The Moderating Role of Experiential Avoidance on the Relationship of Determinants of Risky Sexual Behaviour and Attitude Among Nigerian Adolescents

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Abstract

Purpose: This study examined the moderating role of experiential avoidance on the relationship of determinants of risky sexual behaviour and sexual attitude among Nigerian adolescents. Methods: The study employed descriptive survey research design of an expost-facto type. A sample of 1200 senior secondary school 3 students (SS3) selected through the use of stratified and simple random sampling techniques from forty (40) secondary schools in the four educational zones (RIYE) in Ogun State, Nigeria. The mean age of the sample was 16.4 years with a standard deviation of 5.8. Their ages ranged between 14 and 19 years. Three standardized instruments were used to collect data for the study. Pearson Product Moment Coefficient and multiple regression statistical analyses were used to analysed the data collected. Results: The results showed further that all the four predictor variables (unprotected sex, multiple sexual partner, inconsistence use of condom/contraceptives, and drug use) significantly predicted the criterion variable (sexual attitude of Nigerian adolescents). The influence of independent variables (IVs) on the dependent (DV) is 34.1%. It means that all the four IVs combined (UPS, MP, IUCC, and DUA) have 34.1% effect on the DV (SA). Conclusions: The findings underscore the need for every stakeholders – parents, teachers, guidance counsellors, psychologists, and policy makers to focus attention on the global sexual health status of an individual, which is as a result of the interactions between biological, social, psychological, and behavioural, as well as spiritual domains. This in turn will lead to adequate health promotion that is an important determining individual health status which held the individual responsible for his own health.

Keywords

Adolescents, Sexual Behavior, Sexual Attitude, Experiential Avoidance

1. Introduction

It is a known fact today that early sex has implications for one's self-perception, social status and future health behaviour. Just like the western world, Nigerian youths are becoming predominantly pre-marital in their sexual activities (Akindele-oscar & Ayodele, 2004; Ogunsanya, 2007), which has made a high proportion of adolescents irrespective of their educational level as college students or not, living in urban or rural area are believed to be sexually active, and many engage in unprotected sex (Olusakin, 2007; Ayodele & Akindele-oscar, 2014). It has been observed also that premarital activities of today’s youth that give liberty to close
intimacy of reckless romantic explorations during dating (Iyang, 2007; Akinawo & Owonikin, 2007).

Studies in Nigeria have shown that sexual activities have taken a high dimension among unmarried youths with higher incidences being recorded among urban girls and boys (Akindele-Oscar & Ayodele, 2004; Makinde, 2004; Ogunsanya, 2007). It is so glaring, therefore, that Nigerian youths are becoming predominantly pre-marital in their sexual activities. Despite religious, cultural and legal sanctions against premarital sex in many parts of the world, dramatic change in sexual attitudes and interactions have become a common and widely accepted part of romantic relationships (Baron & Bryne, 1997 in Akindele-Oscar & Ayodele, 2004).

A number of studies conducted on adolescents sexual behaviour has shown that a high proportion of adolescents today are currently sexually active (McDowell, 2002; Akindele-oscar & Ayodele, 2004; Ogunsanya, 2007). Also, the emergence of early sexual debut due to premarital sex cannot be quantified any longer. According to the review of McDowell (2002), 91 percent of all girls who started dating at age twelve have had sex before graduation from school. 56 percent of those who started at fifteen and 20percent of those who began dating at age sixteen have had sex also before graduation from school. Also in his study, three quarters of the teens surveyed (77%) had an “intimate encounter” (sex) with someone of the opposite (sex) and that the possibility of kissing or other intimate physical activity had been present.

The Centers for Disease Control and Prevention (CDC, 2012) affirm that many young people today engage in sexual risk behaviours that can result in unintended health outcomes. These behaviours have placed the adolescents at risk for HIV infection and other sexually transmitted diseases, as well as unintended pregnancies and other problems resulting from sexual activity. Also, Gabhainn et al., (2009) reported that the potential risks associated with sexual behaviour among 15 year olds are mainly linked to the emotional and behavioural characteristics of this developmental period (adolescence). Unprotected or poorly protected sexual intercourse as noted by Ellison (2003) can increase the risk of unintended pregnancy with its myriad of possible unfavourable outcomes for this age group, including abortion, early motherhood and adoption – each of which presents educational, economic, social and health challenges.

The focus of this study is placed on adolescents’ sexual behaviour and attitude with particular response to those ill experiences they have received in the course of their exploration and experimentation. Research has proved that sexual initiation and experimentation among adolescents have brought about a different profile of risk and vulnerability than adults (Millstein & Halpern-Felsher, 2002; Ayodele & Akindele-Oscar, 2014). Thus, there is need to find out the moderating role of experiential avoidance on the relationship of determinants of risky sexual behaviour and sexual attitude among Nigerian adolescents.

1.1. Experiential Avoidance (EA)

Experiential avoidance (EA) refers to efforts to control or avoid unpleasant internal events, such as distressing emotions, negative thoughts, and unwanted physical sensations (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Avoiding unpleasant mental content often provides temporary relief from distress. Unfortunately, rigid use of this regulatory strategy over time has been shown to increase the exact distress one is trying to avoid (Farach, Mennin, Smith & Mandelbaum, 2008; Marx & Sloan, 2005). Therefore, EA is a behavior that is strategically employed to control emotions, and the focus can be directed toward the subjective experience, physiological arousal, or behavioral expression of emotion.

Chambers, Gullone, and Allen (2009) state that experiential avoidance occurs “when one is unwilling to remain in contact with elements of one’s experience, and therefore acts to alter the form and frequency of related events, through avoidance strategies such as distraction, rumination, suppression or reappraisal” (p. 562).

1.2. EA as Mediator

Ashley (2009) reported the findings of Gratz, Bornova, Delany-Brumsey, Nick, Lejuez, and (2007) that among inner city substance abusers, persons who reported any type of childhood abuse (sexual, physical, and emotional) had higher levels of experiential avoidance than persons who reported no history of childhood abuse. EA clearly plays an important role in trauma and PTSD, and this makes EA an important phenomenon to study given the prevalence of traumatic experiences.

EA mediates the relationship between more loosely associated and yet correlated variables (Ashley, 2009); perfectionism and worry (Santanello & Gardner, 2007), life hassles and delusional symptoms (Goldstone, Farhall & Ong, 2011), and coping and psychopathology in chronic pain patients (Costa & Pinto-Gouveia, 2011). Clearly, EA plays an important role and may explain a significant amount of maladaptive behavior. Given these findings, it was proposed that EA would act as a mediator of the relationship between trauma and PTSD symptoms in this study.

Women who used EA as a coping technique were not integrating life trauma experience as part of their lives. These findings were replicated in samples involving lesbian
and gay participants who were victims of sexual assault and EA mediated the relationship between internalized homophobia and psychological distress, i.e., depression and PTSD (Gold, Dickstein, Marx, & Lexington, 2009; Gold, Marx, & Lexington, 2007).

Andrew and Dulin (2007) found that EA can significantly moderate the relationship between physical health symptoms and depression/anxiety symptoms, in such a way that higher EA strengthens the relationship of physical health concerns with depression and anxiety. Robertson and Hopko (2009) on the other hand found that college students who were low in EA used more positive emotion words than senior citizens when describing themselves. This was not the case for college students at other levels of EA. Additionally, Leonard, Iverson, and Follette (2008) found higher levels of EA were related to lower levels of sexual satisfaction in women who had histories of childhood sexual abuse.

Similarly, another study in the college population found EA mediated the relationship between childhood emotional abuse and current psychological health (Reddy et al., 2006). Researchers speculate it is not only the childhood abuse experiences that lead to psychological distress, but the attempt to avoid thinking about the experiences later. A survey of college females found EA mediated the relationship between childhood sexual abuse and current psychological distress (Marx & Sloan, 2002).

1.3. Hypotheses for the Study

The following hypotheses were generated from the literature and tested for the purpose of the study:

1. Unprotected sex (UPS) has positive relationship with adolescents’ sexual attitude.
2. Multiple sexual partners (MSP) has positive relationship with adolescents’ sexual attitude.
3. Inconsistence use of condom/contraceptive (IUCC) has positive relationship with adolescents’ sexual attitude.

![Figure 1. Conceptual Framework](image-url)
4. Use of drug (UD) has positive relationship with adolescents’ sexual attitude.
5. Positive relationship of UPS on sexual attitude is strengthened by the moderation of experiential avoidance.
6. Positive relationship of MPS and sexual attitude is strengthened by the moderation of experiential avoidance.
7. Positive relationship of IUCC and sexual attitude is strengthened by the moderation of experiential avoidance.
8. Positive relationship of UD and sexual attitude is strengthened by the moderation of experiential avoidance.

2. Method

2.1. Design and Participants

The study employed the use of descriptive survey research design of an ex post facto type. This is because the independent variables being investigated have already occurred and the researchers are only interested in knowing the influence of the independent variables (sexual behavior problems) on the criterion variable (sexual behavior) without necessarily manipulating the independent variables. And see if the moderating variable (experiential avoidance) has the characteristic of changing the relationship of independent variable and dependent variable.

Participants of this study were one thousand and two hundred (1200) senior secondary school 3 students (SS3) selected through the use of stratified and simple random sampling techniques from forty (40) secondary schools in the four educational zones (RIYE) in Ogun State, Nigeria. The first stage of stratification was represented by the four (4) educational zones in the state (i.e. Remo, Ijebu, Yewa, and Egba). Ten schools were randomly selected from each zone while thirty (30) students were randomly selected from each school, making a total of three hundred (300) in each of the zone, and 1200 in all. The mean age of the sample was 16.4 years with a standard deviation of 5.8. Their ages ranged between 14 and 19 years.

2.2. Instruments

Three instruments were used to collect data for the study. The instruments are described below:

Multidimensional Experiential Avoidance Questionnaire: The Multidimensional Experiential Avoidance Questionnaire (MEAQ; Gamez et al., 2011) was a 62 item questionnaire, which are answered on a Likert-like scale of 1-6. Total scores range from 62 to 317. Higher scores indicate greater levels of EA. The MEAQ is composed of six subscales (Distress Aversion, Behavioral Avoidance, Distraction/Suppression, Repression/Denial, Procrastination, and Distress Endurance). The measure has demonstrated adequate internal consistency in its subscales with alphas averaging .85 and inter-item correlations ranging from .26 to .51. Similarly the MEAQ total score had a mean alpha of .94 across to validation trials (Gamez et al., 2011). The MEAQ was found to be equal to the AAQ-II in terms of internal consistency (Gamez et al., 2011).

Risky sexual behavior: This was assessed using a revised version of the Cognitive Appraisal of Risky Events (CARE-R). The scale assesses the frequency of risky sexual behavior over the last 6 months. Participants were asked to indicate how often they had engaged in the given activity on a 7-point scale ranging from 0 to 1 time, 2-4 times, 5-9 times, 10-20 times, 21-30 times, and 31 or more times over the past 6 months. Risky sexual behavior was assessed with two types of partners—a “regular partner” (as defined by the participant) and “someone just met” (a stranger)—and involved the following behaviors: sex with a partner who the respondent had just met or did not know well, sex under the influence of alcohol or drugs, sex without protection against pregnancy, and sex without protection against STD’s. Cronbach’s alpha for risky sexual behavior with a regular partner was 0.76, while alpha for risky sexual behavior with a stranger was 0.74. Number of lifetime sexual partners was assessed with a two-part question: “Have you ever had sexual intercourse (vaginal or anal) when you wanted to (without force)” followed by “With how many different partners?”

The Brief Sexual Attitudes Scale (BSAS) is designed to measure the respondent's attitudes towards sex. Hendrick and Hendrick (1987) developed the Sexual Attitudes Scale to assess multi-dimensional attitudes towards sex. However, the scale was abbreviated and modified by Hendrick, Hendrick, and Reich (2006) to create the Brief Sexual Attitudes Scale (BSAS). The BSAS is made up of four subscales: Permissiveness, Birth Control, Communion, and Instrumentality. The 23 items are rated on five-point likert scale that ranges from strongly agree to strongly disagree.

2.3. Procedure and Data Analysis

The researchers employed the help of two research assistants who helped in administering the questionnaire to respondents in the two educational zones (Yewa and Egba) in the state; these research assistants reside in this part of the state while we personally administered the questionnaire in other two zones (Remo and Ijebu). A total of six weeks and a day were used for the administration and collection of the
questionnaires. Out of the 1200 questionnaires that were administered, only 1129 were properly filled and deemed adequate for analysis. The response rate of the survey was 94.1%. The data resulting from the scoring of the instruments and coding of the demographic items were then subjected to software of SSPS (window version 19) where Pearson Product Moment Coefficient and multiple regression statistical analyses were used.

3. Results

The participants’ demographic results revealed that 583 were female respondents representing 51.6% of the sampled population while the male respondents were 48.4% (546). Participants from private secondary schools represented in this study were 552 (48.9%) and 577 (51.1%) were from public schools. Respondents within the age bracket of 14 and 16 years of age were 691 (62.2%) while those between 17 and 19 years were 438 (38.8%). The results as shown in Table 1 above further revealed that 51.6% female has boyfriends and 48.4% percent has girlfriends, while 88.8% has once had sexual intercourse.

Table 1. Participants’ Demographic Results

<table>
<thead>
<tr>
<th>SN</th>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gender: 1. Female</td>
<td>583</td>
<td>51.6</td>
</tr>
<tr>
<td></td>
<td>2. Male</td>
<td>546</td>
<td>48.4</td>
</tr>
<tr>
<td>2</td>
<td>School: 1. Private</td>
<td>552</td>
<td>48.9</td>
</tr>
<tr>
<td></td>
<td>2. Public</td>
<td>577</td>
<td>51.1</td>
</tr>
<tr>
<td>3</td>
<td>Age: 1. 14-16</td>
<td>691</td>
<td>62.2</td>
</tr>
<tr>
<td></td>
<td>2. 17-19</td>
<td>438</td>
<td>38.8</td>
</tr>
<tr>
<td>4</td>
<td>Has a boyfriend(s)</td>
<td>583</td>
<td>51.6</td>
</tr>
<tr>
<td></td>
<td>Has a girlfriend(s)</td>
<td>546</td>
<td>48.4</td>
</tr>
<tr>
<td>5</td>
<td>Has once had sexual intercourse</td>
<td>1003</td>
<td>88.8</td>
</tr>
</tbody>
</table>

To test hypothesis 1, 2, 3, and 4, correlation matrix was used. Results as shown on Table 2(a) revealed significant positive relationship among all the variables of the study. Significant positive correlations were found between adolescents’ sexual behaviour and unprotected sex ($r = .597$, $p < .05$), multiple sexual partners ($r = .550$, $p < .05$); inconsistence use of condom/contraceptive ($r = .517$, $p < .05$), and Drug use/abuse ($r = .482$, $p < .05$). Also, significant relationship was shown between experiential avoidance and adolescents’ sexual attitude ($r = .434$, $p > .05$). Thus, hypotheses 1 to 4 were retained.

Table 2b. Linear regression showing the effect of UPS, MP, IUCC, and DUA on the prediction of adolescents’ sexual attitude

<table>
<thead>
<tr>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Std. Error</td>
</tr>
<tr>
<td>(Constant)</td>
<td>1.698</td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>.265</td>
</tr>
<tr>
<td>Multiple partner</td>
<td>.222</td>
</tr>
<tr>
<td>Inconsistent use of condom/contraceptive</td>
<td>.201</td>
</tr>
<tr>
<td>Drug use/abuse</td>
<td>-.056</td>
</tr>
</tbody>
</table>

N =1129, $R = .596$, $R^2 = .355$, Adj. $R^2 = .341$, sig @ <.01
a. Dependent Variable: Sexual attitude (SA); b. UPS, MP, IUCC, DUA

To test the hypotheses further, linear regression was applied as shown in Table 2(b) above. The value of $R$ is .596, which means that model is 59.6% fit and considered good being above 50% mark. $R$ square reflects the influence of independent variables (IVs) on the dependent (DV) and is 34.1 %. It means that all the four IVs combined (UPS, MP, IUCC, and DUA) have 34.1% effect on the DV (SA).
positive and strong moderating effect on the relationship of prevention of risk sexual behavior among adolescents. The moderator (EA) increases the value of beta from .311 to .398, and the value of R square from .096 to .365, which reflects that the relationship between predictor variables of multiple sexual partners and sexual attitude after interring the moderating effect of experiential avoidance is strengthened by the moderation of experiential avoidance.

Moderated regression analysis was performed to investigate the relationship between unprotected sex and sexual attitude. Table 3 shows that relationship of UPS with SA after moderation by EA is significant at .000, (p < .01). Value of R increased from .311 to .398 and that of R square, from .096 to .145 due to the moderator (EA). However value of beta decreased from .707 to .365, which reflects that relationship of UPS and SA is weakened by the moderator EA. As relationship is significant and values of R and R square significantly increased, it is proved therefore that EA has a positive and strong moderating effect on the relationship of UPS and SA. This confirms the hypothesis that stated “Positive relationship of UPS on sexual attitude is strengthened by the moderation of experiential avoidance”.

Regression model 1 in Table 4 shows that the relationship between experiential avoidance and multiple sexual partners is .57. This can explain 32.6 percent of variance in adolescents’ sexual behaviour. The second regression model shows the relationship between predictor variables of multiple sexual partners and sexual attitude after interring moderating effect of experiential avoidance in the equation. Comparing Models 1 and 2 indicate that experiential avoidance increase the R2 significantly by 15.3 percent (R2 = .153, ΔF = 15.765, p = .000). Model 2 shows that 15.3 percent of the observed variance in scores on the sexual attitude is explained by the moderating role of experiential avoidance.

Table 3. Regression analysis to determine the moderating role of experiential avoidance (EA) on the relationship between unprotected sex (UPS) and sexual attitude (SA)

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>Adj. R²</th>
<th>T</th>
<th>β</th>
<th>Sig.</th>
<th>SE</th>
<th>Change Statistics</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R² Change</td>
</tr>
<tr>
<td>1</td>
<td>.311</td>
<td>.096</td>
<td>.096</td>
<td>2.137</td>
<td>.707</td>
<td>.000</td>
<td>.961</td>
<td>.096</td>
</tr>
<tr>
<td>2</td>
<td>.398</td>
<td>.145</td>
<td>.139</td>
<td>4.009</td>
<td>.365</td>
<td>.000</td>
<td>.495</td>
<td>.048</td>
</tr>
</tbody>
</table>

Model I. Predictor variables: unprotected sex, experiential avoidance
Model II. Predictor variables: unprotected sex, sexual attitude moderating role of experiential avoidance

Table 4. Regression analysis to determine the moderating role of experiential avoidance (EA) on the relationship between multiple sexual partnership (MP) and sexual attitude (SA)

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>Adj. R²</th>
<th>t</th>
<th>β</th>
<th>Sig.</th>
<th>SE</th>
<th>Change Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R² change</td>
</tr>
<tr>
<td>1</td>
<td>.571</td>
<td>.326</td>
<td>.321</td>
<td>7.213</td>
<td>.429</td>
<td>.000</td>
<td>.533</td>
<td>.326</td>
</tr>
<tr>
<td>2</td>
<td>.693</td>
<td>.480</td>
<td>.476</td>
<td>5.897</td>
<td>.198</td>
<td>.000</td>
<td>.509</td>
<td>.153</td>
</tr>
</tbody>
</table>

Model I. Predictor variables: Multiple sexual partner and experiential avoidance
Model II. Predictor variables: Multiple sexual partner, sexual attitude moderating role of experiential avoidance

Table 5. Regression analysis to determine the moderating role of experiential avoidance (EA) on the relationship between inconsistent use of condom/contraceptive (IUC) and sexual attitude (SA)

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>Adj. R²</th>
<th>t</th>
<th>β</th>
<th>Sig.</th>
<th>SE</th>
<th>Change Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R² change</td>
</tr>
<tr>
<td>1</td>
<td>.491</td>
<td>.241</td>
<td>.239</td>
<td>7.776</td>
<td>.265</td>
<td>.000</td>
<td>.760</td>
<td>.241</td>
</tr>
<tr>
<td>2</td>
<td>.587</td>
<td>.344</td>
<td>.341</td>
<td>5.890</td>
<td>.201</td>
<td>.000</td>
<td>.631</td>
<td>.102</td>
</tr>
</tbody>
</table>

Model I. Predictor variables: inconsistent use of condom/contraceptive and experiential avoidance
Model II. Predictor variables: inconsistent use of condom/contraceptive sexual attitude moderating role of experiential avoidance

Table 6. Regression analysis to determine the moderating role of experiential avoidance (EA) on the relationship between use of drug (UD) and sexual attitude (SA)

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>Adj. R²</th>
<th>T</th>
<th>β</th>
<th>Sig.</th>
<th>SE</th>
<th>Change Statistics</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R² change</td>
</tr>
<tr>
<td>1</td>
<td>.357</td>
<td>.127</td>
<td>.125</td>
<td>5.956</td>
<td>.433</td>
<td>.000</td>
<td>.675</td>
<td>.127</td>
</tr>
<tr>
<td>2</td>
<td>.449</td>
<td>.202</td>
<td>.202</td>
<td>9.009</td>
<td>.298</td>
<td>.000</td>
<td>.505</td>
<td>.075</td>
</tr>
</tbody>
</table>

Model I. Predictor variables: use of drug and experiential avoidance
Model II. Predictor variables: use of drug, sexual attitude, moderating role of experiential avoidance
The result of the hypothesis that stated that “Positive relationship of IUCC and sexual attitude is strengthened by the moderation of experiential avoidance” was retained. Table 5 shows that relationship of IUCC with SA after moderation by EA is significant at .000, (p < .01). Value of R increased from .491 to .587 and that of R square, from .241 to .344 due to the moderator (EA). However value of beta decreased from .265 to .201, which reflects that relationship of IUCC and SA is weakened by the moderator EA. As relationship is significant and values of R and R square significantly increased, it is proved therefore that EA has a positive and strong moderating effect on the relationship of IUCC and SA.

The result of the hypothesis that stated that “Positive relationship of use of drug (UD) and sexual attitude is strengthened by the moderation of experiential avoidance” was retained. Table 6 shows that relationship of UD with SA after moderation by EA is significant at .000, (p < .01). Value of R increased from .357 to .449 and that of R square, from .127 to .202 due to the moderator (EA). However value of beta decreased from .433 to .298, which reflects that relationship of IUCC and SA is weakened by the moderator EA. As relationship is significant and values of R and R square significantly increased, it is proved therefore that EA has a positive and strong moderating effect on the relationship of UD and SA.

4. Discussion

The aim of this study was to explore the moderating effect of experiential avoidance on the linkage between determinants of risky sexual behaviour (unprotected sex, multiple sexual partner, inconsistence use of condom/contraceptives, and drug use) and sexual attitude of Nigerian adolescents in Ogun State, Nigeria. This research theme is hinged on the need to provide an empirical basis for the improvement in adolescents’ sexual behaviour in Nigeria, and secondly, to provide further empirical support to the moderating variable used in this study in contemporary literature, particularly in Nigeria.

In zero-order correlations, the results showed a significant positive interrelationship among all the variables of the study, while the results showed further that all the four predictor variables (unprotected sex, multiple sexual partner, inconsistence use of condom/contraceptives, and drug use) significantly predicted the criterion variable (sexual attitude of Nigerian adolescents). This finding has demonstrated the effectiveness of the predictor variables in determining adolescents’ sexual attitude. This, in effect attests to the strong relationship between the predictor variables and the criterion measure, and in agreement with Akindele-oscar and Ayodele (2004), Ogunsanya (2007) that a high proportion of adolescents irrespective of their educational level as college students or not, living in urban or rural area are sexually active, while the studies of Olusakin (2007), and Ayodele and Akindele-Oscar (2014) many adolescents engage in unprotected sex. The findings on the inconsistence use of condom/contraceptives, and drug use among the participants also lend credence from the findings of Iyang (2007), and Akinawo and Owonikin, (2007) that premarital activities of today’s youth has given liberty to close intimacy of reckless romantic explorations during dating.

The outcome of the research hypotheses 4, 5, 7, and 8, on the positive relationships of UPS, MPS, IUCC, and UD on sexual attitude were strengthened by the moderation effect of experiential avoidance.

The implication of this study is that experiential avoidance (EA) was strategically employed to control emotions, which was directed toward the subjective experience, and or physiological arousal/ behavioral expression of sexual needs. These findings corroborate the findings of Leonard, Iverson, and Follette (2008) who reported higher levels of EA that were related to lower levels of sexual satisfaction in women who had histories of childhood sexual abuse. Also, Reddy et al., (2006), in another study in the college population found the mediation effect of EA on the relationship between childhood emotional abuse and current psychological health.

5. Implication of Findings

Our study has added to the body of research in regards to the moderating role of experiential avoidance on the relationship of determinants of risky sexual behaviour and sexual attitude among Nigerian adolescents. The findings underscore the need for every stakeholders – parents, teachers, guidance counsellors, psychologists, and policy makers to focus attention on the global sexual health status of an individual, which is as a result of the interactions between biological, social, psychological, and behavioural, as well as spiritual domains. This in turn will lead to adequate health promotion that is an important determining individual health status which held the individual responsible for his own health. As rightly noted by Pender, Murdaugh, and Parsons (2011) health promotion behaviours are directed toward achieving a higher level of wellness, personal fulfilment, and self-actualization.

The limitation of our study, however, is that it represents a sample which operates in a limited geographical area (Ogun State, Nigeria). While this factor allows for a degree of standardization, one should exercise caution in generalizing the results. Future research needs to look beyond secondary
school students. Future research needs to look in the direction of a longitudinal as well as a more cross sectional methodology.

References


