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Nigerian Journal of Clinical and Counselling Psychology

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- (4) Each article submitted for consideration must be accompanied with non refundable reviewer's fee of N1,000.00 in cash or bank draft.
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Editor's Note

Contents

I want to thank many people who reviewed the papers for publication for their willingness to give their time and expertise to the success of the Journal. We at the Editorial office recognise and appreciate the sacrifice you make for us.

Recent technological developments point to new possibilities for publication purposes, for example through e-mail papers are submitted, reviewed, corrected and revised all through e-mail. This method is faster than mailing the papers/diskettes. Microsoft word or word Perfect are preferred in preparing manuscripts. Authors are asked to submit novel theoretical contributions, research studies novel ideas on democracy and poverty as well as new examples of practice-relevant issues that would stimulate discussions.

The Editorial Board sends warmest greetings to our 'contributors of journal articles and our subscribers.

We look forward to an exciting new year in 2006

Prof. Helen O. Nwagwu
Editor

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Knowledge of Consequences of Promiscuity Among Adolescents in Ibadan

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Abstract

This study investigated the consequences of promiscuity among the adolescents in Ibadan. The study used a pre and post experimental group design. Three local governments in Ibadan metropolis and three co-educational secondary schools were assigned to three groups, I, II and III by simple random sampling procedure. This comprised of 60 males and 60 females with the mean age of 17.3 years. Sexual behaviour inventory was used to collect data. Analysis of covariance was used to analyse the null hypothesis.

The result indicated that there were significant differences in knowledge of consequences of promiscuity between adolescents in the treatment and the ones in the control groups. This was considered necessary knowledge in the prevention of STI,s including the current HIV/AIDS pandemic

Based on these findings, creation of awareness on the consequences of promiscuity was recommended. Family Life Education, structured academic and behavioural programmes should be included in the secondary schools' curriculum which will enhance emotional strength of the adolescents.

Introduction

The adolescent period is a time of great developmental importance in the human life, considering all the physiological and psychological changes that take place during the period. According to Casemore(1990), adolescence is characterised physiologically with the onset of secondary sex characteristics, the growth spurt, final development of central nervous system as well as hormonal neurotransmitters and biochemical changes. Akinboye(1987) stated that sudden changes in adolescents may result to behavioural, social peer and developmental problems while Sokan and Akinade(1994) described adolescents problems as those of health, adjustment, frustration, lack of concentration and sex. One of the sex problems is the problem of promiscuity or risky sexual behaviour, which has been confirmed by various authors as very prevalent in our schools in the recent times (Isiuga-Abanihe, 1993; Akinyele and Onifade, 1996) This promiscuous behaviour leads to the acquisition of some infections such as the various venereal diseases as well as the human immunodeficiency virus (HIV) which leads to AIDS. Jeffrey and Kalichman(1995) stated that an overwhelming majority of HIV infections are contracted through sexual intercourse.

Promiscuity could affect youths physically, psychologically and socially thereby affecting their mental health. One wonders with all these consequences if the youth are aware of them. Such awareness may reduce their participation in dangerous behaviours or habits.

The purpose of this article is to ascertain if the adolescents that readily indulges in sexually related activities and sexual intercourse have knowledge of consequences of the promiscuous behaviour among the adolescents undergoing psychological promiscuity management.

Concept of Promiscuity

Promiscuity is an indiscriminate engagement in sexual intercourse. Nam(1994) described promiscuity as a socially deviant behaviour that has medical consequences. Furthermore, Medowel(1995) stated that sex

is like drug, because they keep wanting bigger highs which made them to take more drugs and do nasty things that usually resulted in serious pain. Promiscuity results in serious health complications. Husej (1995) described promiscuity as an emotional and physiological risk while Walter (1996) referred to promiscuity as a sexual preoccupation which he defined as a sexual behaviour which deviates from normal practice in terms of frequency, choice of objects and creates domestic, occupational and legal problems.

This behaviour results to a lot of consequences, which could be divided into three; physical, psychological and social. These may also be further divided into long and short-term consequences. Duncan, Tibaux, Pelzer, Mehari, Peutherer, Young, Jamil, Dareugar, Puot and Rogger (1994) stated that the role of promiscuity in sexually transmitted disease (STD) is widely recognised. This behaviour in excess could damage the reproductive organs of males and females. The organs could be damaged during abortion or through infection of the organs causing social consequences. The social consequences could be felt in human and material resources. It destroys both career and marriages and effects of the destruction on the two variables are transmitted to the society. The diseases resulting from the problem of promiscuity affect people mostly between the ages of 15-50 years which may result in large number of orphans, shortage of labour, by reducing the number of people who could produce food and care for the young and the old. Furthermore, it strains the health care budget both in poor and rich countries. It carries along with it social stigma such as those associated with sexually transmitted diseases.

AIDS, which may result from consequences of promiscuity, renders a lot of people dependent, not being able to play their role in the family responsibilities. They may also suffer from social stigmatisation and discrimination that may result in suicide. Gonorrhoea which may not be easily detected in females may block the fallopian tubes in females and ejaculatory duct in males, may lead to permanent infertility in future.

Abortion may be adopted as a solution to solving the problem of unwanted pregnancy. Through abortion, the adolescents may be exposed

to various dangers such as infection, haemorrhage and even death. It may also result to pelvic inflammatory disease which may heal with adhesions of the pelvic organs and haemorrhage which may eventually result to anaemia.

Psychologically, abortion may result to guilt feelings, sadness and depression and to other consequences including suicide. This depression may lead to sadness and eventually to depression. (Zolese and Blacker, 1992). Gilchrist, Hannaford, Frank and Kay (1995) pointed out that there might be an increase in deliberate self-harm due to self-regard of worthlessness. Further, they have the feeling of a sense of loss, anger, change in relationship, crying, deterioration in self-image, regret and night mares. All these as stated by Cassey, 1997 could predispose them to severe mental illness in the absence of social support, thereby affecting their ability to climb the social mobility ladder.

Hypothesis

There will be no significant difference in the knowledge of consequences of promiscuous behaviour of adolescents exposed to covert self-control, assertiveness training and control group.

METHOD

Design

The study employed pre- and post-test experimental control group design for the management of promiscuity (at three levels). This was crossed with gender at two levels.

Participant

The participants were 120 adolescent males and females from secondary schools in Ibadan metropolis. Three out of five local government areas in Ibadan metropolis were selected by simple random sampling and similarly allocated to the three study groups. Their age range was 13-21 years with mean age of 17.3 years.

The three study groups consisted of treatment groups I, II and the control group. One hundred and twenty (120) students were selected from the three co-educational secondary schools if they satisfied the criteria for promiscuous behaviour as in the adolescent mating scale used in the study.

Instrumentation

Adolescents Mating Scale (AMS)

This is a 14item instrument designed by the researcher used in screening of the objects in order to identify those eligible for the study. It is constructed in nominal pattern and scoring was done by assigning 1 to true and 0 to false. The correlation co-efficient using Spearman Brown test is 0.72 after pre and post tests exercises.

Sexual Behaviour Pattern Inventory (SBPI)

This is designed to elicit information on sexual behaviour of adolescents and the knowledge of consequences of promiscuity. It is made up of five sections. Section 1 is bio data, Section 2 is based on sexual practices of adolescents, Section E is based on knowledge on consequences of promiscuity. Section A – BDE are constructed on a five point scale 01234. The correlation coefficient using Spearman Brown was 0.76.

Intervention

Covert self-control was administered on experimental group and the programme lasted for 12weeks. The group activity contents include administration of adolescent mating scale and sexual behaviour pattern inventory. The programme was based on acquisition of knowledge on consequences of promiscuity and modification of promiscuity behaviour. The content includes review of male and female reproductive organs, knowledge acquisition process, nature and characteristics of adolescents, human sexuality, human love and friendship, promiscuity and its consequences. Watching of video on sexually transmitted diseases. Assertiveness training skills was administered on the experimental group 2. They also had 12 sessions of one hour a week spanning over a period

of 12 weeks. The contents of the programme include the organs of reproduction, nature of adolescence, education on promiscuity, assertiveness training, fundamental skills of assertiveness role plays and take home assignments were part of the programme. The control group was pre-tested and post-tested but were not exposed to any treatment. As a compensation, they were given a talk on dental hygiene.

Data Analysis

Analysis of covariance, ancova and t test statistics were employed to analyse the data generated.

Results

The hypothesis stated that, there would be no significant difference in the knowledge of consequences of promiscuity on adolescents exposed to covert self-control, assertiveness training and the control group. In testing this hypothesis, four related statistical methods were used to measure the scores of knowledge of consequences of promiscuity. The results are shown in table 1,2,3 and 4.

Table 1: Unadjusted X-means and Y-Means of subjects scored on knowledge of consequences of promiscuity based on treatment (rows) and sex (columns)

TREATMENT PROGRAMME	MALE		SEX		FEMALE	
	N	X - X'S	Y - X'S	N	X - X'S	Y - X'S
COVERT SELF-CONTROL	20	2.70	5.32	20	2.70	4.973
ASSERTIVENESS TRAINING	20	2.75	4.85	20	2.25	4.971
CONTROL GROUP	20	2.40	2.46	20	2.35	2.43

Table 2: Analysis of covariance of subjects in knowledge of consequences of promiscuity.

SOURCE	SS	DF	MS	F-RATIO	P	F-CRITICAL
ROWS	8.989	2	4.491	7.02	<0.05	3.07
COLUMNS	.011	1	.011	0.02	NS	
INTERACTION	.058	2	.029	0.045	NS	
WITHIN	73.145	114	0.96			

$F(2,144) = 7.02; p < 0.05 * 3.07$

Table 3: Rows and columns of Adjusted Y-Means Compared.

ROWS	COLUMNS	COLUMNS
	1	2
1	(a) 5.323	(d) 4.973
2	(b) 4.851	(e) 4.971
3	(c) 2.455	(f) 2.427

Rows and columns showing the differences in the adjusted y-means of the males and females in the treatment groups and control group.

KEY:

Row

1. Covert self-control
2. Assertiveness training
3. Control group.

Column

1. Males
2. Females

Table 4: Comparison of rows and columns, adjusted T-Means, pooled SE computed From Least Mean Square (Lms) and t-values

CELLS	N	ADJUSTED Y-MEANS	LMS	POOLED S.E	t-VALUES	P
CSCM/ASTM	40	5.323 4.85	.011	0.033	14.30	<0.05
CSCS/CGM	40	5.323 2.455	.011	0.033	86.90	<0.05
CSCM/CSCF	40	5.321 4.973	.011	0.033	10.60	<0.05
CSCM/ASTF	40	5.321 4.971	.011	0.033	10.66	<0.05
CSCM/CGF	40	5.321 2.427	.011	0.033	87.75	<0.05
ASTM/CGM	40	4.851 2.455	.011	0.033	72.60	<0.05
ASTM/CSCF	40	4.851 4.975	.011	0.033	3.69	<0.05
ASTM/ASTF	40	4.851 4.971	.011	0.033	3.63	<0.05
ASTM/CGF	40	4.851 2.427	.011	0.033	73.45	<0.05
CGM/CSCF	40	2.455 4.973	.011	0.033	76.30	<0.05
CGM/ASTF	40	2.455 4.971	.011	0.033	76.24	<0.05
CGM/CGF	40	2.455 2.427	.011	0.033	0.84	NS
CSCF/ASTF	40	4.973 4.971	.011	0.033	0.06	NS
CSCF/CGF	40	4.973 2.427	.011	0.033	77.15	<0.05
ASTF/CGF	40	4.971 2.427	.011	0.033	77.09	<0.05

This hypothesis states, that there will be no significant difference in the knowledge of consequences of promiscuity on adolescents exposed to covert self-control, assertiveness training and control group. The results were shown in tables 1,2,3 and 4. Table 1 showed the unadjusted and adjusted y-means of subjects score and the knowledge of consequences of promiscuity. . The higher the score the better the knowledge of the consequences of promiscuity. Table 2 revealed that significant difference exist between the treatment groups and the control group in the acquisition of knowledge of the consequences of promiscuity. F-value $F(2,114) = 7.02, p < 0.05 * 3.07$. It revealed that the treatment group acquired more knowledge on the consequences of promiscuity. The hypothesis is therefore rejected. This significant difference may be due to exposure to the treatment.

Table 3 shows the comparison of adjusted y-means of males and females in three groups of adolescents. Table 4 shows the result of a t-test calculated in order to determine whether there are significant differences in the adjusted mean scores of the groups:

Assertiveness training male and control group

(t-value=73.45; df=38 P< 0.05)

Control group male and covert self-control female

(t-value=76; df=38;P<0.05)

control group male and assertiveness training female.

(t-value = 76.24; df = 38; P < 0.05)

Covert self-control female and control group female.

(t-value = 77.15; df = 38; P < 0.05)

Assertiveness training female and control group female

(t-value = 77.09; df = 38; P < 0.05)

Covert self-control male and assertiveness training male

(t-value = 14.30; df = 38; P < 0.05)

Covert self-control male and control group male

(t-value = 86.90; df = 38; P < 0.05)

Covert self-control male and covert self-control female

(t-value = 14.30; df = 38; P < 0.05)

Discussion

There is significant difference in the knowledge of consequences of promiscuity between the treatment groups and the control group as revealed in table 2. The hypothesis is rejected

The knowledge may have been enhanced by the perception of the problem. Sckwartzkopf (1994) asserted that the lack of adequate substance information leads to increase in the rate of substance acquisition or use. This is also applicable in this study, in other words increased knowledge may help in reduction of the problem behaviour. This increase in awareness may in itself serve as a prevention programme, because it imparted knowledge about the consequences of promiscuity.

It has been noted that training in-groups is effective in managing different problems. Comeau and Herbert (1991) also made this assertion. In addition, it raises the self—esteem of the subjects, (Enns, 1992). According to Candetti (1993) because the subjects in the experimental group had acquired knowledge they may help in dissemination of the knowledge gained to their peers especially adolescents with extroverted personalities. This is in line with the findings of Eling (1991) that there are important differences between students with regards to their knowledge about AIDS and sexual behavioural risk factors. This statement implied that those who are knowledgeable about HIV/AIDS behave differently from those who are ignorant of it. This is in line with the findings of Nwagwu (1995) that prevention counselling is effective in increasing awareness and modifying sexual behaviour in adolescents. This will help in raising the awareness of the adolescents to consequences of promiscuity

as identified by Ebong (1994) as one of the predisposing factors to promiscuity. Increased knowledge on the subject matter could lay foundation for behaviour change. This is in line with the findings of Reddy, James and McCauley (2003) where effects of knowledge of HIV/AIDS are important for laying the groundwork for behaviour change.

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