

THE INFLUENCE OF GENDER AND MORAL COMPETENCY ON SAFE-SEX PRACTICES AMONG UNIVERSITY UNDERGRADUATES IN ADO-EKITIFasanmi Samuel Sunday¹ and Anise Funmilayo Elizabeth²¹Department of Psychology, Benue State University, Makurdi, Nigeria²Department of Guidance and Counselling, Ekiti State University, Ado-Ekiti, Nigeria**ABSTRACT**

This study examined the influence of gender and moral competency on the safe-sex behaviour of youths in Nigeria. Using an ex-post-facto design, data were collected from a total of 440 participants. Results of the Analysis of Variance provided support for the main effect of moral competency on safe-sex behaviour among young Nigerians [$F(1, 439) = 1368.81; P < .05$]. Further, results also revealed an interaction effect of sex and moral competency on attitude towards safe sex practice among undergraduate students [$F(1, 439) = 8.24; P < .05$]. The findings were explained in the context of the theoretical foundations of the study, while practical implications for combating youths' risky sexual behavior orientation were highlighted.

Moral Competency, Gender, Safe Sex Behaviour.

INTRODUCTION

It is no more news that sexually transmitted infections (STIs) are among the major menaces that are threatening the existence of young people around the globe. The World Health Organisation (2008) succinctly affirmed that sexually transmitted infections could lead to acute illness, infertility, long-term disability and death. The Centers for Disease Control & Prevention (2003) also indicated that STIs increase the risk of HIV transmissions, infection with the human papillomavirus (HPV) which is a proven precondition for the development of carcinoma of the cervix, and is the second leading cause of female cancer mortality worldwide. It pricks one's mind to know that the youth especially, the university undergraduate students are the worse hit. Amazingly, this alarming index transcends beyond ethnic boundaries (Mullis, Byno, Shriner & Mullis, 2009, Centers for Disease Control & Prevention, 2003).

The U.S. Department of Health reports that over 45% of secondary students have had sexual intercourse before they enter colleges and universities (United States Department of Health and Human Services, 2008). American youth who have not experienced sexual intercourse in high schools will be under a great deal of pressure to engage in sexual activity as they enter university settings (Cooper, 2002). By the time these youth complete their university education, one in four will report that they have had six or more sexual partners and less than 38% will report using a condom during their last intercourse experience (Fields, 2002). This is the extent at which students engage in unsafe sex practices across the globe.

University campuses continue to provide an important context in which to study sexual behaviour of emerging adults between the ages of 18-25 (Arnett, 2007) and to stem the tide of increasing sexually transmitted disease among this age group. For example, when risk behaviours of youth are reported in the United States (National Risk Behaviour Survey, Healthy Youth, 2007) sexual behaviour that contributes to unintended pregnancy and STDs, including HIV infection, is cited as one of ten most important risks to emerging adults.

Examining sexual behavior in college students' research has shown that relatively high unsafe and risky behavior is practiced among students. For example, inconsistent condom use (Desiderato & Crawford, 1995; Poulson, Eppler, Satterwhite, Wuensch, & Bass, 1998; Prince & Bernard, 1998), multiple sexual partners (Poulson et al., 1998), failure to communicate about previous partners (Desiderato & Crawford, 1995) or communicate about the risk of contracting HIV (Prince & Bernard, 1998), and the failure to be tested for HIV (Prince & Bernard, 1998) are all characteristics of the behavior exhibited by many college students. There is a need to learn more about the specific protective factors that are associated with safer sexual behavior.

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Among university students, women often underestimate their sexual risk taking behaviours in an attempt to protect their self-esteem and reduce the anxiety associated with engaging in high-risk behaviours (Kershaw, Ethier, Niccolai, Lewis, & Ickovics, 2003). This implies a potential disconnect if one considers the disparity in having knowledge of the consequences involved in high-risk sexual behaviours and having the attitudes about sexuality that certain sexual behaviours are personally risky.

Moral development takes place within a social context. It is promoted by social experiences that provide the opportunity for perspective taking and that produce cognitive conflict (Speicher, 1992). Social interaction with parents, family, and peers plays an important role. Once formed, moral standards serve as guides or deterrents for action (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). According to cognitive developmental perspectives, moral development evolves through a regular sequence of stages, whereby the overall organization or structure of thought guides the type of moral reasoning employed at each stage. Emphasis is placed on the qualitative form of moral reasoning and on developmental changes in that reasoning (Colby & Kohlberg, 1987). Moral development is analogous to cognitive development in that each new stage represents a qualitative reorganisation of the individual's approach towards moral reasoning, with each new reorganisation integrating the insights achieved at prior stages within a broader cognitive-developmental perspective (Colby & Kohlberg, 1987).

Moral competence has been defined as "a youth's ability to assess and respond to the ethical, affective, or social justice dimensions of any situation" (Catalano, Berglund, Ryan, 2002). Moral competence has been operationalized in the literature as empathy, having respect for cultural or societal rules and standards, knowing a sense of right and wrong, or having awareness of moral or social justice issues (House, Bates, Markham, and Lesesne, 2010).

METHODOLOGY

Research Design

This study is a survey research. This design was employed because participants were not subjected to any direct manipulation by the researcher, but the independent variables had their influences prior to the commencement of the study.

Population of the Study

The population of this study consisted of entire students of the Ekiti State University, Ado-Ekiti., Nigeria. Both part-time and full time students across the entire department in the institution were considered for the study.

Two hundred and twenty respondents were used in all. This consists of one hundred and twenty four (248) male and ninety six (192) female undergraduate. Two hundred and eight respondents were married while only twelve indicated they were single. Random sampling technique through which respondents were randomly selected was used for this study.

Measures

The questionnaire consists of four sections. Section A measured the Biodata information of the respondents. These include: age, gender, marital status and religion. Section B measured attitude towards safe sex practices of the respondents while section C measured moral competency of the students.

A self-design instrument was used in measuring the attitude towards safe sex practices among undergraduate students. The 29- item questionnaire was generated through related empirical studies and literatures. The items were structured in a Likert format ranging from Always (4) to never (1). High score on the scale denotes high disposition towards safe sex practices while lower score denotes low disposition towards safe sex practices. 36 items were initially generated and compiled to form a questionnaire. Item total analysis on the scale revealed that the score on each item was greater than .30. A Cronbach alpha reliability of .87 was also obtained.

The moral competency inventory was designed by (Lennick and Kiel, 2005). The alignment takes into account three factors: moral intelligence, moral competence, and emotional competence (Lennick and Kiel, 2005). A five point Likert-like scale (1=Never, 2= infrequently, 3=Sometimes, 4=in most situations, and 5= In all situations) remains constant through the forty question instrument. A lower score in a specific competency is indicative of area in need of improvement. The author reported a Cronbach alpha reliability coefficient of 0.87. However, in this study, a new reliability coefficient of .72 was obtained.

Procedure

Questionnaires were administered to two hundred students of the University of Ado-Ekiti. Most of the respondents were found in the lecture rooms at the University of Ado-Ekiti campus. The researcher also personally retrieved the questionnaire from the respondents, and thanked them for their participation. In all, two hundred and fifty questionnaires were administered to the respondents. By the time of retrieval; only two hundred and twenty (440) of the questionnaires were analysed because some of the retrieved questionnaires were inappropriately filled, while some were not returned.

Data collected from the field were analyzed using both descriptive and inferential statistics. The three generated hypotheses were analyzed using 2X2 ANOVA. Statistical Package for Social Sciences (SPSS) was used for the data analysis to ensure accuracy.

RESULTS

Table 1a: Summary of mean and standard deviation of attitude towards safe sex practices among undergraduates

SEX	Moral competency	Mean	SD	N
MALE	LOW	41.59	3.52	140
	HIGH	60.24	5.59	108
FEMALE	LOW	43.25	4.28	128
	HIGH	59.22	6.11	64

Table 4.2b: Summary of 2x2 ANOVA showing the main and interaction effect of gender and moral competency on safe sex practice among undergraduates

Source	SS	MS	df	F	P
SEX (A)	10.36	10.36	1	.47	> .05
MC (B)	30090.80	30090.80	1	1368.81	< .05
A X B	181.13	181.13	1	8.24	< .05
Error	9584.65	21.98	436		
Total	41821.92		439		

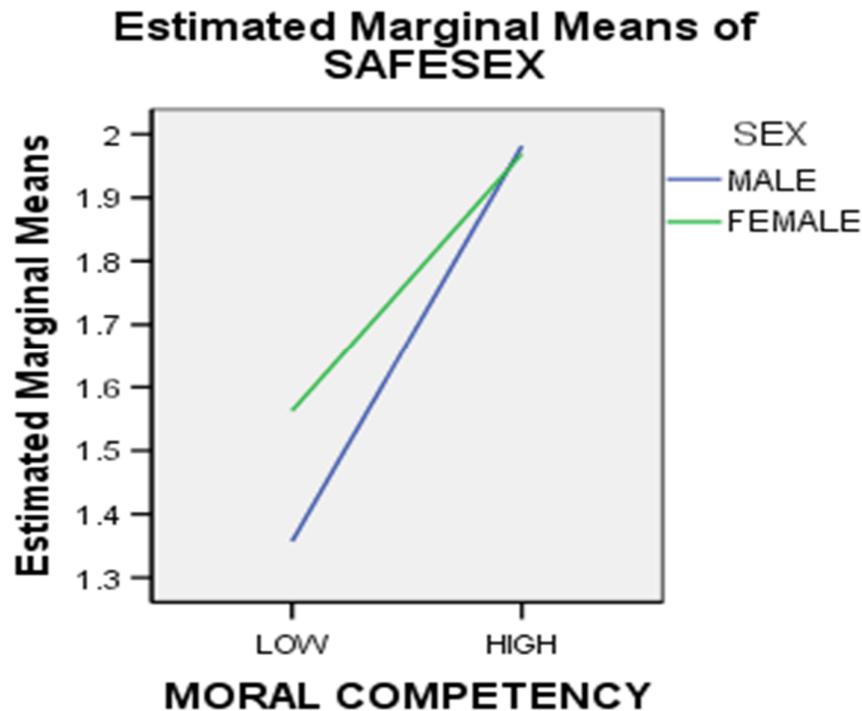
SS = sum of mean, MS = mean square, df= degree of freedom

Table 1 above revealed that there was no significant main effect of sex on attitude towards safe sex practice among undergraduate students [$F(1, 439) = .47; P > .05$]. Thus, hypothesis one which states that there is a significant main effect of sex on attitude towards safe sex practice among undergraduate students is rejected. The table also revealed that there was a significant main effect of moral competency on attitude towards safe sex practice among undergraduate students [$F(1, 439) = 1368.81; P < .05$]. Thus, hypothesis two which states that there is a significant main effect of moral competency on attitude towards safe sex practice among undergraduate students is accepted.

The table also revealed that there was a significant interaction effect of sex and moral competency on attitude towards safe sex practice among undergraduate students [$F(1, 439) = 8.24; P < .05$]. Thus, hypothesis three which states that there is a significant interaction effect of sex and moral competency on attitude towards safe sex practice among undergraduate students is accepted.

Table 1b above revealed that male undergraduate students who have low moral competency (mean=41.59, SD=3.52) indulge less in safe sex practices behaviour than female undergraduate students who have low moral competency (mean=43.25, SD=4.28). The results however revealed that male undergraduate students who have high moral competency (mean=60.24, SD=5.59) indulge most in safe sex practices. The plot in figure 1 below corroborates these findings.

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DISCUSSION

This study has shown that male undergraduates who are morally competent would indulge in safe sex practices than female undergraduates who are morally competent, female undergraduates who are morally incompetent and male undergraduates who are morally incompetent. The findings of this study support previous research (Cooper, 2002; Fields, 2002) that university women are highly engaged in sexual activity and much of that activity is risky. Such findings underscore the national and international data sets that report the vulnerability of this age group for increased unwanted pregnancies and STIs (World Health Organisation, 2008; United States Department of Health and Human Services, 2008, Mullis, Byno, Shriner & Mullis, 2009). Contrary to the findings of Mullis, Byno, Shriner & Mullis, (2009), who found out that the young ladies engaged more in reckless sexual behaviour, this study revealed that there was no significant gender influence on safe sex practices. However, female who were low on moral competency measure indulged in safe sex practices more than male who were low on moral competency measure.

Africans should re-examine their value system; it is now expedient for every child to be oriented towards his culture right from birth. The curricular of Western Education should be modified or adapted. More beneficial aspect of African culture should be introduced in the formal school system. Our yardstick for measuring affluence has to be changed to discourage our youths from exchange of money or gift for sex or prostitution. The Nigerian university undergraduate students need to be taught that casual sex, prostitution and all forms of premarital sex is against our culture. The consequences of these are enormous values system obtainable in our society and the moral competency of individuals in the society.

Counsellors and others who are involved in HIV/AIDS prevention should often make use of cognitive restructuring in their behavioural change programme. The youths must be made to understand that a relationship between their sexual behaviour and perception exists. AIDS awareness must create a link between behaviour and perception.

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