PREFERRED SOURCES OF INFORMATION ON SEXUAL ISSUES: IMPLICATION FOR DECISION MAKING AMONG STUDENTS IN A SENATORIAL DISTRICT IN OGUN STATE, NIGERIA

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ABSTRACT
Adolescents need relevant and accurate information for different aspects of their lives. In particular, they seek for credible and available information on sexual issues that would answer their many questions. Sources of information that adolescents consult have been found to play a critical role in their decision making processes. The paper explored the preferred sources of information that adolescents consult and its implication on their decision making about sexual issues. Survey Research design was used in the study. A sample size of 400 respondents were randomly selected from a population of 127, 021 senior Secondary School Students in Ogun Central Senatorial District. Multistage sampling technique was used to select the participants for the study. Findings showed that the preferred sources of information on sexual issues were Parents (f = 320), health professionals (f = 140), mass media (f = 86) and teachers (f = 86) among the 400 participants. Information equips individuals for decision making. The information sources that adolescents consult is reflective of the kind of choices or decision they make. Accurate and correct information from an appropriate source of information, will encourage them to make the right decision on sexual issues.  

KEYWORDS: Information sources, decision making, sexual issues

1. BACKGROUND TO THE STUDY
Adolescence is a period of development from childhood to adulthood. A time of life during which physical, mental, emotional, psychological and social changes occur. Adolescents of contemporary times go through puberty earlier and become sexually active earlier than in times past (Kirby, 2011). As they mature, they have a great sense of independence which makes them believe they are capable of making important decisions by themselves, without much impute from adults. However, due to their unstable value system and still evolving character, they are very pliable and do not yet have a stable sense of right and wrong. Thus making these adolescents need guidance during this period of life. If properly guided, they make the right decisions, on the other hand, if they are not properly guided, they make wrong decisions of which they bear the consequences of their choices. Adolescents make decisions every day, some of these decision have positive impact on their lives, while others don’t. During this phase of life adolescents are under pressure from friends and
family members to make decisions, but more often, they seem to yield to pressure from their friends in order to find acceptance and fulfill the cravings they have for a sense of belonging.

Adolescent need decision making skills that will help them discern whether they are making the right choices or not. Adolescents make decisions based on the sources of information available to them. This is because information has been found to bring about variations in the knowledge base of individuals, equip them with problem-solving skills and ensure that they make appropriate decisions (Kolaric, Cool & Stricevic, 2018). Adolescents need information to make decisions about various issues in their lives, they need information for career choices, health, and in particular, information on how to relate in their heterosexual relationships. Information is power, well-informed adolescents are empowered to make the right decisions and therefore cannot live deformed lives. Information leads to empowerment and empowerment leads to appropriate and informed decision making.

Adolescents have been found to engage in risky sexual behaviours. Risky sexual behaviours are activities or practices that make a person susceptible to sexually transmitted infections, HIV and AIDS, unintended pregnancies, abortions and in some cases death, such behaviour include early sexual debut, unprotected sexual intercourse, multiple sexual partnerships and transactional sex (Odimegwu & Somefun, 2017). As a result of these behaviours, adolescents have been found to be one of the groups most affected by the consequences of such behaviours (Kalina, 2012). According to the World Health Organization (2015) the ability to acquire appropriate information on sexual issues is crucial to the prevention of risky sexual behaviour among adolescents. This implies that obtaining the right kind of information has been found to reduce or prevent risky behaviours among adolescents. Particularly, the source of information adolescents’ consult has been found to aid decision making. Therefore, the paper examines preferred sources of information among adolescents and its implication upon decision making about sexual issues.

2. REVIEW OF LITERATURE

Every single day, adolescents make decisions, the decisions made are highly connected to the quality of information they have at their disposal and the source of such information. Hence, information sources are very critical in the decision making processes of adolescents. Attafuah, (2015) stated that obtaining and using the right kind of information can lead to an increase in a person’s understanding of a situation, thereby making information valuable for making informed decisions and behavioural changes. Information may be described as knowledge obtained for a particular purpose to help a person find out what he or she needs to know in order to be able to make decisions or judgements about all facets of life. An information source is a place, person or thing from which a person can get something useful or valuable. Adolescents need to get credible information on sexual issues, many of them lack credible information and support and are therefore prone to many negative sexual outcomes. Such consequences make the issue of credible information sources critical to adolescents (Levin-Zamir, 2011). These sources of information may be separated into relational contact with people such as parents, teachers, counsellor and health professionals, siblings and friends and other media related sources such as television, internet, newspaper, pamphlets and books.

Anyamene and Anyamene (2009) emphasized that the sources of information that adolescents consult is crucial to their health and sexual behaviour outcomes. According to Sorensen, Vanden Brouke, Fullan, Doyle, Pelikan, Slonska,Brand and Helmut (2012) adolescents get information about sex from many sources including the mass media, the mass media ranked the most frequently selected source of information on sexual issues among adolescents between 15-19 years old. Furthermore, the media has been cited as a very important source that influences adolescent to engage in risky sexual behaviour. Ugoji (2014) and Levin-Zamir (2011) therefore opined that since the media is viewed highly by adolescents, it can also be channelled to promote positive behaviours among adolescents.

Parents play an important role as sources of information about sexual issues to adolescents. Biddlecom, Awusabo-Asare, and Bankole (2009) in a bid to better understand the relationship between parenting and sexual behaviour of adolescents in some African countries, found out that parental involvement reduced risky sexual behaviour. While, Kar, Choudhury and Singh (2015) emphasized that there is a lack of parent – child communication in developing and underdeveloped countries when it has to do with sexual issues. Kantor (2015) expressed that though a wide-range of researches have shown that parents are central to influencing adolescents’ sexual decision making in positive ways, there have been very few organized intervention programs that would help parents influence their children’s’ sexual health. Kantor opined that there was a need for government and organizations to fund more programs that would enhance parents’ capacity to influence these adolescent with regards to sexual issues.
Kar, Choudhury and Singh (2015) noted that there was a lack of formal sex education in many developing and underdeveloped countries. Hence this lack of health information literacy often leads to unprotected sex, unintended pregnancy, and sexually transmitted diseases. The role of teachers in providing information on sexual issues to a great degree, determines the positive sexual health decisions and outcomes among adolescents (Iyaniwura, 2004). Several campaigns have been made in the educational system encouraging parents, teachers, and health care providers to ensure that adolescents are well equipped with the information, and education needed to ensure that that adolescents are empowered, to make the right decisions about sexual issues (Anyamene & Anyamene, 2009), Dittus, Michael, Becasen, Glopren, McCarthy and Guilamo-Ramos (2015) in the United States, carried out a meta-analysis on parental monitoring and its association with risky sexual behaviours of adolescents and found that parental monitoring was associated with lesser possibility of adolescent engagement in risky sexual behaviour.

2.1 Decision making

Decision making is the thought process of picking a reasonable choice from existing options. The process of making good decisions involves, weighing the pros and cons of each available options and considering all the alternatives. For effective decision making, the adolescent must be able to forecast the outcomes of each option and then determine which option is best for that particular situation. Though decision making is still limited among adolescents that are between the ages of 14-19, these adolescents still have the autonomy to make certain decision (Halpern-Felsher, Baker & Stitzel, 2016). Parents, peers and the media in all its variations have been found to impact decision making among adolescents. To be able to deal competently in interpersonal and heterosexual relationships, adolescents need to be apt with their decision making skills. This is because relational capability needs active problem solving and decision making abilities, whereby one states a challenging circumstance, looks for possible alternative solutions, selects the best alternative, and then verifies its suitability by observing the consequences of its implementation (Beyth-Marom, Fischhoff & Quadrel, n. d.). In real life, people often make choices out of habit or tradition without going through the decision-making steps systematically. Several things have been found to influence decision making such as social pressure; which include pressure from friends, family members, time constraint, emotional states, lack of adequate information (Fischhoff, Crowell, & Kipke, 1999).

2.2 Sources of information on sexual issues and decision making

Sources of Information have been linked to decision making by several studies. How people interact with information has a great impact on the outcomes of their decisions. People base their decisions on the information they have at hand, no matter how they obtained the information. Whether the source of information source is a friend’s advice or a book source, information is fundamental for decision making (Kolaric, Cool & Stricvic, 2018).

Peers or friends as sources of information have a great influence on the behaviours and decision making processes of adolescents. Peer group influence becomes increasingly important during adolescence. Adolescents’ intentions to engage in sex are strongly influenced by their social context in which peers play a major role in determining normative behaviour (Ojo, 2014). As they begin to spend more time with their peers and less time with parents, they encounter situations where they need to make decisions without parental guidance. Desire for peer acceptance are key factors that influence the action of adolescents and decision making. This need for peer acceptance and sensitivity to peer influence has been associated with poor choices (Albert, Chein & Steinberg, 2013).

On the other hand parents as sources of information have been positively associated with youths’ sexual behaviour and attitudes: affective factors such as warmth, support and instrumental characteristics such as monitoring, supervision, control, parental support, family cohesion and connectedness have been found to delay sexual debut. Adolescent-maternal relationship that radiates such affections as emotional support and discipline have also been associated with later sexual debut, whereas parental rejection has been related to early-onset sexual intercourse (Ojo, 2014).

A study by Ybarra, Emenyonu, Nansera, Kiwanuka, Bangsbug (2008) examined sources of health information reported by secondary school students in Mbarara Uganda. Findings showed that Four in five adolescents (81%) indicated they turned to parents, teachers, and other adults while around half read a book/went to the library (56%) or turned to siblings and friends (50%) for information about health and disease. More than one in three (38%) indicated that they used the computer and Internet to search for health information. Older versus younger respondents tended to rely upon siblings and friends for all types of health questions. On the other hand, younger versus older youth were significantly more likely to turn to parents, teachers, and other adults for their questions about sexual health. Adults may be an important component...
Bleakley, Fishbein & Jordan (2009) examined how sources of sexual information are associated with adolescents’ behavioural, normative, and control beliefs about having sexual intercourse using the Integrative Survey data from a quota sample of 459 youth. The most frequently reported sources were friends, teachers, mothers, and media. The results indicated that learning about sex from parents, grandparents, and religious leaders was associated with beliefs likely to delay sex; friends, cousins, and media were associated with beliefs that increase the likelihood of having sexual intercourse. Different sexual information sources were associated with different underlying beliefs.

3. METHODOLOGY

The study was carried out among adolescents in Senior Secondary Schools in Ogun Central Senatorial District of Ogun State, in the South West geo-political zone of Nigeria. The Study was conducted during the last quarter of 2018. The research survey design was used and a sample size of 400 respondents were selected from a population of 127,021. The sample size was determined using the Taro Yamane formula. Multistage sampling technique was used to select the respondents at the local government area, school and class level. The 400 participants were selected from 12 public and private senior secondary schools within the district. To find out the most preferred sources of information among the respondents, a table was drawn which showed a list of nine information sources on sexual issues. The respondents were asked to rank the information sources on a scale of one to nine, with 9 being the most preferred source of information. The collected data was first entered into an excel spread sheet and frequencies and percentages were then analysed using SPSS version 21.

3.1 Ethical consideration

Ethical clearance was obtained from the Babcock University Health Research Ethics committee before going to the field, to ensure that standard ethical practices were adhered to, all through the research process. To facilitate the data collection procedure appropriate letters were obtained from the researcher’s institution and the State Ministry of Education. Principals’ consent were sought. All the questionnaire were administered in the presence of teachers who supervised the procedure of questionnaire administration. Confidentiality was assured so as to encourage sincerity in responding to items on the questionnaire.

4. RESULTS

All the instrument were retrieved and analysed. The age distribution of the participants was between 12 and 23, with a mean age of 15.7. Over a quarter of the respondents 29.0% (n=116) were 15 years old. Majority of the students live with their parents 357 (89.5%). The study also had more participants of the female gender, because more than half of them were females 59.7% (n=237), while the males made up only 40.1% (n =163) of the participants. The religious affiliation of the respondents showed that more of the respondents practiced the Christian religion 67.3% (n=269), while 32.3% (n=129) are from the Islamic religion.

Table 1: Important Demographic Characteristics of Respondents

<table>
<thead>
<tr>
<th>S/N</th>
<th>Demographic Statement</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1.</td>
<td>Class of respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SS 1</td>
<td>134</td>
<td>33.5</td>
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<tr>
<td></td>
<td>SS 2</td>
<td>138</td>
<td>34.5</td>
</tr>
<tr>
<td></td>
<td>SS 3</td>
<td>128</td>
<td>32.0</td>
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<tr>
<td></td>
<td></td>
<td>400</td>
<td>100</td>
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<tr>
<td>2.</td>
<td>Gender of respondents</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Male</td>
<td>163</td>
<td>40.8</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>237</td>
<td>59.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>400</td>
<td>100</td>
</tr>
<tr>
<td>3.</td>
<td>Age of respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>1</td>
<td>3.0</td>
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<tr>
<td></td>
<td>13</td>
<td>9</td>
<td>2.3</td>
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<tr>
<td></td>
<td>14</td>
<td>49</td>
<td>12.3</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>116</td>
<td>29.0</td>
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</tbody>
</table>
Table 2 Most Preferred sources of information

<table>
<thead>
<tr>
<th>Source</th>
<th>Rating</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>9</td>
<td>320</td>
<td>80</td>
</tr>
<tr>
<td>Health Professional</td>
<td>8</td>
<td>140</td>
<td>35.5</td>
</tr>
<tr>
<td>Mass Media (TV, radio)</td>
<td>7</td>
<td>86</td>
<td>21.5</td>
</tr>
<tr>
<td>Teacher</td>
<td>7</td>
<td>86</td>
<td>21.5</td>
</tr>
<tr>
<td>Library</td>
<td>5</td>
<td>97</td>
<td>24.3</td>
</tr>
<tr>
<td>Social Media (internet, Facebook, Instagram)</td>
<td>4</td>
<td>80</td>
<td>20.0</td>
</tr>
<tr>
<td>Counsellor</td>
<td>3</td>
<td>89</td>
<td>22.3</td>
</tr>
<tr>
<td>Book</td>
<td>2</td>
<td>131</td>
<td>32.8</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>137</td>
<td>34.3</td>
</tr>
</tbody>
</table>

Table 2 shows the sources of information on sexual issues most preferred by the respondents. The respondents were asked to rate the above listed information sources on a scale of 1-9, with 9 showing the most preferred source and 1 showing the least preferred source. The result revealed that parents were rated 9 by 320 respondents. Which means parents were rated as the most preferred source of information on sexual issues by the respondents. Health professionals were rated 8 by 140 respondents. There was a tie between mass media and teacher because these two information sources were rated 7 by 86 respondents. Therefore, the table indicates that parents, health professionals, with mass media and teacher having a tie, are the most preferred sources of information on sexual issues.

5. DISCUSSION OF RESULTS

Sources of information consulted by adolescents are critical to their wellbeing and decision making processes. Sexual activity during adolescence puts adolescents at risk of sexual health problems. Some of these adolescents lack information and support and are therefore prone to many negative sexual outcomes. Such consequences make the issue of credible information sources critical to adolescents (Levin-Zamir, 2011). The ability of adolescents to differentiate credible sources from those that are not credible is crucial. These sources of information may be separated into relational contact with adults such as parents, teachers, counsellor and health professionals, sibling and friends and other media-related sources such as television, internet, radio, newspapers, pamphlets and books. Anyamene and Anyamene, (2009) emphasized that the sources of information that adolescents consult is crucial to their sexual health and sexual behaviour outcomes.
According to Sorensen, Van den Brouke, Fullan, Doyle, Pelikan, Slonska, Brand and Helmut (2012) adolescents get information about sex from many different sources including the mass media, the media was ranked the most frequently selected source of information on sexual issues among adolescents between 15-19 years old. Furthermore, the media has been cited as a very important source that influences adolescent to engage in risky sexual behaviour. Ugoji (2014) and Levin-Zamir (2011) therefore opined that since the media is viewed highly by adolescent, it can also be channelled to promote positive behaviours among adolescents.

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Kar, Choudhury and Singh (2015) noted that there was a lack of formal sex education in many developing and underdeveloped countries. Hence this lack of health information literacy often leads to unprotected sex, unintended pregnancy, and sexually transmitted diseases. The role of teachers in providing information on sexual issues to a great degree determined the positive sexual health outcomes of adolescents and their sexual behaviours (Iyaniwura, 2004). Several campaigns have been made in the educational system encouraging parents, teachers, and health care providers to ensure that adolescents are well equipped with the information and education needed to ensure that risky sexual behaviours are prevented and sexual health outcomes improved (Anyamene & Anyamene, 2009).

Dittus, Michael, Becasen, Gloppen, McCarthy and Guilamo-Ramos (2015) in the United States, carried out a meta-analysis on parental monitoring and its association with risky sexual behaviours of adolescents and found that parental monitoring was associated with lesser possibility of adolescent engagement in risky sexual behaviour. Nengomasha, Uutoni, & Wanbwa (2015) in a research on health information literacy of students in the University of Namibia, the results found out that majority of the respondents believed information literacy was important and were able to seek information. The also agreed that they knew how to seek information from varied sources. Hence, health information literacy is critical among adolescent if they must make positive decisions about their health.

The study examined the most preferred sources of information on sexual issues among adolescents. The outcome revealed that the sources most preferred by the respondents for information on sexual issues were parents, health professionals, mass media and teachers. Parents were rated 9 on a 9 points scale by 320 respondents. Parents were the most preferred source of information on sexual issues by the respondents. Followed by health professionals who were rated 8 by 140 respondents. There was a tie between mass media and teacher because these two information sources were rated 7 by 86 respondents. This affirms observations from literature, that parents, health professionals, teachers and mass media are some of the most important sources of information about sexual issues among adolescents Specifically, parents have been found to play an important role in whether adolescent will engage in risky sexual behaviours or not, also the media has been found to play a big role in determining adolescent sexual behaviour(Biddlecom e.t. al., 2009; Sorenson e.t. al., 2012; Ugoji, 2014). Though, literature shows that friends or peers also play a crucial role in providing information for adolescents. In this study friends and peers were not selected in this study as one of the most preferred sources of information.

Besides the aforementioned sources of information, observations made from results indicated that the library was not rated as one of the three preferred sources of information on sexual issues. This is a cause for concern. Observations showed that many of the schools visited during the field work for this study lacked standard libraries, few had libraries which were extremely inadequate but could only be utilized as reading rooms, while others had no libraries at all. In conclusion, adolescents make decisions every day. Sources of information have been found to be crucial in ensuring that adolescents make decisions. Sources of information that adolescents consult have been found to influence their decisions about sexual issues. The study found that the most preferred sources of information among adolescents in Ogun Central Senatorial district are parents, health professionals, teachers and the media.
REFERENCES


