

INFLUENCE OF SELF-ESTEEM, SELF-EFFICACY AND PEER PRESSURE ON SECONDARY SCHOOL STUDENTS' ATTITUDE TOWARDS SEXUAL ABSTINENCE IN DELTA STATE

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A PROJECT WRITTEN IN THE DEPARTMENT OF EDUCATIONAL EVALUATION AND COUNSELLING PSYCHOLOGY, FACULTY OF EDUCATION IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTERS DEGREE (M. Ed) IN COUNSELLING PSYCHOLOGY OF THE UNIVERSITY OF BENIN, BENIN CITY.

DECEMBER, 2022

CERTIFICATION

We, the undersigned, certify that this research project was carried out by Clara Chinyelu NWORJI in the Department of Educational Evaluation and Counselling Psychology, Faculty of Education, University of Benin, Benin City, Edo State, Nigeria.

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DEDICATION

This research project is dedicated to our Lord Jesus Christ and Mother Mary for their guidance and protection in loving memory of Engr, Uchechukwu Nworji

ACKNOWLEDGEMENTS

My whole hearted thanks go my supervisor, Rev. Fr. A.A Adubale PHD for his kind assistance and constructive criticism in the course of writing this project. To the lecturers in the master's programme department of educational evaluation and counselling psychology that shared their wealth of knowledge with me I thank you all

I am most grateful to my parents Mr. and Mrs. Nworji for their financial support

I am indebted to Mr. Oni Osazuwa, Miss Osagioduwa and Dr. Oge and Simon Nworji for walking me through the paces for the actualization of this project

Finally to the students of the selected senior secondary schools for their enthusiastic support in being my respondents for this research project

Thank you for your co-operation

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CHAPTER ONE

INTRODUCTION

Background to the Study

Education is one of the fundamental means of development globally. It improves the quality of people's lives, helps to cultivate the right attitude and values and leads to broad social benefits for individuals and the society. The education system in Nigeria encompasses three different sectors: basic education (nine years), post-basic/senior secondary education (three years), and tertiary education (four to six years, depending on the program of study). The National Policy on Education (FRN, 2013) posits that basic education covers nine years of formal (compulsory) schooling consisting of six years of elementary and three years of junior secondary education while the Post-Basic Education includes three years of Senior Secondary Education.

Secondary in Nigeria is segmented into two sections; junior and senior secondary schools. The junior secondary is the education that a child receives immediately after primary education and it is for three (3) years before the child proceeds to the senior secondary which is also for three (3) years (FRN, 2013). Students at this level of education predominantly fall between the ages of twelve to eighteen (12-18). This period is described as the adolescence period. Adolescence is a time when many young people take the opportunity to assess themselves as well as begin the process of seeking out their own personal identities. Part of this process includes questioning previously accepted beliefs and guidance given in childhood and maintaining a distance from adult influence. This period has been christened by some psychologists as a period of storm and stress (Aribiyi, 2006).

Students remain the immediate focus in any educational system. In this study, a secondary school student is primarily a person who has completed his/ her Basic education and enrolled in a secondary school. Most students in secondary school level predominantly fall between the ages of twelve to eighteen (12-18), a period described as the adolescent period christened by some psychologists as a period where many changes occur in the life of the individual; it is a period of transition from childhood to adulthood is characterized by heightened social awareness and accelerated physical growth. This period marks the onset of puberty and biological maturity. The behaviour and the entire personality of individual students play a major role in the education system. It is very important, therefore, to understand the learner, share their visions, hopes and aspirations, and their fears so as to help them in their journey of building a worthy and an enduring life (Zahra, 2010). The targeted goal of all educational programmes is to ensure that the learners (students) achieve a desired outcome. Hence, in secondary schools, emphasis is not only placed on academic performance and sound scholarship but also on students' character and attitude as expressed in their self-esteem, self-efficacy and how they relate with others.

Self-esteem is an opinion of what value or worth an individual places on himself (Beck, 2018). The importance of self-esteem lies in the fact that it concerns oneself; the way one is, the way one feels and the sense of one's personal value or personal worth. The individual's opinion of his/her self-worth has also been identified as one of the factors that have the potential to influence ones behaviour including sexual behaviours (Michelen and Brug, 2017). Researchers have revealed significant

association between sexual abstinence and adolescents' self-esteem (Neumark-Sztainer & Story, 2016).

Self-Efficacy has been defined as the individual's belief in his/her capability and capacity to carry out goal-directed behaviours within the context of an activity. It is how confident one feels about addressing certain tasks, challenges, and issues. Self-efficacy is another construct which corresponds with a person's belief in his own competence. It refers to the belief that one is capable of performing in a certain manner to attain a certain set of goals (Redmond, 2013)

Peer pressure is a compulsion to do or obtain the same things as others in ones peer group. Peer pressure is the ability of people from the same social rank or age to influence another of same age bracket. Peers groups to a large extent are believed to exert a major social influence on adolescent behaviour (sexual abstinence inclusive). However, Studies have shown that associating with deviant peers has been linked to earlier initiation of sexual intercourse (Silverman, 2013). In a National Survey of teens by Kaiser Family Foundation (2018), 78% of adolescents used in the study revealed that adolescent's pressure was one major reason for their initial involvement in sex. Furthermore, Dishion, Bullock & Grove (2016) affirmed that peer influence has reigned as one of the most important contributor to adolescent sexual engagement as well as other social processes. They maintained that one of the strongest predictors of sexual involvement among adolescents is affiliation with delinquent peers. Hence, pressure from peers among students could cause students to either engage in or abstain from sexual activities.

The term, attitude can be seen as organized predisposition to think, feel, perceive and behave towards a cognitive object. It considered as an evaluative disposition toward some object based upon cognitions, affective reactions, behavioural intentions, and past behaviours that can influence cognitions, affective responses, and future intentions and behaviours (Ajimogu, 2015). Attitude could refer to as an individual perception and reaction to a task which is expected to be carried out or executed in a group, institution, school setting or an organization. It is evident that attitude cannot be directly observed, but must be inferred from overt behaviour, which could be both verbal and non-verbal.

Sexual abstinence is defined as refraining from sexual activities for a long period. Sexual abstinence could be primary, when a person has never had sexual intercourse, or it could be secondary, when a person has had previous sexual intercourse but is now refraining. Sexual abstinence or sexual restraint is the practice of refraining from some or all aspects of sexual activity for medical, psychological, legal, social, financial, philosophical, moral or religious reasons (Wright, 2015). Sexual abstinence may be voluntary (when an individual chooses not to engage in sexual activity due to moral, religious, philosophical, etc. reasons), an involuntary results from social circumstances (when one cannot find any willing sexual partners), or legally mandated (e.g. in countries where sexual activity outside marriage is illegal, in prisons and so on (Ajuwon, Olaleye, 2016). For the purpose of this study, sexual abstinence is defined as refraining from all sexual activities (intercourse, masturbation, and touching partner's genitals or breasts).

Several factors influence sexual abstinence among adolescents; the age of the adolescents is one of such factors that is of interest to the researcher. According to Faromaju and Ladipo (2016), the age at sexual debut is of important to public health concern; being the age at sexual initiation. Faromaju and Ladipo asserted that commencing sexual intercourse at a young age could increase the incidence of teenage pregnancy and the risk of sexually transmitted infections including HIV/AIDS, use of alcohol and other drugs abuse which have implications for the future personality development, health status and reproductive efficiency of the adolescents.

Sex will be considered as one of the factors that could influence students' attitude towards sexual abstinence. Gender is the range of physical, biological, mental and behavioural characteristics pertaining to and differentiating between the feminine and masculine (female and male) population. Researchers over time have had divergent views on which gender exhibit or abstain from sexual activities and reasons for such exhibition or abstinence. The importance of examining sexual abstinence in relation to gender is based primarily on the socio-cultural differences between girls and boys. However, Ajuwon (2016) opined that students' sex could influence their attitude towards sexual abstinence. The researcher being a secondary school teacher in Delta State have observed from students complains an increasing rate of students indiscriminate involvement in sexual activities and then, deem it fit to examine the extent to which self-esteem, self-efficacy and peer pressure influence secondary school students' attitude towards sexual abstinence in Delta State.

Statement of the Problem

The youths in Nigeria account for about 43.69% of Nigerian population which estimated over 200 million people. Over the years, several problems (social, behavioural, religious, political, cultural, economic) have influenced the youths and sexual abuse appears to be one of the most serious offences committed by adolescents. For instance, Ahonsi (2013) asserted that on reproductive health, many Nigerian girls are known to start their involvement in active sex at the early age of fifteen (15) years. Ahonsi further revealed that Nigerian adolescent (15-19) almost half of the females (46.2%) and about a quarter of males (22.1%) have engaged in sexual intercourse, this his figure varies from state to state and for some states it can be as early as 7 years. Also, the National AIDS and Reproductive Health Survey (2011) showed that the median age of sexual debut among adolescents is 15 years in females and 19 years in males. The report also shows that about 1 in 5 of sexually active females and 1 in 12 sexually active males had already engaged in sexual intercourse by the age of 15. Similarly, the Joint United Nations Programme on HIV and AIDS (UNAIDS, 2014) noted that the prevalence of sexual activities among adolescents in Nigeria is 3.5%, which is the highest of any West or Central African countries. Furthermore, UNAIDS have stated that nearly half of the nation's adolescents reported lifetime sexual intercourse, and less than two-thirds of sexually-active adolescents reported condom use during their last intercourse. This situation reflects a sharp contrast to the traditional Nigerian societal context in which girls are trained to avoid sexual experiences before marriage. In addition, the researcher being a secondary school teacher have observed that there appears to be an increasing rate of unwanted

pregnancy and unsafe procurement of abortion among secondary school students. This situation could suggest the present disposition and attitude of these students towards sexual abstinence.

In a bid to promote sanctity among adolescents in our society, the Federal Government through its education agencies introduced sexuality education into the curriculum of secondary schools (Ahonsi, 2013). Nevertheless, reports of teenage pregnancy has been rampant both on newspaper headlines, print and social media. In the light of the above, the researcher is motivated to examine the influence of self-esteem, self-efficacy and peer pressure on secondary school students' attitude towards sexual abstinence in Delta State.

Research Questions

To guide this study, the following research questions were raised.

1. Does students' self-esteem influence their attitude towards sexual abstinence?
2. Does students' self-efficacy influence their attitude towards sexual abstinence?
3. Does peer pressure influence their attitude towards sexual abstinence?
4. Will the students differ in mean response by sex to self-esteem influence on attitude towards sexual abstinence?
5. Will the students differ in mean response by sex to self-efficacy influence on attitude towards sexual abstinence?
6. Will the students differ in mean response by sex to peer pressure influence on attitude towards sexual abstinence?
7. Will the students differ in mean response by age to self-esteem influence on attitude towards sexual abstinence?
8. Will the students differ in mean response by age to self-efficacy influence on attitude towards sexual abstinence?
9. Will the students differ in mean response by age to peer pressure influence on attitude towards sexual abstinence?

Hypotheses

1. Students' self-esteem will not significantly influence their attitude towards sexual abstinence
2. Students' self-efficacy will not significantly influence their attitude towards sexual abstinence
3. Peer pressure will not significantly influence students attitude towards sexual abstinence
4. Students will not significantly differ in mean response by sex to self-esteem influence on attitude towards sexual abstinence
5. Students will not significantly differ in mean response by sex to self-efficacy influence on attitude towards sexual abstinence
6. Students will not significantly differ in mean response by sex to peer pressure influence on attitude towards sexual abstinence
7. Students will not significantly differ in mean response by age to self-esteem influence on attitude towards sexual abstinence
8. Students will not significantly differ in mean response by age to self-efficacy influence on attitude towards sexual abstinence
9. Students will not significantly differ in mean response by age to peer pressure influence on attitude towards sexual abstinence

Purpose of the Study

The purpose of this study is to examine the influence of self-esteem, self-efficacy and peer pressure on secondary school students' attitude towards sexual abstinence in Delta State. Particularly, this study sought to examine whether:

1. Students' self-esteem influences their attitude towards sexual abstinence?
2. Students' self-efficacy influences their attitude towards sexual abstinence?
3. Peer pressure influence their attitude towards sexual abstinence?
4. Students will differ in mean response by sex to self-esteem influence on attitude towards sexual abstinence?
5. Students will differ in mean response by sex to self-efficacy influence on attitude towards sexual abstinence?

6. Students will differ in mean response by sex to peer pressure influence on attitude towards sexual abstinence?
7. Students will differ in mean response by age to self-esteem influence on attitude towards sexual abstinence?
8. Students will differ in mean response by age to self-efficacy influence on attitude towards sexual abstinence?
9. Students will differ in mean response by age to peer pressure influence on attitude towards sexual abstinence?

Significance of the Study

The findings will be beneficial to students, counsellors, educators/teachers, parents and even the society at large. The findings will help secondary school students develop self-consciousness that could make teaching/learning situation friendly, interesting and result oriented. It will help them develop independent thinking ability and to look inwards for reasons why they should adhere to abstinence from sexual activities while in school.

It is hoped that the findings of this study will offer helpful information to counsellors as well as education stakeholders. They could consider self-beliefs while planning essential skills, such as problem solving so as to help students boost their self-confidence and belief; thereby helping them to succeed in their studies. Also, findings from the study will be of great benefit by providing useful information to parents who are always anxious about their children's involvement in sexual activities. The result of this study is likely to help parents to guard their children in a better way to enhance their self-confidence (self-efficacy) at home and in the school environment. In addition, teachers will also benefit from the findings of this study since their task of teaching is not only restricted to academics but to the total wellbeing of the students.

The findings of the study are likely to increase the awareness of teachers and educators on ways of improving sexual abstinence among students particularly those in secondary schools. Furthermore, the findings of this study will help to promote self-image which can help students adjust in many diverse situations. The idea can equally be extended to other areas of life outside academics. It will encourage a positive change of attitude towards sexual immorality ravaging the society.

Finally, it is hoped that the findings from this study will contribute to existing body of literature in this area of study. The findings of this study will likely be helpful to future researchers who could consider factors that may be related to students' self-esteem /efficacy and sexual abstinence.

Scope and Delimitation of the Study

The focus of this study is to examine the extent to which self-esteem, self-efficacy and peer pressure influence secondary school students' attitude towards sexual abstinence in Delta State. The independent variables in this study are self-efficacy, self-esteem and peer pressure while the dependent variable is attitude towards sexual abstinence. The study will be delimited to public senior secondary schools in Warri Metropolis which comprises of Ughelli North, Udu, Uvwie and Okpe Local Government Areas of Delta State.

Definition of Terms

Attitude: This is a learning predisposition to react constantly in a given manner, either positively or negatively towards certain persons, objects or concepts.

Peer Pressure: It refers to the influence that peers can have on each other. Peer pressure is an emotional or mental force from people belonging to the same social group (such as age, grade or status) to act or behave in a manner similar to themselves

Self-Efficacy: It refers to the belief that one is capable of performing in a certain manner to attain a certain set of goals.

Self Esteem: An opinion of what value or worth an individual places on himself

Sexual Abstinence: It refers to restraint in the practice of refraining from some or all aspects of sexual activity for medical, psychological, legal, social, financial, philosophical, moral or religious reasons.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

In this chapter, related literature will be reviewed under the following sub-headings.

- Theoretical Framework
- Conceptual Framework
- Concept of Self-Esteem
- Concept of Self-Efficacy
- Concept of Peer Group
- Concepts of Attitude
- Concept of Sexual Abstinence
- Self-Esteem and Attitude towards Sexual Abstinence
- Self-Efficacy and Attitude towards Sexual Abstinence
- Peer group influence and Attitude towards Sexual Abstinence
- Students' Gender and Attitude towards Sexual Abstinence
- Students' Age and Attitude towards Sexual Abstinence
- Summary of Reviewed Literature

Theoretical Framework

This study is hinged on the Social Cognitive Theory propounded by Albert Bandura in 1977. Social cognitive theory is a learning theory that is based on the idea that people learn, emulate and aspire for greater heights by watching what others do, it is an expansion of social learning theory, which posits that behaviours are learned through observation in addition to direct experience. Social Learning Theory incorporates the pivotal role of cognition in learning, such as, which events are observed, how the observer interprets and assigns meaning to events, and the manner in which events are integrated into the observer's perceptual framework (Miller, 2002).

Its main concept is that an individual's actions and reactions in almost every situation are influenced by the actions which the individual has observed in others. The observations are remembered by the individual and help shape social behaviour and cognitive processes. The theory provides a framework for understanding, influencing and changing human behaviour. It focuses on the application of cognitive learning principles to change problems that are associated with beliefs, thinking and feelings.

Social cognitive theory rests on the view that personal behaviour and environmental factors influence one another in a directional and reciprocal fashion. That is; a person's ongoing functioning is a product of a continuous interaction between cognitive, behavioural, and contextual factors. For instance, classroom learning is shaped by factors within the academic environment, especially the reinforcements experienced by oneself and by others. At the same time, learning is affected by students' own thoughts and self-beliefs and their interpretation of the classroom context. A closely related assumption within social cognitive theory is that people have an agency related assumption to influence their own behaviour and the environment in a purposeful, goal directed fashion

Bandura (2005) asserts that social cognitive theory takes on an agentic perspective to change, develop and adapt. He described an agent as someone who intentionally influences one's functioning and life circumstances; in this view, people are self-organizing, proactive, self-regulating, and self-reflecting (Bandura, 2005). The social cognitive theory revolves around the notion that learning correlates to the observation of a role model and intentionally picking up a challenge. According to the theory, behavioural and environmental information create the self-beliefs that, in turn,

inform and alter subsequent behaviour and environments. The theory emphasizes how cognitive, behavioural, personal, and environmental factors interact to determine behaviour (Crothers, et al 2008).

Social cognitive theory is composed of four processes of goal realization: self-observation, self-evaluation, self-reaction and self- efficacy. These components are interrelated, each having an effect on motivation and goal attainment (Redmond, 2013). In this socio-cognitive perspective, individuals are viewed as proactive and self-regulating rather than as reactive and controlled by biological or environmental forces. Bandura (2005) also emphasized that “people who regard themselves as highly efficacious act, think, and feel differently from those who perceive themselves as inefficacious. They produce their own future, rather than simply foretell it”. According to the theory, Bandura posited that individuals create and develop self-perceptions of capabilities that become instrumental to the goals they pursue and to the control they exercise over their environment. The theory also stresses the development of personality and is seen as its own personal agents of change. However, social cognitive theory does not deny the importance of the environment in formation of behaviour but it does argue that people can also through foresight, self-reflection, and self-regulatory processes; exert substantial influence over their own outcomes and the environment more broadly. Another assumption within social cognitive theory is that learning can occur without an immediate change in behaviour or more broadly that learning and the demonstration of what has been learned are distinct processes. The theory also states that learning involves not just the acquisition of new behaviours, but also of knowledge, cognitive skills, concepts, abstract rules, value and other

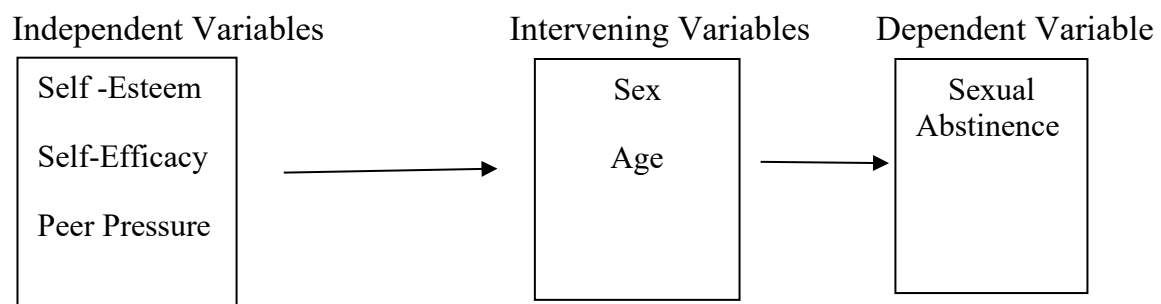
cognitive constructs. Social cognitive theory integrates a wide variety of discrete ideas, concepts, and sub-processes into an overall framework for understanding human functioning. According to Bandura, human behaviour results from a dynamic interaction between individual factors (cognitions), one's behaviour patterns and environmental influence. The central part of the social cognitive theory is personal efficacy beliefs, defined as the judgment of one's capability to arrange and perform part of an action to a level of performance that over time affects individual's lives (Bandura, 1994). Bandura noted that each of these factors has a varying influence on the individual and his or her environment depending on the activities in which the person engages. For example, an individual's cognitions (e.g. beliefs, perceptions, values, goals) impact his or her behaviour; the effects or consequences of the person's behaviour in turn influence how he or she thinks and/or emotionally responds to an event. The main tenets of Bandura's social cognitive theory are that;

- People learn by observing others and hereafter become their own personal agent of change.
- The same set of stimuli may provide different responses from different people or from the same people at different times
- The world (environment) and a person's behaviour are interlinked
- Personality is an interaction between three factors - the environment, behaviour and a person's psychological processes.

Given that every learner's internal thought processes and external behaviours/actions are influenced by human interactions, Bandura believed that self-image and self-perceptions and associations during the student's learning are largely

affected by individual's self-beliefs. Hence, the social cognitive theory is relevant to this study in that all the variables in this study (self-esteem, self-efficacy and peer group) reflects the fact that a students' behaviour is not caused mainly by a response to an outside stimulus, but instead, the behaviour is inspired by the person's self-opinion, his beliefs in his capabilities to organize and execute the courses of action required to manage prospective situations and the association he keeps at that particular time. The three constructs therefore utilize the important idea of social cognitive theory which emphasize the influence of interactions, development, and maturation of students. The social cognitive theory thus becomes relevant to this study because it examines the importance of self-esteem (personal opinion), self-efficacy (personal beliefs to achieve a goal) and peer group (association) of students in relation to their attitude towards sexual abstinence. Therefore, Social cognitive theory is considered appropriate and therefore selected for this study.

Conceptual Framework



Concept of Self-Esteem

Self-esteem is a psychological term used when reflecting an individual's overall emotional evaluation of his or her own worth. According to Pajeres (2011), self-esteem involves an attitude of approval or disapproval and indicates the extent to which the individual believes himself or herself to be capable, significant, successful, and worthy. Self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward oneself. It is a judgment of oneself as well as an attitude towards the self. Self-esteem encompasses beliefs and emotions. Self-esteem according to Ferkany (2008) is referred to as the evaluative dimension of the self which include feelings of worthiness or competence, pride, triumph, despair and shame. It is how we value ourselves; it is how we perceive our value to the world and how valuable we think we are to others. Self-esteem affects our trust in others, our relationship, our work and almost all aspects of our lives. Positive self-esteem gives us the strength and flexibility to take charge of our lives and grow from our mistakes. Possession of high self-esteem has positive behavioural benefits which include independence, responsibility taking, toleration of frustration, resistance to peer pressure, willingness to attempt new tasks and challenges, ability to handle both positive and negative emotions, and willingness to offer assistance to others. Various authors and theorists have defined self-esteem in different ways. Ferkany (2008) claimed that the importance of self-esteem lies in the fact that it concerns ourselves, the way we are, and the sense of our personal value. This means that self-esteem affects the way we are, the way we act in the world and the way we relate to everybody else. Therefore, nothing escapes the influence of self-esteem in the way we

think, feel, decide and act. Self-esteem, the individuals' opinion of their self-worth or their ability to feel positive about themselves has also been identified as one of the factors that have the potential to influence health behaviours

Coopersmith (2010) described self-esteem as the evaluation one has of his/herself, how one feels about his/herself in almost any situation. Self-esteem is most commonly used to refer to the way people characteristically feel about themselves. Branden (2009) asserts that self-esteem is the experience of being competent to cope with the basic challenges of life and being worthy of happiness. According to him, self-esteem is the sum of self-confidence, a feeling of personal capacity and self-respect and a feeling of their ability to face life's challenges to understand and to solve problems, and their right to achieve happiness and be given respect. Self-esteem has several and various dimensions, areas or facets like every other self-construct. Among these facets is the academic self-esteem. Muraina and Oyadeyi (2014) defined academic self-esteem as the evaluative appraisal of the experience of being capable of meeting academic challenges and being worthy of happiness. An individual can also have a high/positive or low/negative self-esteem or academic self-esteem. While high/positive self-esteem is said to affect attitude positively, students with low/negative self-esteem usually have negative attitudes. Hence, Oyadeyi (2014) stated that individuals with low self-esteem focus on trying to prove themselves to others, they generally lack confidence in themselves, and often doubt their own worth and acceptability. They frequently blame others rather than take responsibility for their behaviour

According to Mruk (2013) self-esteem is higher during childhood, decreases during adolescence and then gradually increases through adulthood. During adolescence, self-esteem can be affected by the physical and hormone changes. High self-esteem is manifested by acceptance of responsibility for one's own actions, self-motivation, willingness to take reasonable risk, and taking command and control of one's personal life including health behaviours. Mruk opined that high self-esteem is characterized by a general fondness or love for oneself; low self-esteem is characterized by mildly positive or ambivalent feelings toward oneself. In extreme cases, low self-esteem people hate themselves, but this kind of self-loathing occurs in clinical populations, not in normal populations. According to Mruk, self-esteem can be influenced by the social context and higher among adolescents with quality parental relationships and social support. Good relationships with peers and perceived popularity were positively correlated with self-esteem among female while school performance was positively correlated with self-esteem among male adolescents. Self-esteem can be examined as both a state and a trait (state self-esteem is the day-to-day shift or change in self-esteem, whereas trait self-esteem is a person's general level of self-esteem over time).

Self-Esteem and Attitude towards Sexual Abstinence

Langer (2011) opined that findings have varied regarding the connection between self-esteem and attitude towards sexual abstinence. Langer asserts that there are three schools of thought regarding the role of self-esteem and its association with sexual behaviour. One school suggests that there is a relationship between low self-esteem and engaging sexual abstinence (i.e. if one has low self-esteem, he/she is more

likely to have low sexual abstinence attitude such as having intercourse anytime) Another school suggests that there is a relationship between high self-esteem and attitude towards sexual abstinence (i.e. if one has high self-esteem, he/she is more likely to feel invincible and thus feel more free to control self against sexual behaviours. The last school suggests that there is no association between self-esteem and sexual behaviour.

Geçkil and Dündar (2011) noted an important relationship between self-esteem and attitude towards sexual behaviours. Specifically, they found that adolescents who scored low on self-esteem had higher levels of negative attitude towards sexual abstinence. A key argument has been that low self-esteem places the individual at a high risk for taking part in risky sexual behaviours such as risky sexual activities, including having unprotected sex and not limiting sexual partners. In the same vein, Lejuez (2004) noted that low self-esteem was linked to unsafe sexual behaviour. Lejuez in his study utilizing a large cross-sectional sample of adolescents observed that low self-esteem was linked to a number of risky sexual behaviours including unprotected sex. Self-esteem has been measured relative to an individual's sexual behaviour as shown by multiple studies.

In 2016, Garcia-Vazquez, and Madson conducted a study regarding the relationship between self-esteem and sexual behaviour among College students. The study showed that students who had high self-esteem had a higher number of sex partners than students with low self-esteem. Also, Rehbein-Narvaez (2008) reported that students who had more sexual partners had high self-esteem than those with fewer sexual partners. Also, Ethier (2006) conducted a study conducted a study in the United

States of America to examine the relationship between self-esteem and sexual behaviour using the using 155 sexually active adolescent females, aged 14-19 years, she found that lower self-esteem was predictive of earlier sex initiation, sexual partners and unprotected intercourse. Also, Ethier found no significant relationship between having multiple partners and self-esteem. Commenting on the relationship between students' self-esteem and sexual abstinence, Sánchez, Alvarez, Sánchez, and Casal (2013) found high self-esteem to be closely associated with higher frequency of abstinence among female adolescents. 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 is prominent. From Smith's study, findings revealed that as self-esteem increases, sexually responsible behaviour also increases. While not significant, those who had abstained from sex had higher self-esteem than those who did not.

Concept of Self-Efficacy

Efficacy has been defined as the individual's belief in their capability and capacity to carry out goal-directed behaviours within an activity context. It is how confident one feels about tackling certain tasks, challenges, and contexts (Ludtke and Hall, 2010). Self-efficacy, the perception that one can engage in protective behaviour has been highlighted as a key factor in predicting health-promoting behaviours (Bandura, 1986). The concept of self-efficacy was developed by Albert Bandura. The concept became his major influential contribution to the development of social cognitive approach to behaviour. Bandura (2009) asserted that a key factor in the way people regulate their lives is their sense of self-efficacy. This refers to their belief

concerning their ability to perform the behaviours needed to achieve the desired outcome

Self-efficacy, according to Passer and Smith (2013) is the levels of confidence individuals have in their ability to execute certain courses of action, or achieve specific outcomes. Efficacy expectations are said to influence initiating behaviours, and the degree of persistence applied in overcoming difficulties encountered in the pursuit of accomplishing a task or tasks. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behaviour, and social environment. These cognitive self-evaluations influence all manner of human experience, including the goals for which people strive, the amount of energy expended toward goal achievement, and likelihood of attaining particular levels of behavioural performance. More simply, self-efficacy is what an individual believes he or she can accomplish using his or her skills under certain circumstances. Self-efficacy has been thought to be task specific version of self-esteem (Lunenburg, 2011). It is considered a situation-specific construct, content dependent and functions as a cognitive mediator of action.

Pajares and Schunk (2010) asserted that self-efficacy beliefs are especially sensitive to connected variation in a particular task or activity. According to their report, a student's writing self-efficacy may vary in a school, depending on whether he or she is asked to write an essay, a poem, or a creative short story. It is also indicated that individuals tend to engage in tasks about which they feel competent and confident, and avoid those in which they feel incompetent. Thus, self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes. They include cognitive,

motivational, affective and selection processes. Two streams of recent empirical work suggest that self-efficacy, which entails confidence in the ability to make effective decisions, may affect preferences for choice.

Self-efficacy beliefs are especially sensitive to related disparity in a particular task or activity. Our cooking self-efficacy, for example, may change depending on whether we are cooking local dishes for family consumption or preparing continental dishes, or whether we are preparing for a major cooking competition or for just a snack. In school, a student's writing self-efficacy may vary depending on whether she is asked to write an essay, a poem, or a creative short-story. Moreover, confidence can shift depending on what one is asked to do, and people can gauge their own confidence even about quite specific behaviours. Hence, Bandura opined that self-efficacy emphasizes the need to keep the contextual nature of self-beliefs in mind when conducting investigations. Bandura argued that to predict academic outcomes from students' efficacy beliefs, self-efficacy beliefs should be measured in terms of particularized judgments of capability that may vary across realms of activity, different levels of task demands within a given activity domain, and under different situational circumstances.

Self-Efficacy and Attitude towards Sexual Abstinence

Self-efficacy has been highlighted as a key factor in influencing health-promoting behaviours (Bandura, 2005). Concerning sexual abstinence, self-efficacy is the individual's belief in his ability to do without sexual intercourse. Self-efficacy has been found to be a substantial predictor of abstaining from sex activities. Basen, et al (2002) assessed a sample of 10th graders, students who believed they could use

abstinence effectively were more likely to report consistent abstinence in comparison to their less confident.

Rapelang (2015) investigated self-efficacy, self-esteem and sexual abstinence among Batswana Adolescents. The study investigated whether high self-efficacy and high self-esteem could predict Batswana males and female's attitude to abstain from sexual activities. The findings revealed that attitude to abstain from sex among adolescents positively correlated with high self-efficacy. In a study carried out by Outlaw and Parsons (2010), he identified self-efficacy as an important predictor of both sexual abstinence and attitude towards sexual abstinence. Further, it has been shown that young people with greater motivational readiness and self-efficacy for sex were more likely to utilize abstinence.

Katayon and Ahmadreza (2015) examined attitude and self-efficacy sexual Abstinence among young university students in Arak University of Medical sciences. The study aimed to evaluate the attitude and self-efficacy abstinence were conducted in youth sexual abstinence. 1500 male and female students were sampled using multistage sampling. Self-efficacy questionnaire was used after translation and back translation. The findings of the study revealed that most girls (86.8%) and 317 boys (59.3%) had low level of self-abstinence to sex and 195 females (9.9%) and 53 boys had a poor attitude to sexual abstinence (13.1%).

Concept of Peer Group

According to Castrogiovanni (2002), a peer group is defined as a small group of similarly aged; fairly close friends, sharing the same activities. In general, peer groups or cliques have two to twelve members, with an average of five or six. Peer

groups provide a sense of security and they help adolescents to build a sense of identity. The Oxford Advanced Learners Dictionary, (2001) defined peer group as a group of people of same age or social status. The peer group is the first social group outside the home in which the child attempts to gain acceptance and recognition. Peer group is an important influence throughout one's life but they are more critical during the developmental years of childhood and adolescence. Peers are the individuals who are about the same age or maturity level. Peer pressure is defined as when people your own age encourage or urge you to do something or to keep from doing something else, no matter if you personally want to do it or not (Coleman, 2006).

Accordino and Slaney (2000) opined that a peer group is a social group that consists of individuals of the same social status who share similar interests and are close in age. A peer group is a social group that consists of individuals of the same social status who share similar interests and are close in age. It is a group of people of approximately the same age, status. It is a group of people, usually of similar age, background, and social status, with whom a person associates and who are likely to influence one and other. Afolayan and Agama (2013) opined that a peer group is the people who are approximately the same age as you and come from a similar social status. It is a group of individuals or entities who share similar characteristics and interests. Peer groups are a type of social group that is made up of people who share similar interests, social status, and are in the same age group. This means that a 4-year-old would not be in a peer group with 12-year-olds. Similarly, college professors would not be in the same peer group as their students. Examples of peer groups include: Sports teams that are made up of a certain age range for example: basketball,

soccer, football and ballet, School organizations and clubs like chess club, science club, band, orchestra, Classmates, Neighbours who are close in age and a group consisting of first-time moms that are close in age

According to Ryan (2011) a peer group is an association of people sharing certain characteristics such as age, social status. He further stated that the peer group is an important influence throughout one's life being more critical during the developmental years of childhood. He also explained that the power of the peer group becomes more important when family relationships are not close or supportive. For instance when parents work extra hours and do not have time for their children they may turn to peer group for emotional support. Santrock (2001) stated that as the child grows older, peer relationship because powerful in his life. In general, Castrogiovanni (2002) claimed that peer groups or cliques have two to twelve members, with an average of five or six. Peer groups provide a sense of security and they help adolescents to build a sense of identity. A peer group has also been described as both a social group and a primary group of people. A group of people who share similarities in regards to age, background and social status, for example, with whom a person is associated and who are likely to influence the person's beliefs and behaviour. Members of a particular peer group often have similar interests and backgrounds and are bonded by the premise of Sameness (Wolf, 2008). Starting at an early age, the peer group becomes an important part of socialization.

The peer group is a socializing agency; it consists of children of similar age. In some cultures, particularly traditional societies, peer groups are formalized as age-grades. He further stated that though the families influence in socializing the child is

obvious, yet children usually spend a great deal of time in the company of friends the same age. Given the high proportion of women in the workforce, and children spending more time in day-care centers, peer relations are even more important for the child than ever. However, Woodfied (2016) maintained that major part of a students' schooling takes place within the context of peer groups in which they learn from each other. In the search for self-worth, self-esteem and identity, the learner finds acceptance within a specific peer group. Inevitably, the learner ultimately identifies with the group's norms and values and the group's activities and rules become his or her frame of reference. It is within such a group that the learner's perceptions, cognition and actions are determined by the group norms and values. In the group, destructive behaviour may be an accepted way of dealing with frustration and adult domination. Woodfied claimed that peer group influence is the emotional and mental states of people belonging to the same social group (such as age, grade or status) to act or behave in a manner similar to themselves. Peer pressure is a compulsion to do or obtain the same things as others in ones peer group.

Engle and Jackson (2008) stated that adolescents' sexual activity is influenced by perceived peer attitudes and behaviours. Perceived norms can influence timing of adolescents' first sexual encounter. Adolescents with peer norms favorable to sex are more likely to engage in intercourse at earlier ages. Longitudinal studies found that peer norms were one of the best predictors of initiating sexual intercourse for young adolescents. Engle and Jackson maintained that adolescents with personal beliefs and perceived peer norms favoring abstinence were less likely to initiate sex before the end of eighth grade compared to adolescents with lower pro-abstinence norms.

However, Santelli (2004) asserted that adolescents who perceived permissive peer attitudes toward premarital sex were more likely to engage in sex, have sex more frequently, and have more sexual partner.

Peer Group Influence and Attitude towards Sexual Abstinence

For years, peer influence has reigned as one of the important contributor to adolescent behaviour as well as other social processes Steinberg (2008) established that adolescents are more likely than children to take risks, as recognized by the elevated rates of experimentation with drugs, alcohol and unprotected sexual intercourse. One of the strongest predictor of delinquent behaviour in adolescents is affiliated with delinquent peers. Similarly, Dishion, et al (2002) reported that adolescents cited pressure from their friends as the reason for their initial involvement in sex. It is therefore a long established principle of social psychology that people feel compelled to conform to the norms and perceived expectations of the group to which they belong and according to Berndt (1996) there is evidence that this is true especially in early adolescence.

. In a related study, Steinberg and Monshais (2007) revealed that peer influence was a primary contextual factor contributing to adolescent's tendency to make risky decisions. Steinberg and Monshais asserted that since students in secondary schools are always in close physical proximity to one another, it encourages interaction and, in turn, the latter permits recognition of similarity in attitudes and behaviour. Furthermore, findings from Newcomb's study showed that there is a strong positive relationship between peers' sexual attitudes and sexual topics are more discussed between them. It was also revealed that the influence of peers on individuals

is so strong as to overpower the influence of parents for individuals who attend residential colleges because they are spending much more face-to-face time with friends than with parents,

In a study conducted in Nigeria and Ghana by Babalola (2004) to evaluate peer education programs implemented in nine communities showed that peer educators significantly increase knowledge, self-efficacy, use of contraceptives, and willingness to purchase contraceptives among target population and sexual abstinence. However, Babalola (2004) maintained that not only is the peer group a primary source of information about sex, it also creates an environment in which peer pressure is exerted on the individual to indulge in sex because “everyone does it” or because they do not want to “feel out of the group”. Hence, peer advice regarding appropriate sexual behaviour is presumably an outcome of their sexual experience or lack of such experiences.

Ugoji, et al (2017) explored the factors influencing adolescent sexual behaviour in Plateau State Nigeria. The study was a qualitative exploratory study using a focus group discussion among adolescents. Eight FGDs were conducted among adolescents between the ages of 18 and 19 years who were purposively selected from schools and communities. The study reported sexual debut from ages 10 to 15 years. It reported peer pressure was one of the reasons for their sexual act among students while majority of the students out of school reported forceful sex and transactional sex as major reasons for their sexual activities. The study revealed that most males reported curiosity and show of power as influences to their sexual activity while females reported trying to please the males as a reason for having sex (not been able to abstain

from sexual act). In addition, Balafama, et al (2014) carried out a study to investigate sexual behaviours of secondary school students in Port Harcourt. The study was a school-based cross sectional descriptive study, carried out in six public secondary schools in Port Harcourt Metropolis in Rivers State. One thousand and forty seven (1047) students participated in the study; five hundred and thirty seven (five hundred and thirty seven) were females and 510 (five hundred and ten) were males. The study revealed that more females reported having sex compared to the males. From the study, it was revealed that the commonest reason for having sex was because their friends (peers) have also had sex. Bezuidenhout (2014) asserted that peer group influence has been found to be significant in the area of premarital sex and sexual abstinence. Bezuidenhout (2014) stated that people s behaviours and attitudes are decisively shaped by the groups in which they participate. Buttressing the above, Bezuidenhout opined that peer pressure sometimes involves exclusionary practices, as when sexually inexperienced teenagers are sent away when sexual matters are being discussed. As far as the topics discussed between peers are concerned, researchers have found that sexual topics including sexual intercourse and reproductive health are the topics frequently discussed between young people. Peer group influence has been found to be significant in the area of premarital sex.

Concept of Attitude

Attitude is an evaluative disposition toward some object based upon cognitions, affective reactions, behavioural intentions, and past behaviours that can influence cognitions, affective responses, and future intentions and behaviours. Attitude as an organized predisposition to think, feel, perceive and behave towards a referent or

cognitive object. This means that attitude does not exist outside a perceived object of consideration and this has been formed towards the object of reference. Weiten in Peter (2019) defines attitudes as positive or negative evaluations of objects of thought. Here objects of thoughts may include people, social issues, groups, institutions and products. As long as an attitude held towards the attitude object is not observed and examined objectively it may last forever for instance if students do not consciously examine their attitude towards counselling services they may hold it toward the counselling centre until they graduate thereby maintaining it in their memory. Ubom (2011) opined that attitude is an individual perception and reaction to a task which is expected to be carried out or executed in a group, institution, school setting or an organization. Attitude as a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour. Fazio and Olson (2003) assert that because attitude exists within the mind of the person, one must look for it in more observable realms. Attitudes are not only learnt but can be changed, modified and developed throughout one's life. Attitudes can be changed and modified in a variety of ways. These are through direct experience with the attitude object, through force or legislation, or through a person perceiving new information either from other people or through mass media that can produce changes in the cognitive component of the individual life.

Attitude according to Ubom (2011), attitude can be said to be positive or high when individual response to the task or programme is favourable and when they show commitment to their duties. It can be negative or low when the students express a nonchalant response, with regard to what is expected of them in the given situation.

Attitude is arrived at, not through the result of careful thinking and deliberation, but is rather motivated by emotions which have or some reasons behind them

It is difficult to describe and measure attitudes (Ubom, 2011). Even though people's attitudes can be inferred from their expressed opinions that are obtained from the use of questionnaires or reactions to statements, inferring attitudes from expressed opinions has many limitations. For example, people may conceal their attitudes and express socially acceptable opinions. Moreover, it is difficult to measure attitudes because people may not really know how they feel about a social issue, never having given the idea serious consideration or never having been confronted with a real situation. Social psychologists have traditionally viewed attitudes as being made up of three components, a cognitive component, an affective component and a behavioural component. This means that an individual's attitude at a point may not constitute all these components at once. The cognitive component provides the knowledge about the object or person. The sources of knowledge could be direct or indirect. The affective or evaluative component determines the feelings, either that of like or dislike. The operational component includes a predisposition to re-act favourably or otherwise. Thus, an attitude is a function of antecedent stimulus conditions and in turn, as determinant of observable behaviour that follows. When certain stimulus events occur, the result is attitude arousal, and in turn, the internal responses constituting the aroused attitude may cause certain observable behaviours to occur. When the three components are positively interconnected, the individual has a positive attitude towards the concerned object, person or situation. The reverse is also the case if the components are negatively connected or interconnected.

Olukayode (2018), asserted attitudes are not only learnt but can be changed, modified and developed throughout one's life. Attitudes can be changed and modified in a variety of ways. These are through direct experience with the attitude object, through force or legislation, or through a person perceiving new information either from other people or through mass media that can produce changes in the cognitive component of the individual life. Donnelly, Denny, and Goldfarb (1999) examined the correlation among attitude towards sexual abstinence, intent to remain abstinence and sexually activity. Their findings revealed that attitude towards abstinence correlated with gender, self-esteem, and peer pressure. Intent to remain abstinent was correlated with gender, grade level, self-esteem, and peer pressure. Sexual activity was correlated with grade level, and peer pressure. The findings reflect the attitudes, behaviours and perceptions of a group of self-selected peer students (14-19 years). Females were influenced by more peers and male were influenced by more individual factors (self-esteem).

Concept of Sexual Abstinence

Sexual abstinence or sexual restraint is the practice of refraining from some or all aspects of sexual activity for medical, psychological, legal, social, financial, philosophical, moral or religious reasons. Sexual abstinence before marriage is required in some societies by social norms, or, in some countries, even by laws, and is considered part of chastity (Langer, 2011). It is a choice to not participate in any genital contact. The choice is usually made for a specific moral, religious, legal, or health reason. According to Langer, sexual abstinence may be voluntary (when an individual chooses not to engage in sexual activity due to moral, religious,

philosophical, etc. reasons), an involuntary result of social circumstances (when one cannot find any willing sexual partners), or legally mandated (e.g. in countries where sexual activity outside marriage is illegal, in prisons etc.)

Sexual abstinence is a choice to not participate in any genital contact. The choice is usually made for a specific moral, religious, legal, or health reason. It is the act of not having sex – the personal definition of which can range from no sexual contact to everything but intercourse. Sexual abstinence or sexual restraint is the practice of refraining from some or all aspects of sexual activity for medical, psychological, legal, social, financial, philosophical, moral or religious reasons. Asexuality is distinct from sexual abstinence; and celibacy is sexual abstinence generally motivated by factors such as an individual's personal or religious beliefs, Sexual abstinence before marriage is required in some societies by social norms, or, in some countries, even by laws, and is considered part of chastity. Some societies have or had a double standard in regard to chastity. Abstinence may be voluntary (when an individual chooses not to engage in sexual activity due to moral, religious, philosophical, etc. reasons), an involuntary result of social circumstances (when one cannot find any willing sexual partners), or legally mandated (e.g. in countries where sexual activity outside marriage is illegal, in prisons etc.).

Sex and Attitude towards Sexual Abstinence

Siyabonga, et al (2009) investigated gender factors associated with sexual abstinence of rural South African high school in KwaZulu-Natal, South Africa. The cross-sectional study investigated South African rural high school learners' choice of sexual abstinence in order to be able to develop tailored health education messages.

All Grade 9 learners from one class at each of 10 randomly selected rural high schools participated. The integrated model for motivational and behavioural change was used to elicit attitudes, social influences, self-efficacy and intentions towards sexual abstinence. In total, 454 learners, range 14–20 years, participated, of whom 246 were female. When comparing learners reporting abstinence with those who abstain, abstinent learners were significantly more of females. Abstaining girls believed that their friends and parents think that they should abstain from sex, that their friends abstained from sex and that abstinence helped them to mature emotionally while abstinent boys expressed intentions to abstain from sex until marriage. Kopaz, (2000) examined the impact of a catholic human development curriculum on sexual intentions of early adolescents. The study examined the impact of a catholic human development curriculum on intention towards sexual abstinence of female and male 8th grade students in eight catholic schools. Results of the study indicated that there was not a significant difference on sexual intention between students in the control and treatment groups. But there was a significant gender effect. Smith (2000) conducted a research to investigate American girl's attitude towards sexual behaviour and pregnancy. The study was aimed as a contribution to close the gap providing both quantitative and qualitative data on a sample of girls' sexual attitudes and perceptions as they relate to a variety of factors. Also, Murray et al (2000) carried out a study on the gender differences in factors influencing first intercourse among urban students in Chile. Their findings shows that 21% of the young women and 31% of the young men had ever had sex with the median age of first intercourse been 15 years for women and 14 years for men. However regardless of gender, students with more liberal attitude

towards sex, those who thought most of their peers were sexually experienced likely to have ever had sex. There were few differences by gender in the attitudinal, behavioural and social relations factors that were significantly related to sexual debut.

There is a strong empirical evidence which indicates differences in the conceptualization of the 'self' and attitude towards sexual abstinence among student according to gender and age. Ahmavaara and Houston (2010) conducted a study in which 856 English secondary school students/pupils in grades 7 and 10 were used. The study focused on the relationship between gender and attitude towards sexual abstinence. The researcher found that boys report higher levels of self-esteem than girls regardless of their school type- that is whether selective or non-selective or age

Ayodele (2011) in a study, examined higher student's gender and attitude towards sexual abstinence. He found that students sex moderately correlate with attitude towards sexual abstinence. The mean scores of male and female students were below average. Ayodele, (2011) reported that boys seems to have a more positive self-concept in a number of dimensions such as sexual abstinence and general esteem than do girls. Similarly, he reported differences in the strength of relationship between self-concept, gender and attitude towards sexual abstinence, which seem to be stronger for boy. Meanwhile, researchers working in the area of gender issues have not resolved the long-standing debate on gender differences in student's attitude towards sexual abstinence.

Age and Attitude towards Sexual Abstinence

Eleonora and Ana (2016) examined the Impact of Age on Safe-Sex knowledge, cognitive variables and safe sex practices in HIV at-Risk Portuguese Women. The

study examined both direct effects of age on cognitive variables and safe sex practices, as well as moderator effects of age in the relationship between cognitive predictors and behavioural variables in 177 young Portuguese women at risk for HIV, 16-26 years of age. Participants were administered several self-report questionnaires that assessed AIDS-related knowledge, AIDS risk perceptions, barriers against safe sex behaviours, self-efficacy condom negotiation, general perceived self-efficacy, and sexual behaviour. The study revealed that age was a significant predictor for condom use but not for safe sex preparatory practices. Odimegwu (2005) examined the role of age on adolescent sexual attitudes and behaviours in two Nigerian university communities. He found out that 50% of the respondents were between the ages of 17 - 19 and 34% of the respondents were between the ages 14 -16 years and had initiated sex. The findings indicated that those with the age brackets of 17- 19 years had more regular sexual partners than those within 14 -16years. Also, findings revealed that most of the students agreed that sexual intercourse should only take place in marriage. His findings also indicated that across the various age groups, sexual activity was higher in those in senior classes than those in junior/ lower classes and that there was clear cut differences in gender. Odimegwu (2005) reported the behavioural consequences of sexual attitudes of Nigerian students in secondary school their mean age of first intercourse was 17.0 years for males and 19.1 years for females. He found that older students were more likely to have had sex and to engage in unsafe sex. Furthermore, Idoko, et al (2015) investigated the influence of age, gender on sexual attitude and behaviour of university of Ibadan undergraduate students. A sample of 360 respondents 182 males and 178 females participated in the study. It was found

that age and gender jointly predicted, sexual abstinence, sexual preoccupation negatively,

Summary of Reviewed Literature

This study is hinged on the Social Cognitive Theory propounded by Albert Bandura. Social cognitive theory is a learning theory that is based on the idea that people learn, emulate and aspire for greater heights by watching what others do. Its main concept is that an individual's actions and reactions in almost every situation are influenced by the actions which the individual has observed in others. The observations are remembered by the individual and help shape social behaviour and cognitive processes. It is a fact that every learner's, internal thought processes and external behaviours/actions are influenced by human interactions; hence, Bandura believed that self-image and self-perceptions and association during the students learning are largely affected by individuals' self-beliefs. Hence, the social cognitive theory is relevant to this study in that all the variables in this study (self-esteem, self-efficacy and peer group) reflects the fact that a students' behaviour is not caused mainly by a response to an outside stimulus but instead, the behaviour is inspired by the person's self-opinion, his beliefs in his capabilities to organize and execute the courses of action required to manage prospective situations and the association he keeps at that particular time. The social cognitive theory thus becomes relevant to this study because it examines the importance of self-esteem (personal opinion) self-efficacy (personal beliefs to achieve a goal) and peer group (association) of students in relation to their attitude towards sexual abstinence.

In the review of related literature, three variables were reviewed in relation to sexual abstinence, they are: self-esteem, self-efficacy and peer pressure. In the study, self-esteem is an opinion of what value or worth a student places on his/her self. It indicates the extent to which the individual believes himself or herself to be capable, significant, successful, and worthy. Self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself or herself. Self-efficacy is what an individual (student) believes he or she can accomplish using his or her skills under certain circumstances while a peer group is a social group that consists of individuals of the same social status who share similar interests and are close in age.

From the several literatures reviewed, there seem to be agreement generally of a close relationship between these constructs (self-esteem, self-efficacy and peer group) and students' attitude towards sexual abstinence. Nevertheless, there has been a considerable disagreement as to the specific nature of the relationship and extent to which these constructs influence students' attitude towards sexual abstinence. On the other hand, most of the studies known to the researcher on the relationship between self-esteem, self-efficacy and peer group and student's attitude towards sexual abstinence that were reviewed were carried out either in Europe, Asia and the Middle East. Few studies on these variables have been reported in Nigeria and to the best of the researcher knowledge; none has been carried out in secondary schools in Delta State. This again is the gap which this study intends to fill by examining self-esteem, self-efficacy and peer group as predictors of secondary school students' attitude towards sexual abstinence in Delta State, Nigeria.

CHAPTER THREE

METHODOLOGY

In this chapter, the method and procedure used in conducting this study is presented. They will be addressed under these sub- headings:

- Design of the Study
- Population
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Administration of Instrument
- Method of Data Analysis

Design of the Study

The design of this study is the correlational survey design. Correlational survey research design is used when the focus of a study is to find out whether or not there is a relationship between two or more variables. In this study, the researcher is interested in finding out if there is a relationship between independent variables (self-esteem, self-efficacy and peer pressure) and dependent variable (attitude towards sexual abstinence) while the intervening variables are sex and age. Therefore, this design is considered appropriate because the data that will be collected will be used to describe the direction and the magnitude of the relationship between the variables of the study.

Population of the Study

The population of the study consists of six thousand, two hundred and sixty six (6,266) SSII students in all public secondary schools in Warri Metropolis. Warri Metropolis comprises four (4) Local Government Areas (Ughelli North, Udu, Uvwie

and Okpe Local Government *Areas*) In Ughelli North, there are 17 public Secondary Schools with two thousand and seven (2,007) SS II students. In Udu Local Government Area, there are 14 public secondary schools with one thousand eight hundred and thirty two (1832) SS II students. In Uvwie Local Government Area, there are 16 public secondary school with one thousand four hundred and forty-eight (1448) SSII students while in Okpe Local Government Area, there are 15 public secondary schools with nine hundred and seventy-nine (979) SS II students. (Post Primary Education Board, Asaba, Delta State 2021)

Sample and Sampling Technique

The sample for this study consist of two hundred (200) SSII students from the four Local Government Areas in Warri Metropolis. This simple random sampling technique without replacement was used to select one secondary school from each Local Government Area from Warri Metropolis of Delta State. Afterwards, stratification will be used to select fifty (50) SSII students from the four schools making a total of 200 respondents

Research Instrument

The research instruments for the study are adapted version of Rosenberg (1965) self-esteem scale, Schwerzer and Jerusalem (1995) self-efficacy scale and Brown and Clasen peer pressure inventory. They contain item eliciting response in the different areas. The original instrument of Rosenberg self-esteem scale had items and the modified version has 10 items also. The original Schwerzer and Jerusalem self-efficacy scale had 10 items while the modified version has six item and the original Brown and Clasen peer pressure inventory had 5subscales (peer conformity, family

involvement, peer involvement, school involvement and misconduct) with 53 items while the modified version has 10 items. The instruments were modified to fit into the nature of the present study.

Below is a brief description of the instruments adapted for the study.

Section B: Rosenberg Self-Esteem Scale

Rosenberg's (1965) self-esteem scale (RSE) was adapted for this study. The original scale had 10 items meant to elicit response on general self-esteem of individual. The modified version consist of 10 items structured to access respondent's self-esteem in relation to sexual disposition of abstinence.

Section C: General Self-Efficacy Scale

Schwarzer and Jerusalem (1995) General Self-Efficacy Scale was also adapted for this study. The original scale comprises 10 short statements meant to elicit response on general self-efficacy of an individual. The modified version also consist of 10 items structured to access respondent's self-efficacy in relation to sexual disposition of abstinence.

Section D: Peer Pressure Inventory

Peer pressure Inventory (PPI) developed by Brown and Raeclsen was also adapted for this study. The original version consisted of 53 items designed to ascertain the extent to which friends influence their peers to engage in act or compliance to such request. The modified version consist of 10 items structured to access respondent's peer influence in relation to sexual disposition of abstinence.

Validity of the Instrument

To ensure the content validity of the instrument, it was validated by the project supervisor and two other lecturers in the Department of Educational Evaluation and Counselling Psychology, Faculty of Education, University of Benin. Their observations, suggestions and corrections were incorporated in the final copy of the instrument.

Reliability of the Instrument

The instruments were subjected to reliability test using Cronbach alpha statistics. The researcher administered the instrument to 30 SSII students who were not part of the sample of the study. The data were analyzed using Cronbach alpha statistics to determine the reliability of the instrument. The coefficient value of 0.84 was obtained for self-esteem, 0.825 was obtained for self-efficacy and 0.855 was obtained for peer pressure inventory respectively. This shows that the instrument is reliable for the study

Administration of Instrument

The researcher sought the permission of the selected school principal in order to administer the questionnaires personally to the students. The instrument will be distributed to the selected SSII students in the schools selected. The completed questionnaires were collected from the respondents immediately after they have been responded to.

Method of Data Analysis

All hypotheses formulated were tested using Pearson Product Moment Correlation Statistics and simple regression. All hypotheses were tested at a .05 alpha level of significance.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

In this chapter, the analyzed data is presented in tabular form and discussed, the analysis and discussion is presented in the order of the research questions and hypotheses in chapter one. All research questions were hypothesized.

Presentation of Results:

Research questions one, two and three were answered first before the presentation of the hypotheses.

Hypotheses Testing

1. **Students' self-esteem will not significantly influence their attitude towards sexual abstinence**

Table 1: One sample t-test of Self-Esteem Influence on Attitude towards Sexual Abstinence

Variables	N	Calculated Mean	Scale Mean	Std. Dev.	t-value	df	p-value	Remarks
Self-Esteem								
and Sexual Abstinence	167	25.97	25.00	5.56	2.25	166	.026	Significant

Mean difference = .97

Table 1 shows the result of self-esteem influence on students' attitude towards sexual abstinence. From the table total respondents (N) =167, the respondents Mean response and standard deviation scores are 25.97 and 5.56 respectively, while the Scale Mean = 25.00. The *t-value* = 2.25 while the *p-value* is .026. Comparing the *p-value* with alpha the *p-value* is less, therefore the null hypothesis is rejected. This implies that students' self-esteem influence their attitude towards sexual abstinence.

2. Students' self-efficacy will not significantly influence their attitude towards sexual abstinence

Table 2: One sample t-test of Self-Efficacy Influence on Attitude towards Sexual Abstinence

Variables	N	Calculated Mean	Scale Mean	Std. Dev.	t-value	df	p-value	Remarks
Self-Efficacy and Sexual Abstinence	167	30.44	25.00	6.00	11.72	166	.001	Significant

Mean difference = 5.44

Table 2 shows the result of self-efficacy influence on students' attitude towards sexual abstinence. From the table total respondents (N) =167, the respondents Mean response and standard deviation scores are 30.44 and 6.00 respectively, while the Scale Mean = 25.00. The *t-value* = 11.72 while the *p-value* is .001. Comparing the *p-value* with alpha the *p-value* is less, therefore the null hypothesis is rejected. This implies that students' self-efficacy influence their attitude towards sexual abstinence.

3. Peer pressure will not significantly influence students attitude towards sexual abstinence

Table 3: One sample t-test of Peer Pressure Influence on Attitude towards Sexual Abstinence

Variables	N	Calculated Mean	Scale Mean	Std. Dev.	t-value	df	p-value	Remarks
Peer pressure and Sexual Abstinence	167	29.28	25.00	7.52	7.35	166	.005	Significant

Mean difference = 4.28

Table 3 shows the result of students peer pressure influence on their attitude towards sexual abstinence. From the table total respondents (N) =167, the respondents Mean response and standard deviation scores are 29.28 and 7.52 respectively, while the Scale Mean = 25.00. The *t-value* = 7.35 while the *p-value* is .005. Comparing the *p-value* with alpha the *p-value* is less, therefore the null hypothesis is rejected. This implies that students' peer pressure influence their attitude towards sexual abstinence.

4. Students will not significantly differ in mean response by sex of self-esteem influence on attitude towards sexual abstinence

Table 4: Independent Sample t-test of Difference in Mean Response to Self-Esteem Influence on Attitude towards Sexual Abstinence by Sex

Sex	N	Mean	Std. Dev.	df	t-value	p-value (Sig. 2-tailed)
Male	82	26.24	6.04	165	.624	.534
Female	85	25.71	5.08			

$\alpha = .05, \quad p > .05$ Not Significant

Table 4 shows difference in mean response to self-esteem influence on attitude towards sexual abstinence by Sex. From the table, the number of male respondents N=82 while female N=85. Their Mean values are 26.24 and 25.71 while standard deviations are 6.04 and 5.08 respectively. The t-value of .624 is not significant, because, the *p-value* (.534) is greater than *alpha level*. Therefore, the null hypothesis is accepted. This implies that male and female respondents do not significantly differ in their mean response to self-esteem influence on attitude towards sexual abstinence.

5. Students will not significantly differ in mean response by sex to self-efficacy influence on attitude towards sexual abstinence

Table 5: Independent Sample t-test of Difference in Mean Response to Self-Efficacy Influence on Attitude towards Sexual Abstinence by Sex

Sex	N	Mean	Std. Dev.	df	t-value	p-value (Sig. 2-tailed)
Male	82	28.78	6.36	208	3.598	.001
Female	85	32.04	5.17			

$\alpha = .05,$ $p < .05$ Significant

Table 5 shows difference in mean response to self-efficacy influence on attitude towards sexual abstinence by Sex. From the table, the number of Male Respondents N=82 while Female N=85. Their Mean values are 28.78 and 32.04 while standard deviations are 6.36 and 5.17 respectively. The t-value of 3.598 is significant, because, the *p-value* (.001) is less than *alpha level*. Therefore, the null hypothesis is rejected. This implies that male and female respondents significantly differ in their mean response to self-efficacy influence on attitude towards sexual abstinence in favour of female respondents. This is because female respondents have a higher mean score than male respondents.

6. Students will not significantly differ in mean response by sex to peer pressure influence on attitude towards sexual abstinence

Table 6: Independent Sample t-test of Difference in mean response to Peer Pressure influence on attitude towards sexual abstinence by Sex

Sex	N	Mean	Std. Dev.	df	t-value	p-value (Sig. 2-tailed)
Male	82	26.99	7.26	165	4.036	.005
Female	85	31.48	7.13			

$\alpha = .05,$ $p < .05$ Significant

Table 6 shows difference in mean response to peer pressure influence on attitude towards sexual abstinence by Sex. From the table, the number of Male Respondents N=82 while Female N=85. Their Mean values are 26.99 and 31.48 while standard deviations are 7.26 and 7.13 respectively. The t-value of 4.036 is significant, because, the *p-value* (.005) is less than *alpha level*. Therefore, the null hypothesis is rejected. This implies that male and female respondents significantly differ in their mean response to peer pressure influence on attitude towards sexual abstinence in favour of female respondents. This is because female respondents have a higher mean score than male respondents.

7. tudents will not significantly differ in mean response by age to self-esteem influence on attitude towards sexual abstinence

Table 7: Descriptive in Mean and Standard Deviation of response by Age to Self-Esteem Influence on Attitude towards Sexual Abstinence

Age Category	N	Mean	Std. Deviation
12-15 Years	27	27.85	6.09
16-20 Years	81	25.25	5.74
21YRS and Above	59	26.10	4.91
Total	167	25.97	5.56

Table 7 contains the Descriptive Statistics in Mean and Standard Deviation of responses to Self-Esteem Influence on Attitude towards Sexual Abstinence by age brackets. 12-15 years (N=27, mean = 27.85 and Standard Deviation = 6.09). 16-20 years (N=81, mean = 25.25 and Standard Deviation = 5.74) while 21 years and above (N=59, mean = 26.10 and Standard Deviation = 4.91). is there a significant difference in these mean values, the question is being answered using ANOVA statistics.

Table 8: ANOVA Result of Difference by Age to Self-Esteem Influence on Attitude towards Sexual Abstinence

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	138.991	2	69.496	2.281	.105
Within Groups	4995.859	164	30.463		
Total	5134.850	166			

$\alpha = .05$, $p > .05$ Not Significant

Table 8 contains the ANOVA Result of difference by Age to Self-Esteem Influence on Attitude towards Sexual Abstinence. The result shows that there is no significant difference $F=2.281$, the P-value (.105) is greater than $\alpha (.05)$, therefore, the null hypothesis is retained. This implies that irrespective of their Age brackets, the respondents are the same in mean responses to Self-Esteem Influence on Attitude towards Sexual Abstinence .

8. Students will not significantly differ in mean response by age to self-efficacy influence on attitude towards sexual abstinence

Table 9: Descriptive in Mean and Standard Deviation of response by age to Self-Efficacy Influence on Attitude towards Sexual Abstinence

Age Category	N	Mean	Std. Deviation
12-15 Years	27	30.00	7.37
16-20 Years	81	30.19	5.86
21YRS and Above	59	30.98	5.54
Total	167	30.44	6.00

Table 9 contains the descriptive statistics in mean and standard deviation of responses to self-efficacy influence on attitude towards sexual abstinence by age brackets. 12-15 years (N=27, mean = 30.00 and Standard Deviation = 7.37). 16-20 years (N=81, mean = 30.19 and Standard Deviation = 5.86) while 21 years and above (N=59, mean = 30.98 and Standard Deviation = 5.54). Is there a significant difference in these mean values, the question is being answered using ANOVA statistics.

Table 10: ANOVA Result of Difference by Age to Self-Efficacy Influence on Attitude towards Sexual Abstinence

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	27.885	2	13.942	.385	.681
Within Groups	5939.205	164	36.215		
Total	5967.090	166			

$\alpha = .05$, $p > .05$ Not Significant

Table 10 contains the ANOVA Result of difference by Age to self-efficacy influence on attitude towards sexual abstinence. The result shows that there is no significant difference $F=.385$, the P-value (.681) is greater than $\alpha (.05)$, therefore, the null hypothesis is retained. This implies that irrespective of their Age brackets, the respondents are the same in mean responses to Self-Efficacy Influence on Attitude towards Sexual Abstinence.

9. Students will not significantly differ in mean response by age to peer pressure influence on attitude towards sexual abstinence

Table 11: Descriptive in Mean and Standard Deviation of response by Age to Peer Pressure Influence on Attitude towards Sexual Abstinence

Age Category	N	Mean	Std. Deviation
12-15 Years	27	24.41	8.45
16-20 Years	81	29.72	6.96
21YRS and Above	59	30.90	6.99
Total	167	29.28	7.52

Table 11 contains the Descriptive Statistics in Mean and Standard Deviation of responses to peer pressure influence on attitude towards sexual abstinence by age brackets. 12-15 years (N=27, mean = 24.41 and Standard Deviation = 8.45). 16-20 years (N=81, mean = 29.72 and Standard Deviation = 6.96) while 21 years and above (N=59, mean = 30.90 and Standard Deviation = 6.99). Is there a significant difference in these mean values, the question is being answered using ANOVA statistics.

Table 12: ANOVA Result of Difference in Mean Responses by Age to Self-Efficacy Influence on Attitude towards Sexual Abstinence

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	810.952	2	405.476	7.757	.001
Within Groups	8572.377	164	52.271		
Total	9383.329	166			

$\alpha = .05$, $p < .05$ Significant

Table 12 contains the ANOVA Result of difference in mean responses by Age to peer pressure influence on attitude towards sexual abstinence. The result shows that there is a significant difference $F= 7.757$, the P-value (.001) is less than α (.05), therefore, the null hypothesis is rejected. Since there is a significant difference a Post-Hoc analysis of multiple comparison will show where the difference lies.

Table 13: Post-Hoc Multiple Comparison of Difference in Mean Responses to Peer Pressure Influence on Attitude towards Sexual Abstinence

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.
12-15 yrs.	16-20 yrs.	-5.30864*	1.60663	.001
	21 yrs. Above	-6.49090*	1.67985	.000
16-20 yrs.	21 yrs. Above	-1.18226	1.23744	.341

From the Post-Hoc table, respondents from the age bracket 12-15 years is statistically different in mean response from age brackets 16-20 years and 21 years and above while 16-20 years is not different from that of 21 years and above. From their mean responses, the two higher age

brackets respondents are more of the view than age bracket 12-15 years respondents, that peer pressure influence attitude towards sexual abstinence.

Discussion of Findings

The result from research question one showed that students' self-esteem influences their attitude towards sexual abstinence. Although, findings have varied regarding the connection between self-esteem and attitude towards sexual abstinence, Geçkil and Dündar (2011) noted an important relationship between self-esteem and attitude towards sexual behaviours. Geçkil and Dündar found that adolescents who scored low on self-esteem had higher levels of negative attitude towards sexual abstinence. A key argument has been that low self-esteem places the individual at a high risk for taking part in risky sexual behaviours such as risky sexual activities, including having unprotected sex and not limiting sexual partners. This finding agrees with Lejuez (2004) noted that low self-esteem was linked to unsafe sexual behaviour. However, this finding is at variance with Rehbein-Narvaez (2008) who reported that students who had more sexual partners had high self-esteem than those with fewer sexual partners.

Self-efficacy has been highlighted as a key factor in influencing health-promoting behaviours findings from this study revealed from the study that students' self-efficacy influences their attitude towards sexual abstinence. This finding is in alignment with the finding of Rapelang (2015) who reported that attitude to abstain from sex among adolescents positively correlated with high self-efficacy. Rapelang identified self-efficacy as an important predictor of both sexual abstinence and attitude towards sexual abstinence Corroborating this finding, Dilorio, (2000); Meekers &

Klein, (2002); Taffa, 2002) in a similar study among other population found that there is a relationship between self-efficacy and to abstinence intention. This suggests that there was significant relationship self-efficacy based attitude towards sexual abstinence. Similarly, in a sample of students Kasen, Vaughan, & Walter (1992) explain that student who believed they could abstain from sex effectively were more likely to report consistent abstinence in comparison to their less confident counterparts, i.e. once they have high self-efficacy they can determine the level at which they abstain.

The peer group is a socializing agency which consists of children of similar age. Woodfied (2016) maintained that major part of a students' schooling takes place within the context of peer groups in which they learn from each other. In the search for self-worth, self-esteem and identity, the learner finds acceptance within a specific peer group. Inevitably, the learner ultimately identifies with the group's norms and values and the group's activities and rules become his or her frame of reference. Findings from this study revealed that students' peer pressure influence their attitude towards sexual abstinence. This was affirmed by Engle and Jackson (2008) who stated that adolescents' sexual activity is influenced by perceived peer attitudes and behaviours. Perceived norms can influence timing of adolescents' first sexual encounter. Similarly, this finding aligns with Steinberg and Monshais (2007) who affirmed that peer influence was a primary contextual factor contributing to adolescent's tendency to make risky decisions. Steinberg and Monshais asserted that since students in secondary schools are always in close physical proximity to one another, it encourages interaction and, in turn, the latter permits recognition of

similarity in attitudes and behaviour. Also, Babalola (2004) maintained that not only is the peer group a primary source of information about sex, it also creates an environment in which peer pressure is exerted on the individual to indulge in sex because “everyone does it” or because they do not want to “feel out of the group”. Cochran and Beeghley (1991) have stated that people’s behaviors and attitudes are decisively shaped by the groups in which they participate. Individuals refer to such groups both for an evaluation of their past behavior and for directives to current or future behavior, they show Peer influence to have a significant relationship in the area of premarital sex and sexual abstinence. Furthermore, Babalola (2004) prediction was in support of the finding that not only is the peer group a primary source of information about sex, it may also create an environment in which peer pressure is exerted on the teenager to indulge in sex because “everyone does it” or because they do not want to “feel out of the group”. Peer advice regarding appropriate sexual behaviour is presumably an outcome of their own sexual experience or lack of such experiences

It was also revealed from this study that male and female respondents do not significantly differ in their mean response to self-esteem influence on attitude towards sexual abstinence. This finding does not align with the findings of Ahmavaara and Houston (2010) who conducted a study on the relationship between gender and attitude towards sexual abstinence. The researcher found that boys report higher levels of self-esteem than girls regardless of their school type- that is whether selective or non-selective or age. Analysis of responses from this study showed that male and female respondents significantly differ in their mean response to self-efficacy

influence on attitude towards sexual abstinence. Although, researchers working in the area of gender issues have not resolved the long-standing debate on gender differences in student's attitude towards sexual abstinence. However, this is in line with Ayodele, (2011) reported that boys seem to have a more positive self-concept in a number of dimensions such as sexual abstinence and general esteem than do girls. Similarly, he reported differences in the strength of relationship between self-concept, gender and attitude towards sexual abstinence, which seem to be stronger for boy. Analysis of data from responses gathered in this study also showed that male and female respondents significantly differ in their mean response to peer pressure influence on attitude towards sexual abstinence

Irrespective of their Age brackets, the respondents are the same (no difference) in mean responses to Self-Esteem Influence on Attitude towards Sexual Abstinence. 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. Also, considerable decline in the age at which adolescents initiate sexual intercourse is a recurring public health concern. This finding is at variance with Odimegwu (2005) who found that older students were more likely to have had sex and to engage in unsafe sex. Odimegwu indicated that those with the age brackets of 17- 19 years had more regular sexual partners than those within 14 - 16years. Odimegwu noted that the mean age of first intercourse was 17.0 years for males and 19.1 years for females. Male students were more likely to have had sex and to engage in unsafe sex: There were no obvious differences between the genders in the numbers of same-sex partners. Levels of sexual activity were high. For example,

53.8% had experienced intercourse, and 24.4% reported more than one regular sex partner. Male students displayed more permissive attitudes than female students irrespective of self-esteem and self-efficacy.

It was also discovered that there is a significant difference in mean response by age to peer pressure influence on attitude towards sexual abstinence. Though students are more likely to have sex if their best friends and peers are older, use alcohol or drugs, or engage in other negative behavior. Similarly, they are more likely to have sex if they believe their friends have more positive attitudes toward childbearing, have permissive values about sex, or are actually having sex. Adegboyega, Ayoola, & Muhammed (2019) noted that there were no significant differences in the influence of peer pressure on sexual behavior of undergraduates in Kwara State based on gender and age while there was a significant difference in the influence of peer pressure on sexual behavior of undergraduates in Kwara State based on university attended. They affirmed that peer influences are central in adolescents' development of health-related behaviors. The finding of this study is similar with Werner Wilson (2007) who noted that generally, adolescent males and females reported similar perceptions of peer pressure, but males were more likely to submit to peer influence. The result of this study may be due to the fact that students spend most of their time with their friends who are possibly of the same sex and sees their peers as their role model and imitate them especially when they do not see anything bad in the act. The result of this study is in line with the study conducted by Nwoke, Okafo and Nwankwo (2012) who carried out a study on socio-demographic correlates of sexual behaviors and have peer pressure significantly influenced the sexual behaviors of the adolescents. Various ages

at first sexual intercourse significantly influenced their sexual behaviors and various age groups of the adolescents influenced the adolescents' sexual behaviors significantly.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

In this chapter, the researcher summarized, drew conclusion, made recommendations based on the findings and suggested areas of further studies.

Summary

The study examined examine the influence of self-esteem, self-efficacy and peer pressure on secondary school students' attitude towards sexual abstinence in Delta State. The study investigated whether students' self-esteem influence their attitude towards sexual abstinence, whether students' self-efficacy influence their attitude towards sexual abstinence, if peer pressure influence their attitude towards sexual abstinence, whether the students differ in mean response by sex to self-esteem influence on attitude towards sexual abstinence, if the students will differ in mean response by sex to self-efficacy influence on attitude towards sexual abstinence, if the students will differ in mean response by sex to peer pressure influence on attitude towards sexual abstinence, whether the students will differ in mean response by age to self-esteem influence on attitude towards sexual abstinence, whether the students will differ in mean response by age to self-efficacy influence on attitude towards sexual abstinence and whether students will differ in mean response by age to peer pressure influence on attitude towards sexual abstinence.

The population of the study consists of six thousand, two hundred and sixty six (6,266) SSII students in all public secondary schools in Warri Metropolis. Warri Metropolis comprises four (4) Local Government Areas (Ughelli North, Udu, Uvwie and Okpe *Local Government* Areas). The research instruments for the study are adapted version of Rosenberg (1965) self-esteem scale, Schwerzer and Jerusalem (1995) self-efficacy scale and Brown and Clasen peer pressure inventory. The

instruments were subjected to reliability test using Cronbach alpha statistics. The researcher administered the instrument to 30 SSII students who were not part of the sample of the study. The data were analyzed using Cronbach alpha statistics to determine the reliability of the instrument.

Based on the researcher questions and hypotheses tested, the following were the findings of this study:

1. Students' self-esteem influences their attitude towards sexual abstinence.
2. Students' self-efficacy influences their attitude towards sexual abstinence.
3. Students' peer pressure influence their attitude towards sexual abstinence.
4. Male and female respondents do not significantly differ in their mean response to self-esteem influence on attitude towards sexual abstinence.
5. Male and female respondents significantly differ in their mean response to self-efficacy influence on attitude towards sexual abstinence
6. Male and female respondents significantly differ in their mean response to peer pressure influence on attitude towards sexual abstinence
7. irrespective of their Age brackets, the respondents are the same (no difference) in mean responses to Self-Esteem Influence on Attitude towards Sexual Abstinence
8. irrespective of their Age brackets, the respondents are the same (no difference) in mean responses to Self-Efficacy Influence on Attitude towards Sexual Abstinence
9. there is a significant difference in mean response by age to peer pressure influence on attitude towards sexual abstinence

Conclusion

This study has established that self-esteem, self-efficacy and peer pressure has influence on students' attitude towards sexual abstinence. It has also showed that male and female respondents do not significantly differ in their mean response to self-esteem influence on attitude towards sexual

abstinence. male and female students significantly differ in their mean response to self-efficacy influence on attitude towards sexual abstinence, male and female respondents significantly differ in their mean response to peer pressure influence on attitude towards sexual abstinence, irrespective of their age brackets, students are the same (no difference) in mean responses to Self-Esteem Influence on attitude towards sexual abstinence, irrespective of students age brackets, students are the same (no difference) in mean responses to self-efficacy influence on Attitude towards sexual abstinence and that there is a significant difference in mean response by age to peer pressure influence on attitude towards sexual abstinence

Suggestions for Further Study

Based on the conclusion and recommendations of this study, the following suggestions are hereby made by the researcher:

1. This study could be carried out in private secondary school with age and academic level as intervening variables.
2. This study could be carried out to examine its influence on students' academic performance
3. This study could also be replicated in private and state owned universities in Nigeria.
4. This study could be carried out with the aim of comparing private and public secondary schools.

Recommendations

Based on the findings from the study, the following recommendations were made by the researcher:

- School administrators in conjunction with school counsellors should organize programs that promote sexual abstinence in and out of school be given highest priority.
- It is recommended that sexual abstinence be promoted as one of the viable options to prevent STIs and teenage pregnancies in this community. This can be achieved by developing and implementing abstinence-promoting programs at various level of education
- Counsellors could inform the students about the positive and negative influence of peer pressure to enhance self-esteem
- School administrators should create awareness programmes by incorporating and implementing sex education into the school curriculum.
- Government should implementation a well-planned sexual and reproductive health education at the various levels especially for secondary school students who are majorly at their adolescents age.
- Enhancing good parent-child communication among adolescent students and their parents is recommended because poor parent-child relationships are likely to enhance susceptibility to peer influences and increase the propensity to associate with deviant friends. If adolescent students feel parental support, they are less likely to have low self-esteem and efficacy as well as early sexual exposure.
- Parents should be closer to their wards, so that secondary school students feel free to discuss with them,
- also, parents must have a sound knowledge of sexual education so that they can serve as effective teachers to the children. This is the reason it is very good also to empower today's adolescents with the knowledge of sexual education and the benefits as future parents.
- Religious organizations should never relent in teaching the morals and values of abstinence-only sexual education to the youngest group of adolescents with the likelihood to accept. This

should be commenced early enough right from their Sunday school classes with negative beliefs and design some remedial programmes for them to reduce the negative influence on other adolescents through the process of socialization.

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APPENDIX

**DEPARTMENT OF EDUCATIONAL EVALUATION AND COUNSELLING
PSYCHOLOGY**

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

**SEXUAL ABSTINENCE, SELF ESTEEM AND SELF-EFFICACY
QUESTIONNAIRE**

Dear Respondents,

This questionnaire is designed for the purpose of research. Kindly supply the required information and sincerely tick (✓) the responses which apply to you. Your responses will be treated with utmost confidentiality

SECTION A: DEMOGRAPHIC DATA

SEX: MALE () FEMALE ()

CLASS: SS1 () SS2 () SS3 ()

AGE: 12 – 15 () 16- 20 () 21 and above ()

SECTION B

STUDENTS'

INSTRUCTION: Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement Answer each item carefully by ticking (✓) in the options that best describes your feelings

Self- Esteem Scale

S/N	ITEMS	Strongly Agree	Agree	Strongly Disagree	Disagree
1	I am not easily moved to give in to				

	sexual activities				
2	I feel that I can make decision about involvement in sexual activities				
3	I feel too young to engage in sexual activities				
4	I don't see myself as attractive to opposite sex				
5	I am confident of my ability to abstain from sexual activities				
6	I think students involved in sexual activities will drop out of school				
7	I feel nobody will request for sex from me because I am not friendly				
8	At times, I think I am not in control of my emotions				
9	I feel my sexual urge is uncontrollable				
10	I feel less important to engage in sexual discussions				
	Self-Efficacy scale				
11	I can always manage to withstand sexual demands				
12	I can stand my ground when teased by an opposite sex				
13	Nobody can lure me into having sex with him or her				
14	I am confident I can withstand sexual request				
15	I know how to handle unforeseen sexual demands				
16	I can remain firm when undergoing sexual disturbance				
17	I can handle sexual advances from opposite sex				
18	I set boundaries with friends of opposite sex				
19	I stop associating myself with anyone asking for sex				
20	I don't tolerate sexual advances				
	Peer Pressure Scale				
21	I can always manage to withstand sexual demands				
22	I can stand my ground when teased by an opposite sex				
23	Nobody can lure me into having sex with him or her				

24	I am confident I can withstand sexual request				
25	I know how to handle unforeseen sexual demands				
26	I can remain firm when undergoing sexual disturbance				
27	I can handle sexual advances from opposite sex				
28	I set boundaries with friends of opposite sex				
29	I stop associating myself with anyone asking for sex				
30	I don't tolerate sexual advances				