

IMPACT OF FAMILY DYSFUNCTION ON INDISCRIMINATE SEXUAL BEHAVIOUR OF ADOLESCENT STUDENTS OF UNITY SCHOOLS IN SOUTH - SOUTH ZONE NIGERIA

Dr. (Mrs.) G. W. Orluwene, Dr. (Mrs.) Rosemary Ekechuwku & Achumba Beatrice Ojiugo
Department of Educational Psychology, Guidance and Counselling
University of Port Harcourt, NIGERIA

ABSTRACT

The study investigated the Impact of family Dysfunction on Indiscriminate Sexual Behavior of Adolescent Students of Unity Schools in South-South Zone Nigeria. Two research questions and two hypotheses guided the study. Ex-post facto and correlational designs were employed for the study. A sample of 640 SS 2 and SS 3 students was drawn from the population using stratified random sampling technique. The instruments used for data collection were Dysfunctional Family Assessment scale (DFAS) and Indiscriminate Sexual Behavior Scale (ISBS). The results were estimated through Linear Multiple Regression, Analysis of Variances (ANOVA), T- test associated with the regression and Mean and Standard deviation. The finding revealed significant influence of family dysfunction on adolescent's indiscriminate sexual behavior based on the findings; it was recommended that sex education should form part of the curriculum for health education in both basic and secondary school.

Keywords: Family dysfunction, indiscriminate sexual behavior and Adolescent.

INTRODUCTION

The family environment, parents create play an important role in determining whether the offspring raised in that family will be well adjusted children, teenagers and finally responsible adults or not. In other words, the family as a social unit performs the initial socialization functions for the child. Children are educated and molded after what obtains in the family. Many facets of the family have great impact on the children, adolescents included. According to Uwe (2012) the parenting style, the socio – economic status and the climate conditions in the home all affect either negatively or positively the personality of the child. Families therefore, could be said to be the strongest socializing forces of life. In the families, children are taught to eschew unacceptable behaviors, to delay gratification and respect the right of others. Conversely, families can teach children aggressive, antisocial and violent behaviors as well, (Sanni, Udoh, Okediji, Modo and Eze 2010).

Most families have some periods when functioning is impaired by stress (death in the family, parents'/children's serious illness etc), healthy families tend to return to normal functioning after the crises passed. In some other families, however, problems tend to be chronic; parents repeatedly fail to deliver their roles with awareness and sensitivity to each member of the families, children do not always get their need to be dominant in the lives of the children. Families where these situations are in place will become unbalanced, unhealthy and fail to function normally, as difficult behaviors may result in one or all of the members of the families (Bakker 2009, De- Guzman and Bosch 2007). Families units of this nature, where abnormality seems to be the norm are said to be dysfunctional. Equally, families in which conflicts misbehaviors and often child neglect or abuse on the part of individual parent occur continually and regularly; leading other members to accommodate such actions. In such

families normal functioning is distorted by one condition or the other and things do not go on normally as they should. (Vrakas 2009).

For instance in a situation where father – mother relationship which usually plays key role in the proper up-bringing of a child is not cordial the children in such family will come up with negative behaviors. Usually, when conflicts between husband and wife are mismanaged it predicts both marital distress and negative effects for children. In a situation like this, trust and love may be lacking and for the children, their most plausible alternative will be mischief and rebellion. Such children will enter adolescence lacking the security, the psychological stability, the coping skill and sense of belonging within a social order that one gets from growing in a family, (Okoro 2001, Dada 2010 cited in Mbadugha 2012).

Adolescence is a period of rapid growth and development of human beings, which occurs between ages of 12 to 18 years. The individuals who belong to this age bracket are referred to as adolescents; and many of them are in secondary schools (Onukwufor 2009). An adolescent has been said to be a person between childhood and maturity, (Hornby 2000). Adolescents have been described as persons between the ages of 12 -19 years – what could be described as the last stage before early adulthood. In some cultures, adolescence covers from ages 10-19 years while in some others; it is from 13-21. This simply implies that, the age range of adolescence varies from culture to culture (Achumba 2009).

At this period, the adolescents are faced with a lot of challenges because of dramatic physiological changes they experience. The advent of these physical changes affect adolescent's life in every aspect. The way and manner the adolescents try to face these challenges have probably given rise to their peculiar behavioral patterns. Engagement in sexual behavior is considered to be another high-risk behavior for youths because of the potential physical danger of contracting sexually transmitted diseases like HIV/AIDS, etc. and socio-emotional risks it presents. Buttressing this, Mkhwanaza, (2006), observed that, premature sexual intercourse results in high rate of sexually transmitted diseases, HIV transmission, adolescent pregnancy and abortions. Most often, youths are not ready for the social and emotional implications of sexual activities, and many sexually active youths seem to damn the consequences. Many young people are said to believe that parents are using the fear of HIV/AIDS to stop them from having fun (Garland 2003).

In a common country assessment by United Nations system in Nigeria 2001, various surveys showed high level of sexual activity among Nigeria adolescents. It has also been noted that, half of the 19 million new Sexually Transmitted Diseases (STD) cases diagnosed per year are of youth ages 15 -19; and 13 percent of new HIV/AIDS diagnoses are of youth ages 13–24 (Gutmacher Institute 2006 cited in De-Guzman and Bosch 2007). Teenage pregnancy is both a possible effect of risky behaviors, as well as a risk factor in itself. Teen pregnancy has been linked to higher rates of school dropout, as well as other socio-emotional risks. The excerpt below, culled from the keynote address by Nigeria's First Lady, Dame Patience Jonathan on Strategies for the Reduction of Teenage pregnancy in Sierra Leone Lends some credence to the above assertion:

... All teenage pregnancies, irrespective of the outcome have adverse consequences for the girls, the parents and the communities. Adolescent pregnancy is dangerous. Indeed, pregnancy is the leading cause of death to adolescent girls and the youngest girls are particularly at risk.

The maternal mortality global report, says adolescents are more likely to have long and protracted labors due to their smaller body sizes and immature pelvic structure. This, not only increases their risk of death, but, also of developing fistula, while unsafe abortion kills many adolescents; as it is estimated that one third of teen pregnancies in the world, end in abortion. P.3.

In a similar view, Olukoju (2008) cited a pathetic incident of a grave consequence of abortion; where an undergraduate girl bled to death in her mother's hands. Unfortunately, girls in Nigeria have no immunity against teenage pregnancy and its consequences; neither are our youths shielded from the consequences of the other high-risk behaviors they are involved in. The issue is that, since a child has been said to be the product of his environment, which invariably includes the family, which has been noted to have powerful influence on the child, it then follows that, any tilt on the scale of family functioning to the negative direction will negatively impact on the off-springs of such families; especially, the adolescents (Onuoha 2001, cited in Mbadugha 2012). On the other hand, it is only from a stable, healthy, well-organized, functional family that a child can get high level of security, psychological stability, skills to cope in life issues and a sense of belonging.

The negative consequences of indiscriminate sexual behavior on adolescents cannot be over emphasized. Considering the fact that, adolescents in our secondary schools including unity schools get involved in virtually every vice one can think of, raises a question mark on the type of background they come from. Such maladaptive behaviors range from smocking, fighting and aggression, indiscriminate sexual activities inflicting cuts on others, willful destruction of properties, involvement in cultism, lesbianism, homosexuality, examination malpractice and gross indiscipline etc. The researcher has witnessed students' involvement in virtually all the vices listed above and more. In one of the Unity Schools, the incident of a student who hit a fellow student and he dropped dead is still fresh in the researcher's mind. Yet, in another Unity School, years ago, a student cut a major artery in the neck of another student, unfortunately, the victim bled to death as he was being rushed to the hospital. The researcher, some years ago, 2006 to be précised, was a victim of teenage robbery. These dare – devil armed robbers, evaded her Port Harcourt residence and shot her on the leg, but God spared her life.

The family however, has been noted to have powerful influences in the life of a child. A child's home – background and parental approach to child up-bringing are predictable because a child reflects to some extent, at least the environment in which he has lived and treatment he has received. However, in looking for ways and means of resolving these problems, it is pertinent to look inward and the family ultimately becomes the first port of call.

It is against this background therefore, coupled with the researcher's experiences in different Unity Schools for over two decades, as a teacher/Guidance Counselor she decided to carry out this study. To this end the problem of this study therefore, is: to find out what influence dysfunction in the families have on drug abuse of adolescent students of Unity Schools in the South-South of Nigeria? In other words, does dysfunction in the family influence adolescents' drug abuse.

The main aim of the study was to investigate the extent dysfunction in the families influenced indiscriminate sexual behavior of adolescent students in Unity Schools within the South-South Geopolitical Zone of Nigeria. Specifically the study was designed to achieve the following objectives:

1. Determined the extent Family dysfunction types (Deficient-parents, Controlling-parents and Alcoholic-parents) jointly influenced adolescents' indiscriminate sexual behaviors.
2. Verified the extent Family dysfunction types (Deficient-parents, controlling and Alcoholic-parents) independently influence adolescents' indiscriminate sexual behaviors.

Two research questions guided the study

1. To what extent do family dysfunction types (Controlling-parents, Deficient-parents, and Alcoholic-parents) jointly influence adolescents' indiscriminate sexual behaviours?
2. To what extent do family dysfunction types (Controlling- parents, Deficient-parents, and Alcoholic-parents) independently influence adolescents' indiscriminate sexual behaviors?

Two null hypotheses formulated and tested at 0.05 alpha level guided the study

1. Family dysfunction types (Controlling-parents, Deficient-parents, and Alcoholic-parents) jointly do not have any significant influence on adolescents' indiscriminate sexual behaviors.
2. Family dysfunction types' (Controlling-parents, Deficient-parents, and Alcoholic-parents) independently do not have any significant influence on adolescents' indiscriminate sexual behaviors.

Method

Ex-post facto and co relational designs were employed for the study. Simple random sampling by balloting was used to choose seven (7) Unity schools out of the seventeen Unity Schools located within the six states in the South – South zone. The seven schools had a population of three thousand, two hundred and ninety –eight (3298) Senior Secondary two (SS 2) and Senior Secondary three (SS 3) students which composed of one thousand, nine hundred and fifty (1950) males and one thousand, three hundred and forty eight (1348) females. Stratified random sampling method was then employed to compose a representative sample of 700 students (SS 2 and 3) out of which 640 questionnaires were completely filled and retrieved for the analysis. The sex composition of the sample size is 384 males and 272 females which represent 59 and 42 percent of the sample size respectively.

Two instruments were designed for the study: A twenty two (22) item Dysfunctional Family Assessment Scale (DFAS) and a Bullying Behavior scale (BBS) of six (6) items were used to gather data for the study. The data was analyzed using multiple linear regression analysis to answer research questions 9, while research questions 5, was answered using beta values. Analysis of variance – ANOVA associated with multiple linear regression was used to test hypothesis 9, while hypothesis 10, was tested using t-test associated with multiple regression.

Results

Hypothesis 9 asserts that, family dysfunction types (controlling-parents, deficient-parents, and alcoholic-parents) jointly do not have any significant influence on adolescents' indiscriminate sexual behavior. To test this hypothesis, ANOVA associated with the regression analysis was used. The result of the ANOVA is presented in the table below.

Table 4.1: Summary of ANOVA test associated with the Multiple Regression of family dysfunction types on adolescents' indiscriminate sexual behavior

MODEL	S.S	D.F	M.S	F	SIG
Regression	660.985	3	220.328	21.608	0.000
Residual	6484.913	636	10.196		
Total	7145.898	639			

Predictors: (constant), Family dysfunction types. Dependent variable: Indiscriminate sexual behavior.

The result from the table above shows that the calculated F- value of 21.608 was significant at 0.000 level which is above the 0.05 probability level. This means that the deficient-parents, alcoholic-parents, controlling-parents family dysfunction types jointly have a significant influence on adolescents' indiscriminate sexual behavior.

Research question 2: Family dysfunction types (controlling parents, deficient parents, and alcoholic parents) independently do not have any significant influence on adolescents' indiscriminate sexual behavior? In order to answer this question, the BETA values from the regression analysis were used. The associated hypothesis derived from this research question; **Hypothesis 2:** States that, family dysfunction types (controlling-parents, deficient-parents, and alcoholic-parents) independently do not have any significant influence on adolescents' indiscriminate sexual behavior. To test the null hypothesis, the t- values from the Regression analysis as presented in the table below were used.

Table 4.2: BETA values associated with Multiple Regression analysis of family dysfunction types on adolescent indiscriminate sexual behavior

Model 1	B	SEB	BETA	t	Sig
Constant	3.546	0.738		4.809	0.000
Deficient Parents	0.205	0.056	0.147	3.686	0.000
Alcoholic Parents	0.061	0.031	0.082	1.975	0.049
Controlling Parents	0.203	0.046	0.182	4.388	0.000

Dependent variable: Indiscriminate sexual behavior

The results in the table above revealed that the BETA value for Deficient-Parents family dysfunction type was 0.147 and the associated t- value was 3.686 which was significant at 0.000 level that is below the 0.05 chosen probability level. Based on this result, Deficient-Parents independently has a significant influence on adolescents' indiscriminate sexual behavior. The beta value for Alcoholic Parents was 0.082 and the associated t- value was 1.975 which was significant at 0.049 level that is below the 0.05 chosen probability level. This showed that Alcoholic-Parents family dysfunction independently has a significant influence on adolescents' indiscriminate sexual behavior. The table above revealed that the beta value for Controlling-Parents was 0.182 and the associated t- value was 4.388 which was also significant at 0.000 level that is below the 0.05 chosen probability level. Hence,

Controlling-Parents independently has a significant influence on adolescent indiscriminate sexual behavior.

Generally, based on their beta values, we can deduce that Controlling- Parents has the highest influence on adolescent drug abuse, followed by Deficient-Parents and lastly Alcoholic-Parents. Therefore based on the unstandardized coefficient B, the model for the equation is $y^1 = 7.550 + 0.158_{x1} + 0.074_{x2} + 0.263_{x3}$, Where y^1 is the predicted Drug abuse score while x_1, x_2, x_3 are the respondents scores on Deficient-Parents, Alcoholic-Parents, and Controlling-Parents.

DISCUSSION

The results in tables 4.1 and 4.2 revealed that family dysfunction types jointly influence adolescents' indiscriminate sexual behaviors significantly. This stands to mean that adolescents' indiscriminate sexual behaviors are not solely as a result of any particular type of family dysfunction though controlling-parents type had the greatest influence. It could rather be noted that in any family where dysfunction exists the adolescents are likely to be involved in indiscriminate sexual behaviors.

Other research findings lend credence to the findings of this present study. Such include a 2003 study by Markham et al who found out that family connectedness may be a protective factor related to sexual risk taking even among high-risk youths. Specifically the study showed that among males, higher perceived connectedness was associated with reduced odds of ever having had sex or having initiated sex prior to the age of 13. Females who perceived higher family connectedness had reduced odds of having been involved in a pregnancy.

The findings of this study equally reflected the findings of the Minnesota Students Survey in 2001 -2002. The study found consistent negative correlations between family connectedness and sexual activity as well as suicide risks, substance abuse etc. Another study supporting the finding of present work is that of Muyibi et al (2010). The study revealed that dysfunctional families had significantly sexually active respondents. In essence it then follows that adolescents who feel highly connected to their parents are more likely to delay sexual activities than their peers. This is also supported by the study conducted by United States' Centre for Disease Control and Prevention in 2000 which revealed that closeness of mother-daughter relationship was strongly related to daughter not having sexual intercourse; close family relationships were related to later age first intercourse.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made;

1. Efforts should be intensified in educating the populace especially parents, students and pupils on the consequences of indiscriminate sexual behavior.
2. Sex education and drug education should form part of the curriculum for health education in both basic and secondary schools.
3. Programs planned by counseling psychologists and other educators for tackling adolescents' indiscriminate sexual behavior, should tailor prevention strategies to the needs of adolescent students and pupils as well. Such strategies should be geared towards equipping them to control their urges.

4. School administrators should ensure family structure and types form part of pre-admission forms to enable counselors gain insight into students' background to enable them employ effective strategies in tackling students' delinquent issues.
5. Marriage Counselors should create more awareness of the consequences of dysfunction in the families
6. In tackling issues of students' indiscriminate sexual behaviors, parents of such students should be involved.

CONCLUSION

Based on the findings from this study it is concluded that family dysfunction types jointly contribute significantly to adolescents' indiscriminate sexual behavior. Secondly, controlling-parents family dysfunction type, independently wields significant influence on adolescents' indiscriminate sexual behavior. It should also be noted that other factors beyond the scope of this study could equally be accountable for adolescents' indiscriminate sexual behavior. Such as peer pressure and mass media, the adolescents' environment outside his family, his community and what goes on there, etc.

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