthy level of self-esteem according to Jose-Vicente (1997) and kidshealth(2012) exemplify the following qualities:

i. Firmly believe in certain values and principles, and are ready to defend them even when finding opposition, feeling secure enough to modify them in light of experience.

ii. Are able to act according to what they think to be the best choice, trusting their own judgment, and not feeling guilty when others do not like their choice.

iii. Do not lose time worrying excessively about what happened in the past, nor about what could happen in the future. They learn from the past and plan for the future, but live in the present intensely.

iv. Fully trust in their capacity to solve problems, not hesitating after failures and difficulties. They ask others for help when they need it.

v. Consider themselves equal in dignity to others, rather than inferior or superior, while accepting differences in certain talents, personal prestige or financial standing.

vi. Understand how they are an interesting and valuable person for others, at least for those with whom they have a friendship.

vii. Resist manipulation; collaborate with others only if it seems appropriate and convenient.

Viii. Admit and accept different internal feelings and drives, either positive or negative, revealing those drives to others only when they choose.

ix. Are able to enjoy a great variety of activities.

x. Are sensitive to feelings and needs of others; respect generally accepted social rules, and claim no right or desire to prosper at others' expense.

xi. Can work toward finding solutions and voice discontent without belittling themselves or others when challenges arise.

Low self esteem: While low-self-esteem is a feeling of hatred for one's self. It is when one is not happy with oneself and as such does not have self worth, self- respect, and self-acceptance. In this case, the individual is depressed and moody. The individual feels

rejected and unduly cared for. People with low self-esteem react to others with extreme emotion or no emotion. Low self-esteem is being linked with increased risk behaviors such as: increased sexual risk behaviours, poor health and depression (Donnellan, Trzesniewski, Robbins, Moffitt and Caspi, 2006). Also, Lejeuz, Simmons, Aklin and Daughters (2004) maintained that low self esteem places the individual at a high risk for taking part in risky behaviours such as risky sexual activities including having unprotected sex and not limiting partners.Low self-esteem in adolescence and young adulthood is a risk factor for negative outcomes in important life domains. For example, Trzesniewski, (2006) found that low self-esteem during adolescence predicts poorer mental and physical health, worse economic well-being, and higher levels of criminal activity in young adulthood. Similarly, other studies found that low self- esteem prospectively predicts antisocial behaviour, eating disturbances, depression, and suicidal ideation (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; McGee & Williams, 2000; Orth, Robins, & Roberts, 2008).

Other Consequences of Low Self-Esteem

Low self-esteem can have devastating consequences. It can:

create anxiety, stress, loneliness, and increased likelihood of depressioncause problems with friendships and romantic relationshipsseriously impair academic and job performancelead to increased vulnerability to drug and alcohol abuse

Worst of all, these negative consequences themselves reinforce the negative self-image and can take a person into a downward spiral of lower and lower self-esteem and increasingly unproductive or even actively self-destructive behavior.

kidshealth(2012); and José-Vicente(1997) also stated the following as features of people with low self esteem:

Heavy self-criticism and dissatisfaction.

Hypersensitivity to criticism with resentment against critics and feelings of being attacked.

Chronic indecision and an exaggerated fear of mistakes.

Excessive will to please and unwillingness to displease any petitioner.

Perfectionism, which can lead to frustration when perfection is not achieved.

Neurotic guilt, dwelling on or exaggerating the magnitude of past mistakes.

Floating hostility and general defensiveness and irritability without any proximate cause.

Pessimism and a general negative outlook.

Envy, invidiousness, or general resentment.

Sees temporary setbacks as permanent, intolerable conditions.

Individuals with low self-esteem tend to be critical of themselves. Some depend on the approval and praise of others when evaluating self-worth. Others may measure their likability in terms of successes: others will accept them if they succeed but will not if

they fail. People with low self esteem can actually improve their level of self esteem to high self esteem through self and professional help.

Self Help: Repetti, McGrathand Ishikawa (1999) maintain that we can do a lot ourselves to improve our psychological well-being throughtalking to a friend, joining a self-help support group, reading a self-help book, or simply making the time to do something for ourselves. This can equally be done by avoiding negative “self-talk” such as self depreciating talks about oneself and concentrating on positive talks and thinking about oneself.

Professional Help: Ishikawa (1999) suggests the help of a professional for someone who has exhausted his available self-help resources but still feels he needs a change or more support from others. The professional in this regard would be a therapist or a psychologist or counselor.

Lamborn, Mounts, Steinberg and Dornbusch (1991) observed that childhood experiences that contribute to healthy self-esteem include being listened to, being spoken to respectfully, receiving appropriate attention and affection and having accomplishments recognized and mistakes or failures acknowledged and accepted.

Theoretical Framework

Social Cognitive Theory (SCT)

The study is guided by Social Cognitive Theory (SCT) and it was propounded by Albert Bandura in 1986. The SCT is a learning theory that describes how behaviours are learned. Specifically, SCT emphasizes reciprocal determinism or the interactive and

processes by which behaviours, personal and environmental factors affect each other. These personal and environmental factors form the constructs of SCT and include psychological determinants of behaviour, environmental determinants of behaviour, observational learning and self regulation.

Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. The unique feature of SCT is the emphasis on social influence and its emphasis on external and internal social reinforcement. Albert Bandura (1986) opined that the theory provides a framework for understanding, predicting and changing human behavior. This theory is considered relevant when it comes to issues related to health promotion (Crosby, Kegleir and Diclemente, 2002) and behavioural modification especially as it relates to self esteem and safer sex behaviours.

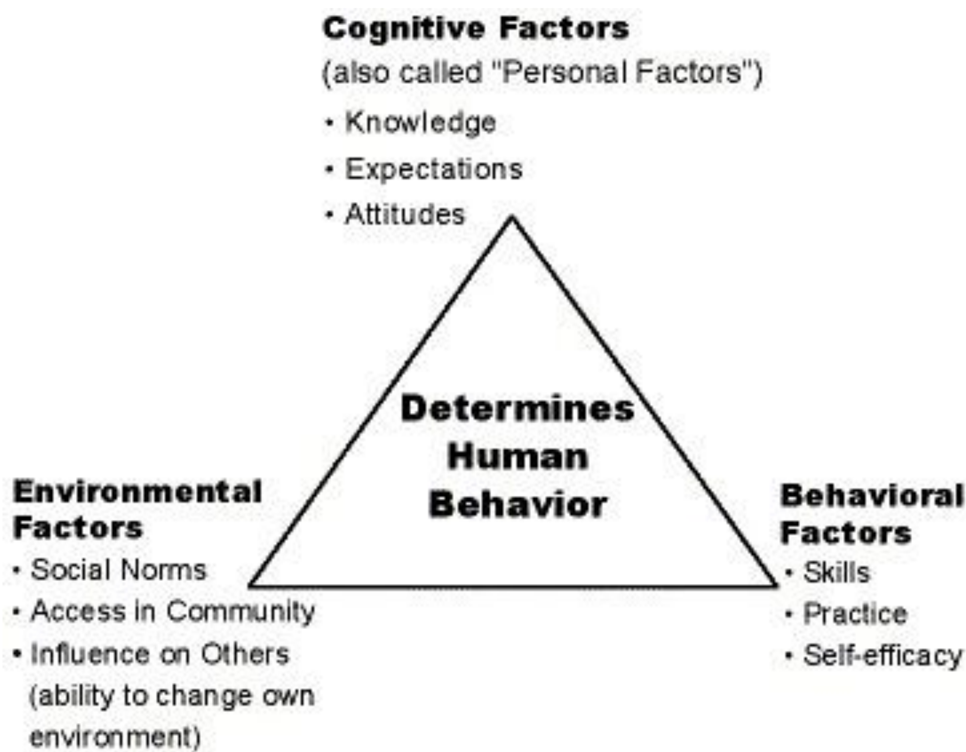
The theory identifies human behaviour as an interaction of: personal factors (beliefs, expectations, attitudes, physiological state, knowledge and confidence), behavioural factors (e.g. skills, individuals' choices, actions, practice, self efficacy, self observation, self judgment, self reaction and verbal statement) and environmental factors (social norms, resources, consequences of actions and physical setting). In other words human learning which culminates to behaviour occurs in a social context with a dynamic and reprocical interaction of the person, behaviour and environment. All these three influences are influenced by one another. This is why Bandura (1986) calls this interaction of forces reprocical determinism. In social cognitive theory therefore, both internal and external factors are important in predicting human behaviours.

Adegboro (2011) citing Bandura (1986) opined that:

> *"In social cognitive view, people are neither driven by inner forces nor automatically shaped and controlled by external stimuli. Rather, human functioning is explained in terms of a model of triadic reprocicality in which behaviour, cognitive and other personal factors, and environmental events all operate as interacting determinants of each other".*

This further elucidates the fact that human behaviour is a product of the interaction that takes place between environment, personal and behavioural factors. However, Bandura does not suggest that the three factors make equal contributions to behavior. The influence of behavior, environment and person depends on which factor is strongest at any particular moment.

Triadic Model of Cognitive Theory (Adapted from Bandura, 1965)



Adapted from Bandura, (1986)

Fig.1 Diagram of Social Cognitive Theory showing interactive influence of cognitive, behavioural and environmental factors on self esteem and safer sex sexual behaviours

This organograph is a logical representation of the role the cognitive or personal factors (such as knowledge, expectations and attitudes), environmental factors (such as social norms, access in community and influence on others) and behavioural factors (such as skills, practice and self efficacy) in determining human behaviors such as self esteem and safer sexual behaviours. The behaviour in regards to this study is safer sex behaviours. Again, all these factors also interact together to equally influence our level of self esteem which in return influences our behaviours (safer sex behaviours).

Environmental Factors: These are external and physical factors which influence behaviours such as incentives and facilitation. Incentive could be inform of reward or punishment to modify human behaviour. In relation to safer sex behaviours, parents could help to motivate their children to practice abstinence before marriage by promising them handsome rewards like buying them an expensive car or a bunch of keys to a duplex in choicest places like Abuja and Lagos. On the other hand parents can also decide to discipline their children by either denying them of some privileges or by applying strict measures like flogging if they indulge in risky sexual behaviours. This in turn can help the adolescents practice abstinence or healthy sexual behaviours. While facilitation on the other hand is the process by which resources and environmental changes are introduced to new behaviours easier to perform. In this case students could be motivated to practice

safer sex if they are motivated by providing them condom or relocating them to another environment where abstinence is highly taught, practiced and esteemed.

Other environmental factors such as the norms of the peers, parents, teachers, siblings and the community can also determine the behaviours and the self-esteem of an individual. The peers' norms of the adolescents seem to be the strongest determining factor of their personality. That is if their peers see nothing wrong with pre-marital sex they are more likely to engage in it even if their parents and the society disapprove of it. Again, if the adolescent complies with the norms of the peers' high self esteem is built if not low peer self esteem is built. Adolescents' self esteem can also be affected with the respect or hatred they receive from their parents. This is why Bhardwaj and Agrawal (2013) noted that parenting can also play an important role in self-esteem development of children. In the same vein, Lamborn, et al (1991) observed that students in elementary school who have high self-esteem have parents who are caring and supportive, who set high standards for their children and encourage them to voice their opinion in decision making. Although studies are very limited in this regard but the common finding is that warm, supportive parenting has a high correlation with high self-esteem in children, while unsupportive and nagging parents equally have correlation with low self esteem.

Therefore in relation to self esteem and safer sex behaviours of adolescents, the environment where the adolescents live, plays a key role in determining, predicting, shaping and controlling their sexual behaviours. When the environment is friendly and favourable a healthy or high self esteem is built, but when it is unfriendly and unfavourable low self esteem is built. In the real sense, some human behaviours occur spontaneously while others occurred consciously, but it is the consequences (rewards or

punishment from the environment) of these actions that then influence whether or not they occur again in future. It should be noted that these consequences whether rewards or punishments are products of the environment. The environment here includes parents, other family members, neighbours, teachers and peers. Their reaction or response to actions displayed by their children can help to build or destroy their self esteem and their behaviours.

For example, a child that is bullied and verbally insulted for giving wrong answers in class may be ashamed to answer questions in class nest time, thereby resulting to low self esteem. In the same way, a teacher can help to build self confidence and high self esteem in a child by simpling applauding him or her any time he or she answers questions in the class. In relation to sexual behavior, if a child is cajoled into sexual intercourse by her friends and she gains monetary reward. Upon getting home, if the parents praised her for bringing such amount of money home without questioning the source of such amount of money that action is bound to be strengthened in that child and be repeated in future. But if the action is frown at and the child gets punished severely by the parents that behaviour will suffer extinction and will never be practiced. This is one of several reasons why the home is being regarded as first agent of socialization. The rewards and the punishments received for actions and the experiences the child is exposed to at home at this stage influence his behaviours greatly.

In this regard, parents have a lot to do by creating positive and friendly environment that promotes a child’s self esteem and healthy behaviours. For example, parents should first of all live by example and avoid late night movies and prevent their children from watching them because the contents are full of romantic and sexual

activities. This is because at this stage children can hardly differentiate or discriminate between good and bad. In fact, they are faster in assimilating bad things since they are yet to develop the strength and the abilities to discriminate between good or bad. Parents can equally help to monitor their children's behaviours by guiding them to associate with responsible peers and not sex menace. Smith (2001) stated that adolescents who are isolated or rejected by peer group suffer a loss of self-esteem and other emotional distress and at risk of a wide range of risky behaviour of which sexual risk behaviour is prominent.

The teachers also have great roles to play in making the environment favourable for the children. When children leave home for school their teachers automatically become their role models. They imitate their teachers in everything. In this case, the teachers should behave responsibly, dress decently and be conscious of their relationships with the opposite sex. Again, lack of love from the environment (i.e from parents, simblings, neighbours, peers and teachers) and low academic performance can result in low self esteem which culminates into unhealthy risk behaviours including unprotected sex. This is in line with Okafor (2011) when he opined that low self image/esteem may results in experimentation of chemical substances and unprotected sexual intercourse.

Since environment plays a key role in the development of adolescents' low self esteem which results in unhealthy behaviours, it can equally play a key role in the development of high self esteem so as to have healthy behaviours. For example, if adolescent with low self esteem which was developed in the environment results in unsafe sexual behaviours, then his/her behaviour can also be modified to practice safer sex practice by focusing on creating conducive and enabling environment for the child.

This can be done in the following ways:

- Raising child's self efficacy: This can be done through intensive teaching (mental work).
- Teaching parents on the importance of privacy during sex as some adolescents maintained that their first sexual encounter was influenced by watching their parents have sex.
- Parents should also be taught on the need to show their children love as this will help to build adequate self esteem in them which will serve as a social vaccine against unsafe sexual practices and other unhealthy or destructive behaviours.
- Going to media house to advise them on the need to control their activities in favour of adolescents' wellbeing rather than those romantic activities which are constantly being displayed in the television which are detrimental to adolescents' behavioural development.
- Placing condom in strategic places e.g. male and female toilet for the consumption of those that engages in sex.
- Promoting abstinence by awarding virgins and giving them scholarships.
- Placing embargon on the importation and sales of pornographic materials in Nigeria.
- Restricting students from using the internet (or under strict supervision) and holding browsing phones.
- Understanding and knowing in details your children's peers so as to stop them from potential gangsters and sex menace.

- The school should encourage children to develop high self esteem through reinforcement: this can be done by applauding any student that attempt to answer question instead of bullying them when they give the wrong answers.

All the factors listed above are environmental influences and have the potential abilities to influence one's cognitive which in the long run can affect one's self esteem and behaviour.

To the health educators, there is need to constantly organize community health programmes that will help to promote parents and other family members' abilities to raising children's self esteem since it is conceptualized as a social vaccine. This again, agrees with Okafor (2000 & 2011), when he maintained that in health education, efforts are made to help people develop adequate self esteem with the belief that this will help to serve as a "social vaccine" against unhealthy behaviours including unsafe sexual behaviours.

Again, there is need for health educators to equally visit worship centres to sensitize and educate religious leaders on the urgency and importance of preaching and laying emphasis on abstinence to their adolescents' followers and worshippers. Abstinence indeed is the best way to practicing safe sex because it does not allow exchange of body fluids that can result in health problems. Adolescents may not be able to abstain from sex if they have low self esteem. So raising adolescents' self esteem is a sure way to protecting them against early sexual debut and STIs.

Cognitive Factors: These are psychological determinants which influence behaviours. They include outcome expectations and self efficacy.

Outcome expectations: In order to learn a particular behaviour, people need to understand what the potential outcome will be when they repeat that behaviour. The observer does not expect the actual rewards or punishments incurred by the model, but anticipate similar outcomes when he or she imitates the behaviour. These expectancies are heavily influenced by the environment that the observer grows up in. For example, in the case of safer sex behaviours of adolescents, the adolescents in federal secondary schools in South-South Geopolitical Zone of Nigeria should be taught to always expect STIs and unwanted pregnancies which are grave consequence any time they indulge in risky sexual practices.

Self Efficacy: According to Okafor (2011) self efficacy refers to one's ability to do a specific behaviours. It can also be referred to as one's own belief on his ability to perform a specific behaviour such as safer sex behaviours. Brien and Thombs (1994) observed that a sense of personal control and sexual self efficacy influence young people's sexual choices. In this regard helping young adolescents (Federal secondary school students in South-South Geopolitical Zone of Nigeria) to develop high sexual efficacy and self esteem, can help them make healthy sexual choices that would help to promote their safer sexbehaviours. In this regard, Fritscher, (2014) maintained that the degree of self-efficacy that a learner possesses directly affects his or her ability to learn new behaviours. If one believes that one can learn new behaviors, one will be much more successful in doing so. In this case, adolescents should be helped to develop high self efficacy and self esteem in order to promote healthy sexual behaviours among them. Therefore adolescents can be helped to build their self efficacy through: mastery experience, social modeling which involves providing an identifiable model showing the

processes in which condom could be used, in order to accomplish safer sex behaviour and improving physical and emotional states and through verbal persuasion i.e providing encouragement for a person to complete task of condom use (McAlister, Perry & Parcel, 2008).

In a simpler form, the knowledge adolescents have concerning the consequences of unsafe sexual practices can affect their involvement in risky sexual behavior. Again if adolescent is aware that he is not that intelligent as compared with his fellow peers as a result of constantly repeating a class, this can create low self esteem in him. Expectation from peers and family is another personal factor that can determine one's behavior. If expectation to engage in early sexual debut is high among adolescents' peers, he is likely going to indulge in it compare to when the expectation is low. In relation to self esteem, too much expectation from parents can also create low self esteem in adolescents. In general, adolescents' attitude toward premarital sex which they developed in the environment can also determine whether they will be indulge in it or not.

Behavioural Factors: Behavioural factors include skills, practice, self regulation and self efficacy. If adolescents have developed sexual skills through the watching of pornography and the practices of sex through late night movies, they are likely going to indulge in pre-marital sex especially when they believe that they can do it. This assertion is in line with that of Egbochukwu and Ekanem (2008) when they observed that exposure to media is one of the factors that contributed to adolescents' early sexual debut in their study.

Failure to developing the required skills (such as intellectual skills) in the environment can also lead to low self esteem in the adolescents thereby resulting to unsafe sexual behaviours or sexual risk behaviours. For example a student fails in taking an examination as a result of not reading or developing his intellectual skills. As a result the student is laughed at ridiculously and scorned even discriminated upon and denied some privileges as a result, the student could develop LSE there by resulting to destructive behaviours such as sexual risk behaviours. Again practical skills such as condom use can be learned by the adolescents through observational learning. Observational refers to the ability of an observer to learn new behaviours as a result of exposure to model through interpersonal interaction or from the media. In fact, social cognitive theory revolves around the process of knowledge acquisition or learning directly correlated to the observation of models. The models can be those of an interpersonal imitation or media sources. In relation to safer sex behaviours, parents, health educators and stakeholders can rise up to their responsibilities of persuading media to promote only movies that promote safer sex behaviours in replacement for the destructive sexual activities which the media often display every now and then. Students could also learn healthy sexual behaviours through their teachers and parents because modeling is not limited to only live observation.

Another important factor of behavioural factor is self regulation. Self regulation is one's personal ability to control oneself through self-monitoring, self-instruction, goal setting and enlistment of social support. Adolescents can also be motivated to practice safer by showing them love by their parents, siblings and teachers. In fact parents can

help to stop a lot of psychological problems that are root causes of risky sexual behaviours among adolescents by showing them more affection.

Theoretical Studies

Self Esteem and Sexual Behaviour

Self esteem is one of the factors that are recently linked with adolescents' early involvement in sexual intercourse and unsafe sexual behaviours among adolescents. Researchers such as Okafor (2011); and Geckil and Dundar (2011) are among the researchers that maintained that low self esteem results in unprotected or risky sexual behaviours. In a contrary view, researchers such as Peterson, Buser and Westburg (2010) maintained that higher level of self esteem were associated with lower levels of risk behaviours. In the same vein, some researchers are of the opinion that high self esteem predicts/promotes unhealthy behaviours such as early sexual debut among adolescents and unsafe sexual behaviours, while low self esteem is protective against unhealthy behaviours including safe sex behaviours. Following this argument among researchers, it is very obvious that association exists between self esteem and safer sex practices especially among adolescents just that researchers are in a variance in the direction of this relationship. And that is what is actually necessitating this study to find out the kind of relationship that exist between self esteem and safer sex behaviours among federal secondary school students in South-South Nigeria.

Morhason-Bello, oladokun, Enakpene, Fabamwo, Obisesan and Ojengbede (2008) reported that Okpani and Okpani (2000) and Okonofua (2000) maintained that studies within Africa including Nigeria have demonstrated increasing rate of premarital sex and

decline in age of sexual debut among adolescents contrary to our moral and cultural values. This act exposes the adolescent to unsafe sexual practices. This is in line withMorhason-Bello, oladokun, Enakpene, Fabamwo, Obisesan and Ojengbede (2008) and Okonofua (2000) when they observed that, Nigeria presently cannot boast of any functional programme that specifically addresses adolescents reproductive. They became worried about the reproductive health status of these adolescents that expose their lives to dangers as a result of their early sexual debut resulting to unsafe sexual practices.

Morhason-Bello, oladokun, Enakpene, Fabamwo, Obisesan and Ojengbede (2008) reported that Okpani and Okpani (2000) and Okonofua (2000) maintained that studies within Africa including Nigeria have demonstrated increasing rate of premarital sex and decline in the age of sexual debut among adolescents contrary to our moral and cultural values. Following this report, there is a belief among many in the field of health promotion and health education that a high self esteem is somehow protective against health risk behaviours such as smoking, alcohol consumption and drug use (Mullan & NicGabhainn, 2002).

Researchers such as Faloon (2011); and Benjamine and Wulfet (2005); D'zurilla et al., (2003); Sterk, Kleinn and Elifon (2004) have reported that association exists between self esteem and sexual behaviours. Some of the authors maintain that high self esteem is protective against unhealthy behaviours such as unprotected sexual intercourse, limiting sex partner, avoiding substance use and abuse and delinquent behaviours while others maintain that low self esteem is protective against unhealthy behaviour and high self esteem is predictive of unhealthy behaviours.

Moris, Young and Jones (2000) observed that it does not yet appear that there is conclusive evidence to say that self esteem is or is not related to sexual behaviour because researchers are yet to agree on this issue, while some maintain that relationship exists between self esteem and sexual behavior, others are of the opinion that there is no relationship between them. For example the findings of Heinrichs, Macknee, Auton-Cuff and Donnene (2009); Hill (2002), Baumeister, Campell, Krueger, and Vohs (2003); and Farrell (2013) suggests that high self esteem in adolescents increases the chance of early sexual experimentation.

Faloon (2011); Benjamine and Wulfet (2005) opined that students with low self esteem consumed more alcohol, had more sexual partners, and had more HIV risk-taking behaviours than other students. Similarly, D'zurilla et al., (2003); Sterk, Klein, and Elifon (2004) stated that several studies have shown that women who engage in risky sex had more negative attitudes towards using condoms, possessed lower self-esteem and used more illegal drugs than women with high self-esteem. Again, Peterson, Buser and Westburg (2010) also maintains that higher level of self esteem were associated with lower levels of risk behaviours.

Moris, Young and Jones (2000) observed that overall statistical difference was not found between the self esteem of sexually experienced adolescents and their virgins' counterparts in the study of Orr, Wilbrandt, Brack, Rauch and Ingersoll (1989) on junior high students from blue collar homes. They did however find that the self esteem of sexually active girls was significantly lower than that of virgins' girls. In the same year, Young (1989) found that among adolescents, ages 13 – 15, virgins displayed higher school self-esteem than non-virgins. Virgins and non virgins who had not had sex in the

last month displayed higher levels of school self esteem, when compared to non-virgins who indicated they had participated in sexual intercourse at least one time in the last month. In the real sense, there is no way the self esteem of adolescent virgins can be same with non virgins because adolescent virgins are perceived to be of good manners and morals. People have high regards for them and lord their parents for work well done. In the case of non-virgins, they are perceived as spoilt children, who come from indiscipline homes. The parents are blamed and even they themselves feel ashamed of their activities and notorious practices.

So, knowing that an adolescent is not a virgin, it is enough reason to reduce the child's level of self esteem. This study is not in any way trying to tell us what is responsible for self esteem. Rather it is trying to establish the fact that those adolescents who perceive themselves as worthless, are likely to be more vulnerable of risky practices including unsafe sex behaviours than those who perceive themselves to be worthy. For example, if a child that perceives that he or she does not deserve love, anyone out there who shows him or her a little affection and entice him or her that the way to sustain such love is through sexual intercourse. That adolescent certainly will not have enough will power to turn such offer down, following the fact that such child has never been shown such love. Reverse is the case with a child that has high self esteem, who is shown much love. The child already internalizes it that he is already being loved unconditionally. If such child's affection is being threatened with sex, the child will have a very strong will power to reject it.

The association of sexual risk behaviour (SRB) with a number of other risk behaviours, including substance use, is evident. Use of marijuana, cocaine or other illicit

drugs by adolescents has been shown to be associated with increased rates of sexual intercourse in general, having multiple sexual partners and lower rates of condom use, particularly for users of illicit stimulant drugs (Lowry , Holtzman , Truman , Kann , Collins & Kolbe,1997)

Miller, Christensen and Olson (1987) used the Rosenberg self-esteem scale to examine the relationship between self-esteem, sexual attitudes and behaviour among 2,423 high school students attending public high schools in Utah, New Mexico and California. These researchers found that in the total sample self-esteem was negatively correlated with sexual attitudes and behaviour. This was also true among those adolescents who were in conservative groups. Robinson and Frank (1994) investigated the relationship between self-esteem and sexual activity among a sample of adolescents attending two university-affiliated high schools. Using Coppersmith self-esteem scale, they found no significant difference in self-esteem between sexually active males and none sexually active males. Similarly, they found no difference in self-esteem scored between sexually active females and non-sexually active females. The researchers also compared the self-esteem scores of virgins and non-virgins. They found no differences in self-esteem between virgins and non-virgins, for males or for females.

Orr, et al (1989) in their study of junior high students from blue collar homes found no statistical difference in self-esteem of sexually experienced and virginal adolescents. They did, however find that the self-esteem of sexually active girls was significantly lower than that of virginal girls. In the same year, Young (1989) found that among early adolescents, ages 13-15, virgins displayed higher school self-esteem than non-virgins. Virgins, and non-virgins who had not had sex in the last month, displayed higher levels

of school self-esteem, when compared to non-virgins who indicated they had participated in sexual intercourse at least one time in the last month. Home self-esteem and peer self-esteem were not related to participation in sexual intercourse ever or participation in sexual intercourse in the last month.

Benson and Torpy (1995) examined the relationship of self-esteem, and other variables, in self-reported virginity among junior high students (grades 6-8) in Chicago. They found that when considered in the context of a logistical regression analysis, self-esteem was not associated with age at first sexual intercourse.

Cole (1997) has this to say on the relationship between self esteem and safer sex practices

"Self-esteem appears in the literature as a variable that influences the practice of risky sexual behaviors. It is often assumed that higher levels of self-esteem are associated with safer sexual behaviors, especially those that prevent the spread of HIV. The research literature was reviewed to examine the relationship between self-esteem and the practice of safer sexual behaviors. Research indicates that higher levels of self-esteem are found in adolescents who practice risky sexual behaviors and have more sexual partners".

Gentzler and Kerns (2004) reported similar results in their study; they found out that women who had more sexual partners had higher self-esteem than women with fewer sexual partners. Furthermore, Grello, Welsh, and Harper (2006) determined that women who had more sexual partners were more likely to suffer from increased depression than women who had few sexual partners or were virgins. Although self-esteem was not measured, it is understood that depression and low self-esteem are closely related (de Man, Gutiérrez, & Sterk, 2001) low levels of self-esteem are assumed present in the women studied.

In addition to these results, some studies found no significant relationship between self-esteem and casual sex. Ethier et al. (2006) conducted a study at clinics and care centers to examine further the relationship between self-esteem and sexual behavior and found no significant relationship between having multiple partners and self-esteem. In addition, Clark (2006) concluded that, regardless of being rated as restricted or unrestricted in sociosexuality, women did not exhibit significant differences in self-esteem. Furthermore, Mikach and Bailey (1999) found similar results of the no significant relationship between self-esteem and number of sexual partners in women.

Based on the presentations above, it does not yet appear that there is conclusive evidence to say that self-esteem is or is not related to sexual behaviour. Salazar, et al (2005) maintained that only few studies looked at self esteem as a determinant of adolescents' sexual behaviours, therefore making research in this area to be rare and limited thereby necessitating more research in this area.Favara(2013) maintains that self-esteem has been conceptualized as a "social vaccine". The belief is that high self-esteem can inoculate young people, against vulnerability to a wide range of social illnesses. This study gives a contribution in the understanding of the causal relation between self-esteem and sexual behaviour among American adolescents.

Relationship among Gender, Self-Esteem and Safer Sex Behaviours

As mentioned earlier, association between gender and sexual behaviour has been established by researchers. Facts and evidence available in literatures suggest that males' sex drive is stronger than that of female. Self-esteem plays an apparent role in the loss of virginity among adolescents (Hardin, 2012). The researcher observed that self-esteem has opposite effects on young girls and young boys differently and that, young girls with high

self-esteem are less likely to engage in early sexual activity than young girls with low self esteem, while young boys with high self-esteem are more likely to report being sexually active than youngboys with low self esteem.

Thereby males involve more in sexual activities than the females. In the area of gender influence on self esteem and safer sex practices there seems not to be a consensus among the few researchers. Some are of the opinion that association exists between self esteem and safer sex practices based on gender while others disagree and maintain that gender does not influence the self esteem and safer sex practices. For example, Jain and Dixit (2014) observed that previous research on gender differences in self-esteem suggests that male adolescents have higher self-esteem than female adolescents do (McMullin & Cairney, 2004; Moksnes, Moljord, Espnes, &Byrne, 2010; Robins et al., 2001; Twenge & Campbell, 2001; Young & Mroczek, 2003). However, in some studies the gender difference was small (Kling, Hyde, Showers, & Buswell, 2011). Likewise, several researchers such as (McMullin and Cairney, 2004; Twenge and Campbell, 2001) reported higher self-esteem for men in young adulthood, although in some studies the gender difference was small (Orth et al., 2010; Robins, Hendin, & Trzesniewski, 2001) or nonsignificant (Donnellan et al., 2007).

Robinson, Holmeck, Paikoff (2007) ; and CDC (2003) observed that previous research has identified gender differences as problem in adolescents with males being more likely to sexual debut early and have more partners whereas females are less likely to use condom. These unsafe sexual behaviours of adolescents increase their risk of unwanted teen’s pregnancies, STIs and HIV/AIDS infection, school dropout, abortion complications and even death. Orr, Wilbrandt, Brack , Rauch and Ingersoll (1989)

reported that girls with a poor self-image were more likely to initiate sexual intercourse at an early age. They were also found to have multiple partners and be less likely to insist on the use of a condom. Hill (2002) observes that males tend to have more “casual” sexual encounters and also tend to show higher levels of self-esteem than females engaging in casual sex.

Orr, Wilbrandt, Brack , Rauch and Ingersoll (1989) reported that girls with a poor self-image were more likely to initiate sexual intercourse at an early age than did with high self esteem. Morhason- Bello, Enakpene, Fabamwo, Obisesan, and Ojengbede (2008) observed that studies within Africa including Nigeria have demonstrated increasing rate of premarital sex decline in age of sexual debut among adolescents contrary to our moral cultural values (Okonofua,2000; and Okpani & Okpani, 2000). This early sexual debut among adolescent takes place most times without the use of condom. There by exposing them to the risk of STIs. Although self esteem is naturally high in adolescents, but early sexual debut that results in STIs and unwanted pregnancy can weaken the self esteem of the adolescent. It has also been reported by researchers that adolescents with low self esteem are more likely to be involved in risky behaviours including unprotected sex than adults with low self esteem because adolescents with low self esteem have everything to lose especially when peer self esteem is involved (Morris, Young & Jones, 2000). Young (1989) noted that young adolescents, ages 13-15 that are virgins, display high esteem than non virgins. Similarly, Small and Luster (2004) stated that adolescents who are sexually active tend to have low levels of self-esteem and adults who are sexually active tend to have high levels of self-esteem. This means that there is a difference between self esteem and sexual behaviours in relation to age.

The influence of education on human behavior cannot be over-emphasized, as it plays a key role in determining human behaviours. The influence of education on safer sex sexual behavious has equally been established by researchers. Researchers still disagree on the influence of levels of education on self esteem and sexual behavious.

Walton (2001) maintains that, interventions that have mentioned building self- esteem as a benefit include programmes to address youth unemployment and education (Chronic Poverty Research Centre, CPRC, 2007). The CPRC (2009) has claimed that, education can increase self-esteem and confidence –the well-educated are better able to negotiate for higher wages, manage rural–urban transitions, and extract themselves from exploitative relationships. Interventions to improve the employment prospects and well-being of people with disabilities often emphasise self-esteem (WHO, 2011). In the same vein, education can equally help in building a self esteem that will be protective against unsafe sex behaviours among adolescents.

Empirical Studies

Self-Esteem and Safer Sex Behaviours

There seem not to be conclusive evidence to say that self esteem is or is not related to sexual behaviour because researchers are yet to agree on this issue. Some are of the opinion that relationship exists between self esteem and sexual behavior while others are of opposite opinion that there is no relationship between self esteem and sexual behaviours. For example the findings of Heinrichs, Macknee, Auton-Cuff and Donnene (2009) and Farrell (2013) suggest that high self esteem in adolescents increases the chance of early sexual experimentation. On the other hand, the findings of Young, Denny

and Spear (2004) suggest that low self esteem increases the likely hood of early sexual debut among adolescents.

Rapelang, et al, (2013) carried out a study on Self-efficacy, self-esteem and the intention to practice safe sex among Botswana adolescents. The purpose of the study was to investigate whether high self-efficacy and high self-esteem could predict Botswana males and females intention to practice safe sex. The correlation research design was used for the study. A self reported anonymous questionnaire was used to collect data from 286 young adolescents aged between 13 and 19. Data were analyzed using the Statistical Package of Social Sciences (SPSS). Prior to using multiple regression analysis to predict safe sex practices, Pearson's correlations were conducted on the two independent variables (self-efficacy, self-esteem) and the outcome variable (safe sex behaviors). The findings suggested that intention to limit partners, intention to abstain and intention to use condoms correlated positively with high self-efficacy. High self-esteem exhibited low correlations with the afore-mentioned sexual behaviors. Multiple regression analysis also showed that self-efficacy had a stronger predictive power on the safe sex behaviors in comparison to high self-esteem. The researcher concluded that there were no strong positive correlations exhibited on high self-esteem and safe sex behaviors, rather, high self-efficacy was a better predictor of safe sex practices. From these findings it can be inferred that there is positive relationship between self esteem and safer sex practices. This is relevant to the present study that seeks to investigate the relationship between self esteem and safer sex sexual behaviours.

The study of Farrell (2013) is also relevant to the current study. The study was carried out to determine whether sexual activity was related to levels of self-esteem

among college students. The convenience sample of 429 college students (188 men, 229 women) ranging from age 18 to 53, from strategically selected college classes were asked to participate in a survey.

A correlation design was used for the study. A survey consisting of 26 Likert Scale statements measuring sexual activity and self esteem was constructed to collect data from the respondents. Data collected were analysed using Pearson Product Moment Correlation Coefficient. The results reveals significant positive correlations ($p < .05$) between self-esteem and athleticism, $r(417) = .155$; self-esteem and relationship commitment, $r(417) = .275$; and self-esteem and sexual activity, $r(417) = .142$. The researcher concluded that the present study confirmed the hypothesis that there is a relationship between the sexual activity of college students and their self-esteem. Based on the findings of the study, it was recommended that further research should look at more specific details that could be affecting self-esteem other than gender, athleticism, relationship status and year in school.

Young, Denny and Spear (2004) examined area-specific self-esteem scores by sexual behavior in relation to adolescents' values concerning participation in sexual intercourse as an unmarried teenager. The sample consisted of 332 students in grades 7–12 from a Southern rural school district. Students were asked if they had ever had sexual intercourse (yes/no) and if they had participated in sexual intercourse in the last month (yes/no). Respondents also indicated on a 4-point scale their response to the statement “It is against my values to have sex as an unmarried teenager.” Data were analyzed using a 2×4 (behavior x values) analysis of variance for each of the three area-specific self-esteem scores (peer, school, and home). Results indicated that students who had participated in

sexual intercourse had significantly lower scores in school and home self-esteem than those who had not participated. In addition, those who "strongly agreed" with the values statement and indicated they had not had intercourse had the highest school and home self-esteem scores. Those who strongly agreed with the values statement but indicated they had participated in sexual intercourse had the lowest school and home self-esteem scores. This behavior x values interaction was significant for sexual intercourse–ever, and for school self-esteem and sexual intercourse in the last month. No difference was seen in peer self-esteem scores by behavior nor were there behavior x values interactions.

Alavi (2011) carried out a study in Kerman city in Iran to investigate the role of self-esteem in the individuals' tendency to addiction, theft and prostitution. The causal-comparative study design was used for the study. The sample consisted of 300 individuals, 200 of whom were those with record of addiction, theft and prostitution in the central prison of Kerman city, and 100 ordinary people. The instrument for determining the respondents' self-esteem was Eysenck Self-esteem Inventory. Data were analysed using descriptive statistics and chi-square analysis. The result of the study showed that self-esteem had a meaningful role in the individual's tendency to addiction, theft and prostitution. This study is related to the current study that seeks to establish the relationship between self esteem and safer sex behaviours among Federal Secondary School Students in South-South Geopolitical Zone of Nigeria.

Relationship among Gender, Self Esteem and Safer Sex Behaviours

Morris, Young and Jones (2000) carried out a study to determine the self esteem and adolescents sexual behaviours among students at an Elite Bolivian School. The purpose

of the study was to examine the relationship between self esteem and the sexual behaviours and intended sexual behaviour. The sample size consisted of 189 students attending an elite school in La Paz, Bolivia who were in grades 8-12. The testing instruments was a questionnaire that included items designed to elicit information regarding self esteem, as well as sexual knowledge, attitudes, behaviours and intended behaviours. Self esteem was measured using Kelly's short version of the Hare Self Esteem Scale. Students voluntarily and with written parental permission, completed the questionnaire in a regular classroom setting. The completed data were collected from the respondents and analysed using three way (behaviour x gender x grade level). The results indicated that there were differences ($F=3.68$ $p=.05$) between virgins ($n=44$) and non-virgins ($n=136$) relative to: Home Self Esteem (virgins indicating higher home self esteem). There were also differences in Home Self Esteem by sexual situation ($F= 3.90$ $p=.05$). Virgins who indicated that virginity was their choice scored higher on Home Self esteem. There were also significant interactions relative to sexual situations and Home Self esteem by: gender (males who reported regular sexual intercourse had the highest Home Self Esteem, females who reported having sexual intercourse infrequently had the lowest Home Self Esteem scores); grade level (junior high students who reported regular sexual intercourse had the highest Home Self Esteem, with junior high students who reported having sexual intercourse infrequently, scoring the lowest on Home Self Esteem); gender x grade level (junior high males who were non-virgins choosing not to have sex had the highest Home Self Esteem and junior high girls who were non-virgins choosing not to have sex had the lowest).

There were significant differences in Peers' Self Esteem by intent to have sex. Those who indicated that they definitely would have sex before marriage scored the highest on peers' self esteem. Significant variable x gender x grade level interactions were noted for both School and Home Self Esteem relative to intent to have intercourse before marriage. High school males who said they definitely would not have sex before marriage had the highest School and Home Self Esteem. High school males who estimated that there was a 50/50 chance that they would have sex before marriage had the lowest School and Home Self Esteem.

Walsh (1991) found that high self-esteem males and females, as measured by Rosenberg's scale had a significantly greater number of sexual partners than their low self esteem subjects. In this case, though association was found between high self esteem and unsafe sexual practices, but the relationship was not influenced by gender. In the same vein, they found no difference between female virgins and non-virgins in their levels of self esteem. But there was a difference, in self-esteem between male virgins and non-virgins.In contrast Morris, Young and Jones (2000) in their study of self esteem and adolescent sexual behaviours among 180 students at an Elite Bolivian School, using Kelly's short version of the Hare self esteem scale, they noted that males who reported regular sexual intercourse had the highest home self-esteem than females who reported having sexual intercourse infrequently who had the lowest home self esteem scores.

A study was also carried out by Jain and Dixit (2014) to assess common causal incidents and gender difference in self esteem in the lives of Indian youth. In order to fulfill these aims, a mixed methodology was employed. For quantitative data collection a test namely, Coopersmith Self esteem Inventory was administered in order to assess the

levels of self esteem among the participants. Also qualitative method of data collection critical incident technique was employed with 40% of the sample. The data obtained was content analysed. The total number of participants was 150 college Indian students, out of which 77 were females and 73 were males. The age range for the participants was 18-23. With the help of t -test for independent means, the findings revealed that there was no significant gender difference in the self esteem levels of the participants. Through content analysis, the causal incidents reducing self esteem levels were divided into four themes, based on, unmet expectation; from personal self, from social self, at home and at school/college. The research revealed that among many causes, the most common cause for reduction in self esteem have been inability to meet academic expectations of self, parents and teachers.

In contrast, there was gender difference in the result of the study conducted by Mullan and NicGabhainn (2002). The researchers carried out the study on self esteem and health-risk behaviours among Irish adolescents who were between the ages of 10 to 17 to determine if self esteem was related to unhealthy behaviours such as: smoking, drinking and drug use. The sample consisted of 7,706 Irish adolescents. The survey questionnaire was used to access health-related behaviours such as smoking, alcohol, diet and physical activities: general perceptions of personal health and wellbeing; perception of family relations and support; perceptions of peer relations and support and perception of the school environment. Rosenberg Self Esteem Scale (RSES: 1965) was administered to determine their level of self esteem with the survey questionnaire. The data were analysed using ANOVA and ANCOVA. The results revealed that there were no significant differences in self esteem scores between those who had not tried smoking,

those who drank regularly and those who did not, or those with different levels of smoking involvement and frequency of past drunkenness. Among 15 to 17 year olds, there were no significant differences in self esteem scores between those who had reported ever having used cannabis and those who did not. Self esteem was significantly higher in males than females, and higher in 10 to 12 than in 13 to 17 year olds. It did not significantly differ across social groupings. The researchers concluded that results did not support the received wisdom that self esteem confers a protective effect against involvement in the so called health-risk behaviours.

Oyefeso and Zacheaus (2006) conducted a study to investigate the influence of gender differences on the expression of self-esteem among Yoruba adolescents. Using a sample of 120 adolescents with 60 males and 60 females, with a mean age of 16.02 years (S.D.=1.63), the results revealed that male adolescents express higher self-esteem than female adolescents. And he attributed this difference to differing socialization processes for males and females in Yoruba societies.

The study of Akpokos (2013) is also relevant to this study in explaining gender differences in safer sexual behaviours of adolescents in secondary schools. The study investigated the sexual behaviour of secondary school students in Kaduna State. Specifically, the study described the penetrative sexual behaviour of in-school adolescents and also examined the relationship between students' socio-demographic characteristics and their sexual behaviour. The survey was conducted in Kaduna State. Questionnaires were self-administered to 1,400 students randomly selected from 12

secondary schools spread across the state. Descriptive statistics and chi-squire test were used in analyzing the data collected.

The results obtained showed that 13.9 % of the respondents have had sexual intercourse and 43.1% of the sexually experienced had sex with multiple sexual partners. Out of the 43.1percent who had sex with multiple partners, 51.6 % of male and 5.1% of female indicated they did so with only one partner. Among respondents who had sexual intercourse with between 2-4 partners, 45.3% were found to be males while50.0% are females. Only a marginal proportion of male respondents representing only 3.1% reported that they have had sexual intercourse with five or more partners. The results also showed that male students were more likely than their female counterparts to report multiple sexually relationship (76.2% male and 23.8% female)

Similarly, the results revealed that 16.9% and 44.1% of those who had had sex reported being forced and did not use contraceptives respectively during their sexual encounter. Significant association was found to exist between ever had sex and age at birth, religious affiliation and location of school. The study challenged stakeholders to step up enlightenment campaigns which would inculcate values which would promote abstinence and chastity among young people in Kaduna State.

The results of the study conducted by Robinson, Holmbeck and Paikoff (2007) indicated that self esteem influences gender differently. The purpose of the study was to examine self reported reasons why African American adolescents may participate in risky sexual behaviours. A sample of 146 American adolescents living in impoverished neighbourhoods with HIV rates participated in the Chicago HIV Prevention and Adolescents Mental Health Project (CHAMP). Adolescents completed a questionnaire

regarding their sexual behaviours and reasons for having sex at Wave 3 of data collection. Data were analysed using descriptive statistics of frequency counts and simple percentages and inferential statistics of t test. The results indicated that: males had significantly more lifetime partners than females, males were more likely to be sexually debut earlier than females and that there was a significant difference between males and females in their consistency of condom use with females using condoms less consistently than males. Reasons for having sex, result also indicated that males endorsed more self esteem enhancing reasons for having sex than females.

In the study of Bachman, Malley, Freedman-Doan, Trzesniewski, and Donnellan (2011) on large-scale representative surveys of 8th-, 10th-, and 12th-grade students in the United States, the result showed high self-esteem scores for all groups. African-American students score highest, whites score slightly higher than Hispanics, and Asian Americans score lowest. Males score slightly higher than females. Multivariate controls for grades and college plans actually heighten these race/ethnic/gender differences. A truncated scoring method, designed to counter race/ethnic differences in extreme response style, reduced but did not eliminate the subgroup differences. Age differences in self-esteem are modest, with 12th graders reporting the highest scores. The findings are highly consistent across 18 annual surveys from 1991 through 2008, and self-esteem scores show little overall change during that period.

Commendador (2007) carried out a study on the relationship between female adolescent self esteem, decision making and contraceptive behaviour. The purpose of the study was to examine the relationship between female adolescents' self esteem, decision making and contraceptive behaviours in multiethnic, 14 to 17 year olds, residing on the

Big Island of Hawaii. The study used the descriptive cross-sectional survey design. The sample consisted of 98 adolescent female students. Global self esteem of the respondents were measured using Rosenberg Self Esteem Scale, decision making was measured was measured by the Flinders Adolescent Decision Making Questionnaire, and sexual activity and contraception use was measured by a nonnormed Sexual History and Contraception Use Questionnaire developed for the study. Descriptive statistics, logistic regression and correlations were used to analyse associations and correlations between age, global self esteem, decision self esteem, decision making (vigilant and maladaptive) and contraceptive use for sexually active female adolescent.

The results indicated that there were no significant relationships between age, global self esteem, decision coping (vigilance) and the decision to use contraception in sexually active adolescents. There was however significant negative correlation between overall maladaptive decision making and contraceptive use in sexually active female adolescents. For the implication for practices, the researcher maintained that adolescence is a period of transition that involves biological, cognitive, psychological and social changes, and that during this vulnerable transition period decision relating to contraceptive use may be required. As such interventions focused on improving decision-making skills should and stimulating thinking around not only sexual issues but also on relationship and communication in adolescent issues may facilitate more competent decision making. So understanding the relationship between female adolescent self esteem, decision making and contraceptive behaviours has contributed to the knowledge base about female contraceptive behaviours.

The results of the study carried out by Sahin, Barut and Ersanli (2013) showed that there was no significant difference in self esteem based on age. The purpose of the study was to re-evaluate possible effects of grade level, age, parent education level differences on self esteem among adolescents in Turkey. The cross-sectional research design was used for the study. The sample size consisted of 2,213 adolescents (1085 boys, 1128 girls). Mean age of participants of the study was 12.76. Participants were 6th, 7th and 8th grade students and were recruited for 21 states and one private coeducational secondary school in Amasya. Rosenberg Self-Esteem scale (Rosenberg, 1965) and Demographic information were used as data collection instruments. One-way analysis of variance (ANOVA) statistical test was employed to analyse the hypotheses raised. The results of the study indicated that there were significant differences related to the adolescents' parents' education level. The results of the study equally showed that there were no significant differences in self esteem based on grade level or age.

In the study of Bachman, Malley, Freedman-Doan, Trzesniewski, and Donnellan (2011) on large-scale representative surveys of 8th-, 10th-, and 12th-grade students in the United States, the result showed high self-esteem scores for all groups. African-American students score highest, whites score slightly higher than Hispanics, and Asian Americans score lowest. Males score slightly higher than females. Multivariate controls for grades and college plans actually heighten these race/ethnic/gender differences. A truncated scoring method, designed to counter race/ethnic differences in extreme response style, reduced but did not eliminate the subgroup differences. Age differences in self-esteem are modest, with 12th graders reporting the highest scores. The findings are highly

consistent across 18 annual surveys from 1991 through 2008, and self-esteem scores show little overall change during that period.

The study of Mullan and NicGabhainn (2002) is equally relevant to the current study. The researchers carried out the study on self esteem and health-risk behaviours among Irish adolescents who were between the ages of 10 to 17 to determine if self esteem was related to unhealthy behaviours such as: smoking, drinking and drug use. The sample consisted of 7,706 Irish adolescents. The survey questionnaire was used to access health-related behaviours such as smoking, alcohol, diet and physical activities: general perceptions of personal health and wellbeing; perception of family relations and support; perceptions of peer relations and support and perception of the school environment. Rosenberg Self Esteem Scale (RSES: 1965) was administered to determine their level of self esteem with the survey questionnaire. The data were analysed using ANOVA and ANCOVA. The results revealed that there were no significant differences in self esteem scores between those who had not tried smoking, those who drank regularly and those who did not, or those with different levels of smoking involvement and frequency of past drunkenness. Among 15 to 17 year olds, there were no significant differences in self esteem scores between those who had reported ever having used cannabis and those who did not. Self esteem was significantly higher in males than females, and higher in 10 to 12 than in 13 to 17 year olds. It did not significantly differ across social groupings. The researchers concluded that results did not support the received wisdom that self esteem confers a protective effect against involvement in the so called health-risk behaviours.

Donnelly, Eadie, Denny and Goldfarb (1999) also carried out a study on abstinence' attitudes and behaviors in peer educators: Risk and Protective Factors. The purpose of the

study was to examine the correlation among attitude toward sexual abstinence, intent to remain abstinent, and sexual activity and a number of variables including gender, attendance of religious services, self-esteem, age, communication with family about sexual activity, and knowledge regarding sexuality. The state wide sample (n=316) of peer counselors ranged in age from thirteen to eighteen. The result revealed significant findings at $p<0.01$ were attitude towards abstinence correlated with gender, self-esteem, and religious attendance. Intent to remain abstinent was correlated with gender, grade level, self-esteem, and religious attendance. Sexual activity was correlated with grade level and religious attendance.

The study of Nnebue, Chimah, Duru, Ilika and Lawoyin (2016) on determinants of age at sexual initiation among Nigerian adolescents is useful to the current study as it relates to the influence of age on self esteem and safer sex behaviours.To determine the age at first sexual intercourse and its determinants among senior secondary schools students in Ojo military barracks, Lagos. Materials and methods: This was a cross-sectional study of 400 senior secondary schools students in Ojo military barracks, Lagos, selected using multistage sampling technique. Data were collected using pretested, self-administered semi- structured questionnaires and analysed using statistical package for social sciences version 17. Tests of statistical significance were carried out using chi-square and t-tests. A p value of < 0.05 was considered significant. Results: The age group at which respondents had their first sexual intercourse ranged from10 to19 years, the mean ages are 14.1 ± 1.2 and 13.4 ± 1.5 for males and females, while the modal and median ages at first sexual intercourse for both gender are 11 and 12 years respectively with a cumulative frequency percent of 56.5. The girls initiated sex earlier than the boys (p=

0.001). Those brought up by one parent initiated sex at an earlier age (p= 0.000), while age of sex initiation increased with maternal (p= 0.000) and paternal education (p= 0.001). Conclusions: Age at sexual debut was found to be associated with younger age, gender, living with a one parent and parents' educational status. Based on the findings, it was recommend formal comprehensive sex education programs should be targeted at delaying age at first sex.

Faloon (2011) in her study observed that educational level was not related to sexual risk behaviours but was related to self esteem. The study was conducted on young women in the United States of America. The purpose was to evaluate the relationship between self-esteem, alcohol use, and sexual risk behaviors. Secondary analysis of data from The National Longitudinal Study of Adolescent Health (Add Health) database, which is a longitudinal study of a nationally representative sample of adolescents, was used. The Add Health cohort has been followed into young adulthood with four in-home interviews, in 2008, when the samples were aged 24-32, just emerging into adulthood and more likely to have opportunities for drinking and sexual behaviors.

Wave III data for females was used (N = 2629), while the Pearson bi-variate and Spearman Rank correlations were conducted for variables of interest. Linear regression analysis was used to examine the relationship between the sexual risk behaviors, alcohol use and self-esteem. A p-value less than .05 was considered statistically significant.

Results showed that: education was not related to binge drinking or self-esteem. Higher levels of self-esteem were related to higher levels of binge drinking. Sexual risk behaviors were related to self-esteem.

Again the study of Sahin, Barut and Ersanli (2013) is also relevant to this study. They carried out a study to re-evaluate possible effects of grade level, age, parent education level differences on self esteem among adolescents in Turkey. The cross-sectional research design was used for the study. The sample size consisted of 2,213 adolescents (1085 boys, 1128 girls). Mean age of participants of the study was 12.76. Participants were 6th, 7th and 8th grade students and were recruited for 21 states and one private coeducational secondary school in Amasya. Rosenberg Self-Esteem scale (Rosenberg, 1965) and Demographic information were used as data collection instruments. One-way analysis of variance (ANOVA) statistical test was employed to analyse the hypotheses. The results of the study indicated that there were significant differences related to the adolescents' parents' education level. The results of the study equally showed that there were no significant differences in self esteem based on grade level or age. From this result the researchers maintained that the non significant difference experienced between self esteem and grade level could be attributed to the narrow grade range used which were 6th, 7th and 8th. The authors also posited that the current study could fine significant self esteem differences if grade ranges include important grade transition periods such as primary school to secondary school to higher school (e.g., Grade 4 to 5 i.e. Primary 6 to JSS1 in Nigeria or Grade 8 to 9 i.e. JSSIII to SSI in Nigeria). Based on the findings the researchers concluded that parental education level positively influences self esteem of Turkish adolescents. Finally, it was recommended that school counseling services which attempt to identify adolescents with low self esteem should take into consideration parental education level. Also school counselors should particularly consult with adolescent clients who come from low-educated families in an attempt to increase their

self esteem. From the result of this study it can be inferred that parental education level which is one of the strongest or most important indices of SES, plays a pivotal role in self esteem development of adolescents, which further culminates into safer sexual behaviours in the case of HSE or unsafe/risky sexual behaviours in the case of LSE.

Morris, Young and Jones (2003) carried out a study to determine the self esteem and adolescents sexual behaviours among students at an Elite Bolivian School. The purpose of the study was to examine the relationship between self esteem and the sexual behaviours and intended sexual behaviour. The cross-sectional research survey design was adopted. The sample size consisted of 189 students attending an elite school in La Paz, Bolivia who were in grades 8-12. The testing instruments was a questionnaire that included items designed to elicit information regarding self esteem, as well as sexual knowledge, attitudes, behaviours and intended behaviours. Self esteem was measured using Kelly's short version of the Hare Self Esteem Scale (Kelly, Denny & Young, 1997). Students voluntarily and with written parental permission, completed the questionnaire in a regular classroom setting. The completed data were collected from the respondents and analysed using three way (behaviour x gender x grade level). The results indicated that there were differences ($F=3.68$ $p=.05$) between virgins ($n=44$) and non-virgins ($n=136$) relative to: Home Self Esteem (virgins indicating higher home self esteem). There were also differences in Home Self Esteem by sexual situation ($F= 3.90$ $p=.05$). Virgins who indicated that virginity was their choice scored higher on Home Self esteem. There were also significant interactions relative to sexual situations and Home Self esteem by: gender (males who reported regular sexual intercourse had the highest Home Self Esteem, females who reported having sexual intercourse infrequently had the

lowest Home Self Esteem scores); grade level (junior high students who reported regular sexual intercourse had the highest Home Self Esteem, with junior high students who reported having sexual intercourse infrequently, scoring the lowest on Home Self Esteem); gender x grade level (junior high males who were non-virgins choosing not to have sex had the highest Home Self Esteem and junior high girls who were non-virgins choosing not to have sex had the lowest).

There were significant differences in Peers' Self Esteem by intent to have sex. Those who indicated that they definitely would have sex before marriage scored the highest on peers' self esteem. Significant variable x gender x grade level interactions were noted for both School and Home Self Esteem relative to intent to have intercourse before marriage. High school males who said they definitely would not have sex before marriage had the highest School and Home Self Esteem. High school males who estimated that there was a 50/50 chance that they would have sex before marriage had the lowest School and Home Self Esteem.

Donnelly, Eadie, Denny and Goldfarb (1999) carried out a study among Peer Educators to examine the correlation among attitudes towards sexual abstinence, intent to remain abstinent, and sexual activity and a number of variables including gender, attendance of religious services, self-esteem, age, communication with family about sexual activity, and knowledge regarding sexuality. The state wide sample (n=316) of peer counselors ranged in age from thirteen to eighteen was used for the study. Data were analysed using Pearson correlation coefficient. The results showed significant findings at $p<0.01$ were attitudes towards abstinence correlated with gender, self-esteem, and religious attendance. Intent to remain abstinent was correlated with gender, grade level,

self-esteem, and religious attendance. Sexual activity was correlated with grade level and religious attendance.

The results of the study carried out by Sahin, Barut and Ersanli (2013) is relevant to the influence of age on self esteem and safer sex behaviours because the results showed that there was no significant difference in self esteem based on educational level. The purpose of the study was to re-evaluate possible effects of grade level, age, parent education level differences on self esteem among adolescents in Turkey. The cross-sectional research design was used for the study. The sample size consisted of 2,213 adolescents (1085 boys, 1128 girls). Mean age of participants of the study was 12.76. Participants were 6th, 7th and 8th grade students and were recruited for 21 states and one private coeducational secondary school in Amasya. Rosenberg Self-Esteem scale (Rosenberg, 1965) and Demographic information were used as data collection instruments. One-way analysis of variance (ANOVA) statistical test was employed to analyse the hypotheses raised. The results of the study indicated that there were significant differences related to the adolescents' parents' education level. The results of the study equally showed that there were no significant differences in self esteem based on grade level or age.

In the study of Bachman, Malley, Freedman-Doan, Trzesniewski, and Donnellan (2011) on large-scale representative surveys of 8th-, 10th-, and 12th-grade students in the United States, the result showed high self-esteem scores for all groups. African-American students score highest, whites score slightly higher than Hispanics, and Asian Americans score lowest. Males score slightly higher than females. Multivariate controls for grades and college plans actually heighten these race/ethnic/gender differences. A truncated

scoring method, designed to counter race/ethnic differences in extreme response style, reduced but did not eliminate the subgroup differences. Age differences in self-esteem are modest, with 12th graders reporting the highest scores. The findings are highly consistent across 18 annual surveys from 1991 through 2008, and self-esteem scores show little overall change during that period.

The study of Mullan and NicGabhainn (2002) is equally relevant to the current study. The researchers carried out the study on self esteem and health-risk behaviours among Irish adolescents who were between the ages of 10 to 17 to determine if self esteem was related to unhealthy behaviours such as: smoking, drinking and drug use. The sample consisted of 7,706 Irish adolescents. The survey questionnaire was used to access health-related behaviours such as smoking, alcohol, diet and physical activities: general perceptions of personal health and wellbeing; perception of family relations and support; perceptions of peer relations and support and perception of the school environment. Rosenberg Self Esteem Scale (RSES: 1965) was administered to determine their level of self esteem with the survey questionnaire. The data were analysed using ANOVA and ANCOVA. The results revealed that there were no significant differences in self esteem scores between those who had not tried smoking, those who drank regularly and those who did not, or those with different levels of smoking involvement and frequency of past drunkenness. Among 15 to 17 year olds, there were no significant differences in self esteem scores between those who had reported ever having used cannabis and those who did not. Self esteem was significantly higher in males than females, and higher in 10 to 12 than in 13 to 17 year olds. It did not significantly differ across social groupings. The

researchers concluded that results did not support the received wisdom that self esteem confers a protective effect against involvement in the so called health-risk behaviours.

Donnelly, Eadie, Denny and Goldfarb (1999) also carried out a study on abstinence' attitudes and behaviors in peer educators: Risk and Protective Factors. The purpose of the study was to examine the correlation among attitude toward sexual abstinence, intent to remain abstinent, and sexual activity and a number of variables including gender, attendance of religious services, self-esteem, age, communication with family about sexual activity, and knowledge regarding sexuality. The state wide sample (n=316) of peer counselors ranged in age from thirteen to eighteen. The result revealed significant findings at $p<0.01$ were attitude towards abstinence correlated with gender, self-esteem, and religious attendance. Intent to remain abstinent was correlated with gender, grade level, self-esteem, and religious attendance. Sexual activity was correlated with grade level and religious attendance.

The study of Nnebue, Chimah, Duru, Ilika and Lawoyin (2016) on determinants of age at sexual initiation among Nigerian adolescents is useful to the current study as it relates to the influence of age on self esteem and safer sex behaviours.To determine the age at first sexual intercourse and its determinants among senior secondary schools students in Ojo military barracks, Lagos. Materials and methods: This was a cross-sectional study of 400 senior secondary schools students in Ojo military barracks, Lagos, selected using multistage sampling technique. Data were collected using pretested, self-administered semi- structured questionnaires and analysed using statistical package for social sciences version 17. Tests of statistical significance were carried out using chi-square and t-tests. A p value of < 0.05 was considered significant. Results: The age group

at which respondents had their first sexual intercourse ranged from10 to19 years, the mean ages are 14.1±1.2 and 13.4±1.5 for males and females, while the modal and median ages at first sexual intercourse for both gender are 11 and 12 years respectively with a cumulative frequency percent of 56.5. The girls initiated sex earlier than the boys ($p = 0.001$). Those brought up by one parent initiated sex at an earlier age ($p = 0.000$), while age of sex initiation increased with maternal ($p = 0.000$) and paternal education ($p = 0.001$). Conclusions: Age at sexual debut was found to be associated with younger age, gender, living with a one parent and parents' educational status. Based on the findings, it was recommend formal comprehensive sex education programs should be targeted at delaying age at first sex. Wood (2010) observed that the first well-known study that linked social class to adolescent self-esteem was conducted by (Rosenberg & Pearlin,1978). They surveyed a group of 5,024 high school juniors and seniors from ten randomly selected schools in New York State; gathering their ratings of their self esteem with the use of Rosenberg 1965 self esteem rating scale. Information data were also collected about the employment status and educational levels of the students' fathers. Conclusively, they found out that socioeconomic status certainly played a significant role in their self- perceptions. In a paper review by McMullin and Cairney (2004) social class does not influence levels of self-esteem for young men or women but does so for those in middle age and older age groups.

Mullan and NicGabhainn (2002) carried out the study on self esteem and health-risk behaviours among Irish adolescents who were between the ages of 10 to 17 to determine if self esteem was related to unhealthy behaviours such as: smoking, drinking and drug use. The sample consisted of 7,706 Irish adolescents. The survey questionnaire was used

to access health-related behaviours such as smoking, alcohol, diet and physical activities: general perceptions of personal health and wellbeing; perception of family relations and support; perceptions of peer relations and support and perception of the school environment. Rosenberg Self Esteem Scale (RSES: 1965) was administered to determine their level of self esteem with the survey questionnaire. The data were analysed using ANOVA and ANCOVA. The results revealed that there were no significant differences in self esteem scores between those who had not tried smoking, those who drank regularly and those who did not, or those with different levels of smoking involvement and frequency of past drunkenness. Among 15 to 17 year olds there were no significant differences in self esteem scores between those who had reported ever having used cannabis and those who did not. Self esteem was significantly higher in males than females, and higher in 10 to 12 than in 13 to 17 year olds. It did not significantly differ across social groupings. The researchers concluded that results did not support the received wisdom that self esteem confers a protective effect against involvement in the so called health-risk behaviours.

Heinrichs, Macknee, Auton-Cuff and Domene (2009) carried out a study on Factors affecting sexual-self esteem among young adult women in long-term heterosexual relationships to identify incidents and factors that had a negative or positive impact on their current levels of sexual self-esteem. The study employed semi-structured interviews with 17 women aged 24-39 years in long-term heterosexual relationships (5-20 years). Analysis of the interviews was done using Critical Incident Technique. They identified 301 incidents of which 131 facilitated and 170 hindered sexual self-esteem. The incidents were sorted into 31 categories (14 facilitating, 17 hindering). Among the 17

hindering factors, financial or work stresses were identified as having a negative effect on sexual self-esteem and these two factors are the most vital indices for measuring socio-economic status. The researchers concluded that women's sexual self-esteem is impacted by many bio-psychosocial factors that should be approached holistically in counselling, therapy and education.

From the review of related literature, the researcher observed that there is no empirical study on self esteem and safer sex behaviours of federal secondary school students, especially in South-South Geopolitical Zone of Nigeria, therefore the need for this current study.

Summary of Literature Review

The purpose of this study was to investigate the relationship between self esteem and safer sex behaviours among Federal Secondary School Students in South-South Geopolitical Zone of Nigeria. This study was carried out because there is no empirical work done in this area on self esteem and safer sex behaviours that is known to the researcher. Based on this literatures from both theoretical and empirical studies were reviewed on self esteem, safer sex behaviours, Social Cognitive Theory (SCT) and relationship among self esteem, safer sex behaviours and gender. Self esteem means ones evaluation of his worth. While safer sex behaviours is the precaution taken before, during and after sex to protect oneself against STIs and unwanted pregnancy.

The study was guided by Social Cognitive Theory (SCT) and it was propounded by Albert Bandura in 1986. The SCT is a learning theory that describes how behaviours are learned. Specifically, SCT emphasizes reciprocal determinism or the interactive and processes by which behaviours, personal and environmental factors affect each other. SCT maintains that behaviours are learned through the interaction of behavioural, personal and environmental factors. The SCT again, was considered appropriate for the study because Crosby, Kegleir and Diclemente, (2002) maintained that SCT is considered relevant when it comes to issues related to health promotion and behavioural modification especially as it relates to self esteem and safer sex behaviours.

The review of related theoretical studies showed that gender difference exists in self esteem and safer sex behaviours and that males practice safer sex more than females in both level of self esteem. This was ascribed to the importance Africans placed on their

male children. Again, from the review of related theoretical studies it was observed that male students with HSE practiced safer sex more than male students with LSE.

Empirically, when literatures were reviewed, the researcher observed that there is no consensus among researchers on the relationship between self esteem and safer sex practices. Some of the researchers are of the opinion that self esteem is positively related to risky sexual practices while others maintained that it is negatively related. For example, some researchers such as Favara (2013); Lejeuz, Simmons, Aklin and Daughters (2004) are of the opinion that high self-esteem is promotive, predictive and protective of safer sex behaviours. Others like Heinrichs, Macknee, Auton-Cuff and Donnel (2009); and Farrell (2013) refute this belief and maintain that high self-esteem is promotive and predictive of unsafe sexual behaviours. In order words low self-esteem is predictive, promotive and protective of safer sex behaviours while high self esteem is predictive and promotive of unsafe sexual behaviours. This controversy that exists between self esteem and sexual behavior was another motivating factor that actually necessitated this study, especially the situation in secondary schools in South-South Geopolitical Zone of Nigeria. Therefore this study was carried out to ascertain the relationship between self esteem and safer sex behaviours among federal secondary school students in South-South Geopolitical Zone of Nigeria.

Again, from the review of both theoretical and empirical studies, it was observed that there has not been any study done on the relationship between self esteem and safer sex behaviours among federal secondary school students in South-South Geopolitical Zone of Nigeria known to the researcher, therefore the need for the study.

CHAPTER THREE

METHOD

This chapter presents method that was used for the study. It is arranged under the following sub-headings: Research design, area of study, sample and sampling technique, instrument for data collection, validity of the instrument, reliability of the instrument, method of data collection and method of data analysis

Research Design

The correlation research design was used for this study. Omorogiuwa, (2006) maintained that this design is applied to a study that seeks to establish relationship between two or more variables. The study was designed to determine the relationship between self esteem and safer sex behaviours of federal secondary school students in South-South Geopolitical Zone of Nigeria. This design was used because the researcher had no control over the independent variables and did not manipulate any of them, rather the researcher simply determined the extent to which the independent variables correlated with the dependent variable. The adoption of this design was based on the success of similar study using this design as used by Rapelang, et al (2013) to determine the extent to which self-efficacy and self esteem influence safe sex practices among a sample of Botswana adolescents. The same correlation design was successfully used by Christensen (1985) to determine the relationship between adolescents' self esteem and sexual attitudes and behaviours. Similarly, Farrell (2013) used the same correlation design to determine the relationship between sexual activities and levels of self esteem.

Area of the Study

This study was conducted in South-South Geopolitical Zone in Nigeria which comprises six States which are Edo, Delta, Bayelsa, Rivers, Cross River and Akwa Ibom. The land is rich in oil and more than half of the land is covered by water. This makes majority of the people to be predominantly peasant farmers, fisher men and hunters. Since the people are predominantly peasant farmers, their economic needs are hardly met especially that of their female children. This, in turn, exposes the female children to the "big boys" (i.e. those working in oil companies) in town who indulge in sexual activities with some of them for money. The young girls most times are helplessly left without options as the young men entice them with much money. This often leads to unsafe sexual practices as the young girls have not yet developed the full capacity to refusing unsafe sex practices.

The people of this region are equally fisher men and women. This makes people from their neighbouring states to trade with them. In the process the children who sometimes accompany their parents in the process of buying and selling at night are often exposed to sexual intercourse with their customers thereby exposing them to the danger of unsafe sexual practices.

Also, some states like Edo and Delta are strategically located, linking Eastern, Western, Southern and Northern states together. This makes travelers and drivers to mix up with the people and entice the young girls with handsome money in exchange for sex. This again exposes the young girls to risky sexual intercourse because they have not fully

developed the capacity to refusing unsafe sex practices as such they cannot negotiate safer sex practices with their partners.

Population of the Study

The population of this study consisted of all the students in federal secondary school in South-South Geopolitical Zone of Nigeria who were in school in 2015/2016 academic year. They were 24,190 (Federal Ministry of Education, South-South Zonal Office, Federal Secretariat Complex, Aduwawa, Benin City, Edo State, 2015), (Appendix D).

Sample

The sample size for this study consisted of 1,303 students. This represented 5.4% of the entire population of 24,190 students. This sample size was considered adequate because Nwana (1990) asserted that 5% of the population serves as a good sample if the population runs in thousands. In the same vein, Owie (2006) maintains that for a population of over 10,000 an estimated minimum sample size of 350 is enough.

Sampling Technique

The sample size was selected through multi- stage sampling procedure. In the first stage, the purposive sampling technique was used to select Edo, Rivers and Akwa Ibom states. These states were purposively selected because of convenience.

In the second stage, the simple random sampling technique was employed using the balloting method with replacement to select two schools from the three selected states to get a total of six schools. Each state in South- South Geopolitical Zone of Nigeria has

three federal secondary schools with the exception of Delta state which has only two. The balloting method with replacement was done by writing names of all the federal secondary schools in a paper and folded in a box. The box was shacked to ensure that all the folded papers were mixed together in other to give all the schools equal opportunity of being selected for the study. The papers were randomly selected and the names of the schools on the papers were written down. After that, the paper would be returned to the box and if any of the chosen school was selected again, the paper would be dropped in the box without using the school twice, and this was done repeatedly until the desired sample size was gotten. Again, this was done to ensure equal opportunity for all the schools or population.

The third stage also involved the simple random sampling technique of balloting with replacement. This technique was used to select three class rooms each from JSS1, JSSII and JSSIII to represent junior secondary. The same simple random technique was used to select three class rooms each from SSI, SSII and SSIII to represent the Senior Secondary. In this case, all the class rooms in the six alms were represented in a paper in a box and each class room was randomly picked until the expected sample size was reached. But if a number was picked twice or more it would be dropped, this was done to allow equal representation of the sample.

In the fourth stage, which was the final stage the systematic random sampling method was used to select 13.4% of the students from each of the three selected class rooms in JSSI, JSSII, JSSII, SSI, SSII and SSIII. This represented a total of 1,303 which served as the sample. This is represented in Table1. This systematic sampling technique was done by using the first and the third person in a desk while sitting down in their class rooms.

Instrument for Data Collection

The instrument for data collection for this study contained two questionnaires. The first questionnaire was Rosenberg (1965) Self Esteem Scale (RSES) (Appendix A). RSES contains sections A and B. Section A sought for demographic variables such as: age, gender, religious affiliation, parenting styles, SES of parents and family pattern while section B sought for information concerning self esteem.

Favara (2013) asserts that RSES is popularly utilized measure of self esteem, hence the justification for using it. The instrument consists of 10 items constructed on a rating scale which ranges from strongly agree (SA), agree (A), disagree (D) and strongly disagree (SD). The scores from RSE ranged from 0-40 and it is calculated as follows: For items 1, 2, 4, 6, and 7: Strongly agree = 4, Agree = 3, Disagree = 2, strongly disagree = 1, while items 3, 5, 8, 9 and 10 (which are reversed in valence): Strongly agree= 1, Agree =2, Disagree = 3, Strongly Disagree = 4

Scores between 25 and 40 are within normal range therefore suggesting HSE, while scores below 10 and 24 suggests low self –esteem.

The second questionnaire was a modified Safe Sex Behaviour Questionnaire (SSBQ) originally constructed by Dilorio in 2009 (Appendix C). It contains 53 items with options ranging from 1 = Never, 2 = Sometimes, 3 = Most of the Time to 4 =Always, also with 23 negative worded items. The interpretation is that, the higher the scores, the higher the safer sex practices / behaviours and the lower the scores the lower the safer sex practices / behaviour by the students. Based on this interpretation, bench marks of scores ranging

from 53-132 were considered negative while that of 133-212 were considered positive safer sex behaviours.

Validation of the Instrument

The instrument was validated by three Professors in health education two from University of Benin and one from Nnamdi Azikiwe University Awka, two statisticians a Professor and a senior lecturer both from University of Benin, Benin City and the researcher's dissertation supervisor. They were presented with the instruments along side with the topic, purpose of the study, research questions and the hypotheses. They examined the purpose of the study, research questions as well as the hypotheses in linSe with specific items in the instrument to justify the content in relation to purpose of the study. Some of the items were modified before the final approval by the project supervisor. For example the safer sex behaviours' scale was increased from 23 to fifty items. The instrument was finally approved for use by the Board of Post Graduate Members of the Department of Human Kinetics and Health Education, Faculty of Education, Nnamdi Azikiwe University, Awka.

Reliability of the Instrument

The reliabilities of the instruments were established through the split half method of reliability. This was done by administering the instruments to 20 students in a private secondary school in Benin City which was not part of this study. Scores obtained were grouped into odd and even numbers. Using the Chronbach's Alpha, a coefficient value of 0.85 was obtained by self esteem scale, while a coefficient of 0.82 was obtained by SSB questionnaire. This was considered high enough to be used for the study.

Method of Data Collection

The researcher personally led a team of five research assistants who were briefed on data administration, retrieval and coding to collect the data from the respondents in their class rooms while they were receiving their lectures. These students were used because they had been involved in other studies. Mean while, before that an introductory letter introducing the researcher and his purpose to the schools (i.e. the principal and teachers) for their co-operation/permission to use their students for the study was obtained from the Head of Department, Human Kinetics and Health Education, Faculty of Education, Nnamdi Azikiwe University, Awka.

Upon arriving at the schools, 13.4% of the students were systematically selected to be given the following instruments Rosenberg's (1965) Self-Esteem Scale (RSES) to measure their level of self esteem. The instruments were coded and numbers were equally given to the students. This was done for easy identification of students for the subsequent instrument that would be administered in a later day. Upon completion of the instrument, they were collected on the spot and taken home for analyses. The following day the researcher went back to the schools after closing and with the help of the research assistants and the teachers in schools, the students were put into clusters for easy administration and collection of SSBQ (Appendix C). The instruments were immediately collected upon completion and this yielded a 100% return rate.

Method of Data Analysis

The data collected were analysed and presented using Aggregate scores to answer research questions 1 to 4 while Pearson Product Moment Correlation Coefficient was

used to analyze data on the research questions 5 to 8. Pearson Product Moment Correlation Coefficient was used to test hypotheses 1 to 3, and 5 to 6, while multiple regression analysis was used for the fourth and seventh null hypotheses at 0.05 alpha level of significance.

In order to determine the type of relationship existing between self esteem and safer sex behaviours, a bench mark was set as follows:

Table1. Interpretation of Correlation coefficient

Correlation Coefficient	Interpretation
0.8 to 1.0 (negative or positive)	Very high
0.6 to 0.79 (negative or positive)	High
0.4 to 0.59 (negative or positive)	Average
0.2 to 0.39 (negative or positive)	Low
0.01 to 0.2(negative or positive)	Very low
0.0 (negative or positive)	No relationship

Adapted from Ukwuije (1996) in Onunkwo (2002)

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

This chapter presents the analysis of the data collected for the study. The total sample size of this study was 1,303 representing about 5.4% of the entire population of 24,190. But the valid samples for this study i.e. those students who have had sexual intercourse were 464 representing 35.6% of the sample size of 1,303. Thus, the 464 students who have had sexual intercourse then constituted the unit of this analysis. The data and results of the analyses are presented in tables 2-19, according to the research questions and hypotheses that guided the study.

Research Question1: What are the self esteem scores of federal secondary school students in South-South Geopolitical Zone of Nigeria?

Table 2: Students Self-Esteem Aggregate Scores

Range of Self	N	%	Decision
10-24	167	36	Low
2 5-40	297	64	High

LSE=Low Self Esteem and HSE= High Self Esteem

Table2 above revealed the self esteem scores of the respondents. The result of the table2 revealed that 297(64%) of federal secondary school students in South-South Geopolitical Zone of Nigeria have high self esteem while 167(36%) have low self

esteem. This means that there are more students with high self esteem than low self esteem.

Research Question2: What are the safer sex behaviours scores of federal secondary school students in South-South Geopolitical Zone of Nigeria?

Table 3: Students Safer Sex Behaviours Aggregate Scores

Range of Scores	N	%	Decision
53-132	448	96.8	Negative
133-212	16	3.2	Positive

Table3 revealed the safer sex behaviours scores of the respondents. The result from the table3 showed that 448(96.8%) of federal secondary school students in South-South Geopolitical Zone of Nigeria, have negative safer sex behaviours while 16(3.2%) have positive safer sex behaviours. This implies that almost all the students who have had sex, have negative safer sex behaviours. In other words the students do not practice safe sex rather they indulge in all manner of sexual risk behaviours.

Research Question3: What are the self esteem scores of male and female students in federal secondary schools in South-South Geopolitical zone of Nigeria?

Table 4: Males and Females Self-Esteem Aggregate Scores

Range of Scores	Variables	N	%	Decision
10-24	Males	75	32.8	Low
25-40	Males	154	67.2	High
10-24	Females	93	39.6	Low
25-40	Females	142	60.4	High

Table4 revealed male and female students self esteem aggregate scores. The table4 revealed that 75(32.6%) male and 93(39.6%) of female students have low self esteem, while 154(67.2%) male and 142(60.4%) female students have high self esteem. This means more male students have high self esteem than female students, while more female students have high self esteem than male students.

Research Question4: What are the safer sex behaviours scores of male and female students in federal secondary schools in South-South Geopolitical zone of Nigeria?

Table5 Males and Females Safer Sex Aggregate Scores

Range of Scores	Variables	N	%	Decision
53-132	Males	220	96.5	Negative
133-212	Males	9	3.5	Positive
53-132	Females	228	97.4	Negative
133-212	Females	7	2.6	Positive

Table5 above revealed the safer sex aggregate scores of male and female students. The table5 showed that 220 (96.5%) male and 228 (97.4%) female students have negative safer sex behaviours, while only 9(3.5%) male and 7(2.6%) female students have positive safer sex behaviours. this result therefore showed that more may students practice safer sex more than female students and that more female students indulge in sexual risk behaviours than the male students.

Research Question 5: What is the relationship between self esteem and safer sex behaviours of federal secondary school students in South-South Geopolitical Zone of Nigeria?

Table6: Pearson's Correlation between Self-Esteem and Safer Sex Behaviours

N	r	Relationship	Remarks
464	0.099	Positive	Very low

The result as presented in the Table6 revealed that there is a positive relationship between self esteem and safer sex behaviours because the Pearson Correlation Coefficient is 0.099. This implies that the higher the self esteem the higher the safer sex behaviours and the lower the self esteem the lower the safer sex behaviours. From table4 it can be inferred that there is a very relationship between self esteem and safer sex behaviours, because the correlation Coefficient of 0.099 is low.

Research Question6:What type of relationship exists between male students' self esteem and their safer sex behaviours in federal secondary schools in South-South Geopolitical Zone of Nigeria?

Table 7: Pearson's Correlation between Male Respondents Self-Esteem and their Safer Sex Behaviours

N	r	Relationship	Remarks
229	0.070	Positive	Very low

Table7 showed the relationship between male students self esteem and their safer sexbehaviours. The table7 showed that there is a very low positive relationship between male students self esteem and their safer sex behaviours because, the r value of 0.070 is very low. Based on this analysis it could be said that male students with high self esteem practiced safer sex more than those with low self esteem.

Research Question7:What type of relationship exists between female students' self esteem and their safer sex behaviours in federal secondary schools in South-South Geopolitical Zone of Nigeria?

Table 8: Pearson's Correlation between Female Respondents Self-Esteem and their Safer Sex Behaviours

N	r	Relationship	Remarks
235	0.115	Positive	Very low

Table8 showed the relationship between female students self esteem and their safer sexbehaviours. The table8 showed that there is a very low positive relationship between female students self esteem and their safer sex behaviours because value of 0.115 falls within very low region. Based on this analysis it could be said that male students with high self esteem practiced safer sex more than the low self esteem counterparts.

Research Question8:What type of relationship exists between senior students' self esteem and their safer sex behaviours in federal secondary schools in South-South Geopolitical Zone of Nigeria?

Table 9: Pearson's Correlation between Senior Students Self-Esteem and their Safer Sex Behaviours

N	r	Relationship	Remarks
386	0.077	Positive	Very low

Table9 above revealed that there is very low positive relationship between self esteem of senior secondary school students and their safer sex with r value of 0.077. With this result it implies that senior federal secondary school students with high self esteem practiced safer sex more than those with low self esteem.

Research Question9: What type of relationship exists between junior students' self esteem and their safer sex behaviours in federal secondary schools in South-South Geopolitical Zone of Nigeria?

Table 10: Pearson's Correlation between Junior Respondents Self-Esteem and their Safer Sex Behaviours

N	r	Relationship	Remarks
78	0.0249	Positive	Low

Table10 above showed that the type of relationship that exists between junior students self esteem in federal secondary school in South-South Geopolitical Zone of Nigeria is positive, and that the relationship is low with r equal to 0.249. This implies that although there is a low relationship but that those with high self esteem practiced safer sex more than those with low self esteem.

Hypothesis 1: There is no significant relationship between self esteem and safer sex behaviours of federal secondary school students in South-South Geopolitical Zone of Nigeria.

Table 11: Pearson's Correlation between Respondents Self-Esteem and their Safer Sex Behaviours

N	**r**	**Df**	**R-Critical**	**Decision**
464	**0.099**	**462**	**0.098**	**Sig.**

Table11 above revealed that the result obtained is significant since the calculated value of r (0.099) is greater than the table value of r (0.098) with df 462 at alpha level of 0.05. This implies that there is a significant relationship between self esteem and safer behaviours of federal secondary school students in South-South Geopolitical Zone of Nigeria.

Hypothesis2: The type of relationship that exists between self esteem and safer sex behaviours of male students in federal secondary schools in South-South Geopolitical Zone of Nigeria is not significant.

Table 12: Pearson's Correlation between Male Respondents Self-Esteem and their Safer Sex Behaviours

N	r	Df	R-Critical	Decision
464	**0.070**	**227**	**0.138**	**Not Sig.**

Table12 above revealed that the result obtained is not significant since the calculated value of r (0.070) is lesser than the table value of r (0.138) with df 227 at alpha level of 0.05. This implies that there is no significant relationship betweenself esteem and safer behaviours of male students in federal secondary school students in South-South Geopolitical Zone of Nigeria.

Hypothesis3: The type of relationship that exists between self esteem and safer sex behaviours of female students in federal secondary schools in South-South Geopolitical Zone of Nigeria is not significant.

Table 13: Pearson's Correlation between Female Respondents Self-Esteem and their Safer Sex Behaviours

N	r	Df	R-Critical	Decision
235	**0.119**	**233**	**0.138**	**Not Sig.**

Table13 above revealed that the result obtained is significant since the calculated value of r (0.119) is lesser than the table value of r (0.138) with df 233 at alpha level of 0.05. This implies that there is no significant relationship betweenself esteem and safer behaviours of female students in federal secondary school students in South-South Geopolitical Zone of Nigeria.

Hypothesis4: There is no significant interaction existing among students' gender, self esteem and their safer sex behaviours in federal secondary schools in South-South Geopolitical Zone of Nigeria.

.

Table14: Relationship among students self esteem, gender and their safer sex behaviours

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5833.622	2	2916.811	3.242	.040[a]
	Residual	414737.335	461	899.647		
	Total	420570.957	463			

a. Predictors: (Constant), CLASS, SEF

b. Dependent Variable: SAFER

Hypothesis4 revealed that when the interaction existing among students' self esteem, gender and their safer sex was subjected to hypothesis testing, the result was significant at 0.040 level of significance. It implies that the interaction that exists between self esteem and safer sex of male students is related to that of female and that they are not different.

Hypothesis5: The type of relationship that exists between self esteem and safer sex behaviours of junior students in federal secondary schools in South-South Geopolitical Zone of Nigeria is not significant.

Table 15: Pearson's Correlation between Senior Respondents Self-Esteem and their Safer Sex Behaviours

N	r	Df	R-Critical	Decision
386	**0.077**	**384**	**0.113**	**Not Sig.**

Table15 above revealed that the result obtained is not significant since the calculated value of r (0.077) is lesserthan the table value of r (0.113) with df 384 at alpha level of 0.05. This implies that there is no significant relationship betweenself esteem and safer behaviours of senior students in federal secondary school students in South-South Geopolitical Zone of Nigeria.

Hypothesis6: The type of relationship that exists between self esteem and safer sex behaviours of senior students in federal secondary schools in South-South Geopolitical Zone of Nigeria is not significant.

Table 16: Pearson's Correlation between Junior Respondents Self-Esteem and their Safer Sex Behaviours

N	r	Df	R-Critical	Decision
78	0.249	76	0.232	Sig.

Table16 above revealed that the result obtained is significant since the calculated value of r (0.249) is greater than the table value of r (0.232) with df 76 at alpha level of 0.05. This implies that there is significant relationship betweenself esteem and safer behaviours of junior students in federal secondary school students in South-South Geopolitical Zone of Nigeria.

Hypothesis7: Significant relationship does not exist among students' self esteem, class level and their safer sex behaviours in federal secondary school in South-South Geopolitical Zone of Nigeria. .

Table17: Relationship among students self esteem, class level and their safer sex behaviours

ANOVA[b]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4173.782	2	2086.891	2.310	.100[a]
	Residual	416397.175	461	903.248		
	Total	420570.957	463			

a. Predictors: (Constant), CLASS, SEF

b. Dependent Variable: SAFER

Table17 revealed that when the relationship existing among students' self esteem, class level and their safer sex was subjected to hypothesis testing, the result was not significant. It implies the interaction that exists between self esteem and safer sex of senior student is different from that of junior students.

Summary of Findings

There are more students with high self esteem 297(64%) than low self esteem 167 (36%) in federal secondary school students in South-South Geopolitical Zone of Nigeria.

1. Most students 448(96.8%) of federal secondary school students in South-South Geopolitical Zone of Nigeria, who have engaged in sexual intercourse have negative safer sex behaviours.
2. More males (62.7%) than females (60.4%) have high self esteem in federal secondary school students in South-South Geopolitical Zone of Nigeria.
3. More males (3.5%) than females (2.6%) have positive safer sex behaviours in federal secondary school students in South-South Geopolitical Zone of Nigeria.
4. There is positive relationship between self esteem and safer sex behaviours of federal secondary school in South-South Geopolitical Zone of Nigeria.
5. There is a very low positive relationship between self esteem and safer sex behaviours of male in federal secondary school in South-South Geopolitical Zone of Nigeria.
6. There is a very low positive relationship between self esteem and safer sex behaviours of female students in federal secondary school in South-South Geopolitical Zone of Nigeria.
7. There is very low positive relationship between self esteem of senior secondary school students and their safer sex behaviours in federal secondary school in South-South Geopolitical Zone of Nigeria.

8. The type of relationship that exists between junior students self esteem in federal secondary school in South-South Geopolitical Zone of Nigeria is positive, and that the relationship is low.
9. There is a significant relationship between self esteem and safer behaviours among students in federal secondary school in South-South Geopolitical Zone of Nigeria.
10. There is no significant relationship between self esteem and safer behaviours of male students in federal secondary school South-South Geopolitical Zone of Nigeria.
11. The positive low relationship that exists between self esteem and safer behaviours of female students in federal secondary school in South-South Geopolitical Zone of Nigeria is significant.
12. The interaction among the students self esteem, gender and their safer sex behaviours is not significant.
13. The type of relationship that exists between self esteem and safer behaviours of senior students in federal secondary schools in South-South Geopolitical Zone of Nigeria is not significant.
14. The relationship between self esteem and safer behaviours of junior students in federal secondary schools in South-South Geopolitical Zone of Nigeria is notsignificant.
15. There is no significant interaction among students self esteem, gender and their safer sex behaviours in federal secondary school in South-South Geopolitical Zone of Nigeria.

CHAPTER FIVE

DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATIONS

Discussion of Results

The discussion of the results is based on the research questions and the hypotheses.

Self esteem of respondents

The result to research question1 showed that there are more students with high self esteem 297(64%) than low self esteem 167 (46%) in federal secondary school students in South-South Geopolitical Zone of Nigeria. Based on this result, it could be inferred that majority of federal secondary school students have high self esteem. This could be attributed to the intelligence of the students. Being admitted into the school is an indication that the students are intelligent because several students applied for the schools only few who were successful in the entrance examinations were admitted. Therefore the students having this knowledge that they are intelligent following their admission is enough reason to boost their self esteem. This result could also be attributed to students' parental SES. It is assumed that most of the parents in federal secondary schools are middle class parents since they are able to finance their children in such an expensive school compare to other state government owned schools which are not as expensive as this. So the students having this knowledge that their parents are wealthy, is another strong factor that has great capacity to increase their self esteem.

This high self esteem among these students could also be ascribed to environmental factors such as the norms of the peers, parents, teachers, siblings and the community. The peers' norms of the adolescents seem to be the strongest determining factor of their

personality. Therefore the self esteem of these students may have received a boost as a result of doing what seem right to their peers because it is assumed that if adolescent complies with the norms of the peers' high self esteem is built if not low peer self esteem is built.

This result were majority of the students have high self esteem is in corroboration with the results of Morris, Young and Jones (2003) were almost all the respondents in their study had high self esteem. But disagree with that of Young, Denny and Spear (2004) when no difference was seen in peers' self esteem of their respondents.

Safer sex behaviours of respondents

Most students 445(96%) of federal secondary school students in South-South Geopolitical Zone of Nigeria, who have engaged in sexual intercourse have negative safer sex behaviours. This implies that, most of the students have negative safer sex behaviours therefore they exposed to the dangers of unprotected sex. This result agreed with the findings of CDC, (2012) when 40% of sexually active students did not use a condom in their last intercourse. Similarly, the result of the current study also agreed with the findings of CDC (2009) when it opined that nearly half of 19 million new STDs each year are among young people aged 15-25 years. In the same vein, Aji, et al (2013) reported that young people, aged 15-24, accounted for an estimated 45% of new HIV infections worldwide in 2007. Based on these findings it is evident that young boys and girls have negative safer sex behaviours. These negative safer sex behaviours among secondary school students could be attributed to their use of smart phones which enable them free access to pornography materials and other sexual contents in the internet.

These negative safer sex behaviours of the students could also be attributed to the fact that adolescent have not fully developed refusal skills to unprotected sex. Since they are yet to fully develop refusal skills to unprotected sex, they find it difficult to refuse any risky sexual advancement.

Self Esteem Scores of Male and Female Students

The result to research question3 revealed that more males than females have high self esteem.The results of the current study corroborates with those of Morris, Young and Jones (2003) that males had higher Home SelfEsteem than their female counterparts. It also agrees with the finding of Oyefeso and Zacheaus (2006) that male adolescents express higher self-esteem than female adolescents and this difference was ascribed to differing socialization processes for males and females in Yoruba societies.In contrast, the result of the current study is not in corroboration with that of Jain and Dixit (2014) which revealed that there was no significant gender difference in the self esteem levels of the participants.

This gender difference in self-esteem could again be attributed partly to universal mechanism; this can either be universal biological mechanisms such as hormonal influences or universal cultural mechanisms such as universal gender roles. Biologically, girls tend to spend more time in front of a mirror trying to reflect the same shape and beauty of a model and if not actualized can result in frustration and cause low self esteem in them. Culturally, especially in Africa the activities of women and their roles are always limited compare to that of men who have limitless roles and opportunities in the society thereby reducing their self esteem.

Safer Sex Scores of Male and Female Students

The result to research question4 revealed that more males than females have positive safer sex behaviours. This further implies that there is a variation between the safer sex behaviours of male and female students. This variation between male and female safer sex behaviours could be attributed to different perceptions of gender sexual norms in Africa. For example, it is perceived that males are more desirous of sex than the females and also they are the initiators of sex. Hence, they are more sexually active while the females are passive. This is reflective in some homes in Southern Nigeria where polygamy is still very much practiced. This difference could also be attributed to the fact that males are less stigmatized on extra marital sex than the women. In fact it is a great taboo with grievous consequence for a married woman to involve in extra marital sex because she is by law expected to remain faithful to only her husband on sexual issues. But this assertion does not hold for the men as they are credited by their peers for polygamy and extra marital sex. The young men (boys) having this knowledge are thereby more disposed than young women (girls) to discuss sex and even initiate sex. This in turn influences their abilities to negotiate safer sex behaviour than the women since they also play active roles in sexual matters with little or no stigmatization, while the women are at the receiving end who have little or no option to refusing any sexual advancement from their spouse.

The results of the current study does not corroborate with the results from the study of Akpokos (2013) that male students were more likely than their female counterparts to report multiple sexually relationship (76.2% male and 23.8% female). Similarly, the result of this study disagrees with that of Robinson, Holmbeck and Paikoff (2007) that:

males had significantly more lifetime partners than females, and that males were more likely to be sexually debut earlier than females.Contrarily, the current result agrees withRobinson, Holmbeck and Paikoff (2007) that there was a significant difference between males and females in their consistency of condom use with females using condoms less consistently than males. This implies that the females engaged in more sexual risk behaviours than the males. The findings of the current study although agrees with the findings of the study of Nnebue, Chimah, Duru, Ilika and Lawoyin (2016) that the girls initiated sex earlier than the boys.

Relationship between Self Esteem and Safer Sex Behaviours

Research question5 revealed that there is a very low positive relationship between self esteem and safer sex behaviours. This implies that the higher the self esteem of federal secondary school students in South-South Geopolitical Zone of Nigeria, the higher their safer sex behaviours and the lower their self esteem, the lower their safer sex behaviours. This result could be attributed to the fact that those with low self esteem lack the confidence, self efficacy and the power to negotiate for safer sex behaviours. Therefore concurring to whatever method the sex partner is ready to adopt. On the other hand it is assumed that those with high self esteem have self confidence, high self efficacy and the capacity to negotiate for safer sex.

This finding is in corroboration with the study of Okhakhume (2014) when the results indicated that low self esteem significantly contributed to higher risky sexual behaviour than those with high self esteem [t (192) = 7.01, P<001]. From another view, the finding of the current study is in corroboration with the conceptualization of Favara(2013) when she maintained that self-esteem has been conceptualized as a "social vaccine", meaning

that high self-esteem can inoculate young people, against vulnerability to a wide range of social illnesses including unsafe sex behaviours.

The findings of this study are in alignment with the findings of Faloon (2011) when he reported an association between self esteem and sexual behaviours of his respondents.The findings are also in corroboration with Rapelang, et al (2013) when the results of their study suggested that there was positive relationship between self esteem and safer sex behaviours. Similarly, the findings of the current study are in agreement with that of Farrell (2013) that reveals significant positive correlations between self-esteem and sexual activity. Based on the results of the study, the researcher concluded that the present study confirmed the hypothesis that there is a relationship between the sexual activity of college students and their self-esteem.

The findings of the current study equally confirms the findings of Young, Denny and Spear (2004) that students who had participated in sexual intercourse had significantly lower scores in school and home self-esteem than those who had not participated. In addition, those who “strongly agreed” with the values statement and indicated they had not had intercourse had the highest school and home self-esteem scores. Those who strongly agreed with the values statement but indicated they had participated in sexual intercourse had the lowest school and home self-esteem scores. This behavior x values interaction was significant for sexual intercourse–ever, and for school self-esteem and sexual intercourse in the last month.

In contrast, the finding of the current study disagreed with that of Cole and Slocumb (1995); and Hollar and Snizek (1996) who found in their studies that high self

esteem students were more significantly more likely to engage in risky form of conventional sexual behavior than the low self esteem counterparts. When the respondents' relationship between self esteem and safer sex behaviours was subjected to Pearson's analysis, it revealed a P value of 0.033 as shown on table 3. This is significant (0.033<0.05) at the 0.05 alpha level of significant hence the null hypothesis is rejected, meaning there is significant relationship between self esteem and safer sex behaviours. This implies that the higher the self esteem of the students, the higher their safer sex behaviours and the lower the self esteem of the students, the lower their safer sex behaviours. This current finding is in agreement with Okhakhume (2014) when the results of his study indicated that low self esteem significantly contributed to higher risky sexual behaviour than those with high self esteem [t (192) = 7.01, P<001].

Relationship between Self Esteem and Safer Sex Behaviours of Male Students

The results to research question6 revealed that there is a very low positive relationship between self esteem and safer sex behaviours of male students in federal secondary school in South-South Geopolitical Zone of Nigeria. This implies that male students with high self esteem practiced safer sex more than male students with low self esteem. This result is not in corroboration with the findings of Hardin (2002) that young boys with high self-esteem are more likely to report being sexually active than young boys with low self esteem and also that boys with high self-esteem were 2.4 times more likely to initiate intercourse than their peers with low self-esteem. When this relationship between self esteem and safer sex behaviours of male students in federal secondary schools in South-

South Geopolitical Zone of Nigeria was suggested to hypothesis testing at 0.05 alpha level of significant, the result was not significant.

Relationship between Self Esteem and Safer Sex Behaviours of Female Students

Results to research question7 revealed that there is a very low positive relationship between self esteem and safer sex behaviours of female students in federal secondary school in South-South Geopolitical Zone of Nigeria. With this result, it could be inferred that female students with high self esteem are less likely to engage in sexual risk behaviours than those with low self esteem. The result of the current study is not in agreement with that of Hardin (2002) which revealed that,young girls with high self-esteem were less likely to engage in early sexual activity. The result of Hardin (2002)equally revealed that high self-esteem had the opposite influence on girls, who reportedly were three times more likely to remain virgins than girls with low self-esteem. Conversely, 40 percent of the girls with low self-esteem in seventh grade had sex by ninth grade compared to only 18 percent of the girls with high self-esteem. The result of the current study could be attributed to their exposure to knowledge of safer sex practices and the dangers of sexual risk behaviours. This is because girls with high self esteem are assertive, self confident and very social. This may have given them the opportunity to ask questions that bother them on sexuality. The result could also be attributed to emotional insecurity that is often experience by those with low self esteem. This may influence their decisions to practice safer sex even when they know that the consequence is could be detrimental to their health for fear of rejection against partners.

Relationship among Gender, Self Esteem and Safer Sex Behaviours

When the interactive relationship of safer sex behaviours, self esteem and gender was subjected to hypothesis testing, the result was significant. This further implies that the relationship is related and that there is no difference in this relationship. This result of the current study agrees with that of Jain and Dixit (2014) which revealed that there was no significant gender difference in the self esteem levels of the participants who were sexually active.The results of the current study does not corroborate with the results from the study of Akpokos (2013) that male students were more likely than their female counterparts to report multiple sexually relationship (76.2% male and 23.8% female). Similarly, the result of this study disagrees with that of Robinson, Holmbeck and Paikoff (2007) that: males had significantly more lifetime partners than females, and that males were more likely to be sexually debut earlier than females.Contrarily, the current result agrees withRobinson, Holmbeck and Paikoff (2007) that there was a significant difference between males and females in their consistency of condom use with females using condoms less consistently than males. This implies that the females engaged in more sexual risk behaviours than the males. The findings of the current study although does not also agree with the findings of the study of Nnebue, Chimah, Duru, Ilika and Lawoyin (2016) that the girls initiated sex earlier than the boys.

Relationship between Senior Students' Self-Esteem and their Safer Sex Behaviours

The result of research question8 revealed thatthere is very low positive relationship between self esteem of senior secondary school students and their safer sex behaviours. This implies that the safer sex behaviours of students with high self esteem are better than

that of their low self esteem counterparts. The finding of the current study corroborates with those of Morris, Young and Jones (2003) who found out that there were differences in self esteem, sexual behaviours and intention to practice abstinence in relation to grade level (junior and senior) among secondary school students. For example the results of their study indicated that junior high students who reported regular sexual intercourse had the highest Home Self Esteem than junior high students who reported having sexual intercourse infrequently, scoring the lowest on Home Self Esteem. In relation to gender and grade level they equally found out that junior high males who were non-virgins choosing not to have sex had the highest Home Self Esteem than junior high girls who were non-virgins choosing not to have sex had the lowest.The finding of the current study is also in alignment with those of Donnelly, Eadie, Denny and Goldfarb (1999) who noted in their study that intent to remain abstinent was correlated with gender, grade level, self-esteem, and religious attendance. Again, the finding of the current study agrees with the study of Nnebue, Chimah, Duru, Ilika and Lawoyin (2016) age at sexual debut was found to be associated with younger age, gender, living with a one parent and parents' educational status. Based on the findings, it was recommend formal comprehensive sex education programs should be targeted at delaying age at first sex.

In contrast, the findings of the current study disagree with the results of the study of Morhason-Bello, oladokun, Enakpene, Fabamwo, Obisesan and Ojengbede (2008) which revealed that, family setting and level of education do not influence sexual exposure or behaviours among in-school adolescents in Ibadan, South-West Nigeria. Similarly, the finding of this study does not corroborate with that of Faloon (2011) whose results showed that education was not related to binge drinking or self-esteem, but higher

levels of self-esteem were related to higher levels of binge drinking and sexual risk behaviors.

Relationship between Junior Students' Self-Esteem and their Safer Sex Behaviours

Result to research question7 revealed that the type of relationship that exists between junior students self esteem and safer sex behaviours in federal secondary school in South-South Geopolitical Zone of Nigeria is positive, and that the relationship is low.When this relationship was subjected to hypothesis testing, the result was not significant. This is to say that the self esteem and safer sex behaviours of junior students with high self esteem is different from those with low self esteem.Again, the result of the current study agrees with that of Morris, Young and Jones (2003) who found out that there were differences in self esteem, sexual behaviours and intention to practice abstinence in relation to grade level (junior and senior) among secondary school students.

Relationship among students self esteem, class level and their safer sex behaviours

When the interaction that exist among students self esteem, class level and their safer sex behaviour was subjected to hypothesis testing, the result revealed that there was no significant interaction among them. It implies that the relationship exists between self esteem and safer sex behaviours of the students is not related. Based on the result of the current study, it could be inferred that, the non significant interaction that exists between self esteem and safer sex behaviours in relation to their class level could be related to their different family background/ upbringing. Some of the students may have been

privilege to have parents that are democratic in nature while others may have had authoritative and authoritarian parents. This could go a long way to determining their different behaviours which is also reflective in the results of this study.

The results of the current study is in agreement with the findings of Morris, Young and Jones (2003) who found out that there were differences in self esteem, sexual behaviours and intention to practice abstinence in relation to grade level among secondary school students. In contrast, the finding of the current study does not corroborate with those of Donnelly, Eadie, Denny and Goldfarb (1999) who noted in their study that intent to remain abstinent was correlated with gender, grade level, self-esteem, and religious attendance. Similarly, the results of the current study agrees with the study of Nnebue, Chimah, Duru, Ilika and Lawoyin (2016) age at sexual debut was found to be associated with younger age, gender, living with a one parent and parents' educational status. Based on the findings, it was recommend that formal comprehensive sex education programs should be targeted at delaying age at first sex.

Implications for Health Education

For secondary school students to overcome the challenges in adolescent period which poses a threat to their sexual behaviours, health education becomes very necessary. Health education is being defined as a systematic process of persuading people to adopt behavours that are beneficial to their health and to reject those that are detrimental using health promotion parameters (Owie, 2005). This process is systematic and never half hazard; it utilizes the principles of biology, psychology, sociology and anthropology as they relate to learning theories and human behaviours.

Health education on sexual health issues of adolescent students is very necessary in order to influence their sexual health behaviours and wellbeing. In doing this emphasis should be on developing adolescents' self esteem since self esteem is being regarded as a "social vaccine". With this assertion it is believed that when a child has high self esteem he or she will be confident enough to accepting behaviours that are beneficial to their health while at the same time, rejecting those that are detrimental them. Therefore sex education in classroom, television, radio and religious houses, where health educators will teach students on the ethics and importance of virginity and the dangers of early introduction to sexual intercourse should focus on raising their self esteem along side with these teachings.

Conclusion

Based on the findings of the study it could be concluded that there is a significant positive relationship between self esteem and safer sex behaviours among federal secondary school students in South-South Geopolitical Zone of Nigeria. Also that there are more students with high self esteem 297(64%) than low self esteem 167 (36%), and that almost all the students 448(96.8%) who have had sex have negative safer sex behaviours. Finally, it could be concluded thatmore males than females have high self esteem and positive safer sex behaviours among federal secondary school students in South-South Geopolitical Zone of Nigeria.

Recommendations

From the findings of the study and conclusion drawn, the following recommendations were made:

1. The study has revealed that there is significant relationship between self esteem and safer sex behaviours, therefore deliberate efforts should be made by all stake holders, health educators, counselors, parents and religion leaders to enhance students' self esteem with the intention of promoting their safer sex behaviours.

2. Nigerian Association of Health Educators and School Health Education Association should wake up to their responsibilities of enlightening the stakeholders and curriculum planners the need to redesign adolescents' reproductive health curriculum so as to give a large portion of it to adequate teaching of self esteem with the belief that it will help to increase adolescents' self esteem thereby inoculate them against unsafe sexual behaviours.

3. Students should equally be advised and encouraged to make use of counseling unit or department in their institutions as this will help to promote their self esteem thereby serving as a social vaccine in particular to unsafe sexual behaviours.

4. During the course of teaching, a health educator should employ different and relevant behavioural modification theories to drive home points and to persuade the students to adopt the yearning for HSE which in turn promotes favourable healthy behaviours such as abstinence, condom use and being faithful to only one sex partner. The health educator should bear in mind that this kind of work of behavioural modification is systematic and not automatic and therefore should be patient enough with the students to change their behaviours. The health educator should equally bear in mind that in the long run that if he/she persists in

teaching and persuading these adolescent, the required favourable or positive behavours will be developed with time.

5. Deliberate efforts should also be made by health educators inform of campaign to enlighten the government on the need to strengthen sexuality education in our schools by clamoring for more employments of health educators who will help to fulfill the dreams of behavioural modification especially on sexual issues among secondary school students.

6. Finally health educators should equally accept the responsibility of visiting media and regious' houses to enlighten the general public particularly parents and religion leaders on the need and strategies to promoting self esteem among adolescents, as this will help to promote healthy behaviours especially as it relates to safer sex behaviours among adolescents.

Limitations of the Study

Some students wanted to shy away from responding to the safe sex behaviours questionnaire because in Africa matters relating to sexuality are treated with high confidentiality especially as they relate to adolescents. However, this limitation was addressed by the researcher by promising the students on the questionnaire that their responses would be treated confidentially. Also, another limitation was that some school authorities did not want to allow their students respond to the questionnaire on sexuality as they felt it was immoral to do so. This off course did not pose a serious challenge as the researcher went ahead to properly educate them for such exercise. This was again made possible with the help of the introductory letter that was presented to them from the Head of Department of Human Kinetics and Health Education, Nnamdi Azikiwe

University, Awka. The restriction of this study to Federal Secondary School students in South-South Geopolitical Zone of Niger was also a limitation as this equally affected the extent to which generalization was made from the study.

Suggestions for Further Studies

There is need to further carry out studies on

1. Comparative study of self esteem and safer sex behaviours among secondary school students in the six Geopolitical Zones, Nigeria.
2. Influences of safer sex behaviours among secondary school students in Nigeria
3. Influence of parental SES, family pattern and parenting styles on self esteem and safer sex behaviours of fresh undergraduate students in Nigeria.

REFERENCES

Abiodun, M., Gbadebo, O.& Motunrayo, A. (2013). Self-reported Psychosexual Lifestyles of University Students in South-Western Nigeria: Implication for professional counselling. Procedia-Social and Behavioural Sciences, 84, 979–986. Retrieved from, http://www.sciencedirect.com/science/article/pii/S187704281301759X

Adegboro J.S., (2012). Knowledge, attitudes and Personal attributes on HIV risk practices among students in South Western Nigeria. A Ph.D dissertation presented to the Department of Health, Environmental Education and Human Kinetics, Faculty of Education, University of Benin, Benin City.

Ajake,U.E., Isangedihi, A.J.& Bisong, N.N. (2009). Child rearing styles, premarital sexual practices and drug abuse among senior secondary school students in Cross River State Nigeria. The Soscial Sciences, 4 (1) 71-75.

Aji, J. Aji, M.O., Ifedike, C.O, Emlumadu, O.F., Ubajake, C., Kwabueze, S.A, Ebenebe, U.E., & Azuike, E.C. (2013). Adolescent sexual behaviours and practices in Nigeria: a twelve year review. *African Medical Journal,* 4 (1): 10-16.

Akpokos, A.J.(2013). An assessment of the sexual behaviour of secondary school students in Kaduna. *An Official Journal of the Department of Sociology*, 3 (1): 53-61.

Alami,A., Khosravan, S., Moghadan, L.S., Pakravan, F. & Hosseni, F. (2014). Adolescents self esteem in single and two parent families. *International Journal of Community based Nursing-Midwifery*, 2 (2): 67-76.

Alavi, H.R., (2011). The role of self esteem in tendency towards drugs, theft and prostitution. Retrieved from, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905528/

Alavi, H.Z, (2011). The role of self-esteem in tendency towards drugs, theft and prostitution. Addiction & health. 3(3-4): 119-24 https://www.researchgate.net/publication/260092218_The_Role_of_Self-esteem_in_Tendency_towards_Drugs_Theft_and_Prostitution

Alexander, T. 2001. What is self-esteem and why does it matter? self-esteem as an aid to mental health. *Psychological Review* 12 (1): 51–63.

Alubo, O. (2001). Adolescent reproductive health practices in Nigeria. *African Journal of Reproductive Health*. 5(3): 109-119.

Amato, P.R.; Sobolewski, J.M. (2004). The effects of divorce on fathers and children: Nonresidential fathers and stepfathers. In *The Role of the Father in Child Development*, 4th ed.; Lamb, M.E., Ed.; Wiley: Hoboken, NJ, USA, 341–367.

Ankomah, A, Mamman-Daura, F., Omoregie, G.& Anyanti J. (2011). Reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria. Adolescent Health, Medicine and Therapeutics. 2:75–84.

Anochie, I.C. .& Ikpeme, E.E. (2001). Prevalence of sexual activity and outcome among female secondary school students in Port Harcourt, Nigeria. *African Journal of ReproductiveHealth. 5(2): 63-67.*

Babalola, S., Awasum D. Q.&uenum-Renand, B. (2002). The correlates of safe sex practices among Rwandan Youth: a positive deviance approach. *African Journal of AIDS* 1:11-21

Bachman, J.G., O'Malley, P.M., Freedman-Doan, P., Trzesniewski, K.H., & Donnellan, M.B.(2011). Adolescent self-esteem: differences by race/ethnicity, gender, and age. Self Identity 10(4):445–473. Retrieved from, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3263756/

Bandura, A, (1986). Social foundation of thought and action. Englood Cliffs, N J:Prentice-Hall, 18

Baumeister, R. F., & Smart, L., Boden, J. (1996). "Relation of threatened egotism to violence and aggression: The dark side of self-esteem". *Psychological Review* 103 (1): 5–33.

Baumeister, R. F., Campbell, J. D., Krueger, J. I. & Vohs, K. D., (2003). "Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles?". Psychological Science in the Public Interest. 1: 1–44.

Baumrind, D. (1999). Effective parenting during the early adolescent transition. In *Family Transitions*; Cowen, P.A., Hetherington, H., Eds.; Eribaum: Hillsdale, NJ, USA, 111–164.

Baumrind, D.; Larzelere, R.E.; Owens, E.B. (2010). Effects of preschool parents' Power: Assertive patterns and practices on adolescent development. *Parenting* ,*10*, 157–201.

Benjamin, L. & Wulfert, E (2005). Disposition correlates of addictive behaviours in college women: Binge eating and heavy drinking. Eating behaviours 6 (3): 197-209.

Benson, M.D. & Torpy E.J. (1995). Sexual behaviour in junior high students. Obstetrics and Gynecology, 85,279-284.

Bhardwaj, A.K. & Agrawal, G. (2013). Gender difference in Pre-adolescent self esteem. Internastional Journal of Social Science and Interdisciplinary Research, 2(8) 2277-3630

Birndorf, Ryan, Auinger & Aten, (2004).High self esteem among adolescents: longitudinal trends, sex differences and protective factors. Society of adolescent medicine. Elsevier Inc.

Blum, R.M., Beuhring, T., Shew, M.L., Bearinger, L.H., Sieving, R.E., & Resnick, M.D.(2000). The effects of race/ethnicity, income and family structure on adolescent risk behaviours. American Journal of Public Health, 90, 1879-1884

Booth, A.; Scott, M.E.; King, V. (2010). Father residence and adolescent problem behavior: Are youth always better off in two-parent families?*Journal of Family31*, 585–605.

Brien, T. M., & Thombs, D. L. (1994). Dimensions of self-efficacy among three distinct groups of condom users.Journal ofAmerican College Health, 42, 167–174

Bronte-Tinkew, J.; Moore, K.A.; Carrano, J. (2006). The father-child relationship, parenting styles, and adolescent risk behaviors in intact families. *Journal of Family,27*, 850–881.

Brown, J.D., Greenberg, B.S. & Buerkel-Rothfuss, N.L. (1993). Mass media, sex, and sexuality. Adolesc Med; 4(1); 511-552.

Centers for Disease Control and Prevention, (CDC, 2012). Youth risk behavior surveillance--United States. Morbidity and Mortality Weekly Report, 61(4). Retrieved from, http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

Centers for Disease Control and Prevention. (2009) Sexually transmitted diseases in the United States, 2008. Retrieved from http://www.cdc.gov/std/stats08/trends.html

Centre for Disease Control and Prevention, (2003). HIV/AIDS surveillance Report 13:1-44.

Cherie, A. & Berhane, Y. (2012). "Peer pressure is the prime driver of risky sexual behaviors among school adolescents in Addis Ababa, Ethiopia," World Journal of AIDS 2(3), 159-164.

Chick, C. F. & Reyna, V. F. (2012). A fuzzy trace theory of adolescent risk taking: Beyond Self-Control and Sensation Seeking. In V. Reyna, S. Chapman, M.

Child development. 61 (2):311{346.

Christensen, B.R. (1985). Self-Esteem and Adolescent Sexual Attitudes and Behaviours. A Thesis submitted in Partial Fulfillment of the Requirement for the degree of master of science in family of human development, Utah State University, Logan Utah.

Chronic Poverty Research Centre, (2009). Escaping poverty traps. Chronic Poverty Report 2008 09.Retrievefrom,http://www.unicef.org/spanish/socialpolicy/files/chronic_report_2008_09.pdf

Clark, A. P. (2006). Are the correlates of sociosexuality different for men and women?. Personality and Individual Differences, 41, 1321-1327.

Cole, F.L. & Slocumb, E.M. (1995). Factors influencing safer sexual behaviours in heterosexual late adolescents and young adult collegiate males. Image Journal of Nursing Scholarship 27, 217-222.

Commendador, K. (2007). The relationship between female adolescent self-esteem, decision making, and contraceptive behavior. *Journal of the American Academy of Nurse Practitioners*19(11) 614–623

Compact Oxford Dictionary, (2009). Oxford University Press.

Coopersmith, S. (1987). The Antecedents of Self-Esteem. New York correlates of adolescent health behaviour. 30, 403-411.

Crosby, R.A., Kegleir, M.C. & Diclemente, R.J. (2002). Understanding and applying theory in health promotion practices and research 1-15.

Crosswhite, J.M.; Kerpelman, J. (2009). Coercion theory, self-control, and social information processing: Understanding potential mediators for how parents influence deviant behaviors. *Deviant Behaviuour*, *30*, 611–646.

de Man, A.F., Gutierrz, B.I. & Sterk, N. (2001). Stability of self esteem as moderator of the relationship between level of self esteem and depression. North American Journal of Psychology. 3(2), 303-308.

Dekovic, M.; Janssens, J.M.; van As, N.M.C. (2003). Parental predictors of antisocial behavior in adolescence. *Family Process*, *42*, 223–235.

Derera (n.d) Exploring the influences of childhood experiences that contribute to teenage pregnancy. Retrieved from, http://www.academia.edu/8613528/

Dilorio, C. (2009). Safer sex behaviours questionnaire. Retrieved from http://int.search.tb.ask.com/search/GGmain.jhtml?searchfor=safe+sex+behaviours+questionnaire%2C++Colleen+DiIorio%2C+2009&ts=1461531742897&p2=^AIC^xdm063^YYA^ng&n=781bd7ac&ss=sub&st=hp&ptb=5433C477-07A0-44D1-B712-F0C3DA431593&si=CN6H-uO-4ccCFQmdGwodA3QHLg&tpr=sbt

Dishion, T.J.; Patterson, G.R. (2006). The development and ecology of antisocial behavior in children and adolescents. In *Developmental Psychopathology*; Cicchetti, D., Cohen, D.J., Eds.; Wiley: Hoboken, NJ, USA,3, 503–541.

Dittus, P.J. & Jaccard, J. (2000). The relationship of adolescents perceptions of maternal disapproval of sex and of the mother-adolescent relationship to sex outcomes. Manuscript Department of Psychology, State University of New York at Albany, NY.

Donelly, J. Young. M., Perason, R. Penhollow, T.M. & Hernandez, A. (2008). Areas of specific self esteem values and adolescent substance use. Journal of Drug Education, 38(4): 84-91

Donnellan, M. B., Trzesniewski, K. H., Robins, R. W., Moffitt, T. E. & Caspi, A. (2005). Low self-esteem is related to aggression, antisocial behaviour, and delinquency. Psychological Science, 16, 328 – 335.

Donnelly, J., C. Eadie, G. Denny, and E. S. Goldfarb. (1999). "Abstinence Attitudes and Behaviors in Peer Educators: Risk and Protective Factors." *International Electronic Journal of Health Education,* 2, 138-143

Dumas, T., & Wolfe, D. (2012). "Identity development as a buffer of adolescent risk behaviors. *Journal of Adolescence*. 2:23-32

Dzurila, T.J., Chang, E.C. & Sanna, L.J. (2003). Self-esteem and social problem solving as predictors of aggression college students. Journal of social and clinical psychology, 22, 424-440.

Egbochukwu, E.O. & Ekanem, I.B. (2008). Attitude of Nigerian secondary school adolescents toward sexual practices implications for counseling practices. *European Journal of Scientific Research.* 22(2): 177-183

Ethier ,K.A., Kershaw, T.S., Lewis, J.B., Milan, S., Niccolai, L.M. & Ickovics, J.R. (2006). Self-esteem, emotional distress and sexual behavior among adolescent females: inter- relationships and temporal effects. *Journal of Adolescent Health*, 38(3):268-274

Faloon, D. (2011). The relationship between self esteem and sexual risk behaviours among young women. Ohio Stae College of Nursing. Retrieved from https://kb.osu.edu/dspace/bitstream/handle/1811/48954/1/danielathesis.pdf

Farrell, S. (2013). Is more sex the cure for low self esteem? Poster Presented at the April (2013) 41st Annual Western Pennsylvania Undergraduate Psychology Conference. Meadville, PA. Retrieved from http://www.drspeg.com/research/2013/moresex.pdf

Favara, M. (2013). Is self-esteem a "double edged sword"? Self-Esteem and the Onset of Adolescent Sexual Activity. Retrieved from https://ideas.repec.org/p/iza/izadps/dp7171.htm l#references-body

Federal Ministry of Education, South-South Zonal Office, Aduwawa, Benin City, 2015

Fletcher, A.C. & Jefferies, B.C. (1999). Parental mediators of associations between parental authoritative parenting and early adolescent substance use. *Journal of Early Adolescenct,19*, (2) 465–487. .

Fritscher,(2014).Self-Efficacy. Retrieved from **http://phobias.about.com/od/glossary/g/selfefficacy.htm**

Gavazzi, S.M. (2006). Gender, ethnicity, and the family environment: Contributions to assessment efforts within the realm of juvenile justice. *Family Related,55*, (2) 190–199.

Geckil, E., & Dundar, O. (2011). Turkish adolescent health risk behaviors and self esteem: Social behaviours and personality. An International Journal 39 (2): 219-227.

Gentzler, A. L., & Kerns, K. A. (2004). Associations between insecure attachment and sexual experiences. Personal Relationships, 11: 249-265.

Gernhardt A., Rübeling H., Keller H. (2013). "This is my family": differences in children's drawings across cultures. J. Cross. Cult. Psychol. 44, 1166–1183.

Ginsburg, G.S. &Bronstein, D. (1993). Family factors related to children's intrinsic/extrinsic motivational orientation and academic performance. *Child Development*,*64*, 1461–1474.

Gonzalez, A.; Holbein, M.; Quilter, S. (2002). High school students' goal orientations and their relationship to perceived parenting styles. *Contemp. Educ. Psychol,27*, 450–471.

Grello, C. M., Welsh, D. P. & Harper, M. S. (2006). No strings attached: The nature of casual sex in college students. *The Journal of Sex Research*. 43: 255-267.

Guindon, M.H. (2002). Toward accountability in the use of the self-esteem construct. *Journal Of Counseling & Development, 80,* 204-214

Hardin, M. . (2012). Early intercourse and self-esteem linked in adolescent behavior. Retrieved from, http://www.eurekalert.org/pub_releases/2002-04/iu-eia043002.php

Heinrinchs, K.D., Macknee, C., Auton-Cuff, F & Domene, J.F.(2009). Factors affecting sexual-self esteem among young adult women in long-term heterosexual relationships.The Canadian Journal of Human Sexuality. Retrieved from**http://www.thefreelibrary.com/Factors+affecting+sexual-self+esteem+among+young+adult+women+in...-a0217847387**

Hill, C. (2002). Gender, relationship stage, and sexual behaviour. The importance of partner emotional investment within specific situations. *Journal of sex research,* 39 (3): 228-240. http://www.chronicpoverty.org/uploads/publication_files/CPR2_Chap5.pdf

Hollar,D. S. & Snizek, W. E. (1996). The influences of knowledge of HIV/AIDS and self-esteem. *The International Electronic Journal of Health Education,* 3(1):36-43http://www.iejhe.siu.edu

Holmbeck, G.N.; Li, S.T.; Schuman, J.V.; Friedman, D.; Coakley, R.M. (2002). Collecting and managing multisource and multimethod data in studies of pediatric populations. *J. Pediatr. Psychol.*, *27*, 5–18.

Hoskins, D.H. (2014). Consequences of Parenting on adolescent outcomes. *Societies*, 4(3)506-31. Retrieved from http://econpapers.repec.org/article/gamjsoctx/v_3a4_3ay_3a2014_3ai_3a3_3ap_3a506-531_3ad_3a40398.htm

http://www.ajol.info/index.php/gab/article/view/67454

Igudia, E.O & Obasuyi O.H. (2011). Sexual behaviours and modern contraceptive use among fresh university students in Benin Sub-Benin. *Nigerian Journal of Health Education*. 15(1): 129-145

Indiana University. (2012). Early intercourse and self-esteem linked in adolescent behavior. Retrieved from, http://www.eurekalert.org/pub_releases/2002-04/iu-eia043002.php

Institute of Medicine and National Research Council, (2011). The science of adolescent risk-taking: Workshop report. Committee on the Science of Adolescence. Washington, DC: The National Academies Press.

Isberg, R. S., Hauser, S. T., Jacobson, A. M., Powers, S. I., Noam, G., Weiss-Perry, B. & Fullansbee, D. (1989). "Parental contexts of adolescent self-esteem: A developmental perspective". *Journal of Youth and Adolescence* 18 (1): 1–23.

Jain, S. & Dixit, P. (2014).Self Esteem: A gender based comparison and the causal factors reducing it among Indian youth.International Journal of Humanities and Social Science Invention.3: 4, 9-15

José-Vicente Bonet. Sé amigo de ti mismo: manual de autoestima.(1997). Ed. Sal Terrae. Maliaño (Cantabria, España). ISBN 978-84-293-1133-4

Journal of Sex Research, 39(3), 228-240.

KidsHealth, (2012). Developing your child's self-esteem. American Psychological Association, Washington, Dc 379-428. Retrieved from,http://kidshealth.org/parent/emotions/feelings/self_esteem.html

Kidshealth, (2012). Safe sex. Retrieved from, http://kidshealth.org/kid/feeling/emotion/self_esteem.html

Kling, K.C, Hyde J.S, Showers, C.J. & Buswell, B.N. (2011). Gender differences in self-esteem: a meta-analysis. Psychol Bull.125 (4):470-500. Retrieved from ,http://www.ncbi.nlm.nih.gov/pubmed/10414226

Lamborn, S. D., Mounts, N. S., Steinberg, L. & Dornbusch, S. M. (1991). Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families". Child Development 62 (5): 1049–1065.

Lansford, J.E.; Deter-Deckard, K.; Dodge, K.A.; Bates, J.E. &Pettit, G.S. (2004). Ethnic differences in the link between physical discipline and later adolescent externalizing behaviors. *J. Psychol. Psychiatry*, *45*, 805–812.

Lejuez, C.W, Simmons, B.L., Aklin, W.M & Daughter S.B (2004). Risk-taking propensity and risky sexual behaviour of individuals in residential substance use treatment. Addictive Behaviour 29:1643-1647.

Lowry, R., Holtzman, D., Truman, B.I., Kann, L., Collins, J.L. & Kolbe, L.J. (1994).Substance use and HIV-related sexual behaviors among US high school students: are they related? *America Journal of Public Health*84:1116-1120.

Luyckx, K.; Tildeley, E.A.; Soenens, B.; Andrews, J.A.; Hampson, S.E.; Peterson, M. &Duriez, B. (2011). Parenting and trajectories of children's maladaptive behaviors: A 12-year prospective community study. *Journal of Clinical Child and Adolescent Psychology*, *40*, 468–478

McAlister, A., Perry, C. and Parcel, G. (2008). How Individuals, Environments, and Health Behaviours Interact: Social Cognitive Theory. *Health Behaviour and Health Education: Theory, Research and Practice*. 97-121. Retrieved from **http://sanjeshp.ir/phd_91/Pages/Refrences/health%20education%20and%20promotion/%5BKaren_Glanz,_Barbara_K._Rimer,_K._Viswanath%5D_Heal(BookFi.or.pdf#page=187**

McGee, R. & Williams, S. (2000). Does low self-esteem predict health compromising behaviours among adolescents? *Journal of Adolescence*. 23: 569 – 582.

McLoyd, V.C. 1990. \The impact of economic hardship on Black families and children: understanding and recovery."Mental Health and Learning Disabilities Care. 4 (10):332-335.

McMullin, J. A. & Cairney, J. (2004). Self-esteem and the intersection of age, class, and gender. *Journal of Aging Studies*, 18: 75– 90.

Mellisa L. Robinson. Grayson N. Holmbeck. Roberta Paikoff, (2007). Self esteem enhancing reasons for having sex and the sexual behaviours of African American adolescents. Journal of Youth Adolescence 36: 453-464

Mikach, S. M., & Bailey, M. (1999). What distinguishes women with unusually high numbers of partners? Exploring gender difference. Retrieved from, http://www.researchgate.net/publication/

Milevsky, A.; Schlechter, M.; Klem, L. &Kehl, R. (2008). Constellations of maternal and paternal arenting styles in adolescence: Congruity and well-being. *Marriage Fam. Rev.*, *44*, 81–98.

Miller, B. C., & Moore, K. A. (1990). Adolescent sexual behavior, pregnancy, and parenting: Researchthrough the 1980s.Journal of Marriage and the Family,52, 1025-1044.

Miller, B.C. Christensen, R.B. & Olsen, T.D. (1987). Adolescent self esteem in relation to sexual attitudes and behaviour. Youth and society. 19: 93-111

Miller,S. (2001). The influence of role of status on risky sexual behaviours among African Americans during transition. American Journal of Public Health. 21(6): 110-117

Mindlineplus, (2014). U.S National library of Medicine. https://www.nlm.nih.gov/medlineplus/ency/article/001949.htm

Moksnes, U. K., Moljord, I. E. O., Espnes, G. A., & Byrne, D. G. (2010). The association between stress and emotional states in adolescents: The role of gender and self-esteem. Personality and Individual Differences, 49, 430–435. doi:10.1016/j.paid.2010.04.012

Momodu, A. (2010). A need assessment of sex education among Secondary school students in Benin City. Unpublished PGDE Research Report. Institute of Education, University of Benin.

Momodu, A.O. & Imobekhai, S.Y. (2012). Preferences for sex education topics shown by secondary school students in Benin City metropolis. *Nigerian Journal of Education, Health and Technology Research*. 3(1): 64-72

Morhason –Bello, I.O., Oladokun, A. Enakpene, C.A. Fabamwo A.O. Obisesan, K.A. & Ojengbede, O.A. (2008). Sexual behaviour in school adolescents in Ibadan South-West Nigeria.African Journal of Reproductive Health. 12(2): 89-97

Morris, J.M.S., Young, M. & Jones, C. (2000). Self esteem and adolescent sexual behaviours among students at an elite Bolivan school. *The International Electronic Journal of Health Education* 3(1) :36-43.

Morrison-Beedy, D., Carey, M. P., Crean, H. F. & Jones, S. H. (2011). Risk behaviors among adolescent girls in an HIV prevention trial. *Western Journal of Nursing Research*. 33(5): 690-711.

Mullan, E. & Nicgabhainn (2002). Self esteem and health-risk behaviours. Is there a link? Department of Nursing and Midwifery studies, Trinity Centre for Health Sciences, St. James Hospital, Dublin Republic of Ireland.

Mustanski, B. S., Newcomb, M. E., Du Bois, S. N., Garcia, S. C. & Grov, C. (2011). HIV in young men who have sex with men: A review of epidemiology, risk and protective factors, and interventions. Journal of Sex Research, 48(2-3): 218-253.

Nasir, R., Zamani, Z.A., Ismail, R., Yusooff, F., Khairuddin, R. (2010). Self-esteem and cognitive distortion among women involved in prostitution in Malaysia. Procedia-Social and Behavioral Sciences.5,1939–44.

Nathaniel, B. (1987). "An Introduction to Biocentric Therapy". A Nathaniel Branden Anthology. J.P. Tarcher. ISBN 978-0-87477-142-8

Nathaniel, B. (2001). A revolutionary approach to self-understanding that launched a new era in modern psychology. The Psychology of Self-Esteem 32nd Edition: San Francisco Jossey-Bass, publisher

Nathaniel, B. (2004). "New reflections on self-esteem." MP3 recording.

Neumark-sztainer, D., Paxton, S.J., Hanna, P.J., Hanes J. & Story, M. (2006). Does body satisfaction matter? Five years longitudinal association between body satisfaction and health behaviours in adolescent females and males. Journal of Adolescent Health 39 (2) 244-251.

Nnebue, C.C, Chimah, U.C, Duru, C.B, Ilika, A.L & Lawoyin,O.T.(2016). Determinants of age at sexual initiation among Nigerian adolescents: a study of Secondary School Students in a military barracks in Nigeria. American Journal of Medical Science and Medicine 4(1)1-7.

Nwana, O.C. (1990). Introduction to education research for student teachers. Ibadan: Heinemann Books Ltd.

O'Donnell, W. J. (1976). Adolescent self-esteem related to feelings toward parents and friends. Journal of Youth and Adolescence 5, 179-186.

Odeyemi K, Onajole A, Ogunowo B. Sexual behaviour and the influencing factors among out of school female adolescents in Mushin market, Lagos, Nigeria. International Journal of Adolescent Medicine and Health. 2009; 21(1): 101–109.

Odimegwu CO, Solanke LB, Adedokun A. Parental characteristics and adolescent sexual behaviour in Bida LGA of Niger State, Nigeria. African Journal of Reproductive Health. 2002; 6(1): 95-106.

Ojengbede, A.O. (2008). Sexual behaviour of in-school adolescents in Ibadan, South-West Nigeria. African Journal Of Reproductive Health. 12(2),89-97

Okafor, J.O (2000). Health Education Futurism: Implications for Health Education Curriculum in Nigerian School System. Nigerian Journal of Health Education, 9 (1), 75-82.

Okafor, J.O. (2011). The collage of functional health education for effective decisions and health promotion. 17th Inaugural lecture series of Nnamdi Azikiwe University, Awka. J' Goshern publisher and print

Okhakhume, A.S. (2014) Influence of self-esteem, parenting style and parental monitoring on sexual risk behaviour of adolescents in Ibadan. Gender and Behaviours. Ife centre for psychological studies. Retrieved from http://www.readperiodicals.com/201412/3602448241.html#ixzz3xxqqd5cG

Okonofua, F. (2000). Adolescent reproduction health in Africa. The future challenges in African Journal of reproductive health. 4(1)7-9.

Okonta PI. Adolescent sexual and reproductive health in the Niger Delta region of Nigeria – issues and challenges. African Journal of Reproductive Health. 2007; 11(1): 113-124.

Okpani, A.O.U., & Okpani, J.U. (2000).Sexual activity and contraceptive use among female adolescents. A report from Port Harcourt, Nigeria. African Journal of Reproductive Health. 4(1), 41-47

Olsen, J. M., Breckler, S. J., & Wiggins, E. C. (2008). *Social Psychology Alive*. Ontario: Nelson.

Omobude. Idado S.N and Adegboro J.S (2010), HIV risk practices among female students of Ondo State College of Health Technology, Akure. African *Journal of Studies in Education.* 6 (1) 276-285.

Omorogiuwa, K.O. (2006). Research and applied statistics for the behavioural science: an introduction. Mindex publishing, Benin City.

Onunkwo, G.I.N.(2002). Fundamentals of educational measurement and evaluation. Measures of relationship. Cape publishers international, Owerrri.

Opayemi,R. (2011). Gender, self esteem, religiosity and premarital sex among young adults. Nigerian Journal of Otorhinolaryngology. 9 (01) 67-73 retrieved from

Orr, D.P, Beiter, M. & Ingersoll, G. (1991) Premature sexual activity as an indicator of psychosocial risk. *Pediatrics*87;141-147.

Orr, D.P., Wilbrandt, M.L., Brack, C.J., Rauch, S.P. & Ingersoll, G.M. (1989). Reported sexual behaviours and self esteem among young adolescents. American Journal of Diseases of Children, 143; 86-90.

Orth, U. Robins, R., & Roberts, B., (2008). Low self-esteem prospectively predicts depression in adolescence and adulthood. Journal of Personality and social psychology, 95 (3), 695-708.

Owie, I. (2006). Fundamentals of statistics in education and social sciences. Benin City, Mindex.

Owie, I. (2005). Health education: curriculum and instruction.Benin City, Mindex.

Oyefeso, A.& Zacheaus, A. (nd). A self-esteem as Determined by Gender Differences among Yoruba Adolescents to Ibadan, Nigeria: A Research Note

Paul, C.E., Fitzjohn, J., Eberhart-Phillips, J.E., Herbison, G.P. and Dickson, N (2000). Sexual among school children. Adolescents, 1(3)78-85

Peterson, C. Buser, T.J. & Westburg, N.G (2010) Effects of Family Attachment Social Support Involvement and Self-Esteem on youth substance use and Sexual Risk Taking. *Family Journal*, 18(4), 369-376.

Pick, S., and Palos, P. A. (1995). Impact of the family on the sex lives of adolescents. *Adolescence, 30,* 667–675.

Planned parenthood, (2014). Safer sex (safe sex). Retrieved from, http://plannedparenthood.org/learn/stds-hiv-safer-sex/safer-sex#sthash.GXVyhEHA.dpuf

Psychological distress, parenting, and socio-emotional development."
Quatman, T., Sampson, K., Robinson, C., & Watson, C. M. (2001). Academic, motivational, and emotional correlates of adolescent dating. Genetic, Social, and General Psychology Monographs, 127, 211–234.

Raboteg-Saric, Z., & Sakic, M. (2014). "Relations of parenting styles and friendship quality to self-esteem, life satisfaction, and happiness in adolescents. 9 (3); 749-765. Retrieved from, http://link.springer.com/article/10.1007%2Fs11482-013-9268-0

Rapelang, C., Kagisco, T., Cedric, V., Mpho, P., Nonofo, L., Sethunya, M.,Koletino, M. & Balogun, S.K. (2013). Self-efficacy, self-esteem and the intention to practice safe sex among Botswana adolescents. *Journal of Hummanities and Social Sciences*, 9(2)87-95.

Repetti, R,L., McGrath, E.P.& Ishikawa, (1999). Daily stress and coping in childhood and adolescence. In A.J.Goreczny &M.Hersen (Eds.), Handbook of Pediatric and Adolescent Health Psychology. 343-360

Reyna, V.F., Chapam, S.B.,Dougherty, M.R.,& Confrey, J. (2012). The Adolescent Brain: learning, reasoning, and decision making 379-428. American Psychological Association. Retrieved from, http://www.apa.org/pubs/books/4318098.aspx

Robins, R. W., Hendin, H. M., & Trzesniewski, K. H. (2001). Measuring global self-esteem: Construct validation of a single-item measure and the Rosenberg Self-Esteem Scale. Personality and Social Psychology Bulletin, 27, 151–161. doi:10.1177/0146167201272002

Robinson, M.L., Holmbeck, G.N., & Paikoff, R. (2007). Self esteem enhancing reasons for having sex and the sexual behaviours of African American adolescents. Journal of Youth Adolescence 36:453-464.

Robinson, R.R., & Frank, D.L. (1994). The relationship between self esteem, sexual activity and pregnancy. Adolescence, 29 27-35

Rosenberg, M. (1965). Society and the adolescent self image. Princeton N.J USA, Princeton University Press.

Rosenthal, D., Moore, S., & Flynn, I. (1991). Adolescent self-efficacy, Self-esteem and sexual risk-taking. *Journal of Community & Applied Social Psychology*, *1*(2), 77-88.

Sahin, E., Barut, Y., and Ersanl, E. (2013).Parental education level positively affects self-esteem of Turkish adolescents. Journal of Education and Practice. 4(20)2222-2228. Retrieved from,www.iiste.org

Salazar, L.F., Crosby, R.A., Diclemente, R.J., Wingood, G.M., Lescano, C.M., Brown, L.K., & Harrigton. (2005). Self esteem and theoretical mediators of safer sex among African American female adolescents. Implications for sexual risk reductions. Health education ehaviour 32, (3): 413-427.

Samkange-Zeeb, F.N.,Spallek, L. & Zeeb, H. (2011).Awareness and knowledge of sexually transmitted diseases (STDs) among school-going adolescents in Europe: a systematic review of published literature. Retrieved fromhttp://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-727

Sanfransico, J. B., deMan, A. F., Gutiérrez, B. I., Becerril,N., & Sterk, N. (2001). Stability of self-esteem as moderator of the relationship between level of self-esteem and depression. North American Journal of Psychology, 3, 303-308.

Schacter, D.L., Gilbert, D.T., & Wegner, D.M. (2009). *Psychology*. NewYork:Worth. Retrieved from http://www.worthpublishers.com/Catalog/product/psychology-firstedition-s...

Schantz, k.(2012).Substance use and sexual risk taking in adolescence. A publication of the ACT for Youth Center of Excellence. Retrieved from, http://www.actforyouth.net/resources/rf/rf_substance_0712.cfm

Simons, B.M. Haynie, D.L., Crump, A.D., Eitel, S.P. (2001). Saylor, K.E. Peer and parent influences on smoking and drinking among early adolescents. *Health Education and Behaviour,28*, 95–107.

Simons, L.G. &Conger, R.D. (2007). Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. *Journalof Family,28,* 212–241.

Simons, R.L., Chao, W., Conger, R.D. &Elder, G.H. (2001). Quality of parenting as mediator of the effect of childhood defiance on adolescent friendship choices and delinquency: A growth curve analysis. *Journal of Marriageand Family,63*, 63–79.

Small, S., & Luster, T. (2004). Adolescent Sexual Activity: An Ecological, Risk

Smith, C. (1997) Factors associated with early sexual activity among urban adolescents. Social work 42, 334-345.

Smith, C. (2001) Adolescents and loss of self-esteem among undergraduate in selected schools in Delta State Understanding Adolescents Psychology Owerri. Whyte and whyte Pyblisher.

Smith, C.A (1997). Factors associated with early sexual activity among urban adolescents. *Social Work*, 42:334-346.

Smith, E. R., Mackie, D. M. (2007). Social Psychology (Third ed.). Hove: Psychology Press. I. retrieved from, http://psypress.co.uk/smithandmackie

Spencer, J.M., Zimet G.D., Aalsma, M.C & Orr, D.P. (2002). Self-Esteem as a predicator of initiation of coitus in early adolescents. Pediatrics of initiation of coitus in early adolescents. Pediatrics. 109 581-584.

Steinberg, L. & Silk, J.S. (2002). Parenting adolescents. In *Handbook of Parenting*, 2nd ed.; Bornstein, M.H., Ed.; Erlbaum: Mahwah, New Journal, 1.

Sterk, C.E., Klein, H., & Elifson, K.W. (2004). Predictors of condom-related attitudes among at-risk women. Journal of women's Health, 13, 676-688.

Stimson, A. Stimson, H., & Dougherty, W. (1980). Female and male sexuality and self esteem. Journal of social psychology, 112, 157-158.

Temin, M.J., Okonofua, F., Omorodion, F.O., Renne, E.P., Coplan, P., Heggenhougen, H.K., & Kaufman, J. (1995). Perceptions of sexual behavior and knowledge about Sexuality in Nigeria. International Family Planning Perspectives. 25 (4);186-189.

Terzian, M. A., Andrews, K. M., & Moore, K. A. (2011). Preventing multiple risky behaviors among adolescents: Seven strategies. Research-to-Results Brief. Retrieved from Child Trends website:

http://www.childtrends.org/?publications=preventing-multiple-riskybehaviors-among-adolescents-seven-strategies

The New Websters Dictionary of the English Language (Int. Ed). New York: Lexicon International Publishers Guild.

Tomé, G., Gaspar de Matos, M., Simões, C., Camacho, I., &., José, A.D (2012). How Can Peer Group Influence the Behavior of Adolescents: Explanatory Model. *Global Journal of Health Science*. 4, (2); 26-35

Torres, R., Fernandez, F., & Maceira, D. (1995). Self-esteem and value of health as correlates of adolescent health behavior. Adolescence. ;30(118);403-12.

Trzesniewski, K. H., Donnellan, M. B., Moffitt, T. E., Robins, R. W., Poulton, R., & Caspi, A. (2006). Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthoodican. Developmental Psychology, American Psychological Association. 42, (2) 381– 390.

Twenge, J. M., & Campbell, W. K. (2001). Age and birth cohort differences in self-esteem: A cross-temporal meta-analysis. Personality and Social Psychology Review, 5, 321–344. doi:10.1207/ S15327957PSPR0504_3

Udoh, G.C. (2000). "Sexual behaviour in the era of HIV/AIDS among in-school female adolescents in Sabon-Gari, Local Government Area, Kaduna State". Unpublished M.PH thesis submitted to the Department of Community Medicine, Abu, Zaria.

Ugorji, F.N. (2012). Determinants of risky sexual behaviours among secondary school students in Delta State, Nigeria. International Journal of Adolescence and Youth 19 (3); 408-418.

Upchurch, D. M., Aneshensel, C.S., Sucoff, C.A., & Levy-Storms, L. (1999). Neighbourhood and family contexts of adolescent sexual activity. *Journal of Marriage and Family*. 61(4); 920– 933.

Uyi-Osaretin, S.I and Okobia, E.O. (2010). An analysis of the perceptions of parents on sexuality education: implications on the girl child. *Benin Journal of Gender and Studies*. 2 (1); 113-120

Walsh, A. (1991).Self-esteem and sexual behavior: exploring gender differences. 25 (7) 441- 450. Retrieved from, http://link.springer.com/article/10.1007%2FBF00292533

Walton, O.(2001). Self-esteem, shame and poverty. Helpdesk research report. Retrieved from, http://www.gsdrc.org/docs/open/HD788.pdf

Western University,(2015). Health and Wellness. retrieved from, http://www.health.uwo.ca/services/students/encyclopedia/safe_sex.html

Wheeler, S.B. (2010). Effects of self-esteem and academic performance on adolescent decision- making: an examination of early sexual intercourse and illegal substance use. Journal of Adolescent Health. 47(6);582–90.

Whitbeck, L.B., R.L. Simons, R.D. Conger, F.O. Lorenz, S. Huck, and G.H. Elder Jr. 1991. \Family economic hardship, parental support, and adolescent self-esteem."

WHO, (2011). Work and employment. World report on disability. Retrieved from,http://www.who.int/disabilities/world_report/2011/chapter8.pdf

Women's Health, (2009). Safer sexual practices and birth control methods. Retrieved from, http://www.netwellness.uc.edu/healthtopics/women/birthcontrolmethods.cfm

Wood, M.(2010). Social Class and Self-Esteem . Adolescence Essay 2. Retrieved from, http://www.academia.edu/1511865/Social_Class_and_Self_Esteem

World Health Organization, (2001). Broadening the horizon: balancing protection and risk for adolescents. Retrieved from,http://apps.who.int/iris/bitstream/10665/67242/1/WHO_FCH_CAH_01.20.pdf

World Health Organization. Regional office for Africa. (2001). A strategy for the African region.

Young, J. F., & Mroczek, D. K. (2003). Predicting intraindividual self- concept trajectories during adolescence. Journal of Adolescence, 26, 586–600. doi:10.1016/S0140-1971(03)00058-7

Young, M. (1989). Self esteem and sexual behaviour among early adolescents. Family life educator, 8, 16-19.

Young, M., Denny, G., & Spear, C. (2004).Area of specific self-Esteem, values, and adolescent sexual behavior. American Journal of Health Education, 35 (5): 282-289

APPENDICES

APPENDIX A (FIRST QUESTIONNAIRE) Rosenberg Self Esteem Scale

DEPARTMENT OF HUMAN KINETICS AND HEALTH EDUCATION, FACULTY OF EDUCATION, NNAMDI AZIKIWE UNIVERSITY, AWKA

Dear Respondents,

This questionnaire is designed for a Postgraduate degree project work on Self Esteem and Safer Sex Practices among Secondary School Students.

Kindly tick (√) one answer for each statement accordingly.

Note: Your responses are strictly confidential and so your name is not required on the questionnaire.

Thank you in anticipation of your responses.

IGUDIA, Enoma Omorogieva

(Researcher)

Section A: (Demographic Variables)

1. Age: 11 – 14 years [ ], 11 – 18 years [ ], 19years and above [ ].
2. Gender: Male [ ] Female [ ],
3. Religion: Christian [ ], Muslim [ ], Traditional [ ].
4. Class: JSS I-III [ ], SSI- III [ ]
5. Socio-economic status: (SES)
6. Location of school: Urban [ ] Rural [ ]
7. Students' residence: Urban [ ] Rural [ ]

8. Type of school: Mixed [ ] Single [ ]

B. Parental Accommodation

i. Are you parents the owners of the house where they live?

Yes [ ] No [ ]

ii. Type of accommodation: High: Duplex [ ] Bungalow [ ]

Medium: Flat [ ] Two rooms [ ]

Low: One room [ ] Boys quarters [ ]

A. Parental Occupation

Political cadres Father – Mother Professional cadres: Father – Mother

President/Governor[ ] [ ] University Professor [ ] [ ]

Minister/Commissioner [ ] [ ] Lawyer [ ] [ ]

Federal/State Legislators [ ] [ ] Lawyer [ ] [ ]

LGA Chairman [ ] [ ] High Level Business man [ ] [ ]

B. White collar job cadres: Technical/Craftsmen Cadre:

Permanent Secretary [ ] [ ] Unskilled civil servant [ ] [ ]

Senior civil servant [ ] [ ] Petty trader [ ] [ ]

Lecturer [ ] [ ] Carpenter/Bricklayer [ ] [ ]

Teacher [ ] [ ] Driver [ ] [ ]

Clerical Officer [ ] [ ] Tailor/Hairdresser/Barber [ ][ ]

Medium level business man [ ] [ ] Others [ ]

[ ]

C. Parental Level of Education: Father

Mother

Ph.D [ ] [ ]

MA/M.Ed [ ] [ ]

B.Sc/B.Ed [ ] [ ]

HND/RN/RM/NCE [ ] [ ]

Grade II Certificate [ ] [ ]

School Certificate Attempt [ ] [ ]

Primary Six Certificate [ ] [ ]

Did not go to school [ ] [ ]

D. Household Materials: Tick all the materials that your parents have at home.

Television [ ] Gas cooker [ ]

Stereo/video [ ] Internet facility [ ]

Computer [ ] Has a car [ ]

Library [ ] Radio [ ]

Telephone [ ] Stove [ ]

Refrigerator [ ] Fan [ ]

9. Family usual mode of transportation: private car [ ], bus/taxi [ ], walk [ ].

10. Family structure: monogamous [ ], polygamous [ ], one parent family [ ] complete orphan [ ]

Section B: Rosenberg (1965) Self-Esteem Scale

Please kindly respond to the following items appropriately.

SA=strongly Agree, A=Agree, D=Disagree, SD= Strongly Disagree

S/N	Items	SA	A	D	SD
14	I feel that I am a person of worth, at least on an equal basis with others.				
15	I feel that I have a number of good qualities.				
16	All in all, I am inclined to feel that I am a failure.				
17	I am able to do things as well as most other people.				
18	I feel I do not have much to be proud of.				
19	I take a positive attitude toward myself.				
20	On the whole, I am satisfied with myself.				
21	I wish I could have more respect for myself.				
22	I certainly feel useless at times.				
23	At times I think I am not good at all.				

Appendix B: Adopted DiIorio Safe Sex Behavior Questionnaire

Directions: Below is a list of sexual practices. Please read each statement and respond by indicating **your degree of use of these practices.**

1 = Never 2 = Sometimes 3 = Most of the Time 4 = Always

	Never	Sometimes	Most of the time	Always
1. I insist on condom use when I have sexual intercourse.	1	2	3	4
*2. I use cocaine or other drugs prior to or during sexual intercourse.	1	2	3	4
3. I stop foreplay long enough to put on a condom (or for my partner to put on a condom).	1	2	3	4
4. I ask potential sexual partners about their sexual histories.	1	2	3	4
5. I avoid direct contact with my sexual partner's semen or vaginal secretions.	1	2	3	4
6. I ask my potential sexual partners about a history of bisexual/homosexual practices.	1	2	3	4
*7. I engage in sexual intercourse on a first date.	1	2	3	4
8. I abstain from sexual intercourse when I do not know my partner's sexual history.	1	2	3	4
9. I avoid sexual intercourse when I have sores or irritation in my genital area.	1	2	3	4
10. If I know an encounter may lead to sexual intercourse, I carry a condom with me.	1	2	3	4
11. I insist on examining my sexual partner for sores, cuts, or abrasions in the genital area.	1	2	3	4
12. If I disagree with information that my partner presents on safer sex practices, I state my point of view.	1	2	3	4
*13. I engage in oral sex without using protective barriers such	1	2	3	4

as a condom or rubber dam.

*14. If swept away in the passion of the moment, I have sexual intercourse without using a condom.	1	2	3	4
*15. I engage in anal intercourse.	1	2	3	4
16. I ask my potential sexual partners about a history of IV drug use.	1	2	3	4
17. If I know an encounter may lead to sexual intercourse, I have a mental plan to practice safer sex.	1	2	3	4
18. If my partner insists on sexual intercourse without a condom, I refuse to have sexual intercourse.	1	2	3	4
19. I avoid direct contact with my sexual partner's blood.	1	2	3	4
*20. It is difficult for me to discuss sexual issues with my sexual partners.	1	2	3	4
21. I initiate the topic of safer sex with my potential sexual partner.	1	2	3	4
*22. I have sexual intercourse with someone who I know is a bisexual or gay person.	1	2	3	4
*23. I engage in anal intercourse without using a condom.	1	2	3	4
*24. 1 drink alcoholic beverages prior to or during sexual intercourse.	1	2	3	4

___

*Negatively worded items

© Colleen DiIorio, 2009

Appendix C: Second Questionnaire: Adapted Colleen DiIorio(2009)Safe Sex Behavior Questionnaire

Directions: Below is a list of sexual practices. Please read each statement and respond by indicating **your degree of use of these practices.**

1 = Never 2 = Sometimes 3 = Most of the Time 4 = Always

S/N	Items	Never	Some times	Most of the times	Always
1.	I insist on condom use when I have sexual intercourse.				
*2.	I use cocaine or other drugs prior to or during sexual intercourse.				
3.	I stop foreplay long enough to put on a condom (or for my partner to put on a condom).				
4.	I ask potential sexual partners about their sexual histories.				
5.	I avoid direct contact with my sexual partner's semen or vaginal secretions.				
6.	I ask my potential sexual partners about a history of bisexual/homosexual practices.				
*7	I engage in sexual intercourse on a first date.				
8.	I abstain from sexual intercourse when I do not know my partner's sexual history.				
9.	I avoid sexual intercourse when I have sores or irritation in my genital area.				
10.	If I know an encounter may lead to sexual intercourse, I carry a condom with me.				
11.	I insist on examining my sexual partner for sores, cuts, or abrasions in the genital area.				

12	If I disagree with information that my partner presents on safer sex practices, I state my point of view.				
*13.	I engage in oral sex without using protective barriers such as a condom or rubber dam.				
*14.	If swept away in the passion of the moment, I have sexual intercourse without using a condom.				
*15.	I engage in anal intercourse.				
16.	I ask my potential sexual partners about a history of intra-venous (IV) drug use.				
17.	If I know an encounter may lead to sexual intercourse, I have a mental plan to practice safer sex.				
18.	If my partner insists on sexual intercourse without a condom, I refuse to have sexual intercourse.				
19.	I avoid direct contact with my sexual partner's blood.				
*20	It is difficult for me to discuss sexual issues with my sexual partners.				
21.	I initiate the topic of safer sex with my potential sexual partner.				
*22	I have sexual intercourse with someone who I know is a bisexual or gay person.				
*23.	I engage in anal intercourse without using a condom.				
*24.	1 drink alcoholic beverages prior to or during sexual intercourse.				
25	I engage in virginal sex.				
*26.	I engage in virginal sex without condom.				
27.	I take contraceptives drugs before sex to avoid pregnancies.				
*28.	I have been involved in abortion.				

*29.	I have had sex with more than one person.				
*30.	I have had sex with three or four persons.				
*31.	I have had sex with more than five persons.				
*32.	I have had sex with same sex.				
33.	If I know an encounter may lead to sexual intercourse, I avoid such an encounter.				
34.	If I know an encounter may lead sexual intercourse, I carry condom along.				
*35.	I smoke cigarette prior to sexual intercourse.				
36.	I insist on examining my sexual partner for sores, cuts or abrasion in the lips.				
37.	If I discover sores, or abrasion in the lips of my sexual partner, I avoid a kiss during sexual intercourse.				
38.	I insist on examining my sexual partner for sores, cuts or abrasion in the genital areas.				
39.	If I discover sores, cuts or abrasion in the genital areas of my sexual partner, I insist on condom use.				
40.	If my sexual partner with sores, cuts or abrasion in the genitals refuses the use of condom, I avoid having sex with him or her.				
*41.	I repeat the use of a condom during sex.				
42.	I take my bath or wash my genitals immediately after sexual intercourse.				
43.	I insist on HIV screening before having sex with sexual partner.				
*44	I have sex with a stranger.				
*45.	I have been diagnosed of STIs.				
*46.	I have treated sexually transmitted infections.				

47.	I or my partner removes his pennies from vaginal before ejaculation.				
*48	I use teeth to open condom during sex.				
*49	I keep condom in my pocket.				
*50	I have sex without condom.				
51.	I was tempted or lured into sex				
52.	I was raped or forced to have sex				
53.	I have had sexual intercourse				

*Negatively worded items

© Colleen DiIorio, 2009

Appendix D (Population of the Study)

FEDERAL EDUCATION QUALITY ASSURANCE
SOUTH-SOUTH ZONAL OFFICE

QUALITY ASSURANCE DIVISION

SOUTH-SOUTH ZONAL OFIFCE, FED. SEC. COMPLEX, ADUWAWA, BENIN CITY, EDO STATE.

When replying, please quote earlier reference

P.M.B. No. . . . .
Telegrams. . . . .
Telephone. . . . .

Ref No. ZFIS/BC/MISC.VOL.1/25
Date 06/10/2015

TO WHOM IT MAY CONCERN

Find attached the list of the Federal Government Colleges in the South-South Zone and the detailed population of the students for your information and necessary action, please.

MR. A.A. IBRAHEEM
for: Ag. Zonal Director,
South-South Zone,
Benin City.

Appendix D Cont. (Population of the Study) Fed. Sec. Aduwawa, Benin City

STATE	SCHOOLS	JSS I		JSS 2		JSS 3		SS I		SS 2		SS 3		TOTAL
		BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	
EDO	FGGC, BENIN/C	-	220	-	200	-	180	-	540	-	485	-	215	1,840
	FSTC, UROMI	170	130	160	80	122	90	160	144	156	150	160	140	1,462
	FGC IBILO	90	80	80	70	76	74	60	55	52	48	45	40	770
DELTA	FGGC IBUSA	-	215	-	185	-	200	-	500	-	450	-	250	1,800
	FGC WARRI	226	221	216	206	222	210	220	180	200	170	130	100	2,301
BAYELSA	FGGC, IMIRINGI	-	200	-	191	-	150	-	160	-	140	-	100	941
	FSTC TUNGBO	54	52	50	55	50	45	55	50	50	45	50	48	604
	FGC, ODI	167	174	169	167	160	152	133	120	156	149	123	121	1,804
RIVERS	FGGC ABULOMA	-	300	-	253	-	247	-	205	-	195	-	184	1,384
	FSTC AHOADA	161	155	140	100	85	60	120	105	90	78	62	45	1,201
	FGC P-HARCOURT	177	173	170	168	160	152	133	120	157	150	124	120	1,804
C.RIVER	FGGC, CALABAR	-	224	-	215	-	161	-	236	-	164	-	131	1,131
	FSTC, OGAJA	150	145	120	80	65	60	140	135	120	80	65	60	1,000
	FGC, IKOM	165	150	149	140	131	110	136	109	90	63	80	42	1,317
AKWA-IBOM	FGGC IKOT-OBIO ITONG	-	315	-	265	-	241	-	245	-	153	-	122	1,341
	FSTC UYO	123	93	120	82	101	70	126	90	122	80	121	50	1,178
	FGC IKOT - EKPENE	217	183	165	135	175	125	165	135	172	120	135	130	1,857

Appendix E (Population/Sampling of the Study)

Population of federal secondary school students in South-South, Nigeria

	States	Population	Sample
1	Edo	4272	Selected
2	Delta	4101	
3	Bayelsa	3336	
4	Rivers	4389	Selected
5	Cross-River	3716	
6	Akwa Ibom	4376	Selected
Total		24,190	

Appendix F

Selection of Sample Size for the Study

School	Class	Population	Sample Size
1. Federal Girls College, Benin City, EdoState	JSS	600	81
	SS	1240	166
2. Federal Science and Technical College, Uromi, Edo State	JSS	752	100
	SS	910	122
3. Federal Government Girls College, Abuloma, Rivers State	JSS	800	107
	SS	584	78
4. Federal Government College, Rumu - Okoro, Rivers State	JSS	1000	134
	SS	804	108
5. Federal Science and Technical College, Uyo, Akwa Ibom	JSS	589	79
	SS	589	79
6. Federal Government College, Ikot – Ekpene, Akwa Ibom	JSS	1000	134
	SS	857	115
Total		**9,725**	**1,303**

Appendix G (Sample Selection)

1. Federal Government Girls College, Benin City, Edo State

Class	Population	Sample Size
JSSI	220	30
JSSII	200	27
JSIII	180	24
TOTAL	**600**	**81**
SSI	540	72
SII	485	65
SSIII	215	29
TOTAL	**1240**	**166**

2. Federal Science and Technical College Uromi, Edo State

Class	Population	Sample Size
JSSI	300	40
JSSII	240	32
JSIII	212	28
TOTAL	**752**	**100**
SSI	304	41
SII	306	41
SSIII	300	40
TOTAL	**910**	**122**

3. Federal Government Girls College, Abuloma, Rivers State

Class	Population	Sample Size
JSSI	300	40
JSSII	253	34
JSIII	247	33
TOTAL	**800**	**107**
SSI	205	28
SII	195	26
SSIII	184	24
TOTAL	**584**	**78**

4. Federal Government College, Rumu - Okoro, Rivers State

Class	Population	Sample Size
JSSI	350	47
JSSII	338	45
JSIII	312	42
TOTAL	**1000**	**134**
SSI	253	34
SII	307	41
SSIII	244	33
TOTAL	**804**	**108**

5. Federal Science and Technical College, Uyo, Akwa Ibom

JSS1	216	29
JSSII	202	27
JSSIII	171	23
TOTAL	**589**	**79**
SSI	216	29
SSII	202	27
SSIII	171	23
TOTAL	**589**	**79**

6. Federal Government College, Ikot – Ekpene, Akwa Ibom

CLASS	Population	Sample Size
JSSI	400	54
JSSII	300	40
JSSIII	300	40
TOTAL	**1000**	**134**
SSI	300	40
SSII	292	39
SSIII	265	36
TOTAL	**857**	**115**