

**SOCIAL MEDIA USE AND SEXUAL BEHAVIOUR OF YOUNG ADULTS
UNDERGOING VOCATIONAL TRAINING IN IDO LOCAL
GOVERNMENT AREA, OYO STATE**

BY

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ABSTRACT

Interest in the reproductive health of young people continues to grow all over the world and their reproductive health needs remain poorly understood and underserved in many parts of the world. In Nigeria, most existing research focusing on the effects of social media on young adults' sexual behaviour are few. This study was therefore designed to investigate the use of social media and its effects on the sexual behaviour of young adults undergoing vocational training in Ido Local Government Area, Oyo State, Nigeria.

The study employed a cross-sectional survey design involving a sample size of 422. Out of this, only 413 interviewer-administered questionnaires were returned and found valid for analyses making a response rate of 97.7%. A three-staged sampling technique was used to recruit the respondents (male and female) aged 15-24 years for this study. The questionnaire explored the socio-demographic characteristics, the time spent on use of social media categorised into 3 domains namely 0-3 hours (low), 4-7 hours (moderate) and ≥ 8 hours (high), sexual behaviour, the sources of reproductive health information, factors that motivate social media use and the perceived effects of social media information on the sexual behaviour. Data were analysed using descriptive statistics and Chi-square at 0.05 level of significance.

The mean age of respondents was 19.9 ± 2.8 years. More than half of the respondents (52.8%) were males and 78.5% of them had completed secondary school education while 4.1% of respondents had no formal education. Many (56.2%) started the use of social media between ages 11 to 15 years and the highest used social medium was Facebook (75.8%) followed by WhatsApp (19.1%) with respondents (65.1%) admitting to daily use of social media. The mean age of sexual debut was 16.2 ± 3.8 years and 55.2% of the respondents reported ever experienced sexual intercourse. In the past 6 months preceding the study, findings indicated that 62.7% had had sexual intercourse, 63.6% did not use the condom consistently during sexual intercourse. It was found that close to half (48.3%) reported having had multiple sexual partners. Socio-demographic characteristics of respondents such as age, age at first use of social media, gender and living arrangement significantly influenced their daily social media usage. On daily basis, the males (13.3%) reported higher social media use than the females (7.7%). The use of social media significantly influenced respondents' sexual behaviour. This indicated that respondents who had had sexual intercourse (14.0%) reported higher social media usage than those who have never had

sexual intercourse (6.5%). Respondents disclosed that unavailability of parents (42.4%) and easy internet accessibility (85.7%) motivated them to seek reproductive health information on social media. The study also revealed that parents, internet and boyfriend/girlfriend were significantly associated with the respondents' sexual behaviour.

An increased number of young people used social media and engaged in activities that could predispose them to risky sexual behaviours especially those who had ever experienced sexual intercourse. Public enlightenment of young persons to the risks of sexuality and social media will go a long way in improving young adults' sexual behaviour.

Keywords: Social media, sexual behaviour, vocational training, young adults

Word count: 498

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DEDICATION

This work is dedicated to Almighty God the way maker and to my wife and relatives for their kind support.

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CERTIFICATION

I hereby certify that this study was carried out by ALALADE, Akinola Olusegun under my supervision in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IMB	Information-Motivation Behavioural
NDHS	National Demographic Health Survey
NNPC	Nigerian National Petroleum Commission
NPC	National Population Commission
SB	Sexual Behaviour
SM	Social Media
STI	Sexually Transmitted Infection
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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OPERATIONAL DEFINITION OF TERMS

According to this study, the following are operational definitions and their meanings:

Vocational training young adults	refer to apprentices who are often youth with a formal or informal education who learn a craft under the direct supervision of an instructor who operates small businesses in the formal sector of the Nigerian economy.
Social media	are platforms that allow users of that platform to generate content and engage in peer-to-peer conversations.
Sexual behaviour	includes sexual activities or practices that refer to the manner in which humans experience and express their sexuality (Marcus, 2011).

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Globally, young people sexual reproductive health is viewed as a key public health issue. This is because there are 1.2 billion adolescents worldwide with nearly 90% of them living in developing countries (UNICEF, 2012; Abajobir and Seme, 2014). Contrary to common beliefs, there is a significant burden of disease during the adolescence years. Indeed, nearly 35% of the global disease burdens have their roots in adolescence (WHO, 2016). As defined by the World Health Organization (WHO), adolescents' refer to persons between the ages of 10 and 19 years, 'young adults' refers to persons aged 15 to 24 years, while the broader term 'young people' is used for individuals of ages 10 to 24 (WHO, 2016). This stage is characterized by a series of major physical and psychological changes which affect their sexual and reproductive health (SRH). It is a phase of transition between childhood and adulthood with significant changes in social interactions and relationships (WHO, 2016).

Young people are not quite capable of comprehending complex concepts, or the relationship between behaviours and consequences, or the extent of control they have or can have over health decisions making including that related to sexual and reproductive health. This makes them vulnerable to sexual abuse and high-risk sexual behaviours and reproductive health problems (WHO, 2016; Abajobir and Seme, 2014). Parents, teachers and healthcare workers fail to discuss sexual and reproductive health issues with adolescents and young adults because of socio-cultural norms around abstinence and shifting of responsibility among these adults on who should make available sexual and reproductive health information. This puts adolescents and young adults at risk of making poor sexual and reproductive health choices with the possibility of negative sexual and reproductive health outcomes (Olasode, 2006).

Social media is a broad concept that encompasses Web-based operations that are used for computer-mediated communication (Grajales, Sheps, Novak-Lauscher and Eysenbach, 2014). These websites support functions such as social networking (e.g., Facebook, MySpace, Google Plus), professional networking (e.g., LinkedIn), media sharing (e.g., YouTube, Flickr), content production such as blogs (e.g., Tumblr, Blogger, Twitter), knowledge/information aggregation (e.g., Wikipedia), and virtual reality and gaming environments (Capurro, Cole, Echavarría, Joe,

Neogi and Turner, 2014). In the stage of development by the use of digital technology, adolescents and young adults seem to be constantly connected online, by the use of social media, and through mobile applications, it is no surprise that they increasingly turn to digital media to answer their sexual reproductive health questions. Social media are an uncharted territory with potential for health information campaigns aimed at reaching adolescents. Social media allows for instant access to and dissemination of information around the world, and users have the opportunity to play an active part in the reporting and dissemination of online material (Odlum and Yoon, 2015). The high prevalence of use emphasizes the potential for social media activities to impact people's knowledge, attitudes and behaviours in both high and low resource settings (Hamill, Turk, Murukutla, Ghamrawy and Mullin, 2013).

1.2 Statement of the Problem

Over the years, young people sexual and reproductive health concerns have increasingly been on global agendas. This concern has mostly been driven by the high burden of HIV/AIDS and other sexually transmitted infections (STIs), early childbearing and risky sexual behaviours among adolescents and young adults (Blum, 2016; Shivaram, Nandini, and Malleshappa, 2011). However, this concern has not frequently been transformed into action (WHO, 2014). The reproductive health needs of adolescents and young adults remain poorly understood and underserved in many parts of the world (ACDEP, 2008). Blum (2016) reported that 20% of the world populations are adolescents. There are about 1.8 billion adolescents and young adults worldwide which is a quarter of the world's population (UNICEF, 2017) and their sexual and reproductive health needs have not been addressed adequately (Abajobir and Seme, 2014). Estimates from the United Nations Children's Fund (UNICEF) in 2016 indicated that about 2.1 million adolescents between the ages of 10 and 19 were living with HIV worldwide (UNICEF, 2017). In 2015 alone, of the 2.1 million persons that were newly infected with HIV, 670,000 were young adults between the ages 15 to 24 and 37% of these were adolescents between the ages 15 to 19 (UNICEF, 2017).

Adolescents and young adults make up 31% of the entire population of Nigeria. Adolescents between the ages of 10-14 make up the largest proportion compared to other age groups (NACA, 2016). Data from the Nigeria AIDS Control Agency (NACA) put the prevalence at 4.2% for young adults aged 15 to 24 (NACA, 2016). Recent estimates put the number of adolescents aged 10-19 years living with AIDS to be 160,000. National data also suggests that 40 percent of all

reported new cases of HIV occur in young adults aged 15 to 24 which is the highest when compared to other age groups (Idele, Gillespie, Porth, Suzuki, Mahy, Kasedde and Luo 2014). The prevalence of HIV/AIDS among adolescents and young adults differs remarkably by regions (NACA, 2016). The prevalence of HIV also varies markedly by gender, as young women are more infected with HIV than their male counterparts. This is especially true in the South-South region where young females aged 15-24 years have prevalence as high as 5.9% and South-West 3.8% when compared to their male counterpart with a prevalence of 3.7% and 1.7% respectively. The prevalence of HIV in the South-West is higher among young female adults aged 15-24 years as compared to their male young adults. Nigerian adolescents and young adults now engage in sexual activities at an earlier age than in the past (UNICEF, 2012). Data show that the average age at sexual debut is roughly 15 years of age among adolescent mothers in Nigeria (NPC and ICF Macro, 2014).

The recent estimate also suggests that 15% of young adults are sexually active before the age of 15 years (AVERT, 2017). At 576 maternal deaths per 100,000 live births, Nigeria accounts for roughly 14 percent of the global burden of maternal mortality (NPC and ICF Macro, 2014). Global evidence shows that young girls bear a higher burden of maternal mortality and morbidity. The Contraceptive prevalence rate among Nigerian women (15%) also falls short of the global estimate of 62% (World Bank, 2018). For condoms specifically, 64.3% of adolescents (15-19 years) and 67.8% of young adults (20-24 years) have heard about male condoms (NPC and ICF Macro, 2014). While knowledge of condom as a method of protecting STIs is high, its utilization is low (Protogerou, Hagger, and Johnson, 2017). Data from the National HIV and AIDS and Reproductive Health Survey (2013) show that 56.4% of adolescent boys and 39.6% of adolescent girls had unprotected sex with their partners (NACA, 2013). According to AHI (2015), it was averred that about 54% of young females have given birth to a child by 20 years of age. High rates of adolescent pregnancy, sexually transmitted infections, and unsafe abortions in Nigeria indicate the need for a greater understanding of factors that affect young adults' sexuality. The sexual health needs of young adults remain poorly known and addressed particularly among vulnerable subpopulations like young adults in vocational training or are out-of-school (Odeyemi, Onajole and Ogunowo, 2009). The study further argues that out-of-school female young adults engaging in risky sexual behaviour are exposed to sexual abuse, lack skills to resist pressure, and have limited access to credible reproductive health information (Odeyemiet *al.*, 2009).

Although, many young people are limited by their social and economic status; therefore, access to reproductive health information and services is constrained. To compound this estimates from WHO show that the majority of adolescents who are engaging in risky sexual behaviours live in sub-Saharan Africa (UNICEF, 2017). In the digital age, it is important to provide adolescent and young adults with the required sexual and reproductive health information with 60% of the urban population in the developing world expected to be under the age of 18 by 2030, it is clear that addressing young people concerns must be accorded attention (Way Report, 2015).

1.3 Justification

Social media are an uncharted territory with potential for health information campaigns aimed at reaching young people. In 2017, UNICEF disclosed that its social media platform for engaging with communities on issues that affect them has surpassed two million registered responders in Nigeria, majorly comprising adolescents and young adults and that U-Report Nigeria has the widest coverage of any country (UNICEF, 2017). It is apparent that public health interventions and informational campaigns must be tailored to reflect the way that adolescents and young adults currently navigate digital health information and the reproductive health challenges that concern them.

Hence, it was imperative to investigate the social media use and sexual behaviour of young adults undergoing vocational training in Ido Local Government Area (LGA) of Oyo State, Nigeria in order to identify knowledge gaps and bridge the gap of lack of sufficient information on the use of social media and its influence on the sexual behaviour of young adults. Most existing research that targets at improving young people sexual reproductive health in the country has focused on young people who are in-school and have paid very little attention to young adults undergoing vocational training or out-of-school who live in urban, suburban and rural areas.

1.4 Research Questions

The study provided answers to the following questions

1. What is the prevalence of social media use of young adults undergoing vocational training in IdoLGA?
2. What is the sexual behaviour of young adults undergoing vocational training in IdoLGA?

3. What are the sources of reproductive health information of young adults undergoing vocational training in IdoLGA?
4. What are the factors motivating social media use of young adults undergoing vocational training in IdoLGA?
5. What are the perceived effects of social media information on the sexual behaviour of young adults undergoing vocational training in IdoLGA?

1.5 Broad Objective

To investigate social media use and sexual behaviour of young adults undergoing vocational training in Ido Local Government Area of Oyo State

1.6 The Specific Objectives of the Study are to:

1. Determine the prevalence of social media use of young adults undergoing vocational training in IdoLGA
2. Determine the sexual behaviour of young adults undergoing vocational training in IdoLGA
3. Identify the sources of reproductive health information of young adults undergoing vocational training in IdoLGA
4. Identify the factors motivating social media use of young adults undergoing vocational training in IdoLGA
5. Assess the perceived effects of social media information on the sexual behaviour of young adults undergoing vocational training in IdoLGA

1.7 Hypotheses

The following hypotheses were tested by this study:

H₀1- There is no significant relationship between the respondents' socio-demographic characteristics and the use of social media

H₀2- There is no significant relationship between the use of social media and respondent's sexual behaviour

H₀3- There is no significant relationship between the sources of reproductive health information and respondents sexual behaviour

CHAPTER TWO

LITERATURE REVIEW

2.1 Prevalence of Social Media Use of Young Adults

The world of social media is indeed a fascinating one for Nigerians especially the young adults. This is not surprising as it is generally acknowledged that young adults, by their nature are more disposed to social communication technologies. Lenhart, Purcell, Smith and Zickuhr (2010) have observed that almost two-thirds (63%) of all adolescents use the internet to go online at least once a day. For those young adults who go online, social media use is high-nearly three-quarters (73%) use a social networking site such as Facebook or MySpace; 38% share content online such as photos, videos or artwork; and 14% blog. Additionally, three-quarters (75%) of all adolescent have a cell phone, with 88% using them to text message, 64% to exchange pictures, and 23% to access social networking sites. Nnamonu (2013) aptly expressed that while the internet is the chief host of social media sites, young people are the most predominant clients. Hence, social media have become overwhelmingly common among young people in the country. In the same vein, Umekachikelu (2013) asserted that many Nigerians including the rich and poor, educated and illiterate, young and old, Muslims and Christians now enjoy the services of the social media. But young adults are the major players in this sector, as they have been tagged as the digital age. Some of the common social media sites among Nigerian adolescent and young adults are Facebook, 2go, Myspace, Twitter, WhatsApp etc.

Studies suggest that between 55% and 82% of young adults use social networking sites on a regular basis (Kuss and Griffiths, 2011). Relative to the general population, young people are the heaviest computer and Internet users. In the digital age, young adults have become well-balanced in using digital tools, such as the internet. Young adults have exceeded all other age groups in Internet use. Pew Research Center (2015) reported that 92% of young adults ages 12–17 report going online daily. Lenhart (2015) disclosed that social networking also plays a large role in the lives of young adults with 71% of young adults reporting that they use more than one social networking site. Ekpenyong (2016) in his study among young adults and social media usage argues that most of the respondents (77.1%) began their first use of social media by aged 10 years and above. The predominant social media explored by respondents were WhatsApp (40.4%) followed by Facebook (20.2%) and 2go (19.6%). Most of them either spent an average time of 2-3 hours

(30.9%) or 6-7 hours (29.1%) daily on social media compared to about 13.8% of them who spent an hour or less. This implies that the average time spent on social media by young adults varies across the board. Furthermore, a study conducted by Olaleye (2017) reported that young adults mostly (88.0%) use social media, the highest used social medium was Facebook (71.2%) followed by WhatsApp (55.0%) while the most frequently used was WhatsApp followed by Facebook; 44.7% and 25.4% reported everyday use respectively. Olaleye (2017) further disclosed that the activities reported on social media included reading of news (60.7%), download/listen to music (62.8%), watch/download pornographic pictures (5.2%), watch/download pornographic videos (8.4%), search for sexual partners (16.8%), share pornographic pictures (4.2%) and videos (4.7%).

2.2 Sexual Behaviour of Young Adults

Adeomi, Adeoye, Adewole, Israel and Temitayo-Oboh (2014) reported that a few more than 20% of young adults have had intercourse before. This is similar to findings by Fatusi and Blum, who reported that 19.8% of the young adults who were randomly selected from the 36 States in Nigeria had initiated sexual intercourse (Fatusi and Blum 2008), (Asekun-Olarinmoye, Olajide and Asekun-Olarinmoye, 2011) in Osun State, Nigeria reported that 27.6% of the in-school adolescent and young adults studied were sexually exposed and Morhason-Bello, Oladokun, Enakpene, Fabamwo, Obisesan and Ojengbede, (2008) who reported 28.3% in a study carried out in Ibadan, Nigeria. The prevalence in this study is higher than the 13.0% reported among adolescents and young adults in Northeastern Nigeria (Ajuwon, Olaleye, Faromaju, and Ladipo, 2006).

Higher prevalence rates were, however, reported by Slap, Lot, Huang, Daniyam, Zink and Succop (2003), who reported 34% in Plateau State, Owolabi, Onayade, Ogunlola, Ogunniyi, and Kuti, (2005) who reported 63% in Osun State and Olugbenga-Bello, Adebimpe and Abodunrin, (2009) who reported 31.5% also in Osun State, Nigeria. Olugbenga-Bello *et al.*, (2009) in Osun State found that 14.6% of the in-school young adults surveyed had more than one sexual partner, and 3.3% had visited commercial sex workers before. Asekun-Olarinmoye *et al.*, (2011) in Osun State found that, of the sexually active young adults that were surveyed, 48.4% had multiple sexual partners, and 37.9% patronized commercial sex workers. Aderibigbe and Araoye (2008) also worked among in-school young adults in Ilorin, Kwara State and found that 24.2% of the respondents had received gifts in exchange for sex, while 45% had more than one sexual partner. This high level of risky sexual behaviour have made young people particularly vulnerable to and at

risk of STI and HIV infections, and hence, the reason why evidenced-based interventions should be directed at this age group. Despite this high level of risky sexual behaviour among young people, it is something of concern that just about a quarter used a condom for the last sexual experience. This rather poor preventive culture among young adults has been reported by other similar studies (Olugbenga-Bello, Adekanle, Ojofeitimi and Adeomi, 2010; NPC and ICF Macro, 2014; Olugbenga-Bello, Adebimpe and Abodunrin 2009). In Osogbo, Southwestern Nigeria, Olugbenga-Bello *et al.*, (2009) found that less than a third of the sexually active young adults used condoms while the NDHS (NPC and ICF Macro, 2014) reported that among young people that had sexual intercourse in the 12 months preceding the survey, 94.5% of male young adults had high-risk intercourse and only 36.3% of them used condom. This low rate of condom use among respondents may be due to poor comprehensive knowledge about contraception, STIs and related issues among young adults (Olugbenga-Bello *et al.*, 2010; Asekun-Olarinmoye *et al.*, 2011; Oyo-Ita, Ikpeme, Etokidem, Offor and Okokon, 2005). It has been said that substance use can impede adolescent and young adults' decision-making ability, thereby making sexual activity more likely (Olugbenga-Bello *et al.*, 2009). In this study alcohol intake was found to be significantly associated with sexual activity, while Graves and Leigh reported that alcohol intake and smoking had significant relationships with the sexual activity of their respondents. The mean age at first sexual intercourse in the study was 12.7 ± 2.7 years, which is similar to the 12 years reported by Owolabi, Onayade, Ogunlola, Ogunniyi and Kuti (2005) in Ilesa, Osun State.

The finding in the study was however lower than the 15.2 years reported by Olugbenga-Bello *et al.*, (2009) in Osogbo, Osun State and the 15.8 years reported by Ajuwon, Olaleye, Faromaju and Ladipo, (2006). Okpani and Okpani (2002), in their study, carried out in Rivers State, also indicated declining age at first sex. Studies have shown that young adults who begin sexual activity early are likely to have sex with more partners, and with partners who have been at risk of STI/HIV exposure (UNICEF, 2017). A study conducted by Ekpenyong and Turnwait (2016) among a large proportion of in-school young adults as compared to the out-of-school young adults or youth in vocational training revealed that high social media usage was higher among those with contraceptive usage (73.9%) compared to those with non-contraceptive usage (52.2%). Ever pregnant (74.1%) use social media more than never pregnant. Ever had an abortion (76.6%) use social media more than never had an abortion, and ever given birth (72.9%) use social media more than never given birth.

2.3 Sources of Reproductive Health Information of Young Adults

Media plays a primary role as a source of information on sexual and reproductive health for young adults. Some young adults in Nigeria have access to the Internet, television and digital technology, which exposes them to a lot of sexual information that has both positive and negative influence (Ladipo and Adeduntan, 2012; Ugoji, 2014; Urenna and Oluwatosin, 2016). A study in Ghana on the use of the internet as a health information source found that two-thirds of in-school young adults in Accra and half of out-of-school or vocational training young adults interviewed had accessed the internet, of which 53% had looked for health information (Borzekowski, Fobil and Asante, 2006). A study conducted by Nwagwu (2007) reported more than 74% and 68% of young adults being in-school and out-of-school respectively had ever used the Internet. The in-school young adults (43.9%) reported having home access more than the out-of-school (5.6%) although the out-of-school have used the Internet for finding reproductive and related information more than the in-school young adults. Nwagwu (2007) argues that while parents (66.22%) and teachers (56.15%) are the two sources most used by the in-school young adults, friends (63.18%) and the Internet (55.19%) were reported by the out-of-school young adults as the two most used sources of information to them. For example, according to a study in Owerri, Imo State by Jones and Biddlecom (2011) indicated that many in-school young adults still prefer traditional sources over the internet, including friends, family, or school which is coherent with what was reported by Nwagwu (2007). Over 23% of the out-of-school young adults aged 15, 45.13% of those aged 18 and 37.71% of those aged 19 reported using the Internet for seeking information. Likewise, Arulogun and Arinze (2016) observed that the source of information among young adults about the internet was friends (63.3%).

Similarly, studies conducted by (Akintayo, Akin-Akintayo, Adanikin, and Ade-Ojo 2015; Ladipo and Adeduntan 2012) reported that young adults major source of information is from friends and peers who overburden them with unguided information and pressure to initiate sex. Evidence has revealed that in Nigeria, youth in vocational training or are out-of-school who may be living on their own or found in the street have either the media or peers as their source of information. Research has also shown that young adults want to constantly receive sexual information from their parents and teachers (Akande and Akande, 2007). Rather than turn to the Internet, young adults appear to turn to interpersonal sources when facing questions about more sensitive health topics. Only 17% of young adults reported using the Internet to search for topics that they may be

uncomfortable discussing with others such as sexual health (Lenhart, 2010). In-school young adults have their parents and teachers in addition to the media and friends as their sources of information (Adogu, Udigwe, Nwabueze, Adinma, Udigwe and Onwasigwe, 2014; Ajah, Onubogu, Anozie, Lawani, Iyoke and Onwe, 2015; Onyeonoro, Oshi, Ndimele, Chuku, Onyemuchara and Ezekwere, 2011). Though some young adults may have their parents as educators, the credibility is sometimes questioned considering the cultural context of Nigeria where parents are sceptical about discussing sex and sexuality issues with children. (Ajah, Onubogu, Anozie, Lawani, Iyoke and Onwe, 2015; Onyeonoro, Oshi, Ndimele, Chuku, Onyemuchara and Ezekwere, 2011; Nwalo and Anasi, 2010). However, parents are either shy to discuss sex-related issues with young people or they think the discussion would encourage them to indulge in sexual activities (Mturi, 2003).

In a study of 350 in-school young adults in Nnewi, Anambra state, 47.2% got information about sexuality issues from friends and peer group. Other sources were a television (30%); parents (10.4%); newspapers and magazines (7.4%); and (5%) from school (Duru, Ubajaka, Nnebue, Ifeadike and Okoro, 2010). In Niger State, out of 896 young adults (only 3.6% married), about 23% obtained information from friends, 23.2% sought information from physicians, while 18.3% got information from parents (Sunmola, Dipeolu, Babalola and Adebayo, 2003). Many studies that have focused on young adults efforts to obtain sexual and reproductive health messages, mainly in the developed countries indicated that many young adults still prefer traditional sources over the internet, including friends, family, or school (Jones and Biddlecom, 2011). Furthermore, studies conducted by (Gray, Klein, Noyce, Sesselberg, and Cantrill, 2005; Jones and Biddlecom, 2011) indicated that young adults prefer to ask parents, teachers and friends about sensitive health questions, rather than search on the Internet using the social networking sites

2.4 Factors Motivating Social Media Use

Nwagwu (2007) explored the role played by the internet as a source of information on sexuality-related issues among female young adults. The study shows that there is a preference for the internet as a source of information on reproductive health matters because of the privacy it offers, the relevance of the information, freedom of access, lack of alternatives, the variety of information and the ease of use. In the same study Nwagwu (2007) argues that out-of-school young adults or youth in vocational training whose parents are public servants (33.1%) and have university

education (33.2%) have used the Internet more than those whose parents are self-employed (46.1%), employed by the private sector (20.8%) and those whose parents have secondary (28.2%) or college of education, (8.1%), primary (15.2%) and none (15.3%). The study further revealed that out-of-school young adults or youth in vocational training who are living with their parents (12.6%) are less likely than those who reported living in boarding houses (27.1%), other hostel respondents (28.9%) and those who did not specify their accommodation types (31.4%) to use the Internet for reproductive health information. Unlike the in-school young adults, there is a significant difference between the use of the Internet for information purposes with the type of access, with the young adults who have home access (23.1%) being less likely than those without home access

The affordance of social media has enabled young adults to form meaningful relationships growing up. Almost half of the young people (46%) surveyed aged 11 to 16 years old found it easier to be themselves online: 47% of them discuss 'different things' online, with 22% revealing that they talk more about private things online than face to face (Green, Brady, Ólafsson, Hartley and Lumby, 2011). According to (Boyd, 2014; de Zwart, Lindsay, Henderson and Phillips, 2011) reported that the motivational dimension of young people's social media practice is as a result of social connections (family, friends, peers and adults), visibility and recognition and freedom to explore.

2.5 Perceived Effects of Social Media Information on the Sexual Behaviour of Young Adults

In a study conducted by Ekpenyong and Turnwait (2016) among a large proportion of in-school young adults as compared to a smaller proportion, out-of-school or vocational training young adults revealed that sexual health reproductive behaviour among young adults in Bayelsa state is invariably tied to their social media usage. Age at first sexual intercourse increases as age at first use of social media increases. For instance, respondents who began the use of social media by aged 9 or below (49.9%) were more likely to have earlier sexual intercourse than those who began social media usage at aged 10 and above. However, most of the respondents (75.2%) who began the use of social media by aged 15-19 had their first sexual intercourse within the same age category. With regard to activities enjoyed on social media, more than half of the respondents (64.9%) enjoyed sex chat and sexy movie/music/picture compared to about 19.9% of them who enjoyed non-sex chat. Majority of the respondents (80.1%) have had sexual intercourse compared to about 19.9% of them who have never had sexual intercourse (Ekpenyong *et al.*, 2016).

Olaleye (2017) study reported that a significant proportion of young adults who had ever experienced sexual intercourse watched/downloaded pornographic pictures (24.1%) and videos (37.9%), and search for sexual partners (58.6%) using the social media. Asogwu and Ojih, (2013) have studied the effects of social networking sites on sexual perversion among university students, and Amoo and Adetoro (2013) have studied the effects of young adults' exposure to sexual contents on social media. These studies have either excluded the vocational training young adults or this study area. Controversy exists from studies about the association between educational status and sexual behaviour of young adults. While some studies have found that more educated young adults engage more in sexual activity due to exposure to social media (Fatusi and Blum, 2008; Olugbenga-Bello, Adebimpe, Akande and Oke, 2014) others have found that sexual activity was more among young adults with no or lower form of education (Omoyeni, Akinyemi and Adesegun, 2012).

2.6 Theoretical Framework

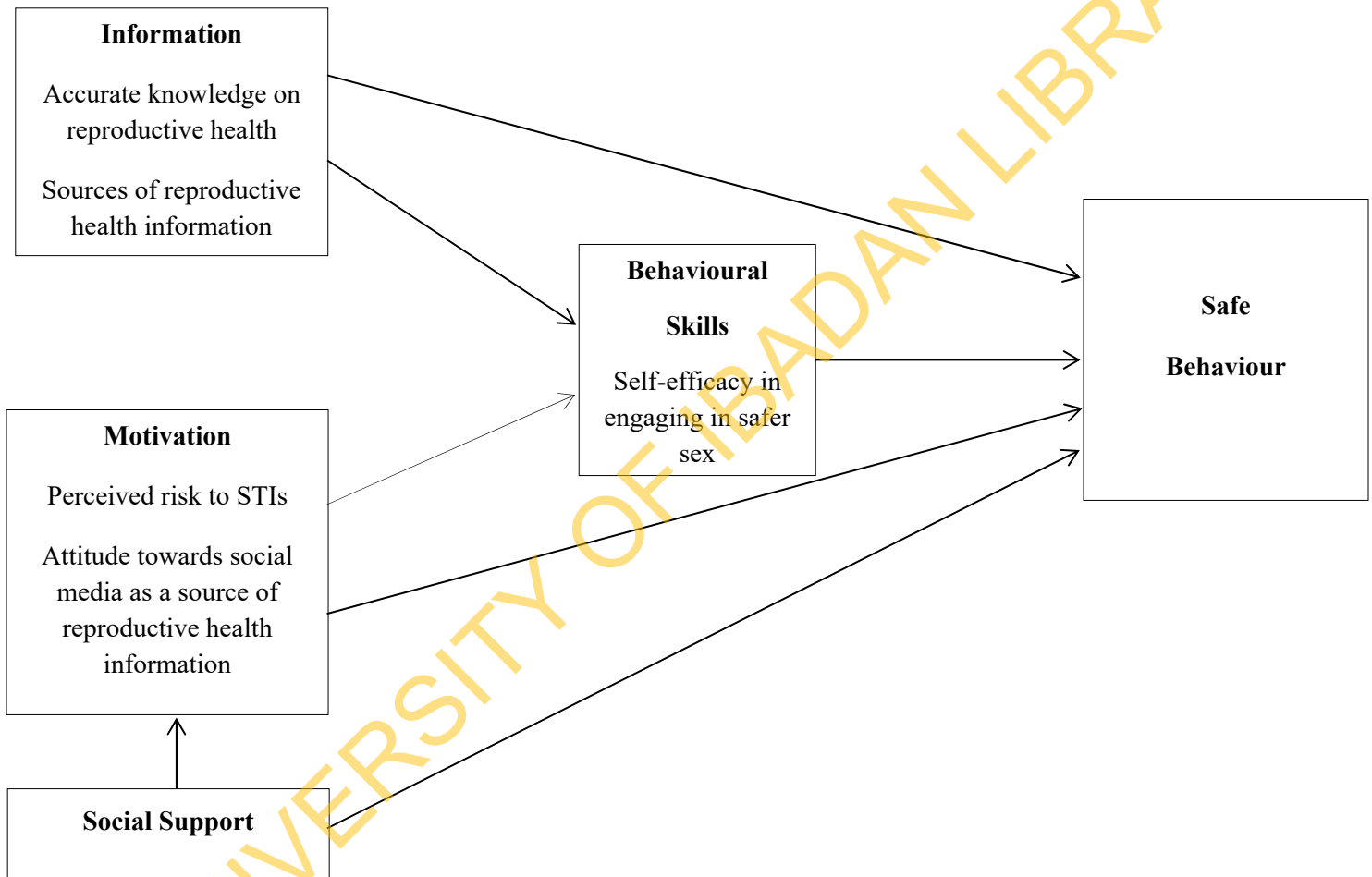
The Information-Motivation Behavioural (IMB) Skills Model asserts that health-related information, motivation, and behavioural skills are fundamental determinants of performance of health behaviours. To the extent that individuals are well informed, motivated to act, and possess the requisite behavioural skills for effective action, they will be likely to initiate and maintain health-promoting behaviours and to experience positive health outcomes. In contrast, to the extent that individuals are poorly informed, unmotivated to act, and lack behavioural skills required for effective action, they will tend to engage in health risk behaviours and to experience negative health outcomes.

The Information-Motivation-Behavioural Skills Model is a relatively new model, but it has proven in recent years to be very successful in initiating and maintaining health-promoting behaviours. As with other models of “determinants of behaviour”, such as the theory of reasoned action or the theory of planned behaviour, and the “health belief behaviour change framework”, it is based on the assumption that changing the proposed determinants of behaviour will be an effective means of changing behaviour. The original IBM model proposed three broad determinants of behaviour which are information, motivation and behavioural skills. The model has been modified to include four determinants in this study by adding 'social support' which is usually subsumed under 'motivation'. The model and its application are briefly described as follows. Information,

motivation and behavioural skills are the fundamental determinants of initiating and maintaining health-promoting behaviours. It is believed that if young adults are well informed, motivated to act within a supportive environment and possess the behavioural skills acquired to act effectively, they will be likely to initiate and maintain health-promoting behaviour.

The figure below shows a schema of the model

Figure 1: An adapted Information–Motivation–Behavioral Skills Model of health behaviour.



Source: Fisher and Fisher, 1992.

Information

Information on risky sexual behaviours provided to the different target groups using peer education and entertainment. Relevant information on pregnancy prevention; awareness about HIV/STIs and contraception including myths and local misconceptions formed the thrust of the information component.

Motivation

Motivation may determine whether well-informed young adults will be inclined to act on what they know about prevention. Issues addressed included: (a) Social motivation to engage in prevention (e.g. perception of social support from parents, community leaders etc.); (b) Perception of personal vulnerability and (c) Attitudes toward practising specific preventive acts (delaying intercourse, condom use especially with trusted partners and multiple partnering).

Social Support

Change occurs in a social context and social influence can assist or hinder change initiatives and maintenance. Using advocacy and quality engagement with Community Based Organizations, parents, law enforcement agents and local and health authorities in the communities, the study aimed to provide a social environment conducive to behaviour change and maintenance.

Behavioural Skills

The availability of skills determines whether even well-informed and well-motivated young adults will be capable of practising prevention effectively. The main emphasis of this component will be to assist young adults in developing cognitive and behavioural skills needed to avoid or handle community-specific 'risk triggers' and enable them to make decisions that will engender risk reduction. Activities such as multiple skill-building peer sessions to address social pressure on early sex and multiple partnering. Peer facilitation in groups, and role play to address, among others, the following: (a) Self-efficacy to delay intercourse or use condoms; (b) Ability to negotiate condoms in different situations; (c) Objective and perceived ability to purchase condoms effectively; (d) Ability to use condoms effectively; (e) Self-efficacy to use condoms in trusted and transactional sexual relationships; and (f) Ability to communicate reproductive health issues with parents.

CHAPTER THREE

METHODOLOGY

3.1 Study Design

This study was a descriptive cross-sectional design using quantitative data collection method. It involved selected young adults undergoing vocational training in Ido Local Government Area of Oyo State.

3.2 Description of Study Area/Setting

Ido is a Local Government Area in Oyo State, Nigeria. Its headquarters are in the town of Ido. It has an area of 986 km² and a population of 103,261 at the 2006 census. The Local Government Area has a landmass of 1,010.954 square kilometres with the 2010 estimated population of 117,129 using a growth rate of 3.2% from 2006 census. In respect of the state administration policy of bringing government and development to the grassroots level, and in response to the yearning and aspirations of the people, Ido Local Government finally came into being in May 1989. The residents of the Local Government Area are mostly farmers, traders, transporters and civil servants. It shares boundaries with Oluyole, Ibarapa East, Akinyele, Ibadan South-West and Ibadan North-West Local Governments in Oyo State and Odeda Local Government in Ogun State.

The council formerly has six (6) wards, which have been increased to ten (10) for the easy exercise of the franchise. Among the major towns within the Local Government Area are Ijokodo, Ido, Omi-Adio, Apata, Apete, Akufo and Bakatari as well as about 612 villages which include Ogunweide, Dada, Olowofela, Apooyin, Oderemi, Odetola, Erinwusi, Tade, Alagbaa, Iku-senla among others. On the account of extensive fertile soil, which is suitable for agriculture, the basic occupation of the people is farming. There are large hectares of grassland which are suitable for animal rearing, vast forest reserves and rivers. People in the area grow varieties of cash crops such as cocoa, kola nut, palm oil, timber and food crops such as maize and rice. The area is also suitable for a wide range of edible fruits.

The area has also gained tremendously from the industrialization process with the presence of industries such as the Nigerian Wire and Cable Ltd, Nigerian Mining Corporation and the Nigerian National Petroleum Commission (NNPC) among others. The Local Government Area has 75

primary schools, 33 secondary schools made up of 18 junior secondary schools and 15 senior secondary schools.

3.3 Study Population

All vocational training (male and female) young adults in Ido Local Government Area were the targeted population for this study. The majority of the young adults were within age 15 to 24 years.

3.4 Determination of Sample Size

The minimum sample size was calculated using the Leslie and Kish formula for descriptive studies

$$n = \frac{Z^2 p(1-p)}{d^2}$$

p = Estimate the proportion of social media usage among young people from a previous study (Ekpenyong and Turnwait, 2016) was 55% i.e. p= 0.55

Z is the standard variation corresponding to the confidence level. At a confidence level of 95%, Z= 1.96

$$n = \frac{1.96^2 \times 0.55 \times 0.45}{0.05^2}$$

$$n = 380$$

A non-response rate of 10% of 380 using $q = \frac{1}{1-f}$

Where f = estimated non-response rate = 0.11

n will then be $380 \times 1.11 = 421.8$

The sample size for this study is **422**

3.5 Sampling Technique

The sampling units for this study were young adults in vocational training which served as a primary source of information. They were within the age category of 15 to 24 years. A four-stage sampling technique was used to select the sample population in Ido Local Government Area.

Stage 1: Selection of wards

Randomly selected 5 wards out of the 10 wards in Ido Local Government Area by balloting

Stage 2: Selection of artisan associations

A convenience sampling of 8 major artisan associations was identified for this study. This intersected between the 5 wards selected since they habitually have more number of members consisting of vocational training young adults within ages 15-24 years for this study. The vocations included tailoring, automobile-mechanics, plank selling/carpentry, hairdressing, barbing, crafting, tiling, and shoemaking.

Stage 3: Selection of respondents in each group based on Gender

The leaders of the associations of the 8 major artisans were contacted through an identified member of the association to pre-inform them about what the research entails. A proportionate sampling technique was used to administer the questionnaire across all apprenticeship for fair selection and even distribution between genders. Young adults in vocational training in these groups were identified using the inclusion and exclusion criteria.

3.6 Inclusion Criteria

Eligibility for participating in the study was based on being:

- Young adults between the ages of 15-24
- Young adults who completed the primary cycle and do not continue to secondary level
- Young adults who left school before or after completion of lower secondary education
- Young adults who left school before or after completion of higher secondary education
- Young adults who have not entered a higher institution
- Young adults of the selected vocation must consent to participate in the study

3.7 Exclusion Criteria

Young adults in the study area were not eligible to participate in the study if:

- They do not consent to the study or are not undergoing vocational training

3.8 Research Instrument

A validated, semi-structured, interviewer-administered questionnaire was used to elicit information from the respondents. The questionnaire was in 6 sections

Section A: Socio-demographic characteristics

Section B: Prevalence of social media use of young adults undergoing vocational training

Section C: Sexual behaviour of young adults undergoing vocational training

Section D: Sources of reproductive health information of young adults undergoing vocational training

Section E: Factors that motivate young adults undergoing vocational training to seek reproductive health information on social media

Section F: Perceived effects of social media information on the sexual behaviour of young adults undergoing vocational training

The questionnaire was translated into the Yoruba language for the purpose of participants who do not understand the English language.

3.9 Validity of the Instrument

Okoro (2002) stated that validity refers to the accuracy of an instrument that is, how well it measures what it is supposed to measure. The validity of the instruments was ensured by consulting relevant pieces of literature, my supervisor, colleagues and other experienced researchers in the Department of Health Promotion and Education and Faculty of Public Health. Also, content validation was done by ensuring that each item in the instrument measures what it sets out to measure and this was used in reviewing the final copy of the research instrument. These individuals edited and made useful corrections and suggestions before the actual administration of the questionnaire to the study participants.

3.10 Reliability of the Instrument

Reliability of an instrument is a measure of the consistency in which the instrument will measure what it is supposed to measure (Mugenda and Mugenda, 2003). An instrument is reliable if it gives similar results after several administrations under similar conditions.

In establishing the reliability of the instrument, the researcher applied the pre-test technique. The pre-test technique is a process whereby the researcher administers the constructed questionnaire to 10% of the total study population in another representative population. The administered questionnaire during the pre-test was not used in the final analysis of the work. The pre-test of this study was carried out among vocational training young adults in Lagelu Local Government Area with an area of 338 km² and a population of 147,957 at the 2006 census, a similar population

group. A Cronbach Alpha measurement and reliability coefficient measure was carried out on the pre-tested questionnaire to know how reliable the instrument was. The pre-test showed reliability coefficient of 0.72 implying that the instrument was reliable.

3.10.1 Data Collection Procedure

Recruitment and training of research assistants

The data was collected with the help of three (3) research assistants who were trained prior to the administration of the questionnaire. They were trained in the administration of the questionnaire, the informed consent and assisted the respondents with any of the questions they find difficult to understand or comprehend. The research assistants were colleagues in the Department of Health Promotion and Education who are knowledgeable about the subject matter.

3.10.2 Data Management and Analysis

Serial numbers were written on the copies of the questionnaire for easy entry and recall. A coding guide was developed along with the data collection tool in order to facilitate the analysis. Questionnaire was also being reviewed to ensure consistency, completeness and was safely kept. Cleaning and coding of data for analysis were also being done. With the use of a coding guide, the data collected was carefully entered into the Statistical Package for Social Sciences (SPSS) version 21 at 5% level of significance. Descriptive statistics were used for socio-demographic data to measure the mean and standard deviation. The relationships between social media use and respondent characteristics and sexual behaviours were examined using Chi-square test analysis. The result of the analysed data were presented using tables and charts

3.10.3 Ethical Considerations

Ethical approval was sought and obtained from the Oyo State Ministry of Health Ethical Review Board before going to the field for data collection. The respondents' written informed consent was obtained after the provision of adequate, clear and complete information about what the study entails.

- **Confidentiality of data:** In order to assure respondents of confidentiality of the information that was supplied, the names of respondents were not be required, only identification numbers were assigned to the questionnaires for proper recording.

- **Beneficence to participants:** The outcome of the research was of benefit not only to the participants, but to the young adults in vocational training at large in term of social media use and access to reproductive health information within community settings which can be a means of intervention in reducing the high burden of HIV/AIDS, sexually transmitted infections (STIs), early childbearing and risky sexual behaviours.
- **Non-maleficence to participants:** The proposed research was relatively risk-free since it did not require the collection of invasive materials. Therefore, the safety of the participants was guaranteed.
- **Voluntariness:** The participants had detailed information concerning the research work before taking part in it. This was done so as to ensure that they fully understand the research and was willing to take part in it.
- Participation in the study was completely voluntary and based on written informed consent. Written or informed consent was obtained from the young adults in vocational training. Participants were made to understand that they were free to withdraw from this study at any time.

CHAPTER FOUR

RESULTS

4.1 Socio-Demographic Characteristics

A total of four hundred and thirteen (413) young adults undergoing vocational training were recruited for this study, most of the respondents (44.3%) were tailors, followed by hairdressers (22.3%), barbers (11.1%), others include artists (7.5%), mechanics (2.9%), carpenters (2.2%), shoe-makers (8.2%) and tilers (1.5%). Respondents' age ranged from 15 years to 24 years old with a mean age of 19.9 ± 2.8 , further, most respondents (42.9%) were within the ages of 18 years and 20 years old.

More than half of the respondents (52.8%) were male, indicating a higher proportion of male to female respondents. Most of the respondents (78.5%) had completed secondary school education while seventeen respondents (4.1%) had no formal education. Yoruba ethnicity was predominantly represented among respondents (94.2%), however more than half of respondents (54.5%) were of Islamic religion; there were no respondents of traditional religious affiliation. Most of the respondents (94.7%) were single (Table 4.1a). Half as much as (55.2%) of the respondents live with both parents while 28 (6.8%) and 34 (8.2%) of respondents live with only their fathers and mothers respectively. It was further gathered that most of the respondents' fathers (41.6%) had secondary school education, similar to the majority of respondents' mothers' education (47.5%) who also had secondary school education. It was found that majority of the respondents' father (33.4%) and mothers (74.1%) are traders, however, more fathers 113 (27.4%) were civil servants compared to mothers 60 (14.5%) (Table 4.1b).

There were sixty (60) respondents (14.5%) who indicated that their father had other wives apart from their mothers. The number of other wives ranged from two (2) to seven (7) wives, with the most being two wives (65.0%) (Table 4.1c). The average number of children in the family of the respondents was determined to be 5.4 ± 2.8 ranging from 0 to 26 children, families which had between 3 to 5 numbers of children contributed to more than half of the respondents (60.0%). Most families (49.6%) however had a male child within the range of 2 to 3 in number while most families (50.3%) had girl child within the range of 1 to 2 in number.

Table 4.1a: Demographic Characteristics of Respondents(N=413)

Demographic Characteristics	Frequency	Percent (%)
Type of Artisan		
Hairdressers	92	22.3
Tailors	183	44.3
Barbers	46	11.1
Artists/craftsmen	31	7.5
Mechanics	12	2.9
Carpenters	9	2.2
Shoemakers/cobblers	34	8.2
Tilers	6	1.5
Current Age		
15-19 years	218	46.7
20-24 years	195	53.3
Gender		
Male	218	52.8
Female	195	47.2
Education		
No formal	17	4.1
Primary	17	4.1
Quranic	5	1.2
Some secondary	50	12.1
Complete secondary	324	78.5
Ethnicity		
Yoruba	389	94.2
Hausa	13	3.1
Igbo	8	1.9
Edo	3	0.7
Religion		
Christianity	188	45.5
Islam	225	54.5
Marital Status		
Single	391	94.7
Married	21	5.1
Widowed	1	0.2

Table 4.1b: Education and Occupation of Parents of the Respondents (N=413)

	Father		Mother	
	Frequency	Percent (%)	Frequency	Percent (%)
Education				
No formal	24	5.8	22	5.3
Primary	69	16.7	64	15.5
Secondary	172	41.6	196	47.5
Polytechnic/College of education	70	16.9	60	14.5
University	78	18.9	71	17.2
Occupation				
Trading	138	33.4	306	74.1
Civil servant	113	27.4	60	14.5
Farming	29	7.0	10	2.4
Artisan	98	23.7	28	6.8
Others*	35	8.5	9	2.2

Others (Father): Retired 14 (3.4%), Politician 4 (1.0%), Clergy 17 (4.1%)*

Others (Mother): Housewife 9 (2.2%)*

Table 4.1c: Respondents type of Family Background (N=413)

	Frequency	Percent (%)
Type of family		
Monogamy	353	85.5
Polygamy	60	14.5
Number of wife/wives apart from my mother		
2	39	65
3	9	15
4	6	10
5	2	3.3
6	3	5
7	1	1.7

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4.2 Prevalence of Social Media Use of Young Adults undergoing Vocational Training

All of the respondents were found to have access to a cell phone and they all have access to the internet and they all engage in the use of different social media platforms. The age of first use of social media by respondents ranged from 6 years old to 24 years old with an average age of first use of social media at 14.7 ± 2.9 years. Data also showed that majority of the respondents started the use of social media between the ages of 11 to 15 years old (56.2%) (Fig 4.1).

There were seven social media platforms identified during the course of this study and it was found that most of the respondents use Facebook most (75.8%), followed by WhatsApp (19.1%), 2go (2.4%) and Instagram (2.2%) (Fig 4.2). Many of the respondents (65.1%) admitted to daily usage of social media, followed by 13.1% of the respondents who admitted to using social media 2 to 3 times a week. When asked how often respondents use social media daily, majority (47.2%) use for more than 4 times daily while 27.4% use social media 2 to 3 times daily (Table 4.3).

Respondents in this study spend an average of 3 hours daily with a mean score of 3.4 ± 3.2 , the number of hours spent by respondents ranged from 1 hour to 18 hours, however, most of the respondents (66.3%) spend an hour daily to 3 hours on the use of social media, followed by 4 to 7 hours daily (23.0%) (Table 4.4). The overall use of social media by respondents was determined to be good with a mean score of 6.7 ± 1.3 (67.3%). Findings indicated that meeting friends (64.7%), uploading pictures (55.3%) and news reading (54.1%) were the most form of uses by respondents of social media. Reproductive health information (13.1%), sex chat (11.4%) and job seeking (4.4%) were the least forms of uses by respondent of social media (Fig 4.3).

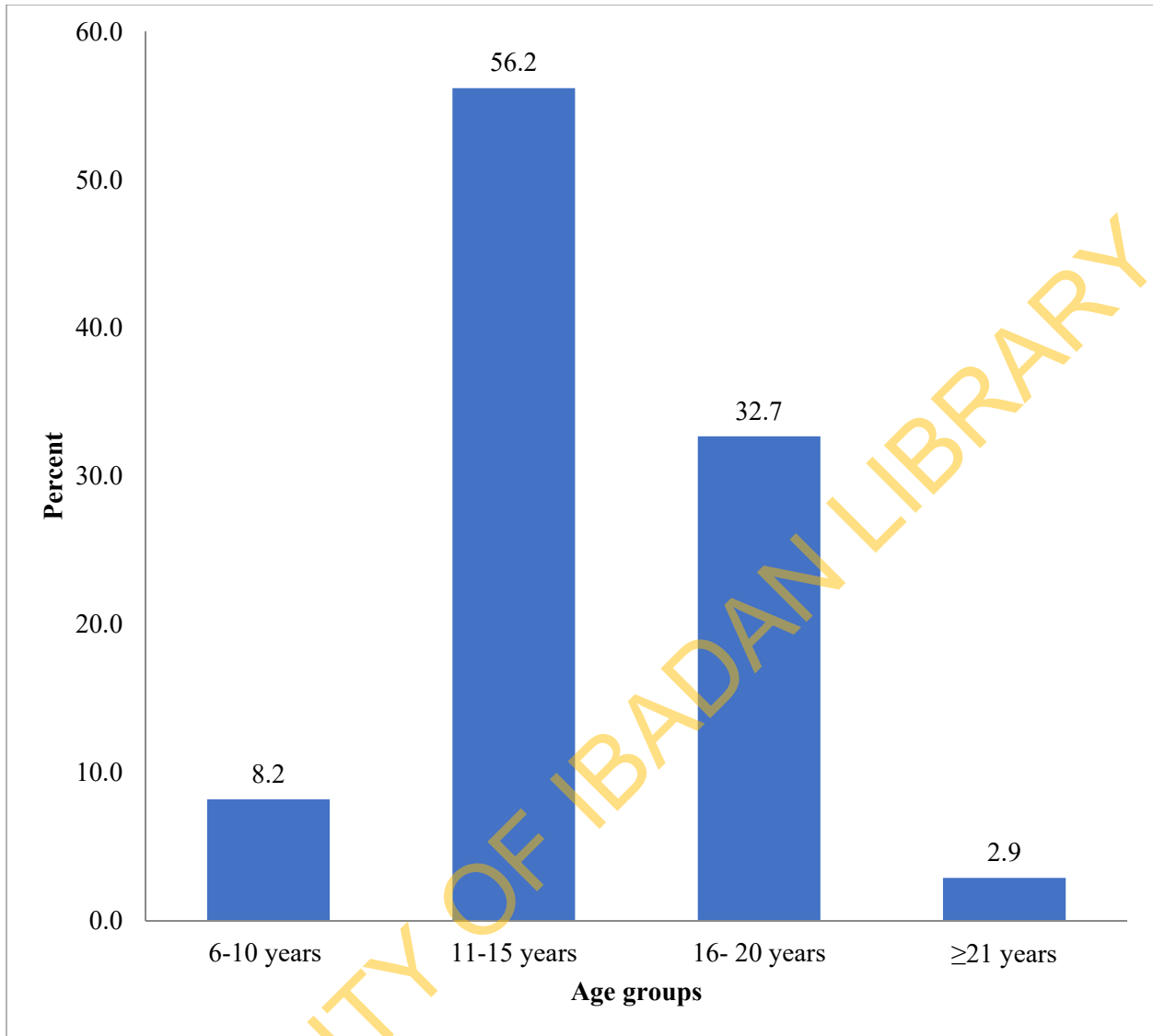


Figure 4.1: Respondents' Age at First Use of Social Media

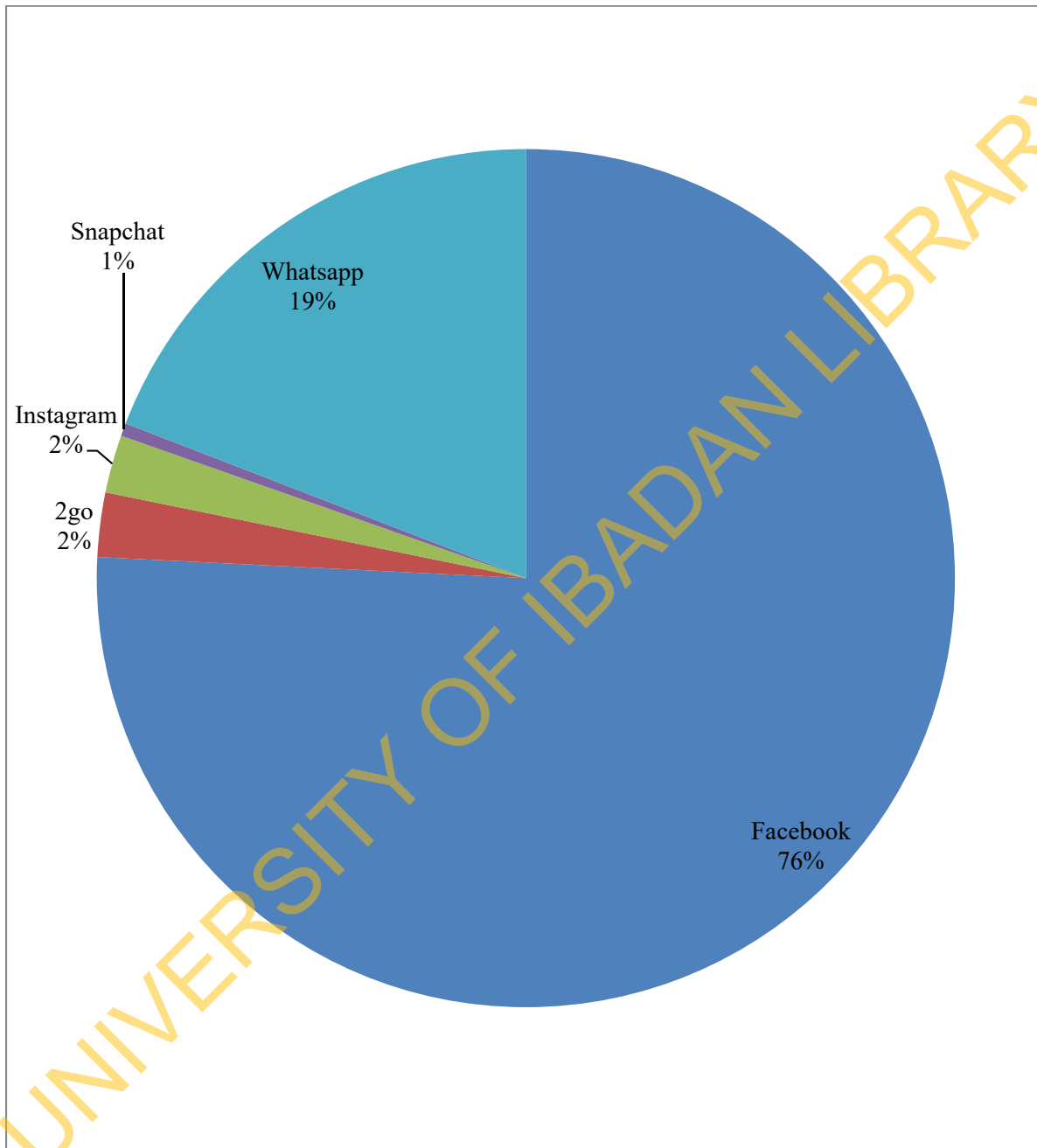


Figure 4.2: Respondents' Most Used Social Media

Table 4.3: Social Media Usage among Respondents (N=413)

	Frequency	Percent (%)
Frequent use of social media	Daily	269 65.1
	Once a week	41 9.9
	2-3 times a week	54 13.1
	4-5 times a week	33 8.0
	Don't know	16 3.9
Often use of social media daily	Once	85 20.6
	2-3 times	113 27.4
	More than 4 times	195 47.2
	Don't know	20 4.8

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Table 4.4: Respondents Number of Hours Spent on Social Media(N=413)

Hours spent on Social Media	Frequency	Percent (%)
0-3 hours	274	66.3
4-7 hours	95	23.0
8-11 hours	24	5.8
12-15 hours	18	4.4
16 hours +	2	0.5
Mean score= 3.4±3.2		

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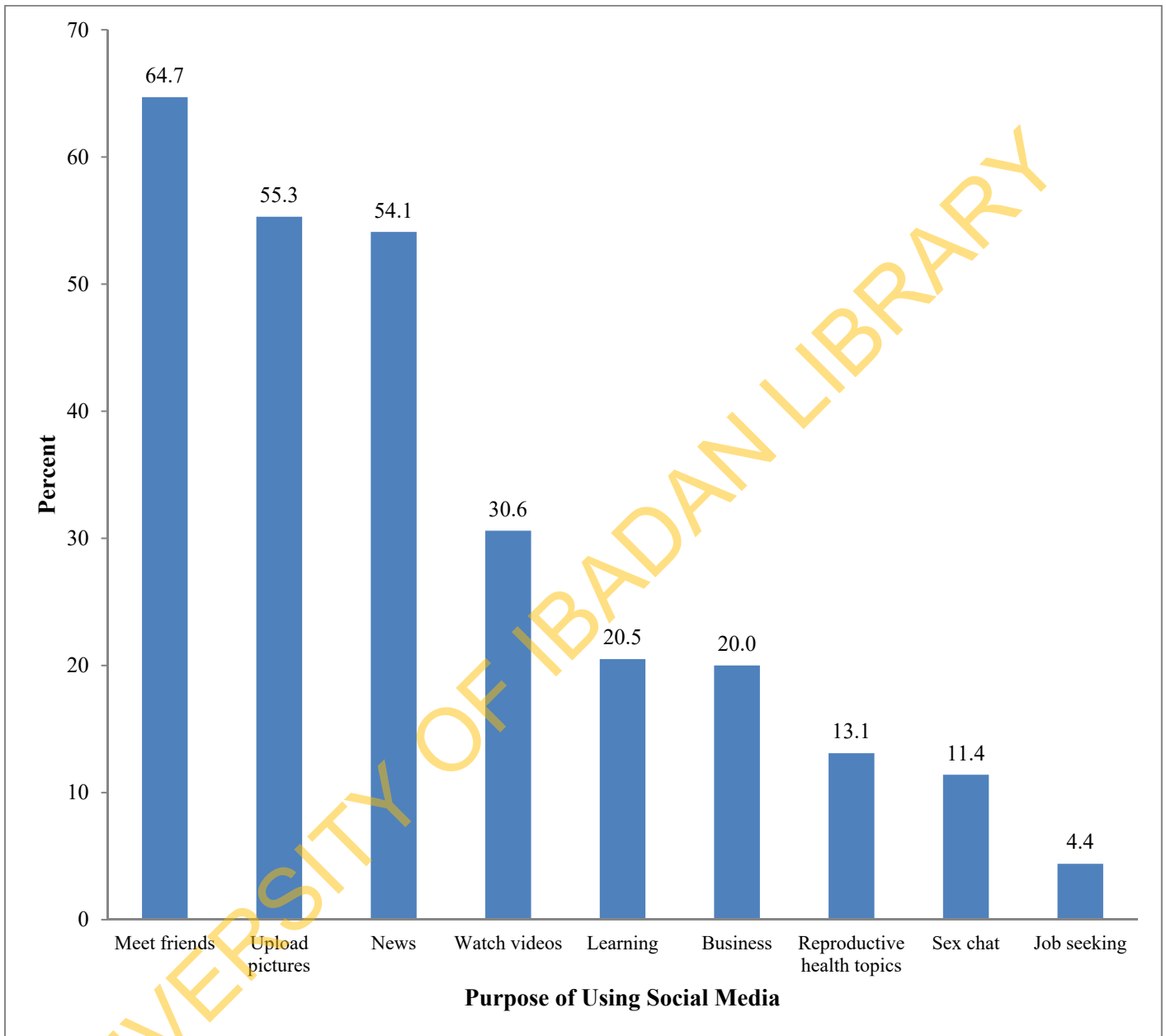


Figure 4.3: Respondents' Purpose of Using Social Media

4.3 Sexual History

More than half of the respondents 228 (55.2%) reported ever experienced sexual intercourse. Respondents' age of sexual debut ranged from 5 years old to 24 years old with an average sexual debut age of 16 years (16.2±3.8 years). While most of the respondents (86.4%) indicated that their first sexual intercourse was requested, there were 24 respondents (10.5%) who indicated that their first sexual intercourse was under deceit while 7 respondents (3.1%) claimed that their first sexual intercourse was rape.

Among sexually active respondents, 62.7% of them had had sexual intercourse in the last 6 months preceding the study. This was established when most of the respondents (63.6%) did not use the condom consistently during their sexual intercourse in the last 6 months, also found was that close to half of the respondents (48.3) had had multiple partners in the last 6 months. Alcohol consumption was found to be low among respondents (27.6%) (Table 4.5).

Table 4.5: Respondents Sexual Activity

Statement		Frequency	Percent (%)
Ever had sexual intercourse	Yes	228	55.2
	No	185	44.8
Age at first sexual intercourse (n = 228)	≤9 years	12	5.3
	10-14 years	58	25.4
	15-19 years	109	47.8
	20-24 years	49	21.5
The context of first sexual intercourse (n = 228)	Raped	7	3.1
	Deceived	24	10.5
	Requested sex	197	86.4
Had sexual intercourse in the last 6 months (n = 228)	Yes	143	62.7
	No	85	37.3
Use of condom consistently during sexual intercourse in the last 6 months (n = 143)	Yes	52	36.4
	No	91	63.6
Multiple sexual partners in the last 6 months (n = 143)	Yes	69	48.3
	No	74	51.7
Drank alcohol in the last 6 months (n = 413)	Yes	114	27.6
	No	269	65.1
	No response	30	7.3

4.4 Sources of Reproductive Health Information of Young Adults undergoing Vocational Training

Data showed that parents (59.8%), radio (45.5%), health provider/clinic (41.6%) and friends (39.7%) were the most available sources of reproductive health information to the respondents (Table 4.6). However, it was evident that parents were preferred source of reproductive health information by respondents, preferred by 69.4% of the respondents, followed by health care provider/clinic which was preferred by half (50.0%) of the respondents and radio which was preferred by 43% of the respondents (Table 4.7). In all, a considerable number of respondents (44.3%) reported parents to be their most preferred source of reproductive health information which was followed by health providers (18.9%) and the Internet (8.9%) (Table 4.8).

When asked if respondents have used social media tools to search for reproductive health topics, more than half (55.4%) of them admitted to using social media tools to search for reproductive health information. Google (69.3%) was found to be what the respondents regarded as the social media tool for searching reproductive health information, followed by Facebook which was used by 25.0% of the respondents (Table 4.9).

Furthermore, when asked about the reproductive health topics mostly searched by respondents on social media, sexual education was the most searched by 34.5% of the respondents followed by male and female reproductive health, searched by 31.9% of the respondents, also searched for was AIDS by 29.7% of the respondents (Table 4.10).

Table 4.6: Sources of Reproductive Health Information available to Respondents

Statement	Frequency	Percent (%)
Sources of Reproductive Health Information*		
Parents	247	59.8
Radio	188	45.5
Health provider/clinic	172	41.6
Friends	164	39.7
Television news	143	34.6
Social media	129	31.2
Internet	110	26.6
Books	101	24.5
Clergy	84	20.3
Boss	79	19.1
Boyfriend/girlfriend	79	19.1
Siblings	70	16.9
Newspaper/magazine	66	16.0
Relatives	38	9.2
Advertisements	35	8.5

*Multiple responses included**

Table 4.7: Respondents' Preferred Sources of Reproductive Health Information

Statement	Frequency	Percent (%)
Preferred sources of Reproductive Health Information*		
Parents	286	69.4
Health provider/clinic	206	50.0
Radio	177	43.0
Friends	166	40.3
Social media	155	37.6
Internet	151	36.7
Television news	140	34.0
Boss	127	30.8
Books	113	27.4
Boyfriend/girlfriend	104	25.2
Siblings	100	24.3
Newspaper/magazine	94	22.8
Clergy	93	22.6
Relatives	86	20.9
Advertisements	61	14.8

*Multiple responses included**

Table 4.8: Respondents' Most Preferred Source of Reproductive Health Information

Most Preferred Source	Frequency	Percent (%)
Parents	183	44.3
Health provider/clinic	78	18.9
Internet	36	8.7
Radio	29	7.0
Social media	23	5.6
Friends	17	4.1
Boss	14	3.4
Books	7	1.7
Siblings	7	1.7
Television news	7	1.7
Boyfriends/girlfriends	6	1.5
Clergy	4	1.0
Newspaper	1	0.2
Relatives	1	0.2
Total	413	100

Table 4.9: Respondents' Social Media Tools used in Search of Reproductive Health Information

Statement	Frequency	Percent(%)
Social Media Tools*		
Google	158	69.3
Facebook	57	25.0
YouTube	32	14.0
Wikipedia	24	10.5
WhatsApp	16	7.0
Medical website	8	3.5
Online tools to track health	6	2.6
Yahoo	6	2.6
Doctor's website	5	2.2
Online support group	5	2.2
Twitter	3	1.3
The website for young people	3	1.3
Blog	2	0.9

*Multiple responses included**

Table 4.10: Respondents' searched Reproductive Health topics on Social Media

Statement	Frequency	Percent(%)
Reproductive Health Topics Searched on Social Media*		
Sexual Education	79	34.5
Male/Female Reproductive health	73	31.9
AIDS	68	29.7
Diet	64	27.9
STI(s)	52	22.7
Sex and Sexuality	34	14.8
Pregnancy	24	10.5
Abortion	17	7.4
Contraception	17	7.4
Sexual abuse	21	9.2

*Multiple responses included**

4.5 Factors that Motivate Respondents to Seek Reproductive Health Information on Social Media

More than half of the respondents (53.5%) agreed that influence from their friends motivated them to seek reproductive health information on social media; however, a smaller proportion of respondents (42.4%) replied yes to the statement that unavailability of parents motivated them to seek reproductive health information on social media. Most of respondents (62.4%) selected no to the statement that less information from the boss motivated them to seek reproductive health information. Easy internet accessibility was agreed to by most of the respondents (85.7%). Satisfaction from social media information on reproductive health was agreed to by most of the respondents (78.3%) as motivation to seek reproductive health information on social media (Table 4.11).

Table 4.11: Factors that motivate Respondents to Seek Reproductive Health Information on Social Media

Statement	Frequency	Percent (%)
Influence from friends	123	53.5
Unavailability from parent	98	42.4
Less information from the boss	86	37.6
Easy internet accessibility	197	85.7
Satisfaction from social media information on reproductive health	180	78.3

*Multiple responses included**

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4.6 Perceived Effects of Social Media Information on Sexual Behaviour of Respondents

Most of the respondents (35.6%) disagreed to the statement that Social media reproductive health information encouraged healthy sexual behaviour while 26.4% agreed. Pornography on social media encourages early age of involvement in sexual intercourse was strongly disagreed to by most of the respondents (31.5%) compared to the 15% who strongly agreed to the statement. A larger proportion of respondents (26.6%) disagreed that Pornography on social media encourages early age of involvement in sexual intercourse while 23% agreed. Also, the statement that social networking site serves as meeting grounds to initiate contact with more than one sexual partner was strongly disagreed to by most respondents (31.5%) while 14.3% strongly agreed. Finally, the majority of the respondents (33.7%) strongly disagreed that Social networking sites provide a platform for young people to meet themselves and older adults for the exchange of money and gifts for sex (Table 4.12).

Table 4.12: Perceived Effects of Social Media Information on Sexual Behaviour of

Perceived Effects of SM	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Social media reproductive health information encourages healthy sexual behaviour	85 (20.6%)	147 (35.6%)	32 (7.7%)	109 (26.4%)	40 (9.7%)
Pornography on social media encourages early age of involvement in sexual intercourse	130 (31.5%)	112 (27.1%)	22 (5.3%)	87 (21.1%)	62 (15.0%)
Pornography on social media encourages the use of a condom during sexual intercourse	75 (18.2%)	110 (26.6%)	74 (17.9%)	95 (23.0%)	59 (14.3%)
Social networking sites serve as meeting grounds to initiate contact with more than one sexual partner	130 (31.5%)	107 (25.9%)	22 (5.3%)	67 (16.2%)	87 (21.1%)
Social networking sites provide a platform for young people to meet themselves and older adults for the exchange of money and gifts for sex	139 (33.7%)	86 (20.8%)	28 (6.8%)	64 (15.5%)	96 (23.2%)

4.7 Hypothesis Testing

Hypothesis One: There is no significant relationship between the respondents' socio-demographic characteristics (sex, age group, and family type etc.) and the use of social media.

Table 4.13 presents the association between respondents' socio-demographic characteristics and social media usage. The use of social media was categorised into low, moderate and high. Statistical associations between socio-demographic status and use of social media were significantly associated with age ($\chi^2=14.6$, $df=2$, $P<0.05$), age at first use of social media ($\chi^2=24.1$, $DF=6$, $P<0.05$), sex ($\chi^2=9.5$, $df=2$, $P<0.05$), and living arrangement ($\chi^2=42.6$, $df=12$, $P<0.05$). For instance, high social media use was reported among respondents 20-24 years (12.3%) as compared to 15-19 years (8.8%). Female respondents (73.8%) reported lower social media use than their male counterpart (59.6%). The result showed that those whose age at first use of social media was ≤ 10 years reported the highest social media usage (32.4%).

Hypothesis Two: There is no significant relationship between the use of social media and young adults' sexual behaviour.

The result showed that there was a significant relationship between the use of social media and the sexual behaviour of respondents at $\chi^2=15.1$, $df=2$, $P<0.05$. This indicates that the respondents' use of social media influences their sexual behaviour. The null hypothesis is thereby rejected (Table 4.14). Respondents who have never had sexual intercourse (78.2%) reported low social media use as compared to those who have ever had sexual intercourse (58.3%).

Hypothesis Three: There is no significant relationship between the sources of reproductive health information and young adults' sexual behaviour.

Data revealed that there was a statistical association between sources of information and sexual behaviour of respondents. This indicates that the respondents' sources of information have an influence on their sexual behaviour. These were significantly associated by the parents ($\chi^2=15.2$, $df=1$, $P<0.05$), Internet ($\chi^2=4.3$, $df=1$, $P<0.05$), and boyfriend/girlfriend ($\chi^2=13.1$, $df=1$, $P<0.05$). While 66.9% of respondents who have had sexual intercourse oppose parents as a source of reproductive health information, 47.4% agreed to them. Up to half of the respondents (50.9%) who have had sexual intercourse did not disclose boyfriend/girlfriend as a source of reproductive health information with 26.6% of them who have not had sexual intercourse reported

boyfriend/girlfriend as a source of reproductive health information. More than half of the respondents 63.6% who have had sexual intercourse described having gotten information on reproductive health on the internet against 52.1% who have had sexual intercourse and have notobtained information on reproductive health via the internet.

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Table 4.13: Relationship between the Respondents' Socio-demographic Characteristics and the Use of Social Media

Socio-Demographic Characteristics	Daily Social Media Usage				χ^2	P-Value
	Low (%)	Moderate (%)	High (%)	Total		
Age						
15-19 years	146 (75.6)	30 (15.5)	17 (8.8)	193 (100)	14.647	0.001*
20-24 years	128 (58.2)	65 (29.5)	27 (12.3)	220 (100)		
Age at first use of social media						
≤10 years	14 (41.2)	9 (26.5)	11 (32.4)	34 (100)	24.089	0.001*
11-15 years	152 (65.5)	55 (23.7)	25 (10.9)	232 (100)		
16-20 years	99 (73.3)	28 (20.7)	8 (5.9)	135 (100)		
≥21 years	9 (75.0)	3 (25.0)	0 (0)	12 (100)		
Gender						
Male	130 (59.6)	59 (27.1)	29 (13.3)	218 (100)	9.487	0.009*
Female	144 (73.8)	36 (18.5)	15 (7.7)	195 (100)		
Living Arrangement						
Both parents	160 (70.2)	49 (21.5)	19 (8.3)	228 (100)	42.598	0.000*
Father only	17 (60.7)	7 (25.0)	4 (14.3)	28 (100)		
Mother only	21 (61.8)	11 (32.4)	2 (5.9)	34 (100)		
Guardian	11 (91.7)	1 (8.3)	0 (0)	12 (100)		
Cohabiting	0 (0)	0 (0)	2 (100)	2 (100)		
Relatives	21 (91.3)	2 (8.7)	0 (0)	23 (100)		
Alone	44 (51.2)	25 (29.1)	17 (19.8)	86 (100)		

*Significant**

Table 4.14: Relationship between the Use of Social Media and Respondents' Sexual Behaviour

Ever had sexual intercourse	Daily Social Media Usage				χ^2	P-Value
	Low (%)	Moderate (%)	High (%)	Total		
Yes	133 (58.3)	63 (27.6)	32 (14.0)	228 (100)	15.1270	0.001*
No	141 (78.2)	32 (17.3)	12 (6.5)	185 (100)		
Total	274 (66.3)	95 (23.0)	44 (10.7)	413 (100)		

*Significant**

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Table 4.15: Relationship between the Source of Reproductive Health Information and Respondents' Sexual Behaviour

Source of RHI	Ever had sexual Intercourse			χ^2	P-Value
	Yes (%)	No (%)	Total		
Parents					
Yes	117 (47.4)	130 (52.6)	247 (100)	15.264	0.000*
No	111 (66.9)	55 (33.1)	166 (100)		
Internet					
Yes	70 (63.6)	40 (36.4)	110 (100)	4.309	0.038*
No	158 (52.1)	145 (47.9)	303 (100)		
Boyfriend/girlfriend					
Yes	58 (73.4)	21 (26.6)	79 (100)	13.102	0.000*
No	170 (50.9)	164 (49.1)	334 (100)		

*Significant**

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Respondents Socio-demographic Characteristics

The age of the respondents ranged from 15 to 24 years old with a mean age of 19.9 ± 2.8 years. This study is in line with Ekpenyong and Turnwait (2016) study that reported that the proportion of respondents increases as age increases. That is from 46.7% aged 15-19 years to 53.3% aged 20-24 years. Majority of respondents in the study were between the ages of 18 to 20 years and this can be related to that majority of vocational training young adults are in their late teens and early twenties.

The study had a large proportion of educated young adults as more than half (78.5%) of them had completed secondary education compared to about 4.1% of them who had no formal education. Conversely, NPC and ICF Macro (2014) documented that less than 22% of the urban population had no formal education. The predominant occupation of parents of respondents was petty trading which actually reflects the low status of youth in vocational training. Majority of the respondents (94.7%) were single. This can be attributed to socio-cultural perceptions about conceded ages at marriage in the study area. Respondents (94.2%) were predominantly of Yoruba ethnic background, coupled with more than half of the respondents (54.5%) being Muslim; there were no respondents of traditional religious affiliation.

5.2 Prevalence of Social Media use among Respondents

The use of social media is predicted to increase and it is likely there will be continuous changes in user trends (Poushter, 2016). From this study, it was observed that almost all of the respondents (95.7%) began their first use of social media by age 10 years and above with a mean age of 14.7 ± 2.85 years which was in the same vein with findings by Ekpenyong *et al.*, (2016) in his study among young adults and social media usage argues that most of the respondents (77.1%) began their first use of social media by aged 10 years and above. Majority of respondents (65.1%) admitted to daily usage of the social networking site. This is similar to what has been reported in an earlier study that between 55% and 82% of young adults' use social networking sites on a regular basis (Kuss and Griffiths, 2011) and it is expected because young adults have been said to be a vigorous user of social media (Nnamonu, 2013). The overall use of social media by respondents was determined to be good with a mean score of 7.7 ± 1.3 (67.3%)

The predominant social media explored by respondents was Facebook (76%), followed by WhatsApp (19%), 2go (2%) and Instagram (2%). This differs from what has been reported in more recent studies (Ekpenyong *et al.*, 2016; Olaleye, 2017) which generally have found that the most frequently used social media platform was WhatsApp. Most of the respondents (34.4%) spent an hour daily on the use of social media, followed by two hours daily (20.8%). Olaleye, (2017) in his study estimated that on an average about 13.8% of young adults spent an hour or less. This implies that the average time spent on social media by young adults varies across the board. This may not be surprising, however, as these previous studies were carried out among a larger representative of in-school young adults where information technology is not only more advanced but also more readily affordable and accessible than that of the young adults in vocational training or out-of-school. These findings were summarized by Umekachikelu, (2013) who asserted that many Nigerians including the rich and poor, educated and illiterate, young and old, Muslims and Christians now enjoy the services of the social media.

5.3 Sexual Behaviour of Respondents

This study revealed that 64.3% of respondents use social media to meet friends while 55.3% use social media to upload/update pictures and 54.1% of them engage in news reading. The least activities done on social media by respondents was using social media to seek reproductive health information (12.8%) and 4.4% for job seeking. A smaller proportion of respondents (11.1%) enjoyed sex chat; this finding is contrary to that of Ekpenyong *et al.*, (2016) who reported that more than half of the study respondents (64.9%) enjoyed sex chat. Previous research has shown that young adults' access to social media influences their sexual behaviour (Ekpenyong *et al.*, 2016).

This is very evident from this research work as an analysis shows that the use of social media is significantly associated with respondents' sexual behaviour. This study indicated more than half of the respondents (55.2%) have ever had sexual intercourse before. This is different to findings by Fatusi and Blum, who reported that 19.8% of the young adults who were randomly selected from the 36 States in Nigeria had initiated sexual intercourse (Fatusi and Blum, 2008). Asekun-Olarinmoye *et al.*, (2011), in Osun State, Nigeria reported that 27.6% of the in-school youths studied were sexually exposed and Morhason-Bello *et al.*, (2008) who reported 28.3% in a study carried out in Ibadan, Nigeria. The age at first sexual intercourse in this study ranged from 5 to 24 years old with 16 years being the average age of sexual debut. The average age of sexual debut is

similar to the findings found in the DHS data (NPC and ICF Macro, 2014). Despite this high level of risky sexual behaviour among young adults, it is something of concern that just about 36.4% of the respondents used the condom consistently during sexual intercourse in the last 6 months. This is agreement with other similar studies which reported low condom usage.

In Osogbo, Southwestern Nigeria, Olugbenga-Bello *et al.*, (2009) found that less than a third of the sexually active young adults used condoms while the DHS (NPC and ICF Macro, 2014) reported that among young people that had sexual intercourse in the 12 months preceding the survey, 94.5% of male young adults had high-risk intercourse and only 36.3% of them used condom. This low rate of condom use among respondents may be due to poor comprehensive knowledge about contraception, STIs and related issues among young adults (Olugbenga-Bello *et al.*, 2010; Asekun-Olarinmoye *et al.*, 2011; Oyo-Ita, Ikpeme, Etokidem, Offor and Okokon, 2005). This study also reported a similar pattern with 48.3% of respondents having multiple sexual partners in the last 6 months. This study is similar to Asekun-Olarinmoye *et al.*, (2011) study in Osun State which found that, of the sexually active young adults that were surveyed, 48.4% had multiple sexual partners. This reflects the fact that young adults still lack the capacity to take definite decisions to protect themselves from the harmful consequences of unprotected sexual intercourse.

5.4 Respondents' Sources of Reproductive Health Information

In this study, it was established that parents (59.8%), radio (45.5%), health provider/clinic (41.6%) and friends (39.7%) were the most available sources of reproductive health information to the respondents with parents (44.3%) the most preferred. This finding is similar to previous researches (Biddlecom, 2011; Arulogun and Arinze, 2016) which concluded that the sources of information among young adults about the reproductive health information were interpersonal sources such as parents, teachers or boss and friends. However, some young adults may have their parents as educators; the credibility is sometimes questioned considering the cultural context of Nigeria where parents are sceptical about discussing sex and sexuality issues with their children. (Ajah, Onubogu, Anozie, Lawani, Iyoke and Onwe, 2015; Onyeonoro, Oshi, Ndimele, Chuku, Onyemuchara and Ezekwere, 2011; Nwalo and Anasi, 2010).

This study settle with Pfeiffer, Kleeb, Mbelwa and Ahorlu (2014) study which reported that there is a preference for the social media as a source of information on reproductive health matters because of the privacy it offers, the relevance of the information, freedom of access, lack of

alternatives, the variety of information and the ease of use. Furthermore, when reproductive health information is not available from parents, the study indicated that young adults turn to boyfriend/girlfriend or the internet which was significantly associated with respondents' sexual behaviour. This finding is in line with researches conducted among in-school young adults who reported their parents and teachers in addition to the media and friends as their sources of information (Adogu, Udigwe, Nwabueze, Adinma, Udigwe and Onwasigwe, 2014; Ajah, Onubogu, Anozie, Lawani, Iyoke and Onwe, 2015; Onyeonoro, Oshi, Ndimele, Chuku, Onyemuchara and Ezekwere, 2011).

5.5 Factors that motivate Respondents to seek reproductive Health Information on Social Media

Influence from friends, unavailability of information from parents, less information from the boss, easy internet accessibility and satisfaction from social media information on reproductive health were the considered motivating factors in this study. All the factors were relevant in motivating the respondents to seek reproductive health information on social media. Interestingly, ease of access was reported as motivating factor by 85.7% corroborating a previous study (Agbede, Kio and Adetunmobi, 2016). Some 53.5% of the respondents agreed that influence from friends motivated them as compared to other factors. Peer influence with respect to sexuality information is well reported in the literature (Ibiyemi, 2015; Morhason-Bello, 2008). More worrisome is the fact that 42.4% of the respondents claimed that their motivation was created by lack of information from parents and boss (37.6%).

5.6 Perceived Effects of Social Media Information on Respondents Sexual Behaviour

A proportion not up to half of the respondents (36.5%) disagreed while 26.4% agreed to the statement that social media reproductive health information encourages healthy sexual behaviour. This is not in collaboration with the numerous peer-reviewed articles published about the feasibility, acceptability and effectiveness of using various forms of new media and technology for reproductive health (Cole-Lewis and Kershaw 2010; Swendeman and Rotheram-Borus 2010).

The perceived statement on social networking sites serving as a meeting ground to initiate contact with more than one sexual partner was strongly disagreed by 31.5% and agreed by 14.3% of the respondents. This finding is not consistent with Asekun-Olarinmoye *et al* (2014) which found a relationship between high media consumption and more frequent sexual activity in young adults in

Nigeria. A small proportion of the respondents (23%) considered the social media to be a source of sexually explicit materials and to have an effect on their sexual behaviour. This study finding is not constant with Rich (2011) research work that stated that social media has been said to make sexually explicit materials more accessible to youth than ever before.

5.7 Implication of the Study for Health Promotion and Education

Findings from this study revealed that respondents have very early access to social media at age 6 and started sexual activity at age 5. This calls for age-appropriate information and behavioural change approaches on sexual behaviours and practices on the use of social media platforms. A large number of the respondents were reported to have commenced the use of social media at 14 years old and sexual debut at 16 years old. Hence, there is the need for parents to be experts by educating themselves about social media so as to help keep their children safe also establishing an age limit and emphasizing the benefits, dangers and consequences of social media.

This study indicated that apart from parents, radio and health providers; friends were highlighted to be the next most preferred sources of reproductive health information. This implies that young adults have come to know and trust these sources as a reliable platform to seek knowledge on sexual behaviours and practices.

5.8 Conclusion

The study showed that a greater number of respondents commenced the use of social media at ages 11 to 15 years with Facebook the most used medium. This research work affirms that many young adults participate in risky sexual activities including early sexual debut, sexual intercourse with many partners, low and inconsistent use of condoms. There was a high level of sexual risk behaviours among the respondents with 55.2% of them being sexually exposed with a mean age at sexual debut of 16.2 ± 3.8 years. Of the sexually exposed, 63.6% had sexual intercourse without consistently using a condom in 6 months preceding the study; while, 43.8% had had multiple sexual partners in the last 6 months.

Hence, the study established that the social media usage among young adults undergoing vocational training in Ido Local Government Area of Oyo state was significantly associated to their sexual behaviour. The study also divulged that parents, internet and boyfriend/girlfriend were

significantly associated with the respondents' sexual behaviour meaning that these sources of information have an influence on their sexual behaviour.

5.9 Recommendations

In view of the findings, the following recommendations were made:

1. Parents are the principal reproductive health educators of young people. Parents should be sensitized on the significance of providing a helpful home environment for their children; sustaining strong ties with them and giving correct information on sexual issues according to their ages. This will bring about a level of family connectedness that will effect positive changes in their sexual behaviour.
2. There is a need for more educational programmes on safe sexual behaviours. Positive ways of using social media should be made known to young people. Bosses and healthcare workers should intensify their efforts in enlightening young adults appropriately and an acceptable maximum time period young adults should use social media sites in a day should be made known to all.
3. Young people are vigorous users of reproductive health information on the social media. This medium has an advantage in terms of providing information for young persons on sexual health. Therefore, the various social media platforms are to positively influence young people's sexual behaviour by providing accurate, reliable, timely, and age appropriate information on sexuality education.

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APPENDIX I
QUESTIONNAIRE FOR YOUNG ADULTS

SOCIAL MEDIA USE AND SEXUAL BEHAVIOUR OF YOUNG ADULTS
UNDERGOING VOCATIONAL TRAINING IN IDO LOCAL GOVERNMENT AREA,
OYO STATE

SN _____

Dear Respondent,

Greetings: My name is **ALALADE Akinola Olusegun**, a student from the Department of Health Promotion and Education, College of Medicine, University of Ibadan. We are conducting a research project to determine the **Social Media Use and Sexual Behaviour of Young Adults undergoing Vocational Training in Ido Local Government Area**. Young adults are considered to be between the ages of 15-24 years. We are here to learn from you and would be glad if you can spare us some minutes to share your experiences. We want to assure you that all the information you give us is kept confidential, therefore we will not write down your name on this form. Your most open and sincere answers are needed to make this study successful, so we would like you to answer the questions as completely and honestly as you can. If a question makes you uncomfortable, you do not have to answer. Thanks for your anticipated co-operation.

Consent: I acknowledge that the purpose of this study has been explained to me and I understand the implications of partaking in this research and I voluntarily give informed consent to participate.

Date.....

Signature.....

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

INSTRUCTION: Please kindly tick [] appropriately and supply adequate responses to the questions provided.

1. What is your current age in years? _____
2. Sex of respondent: 1. Male [] 2. Female []
3. Educational level: 1. No formal education [] 2. Primary education [] 3. Qur'anic education [] 4. Some secondary education [] 5. Completed secondary education []

4. Ethnicity/language: 1. Yoruba [] 2. Hausa 3. [] Igbo [] 4. Others specify _____
5. Religion: 1. Christianity [] 2. Islam [] 3. Traditional religion [] 4. Others specify _____
6. Marital status: 1. Married [] 2. Single [] 3. Divorced [] 4. Widowed [] 5. Separated []
7. Living arrangement: 1. Living with both parents [] 2. Living with father only [] 3. Living with mother only [] 4. Guardian [] 5. Cohabiting [] 6. Relatives [] 7. Alone [] 8. Others specify _____
8. Father's level of education: 1. No formal education [] 2. Primary education [] 3. Secondary education [] 4. College of education/Polytechnic [] 5. University [] 6. Others specify _____
9. Mother's level of education: 1. No formal education [] 2. Primary education [] 3. Secondary education [] 4. College of education/Polytechnic [] 5. University [] 6. Others specify _____
10. Father's occupation: 1. Trading [] 2. Civil servant [] 3. Farming [] 4. Artisan [] 5. Others specify _____
11. Mother's occupation: 1. Trading [] 2. Civil servant [] 3. Farming [] 4. Artisan [] 5. Housewife [] 6. Others specify _____
12. How many wives is your father having? 1. Only my mother [] 2. ____ wife/wives apart from my mother
13. How many children does your family have? _____ (put actual number)
14. How many children are boys? ____ How many are girls? ____ (put actual number)

SECTION B: PREVALENCE OF SOCIAL MEDIA USE OF YOUNG ADULTS UNDERGOING VOCATIONAL TRAINING

INSTRUCTION: Please kindly tick [√] appropriately and supply adequate responses to the questions provided.

15. Do you have access to a mobile phone: 1. Yes [] 2. No []
16. Do you have access to the internet (via any device e.g. personal computer, mobile phone):
1. Yes [] 2. No [] (If no go to Q 24)

17. Do you use social media platforms such as Facebook, 2go, Instagram, Snapchat, Youtube, Twitter, LinkedIn, Badoo etc.): 1. Yes [] 2. No [] **(If no go to Q 24)**
18. Age at 1st use of social media: _____ **(Put actual age)**
19. What social media site do you use the most? 1. Facebook [] 2. 2go []
3. Instagram [] 4. Snapchat [] 5. Youtube [] 6. Twitter [] 7. WhatsApp []
8. LinkedIn [] 9. Badoo [] 10. Others specify _____
20. How frequently do you go on social media: 1. Daily [] 2. Once in a week [] 3. 2-3 times a week [] 4. 4-5 times in a week [] 5. Don't know []
21. How often do you use social media daily: 1. Once [] 2. 2-3 times [] 3. More than 4 times [] 4. Don't know []
22. How long do you spend on social media during a typical day: _____ **(Mins/hours)**

SECTION C: SEXUAL BEHAVIOUR OF YOUNG ADULTS UNDERGOING VOCATIONAL TRAINING

INSTRUCTION: Please kindly tick [✓] appropriately and supply adequate responses to the questions provided.

23. Activities enjoyed on social media? **(Multiple responses allowed):**
1. Non sex chat [] 2. Sex chat [] 3. Business/trading [] 4. News and information [] 5. Job seeking [] 6. Learning/studies [] 7. Watch videos/music [] 8. Update/upload picture [] 9. Meet friends/people [] 10. RH/Health topics []
11. Other (please specify) _____
24. Have you ever had sexual intercourse? 1. Yes [] 2. No [] **(If No go to Q 30)**
25. Age at 1st sexual intercourse: _____ **(Put actual age)**
26. Context of 1st sexual intercourse:
1. Raped []
2. Deceived []
3. Requested sex []
4. Other (please specify) _____
27. Had sexual intercourse in the last 6 months: 1. Yes [] 2. No []
28. Contraceptive use during sexual intercourse: 1. Never [] 2. Sometimes []
3. Always [] 4. Did not have sex []

29. Did you use condom consistently during your sexual intercourse in the past 6 months

1. Yes [] 2. No []

30. Multiple partners in the last 6 months: 1. Yes [] 2. No []

31. Drank alcohol in the last 6 months: 1. Yes [] 2. No []

SECTION D: SOURCES OF REPRODUCTIVE HEALTH INFORMATION OF YOUNG ADULTS UNDERGOING VOCATIONAL TRAINING

INSTRUCTION: Please kindly tick [√] appropriately and supply adequate responses to the questions provided.

32. What are the sources of reproductive health information available to you? (**Tick [√] all mentioned**) 1. Parents [] 2. Boss [] 3. Health provider/clinic []

4. The Internet [] 5. Social media [] 6. Friends [] 7. Siblings []

8. Advertisements [] 9. TV news [] 10. Newspaper/magazine [] 11. Radio []

12. Books [] 13. Boyfriend/girlfriend [] 14. Clergy/religious leaders []

15. Grandparents/relatives []

33. Which of the following people/source do you prefer to give you RH information and give reason(s) for your answer?

	(1) Preferred source (Can tick as many as possible)	(2) Most preferred (Tick only one)	(3) Reason(s) for the preference
1. Parents			
2. Boss			
3. Health provider/clinic			
4. The Internet			
5. Social media			
6. Friends			
7. Siblings			
8. Advertisements			
9. TV news			

10. Newspaper/magazine/articles			
11. Radio			
12. Books			
13. Boyfriend/girlfriend			
14. Clergy/religious leaders			
15. Grandparents/relatives			

34. What social media tools do you use to search for reproductive health topic? (**Tick [√] all mentioned**) 1. Google [] 2. YouTube [] 3. Wikipedia [] 4. Twitter [] 5. Yahoo [] 6. Facebook [] 7. WhatsApp [] 8. A website specifically for young adults [] 9. A medical website [] 10. Your doctor's website [] 11. An online support group or community [] 12. Online tools to track your health [] 13. Blog posts [] 14. No [] (**If no go to Q 41**)
35. What reproductive health topics do you most frequently search for using social media (**Tick [√] all mentioned**) 1. STI disease/infections [] 2. HIV/AIDS [] 3. Diet/Nutrition [] 4. Abortion [] 5. Sexual education [] 6. Pregnancy [] 7. Contraception [] 8. Sexual abuse [] 9. Sex and sexuality [] 10. Male/female reproductive health []

SECTION E: FACTORS THAT MOTIVATE/INFLUENCE YOUNG ADULTS UNDERGOING VOCATIONAL TRAINING TO SEEK REPRODUCTIVE HEALTH INFORMATION ON SOCIAL MEDIA

INSTRUCTION: Please kindly tick [√] appropriately and supply adequate responses to the questions provided.

S/N	STATEMENT FOR CONSIDERATION	YES	NO
36.	Influence from friends		
37.	Unavailability from parents		
38.	Less information from the boss		
39.	Easy internet accessibility		
40.	Satisfaction from social media information on reproductive health		

SECTION F: PERCEIVED EFFECTS OF SOCIAL MEDIA INFORMATION ON SEXUAL BEHAVIOUR OF YOUNG ADULTS UNDERGOING VOCATIONAL TRAINING

INSTRUCTION: Please kindly tick [√] appropriately and supply adequate responses to the questions provided.

**SA = STRONGLY AGREE A = AGREE U = UNDECIDED D = DISAGREE
SD = STRONGLY DISAGREE**

S/N	STATEMENT FOR CONSIDERATION	SA	A	U	D	SD
41.	Social media reproductive health information encourages healthy sexual behaviour					
42.	Pornography on social media encourages early age of involvement in sexual intercourse					
43.	Pornography on social media encourages the use of a condom during sexual intercourse					
44.	Social networking sites such as Facebook, WhatsApp, BBM, Twitter, MySpace, etc. serve as meeting grounds to initiate contact with more than one sexual partner					
45.	Social networking sites such as Facebook, WhatsApp, BBM, Twitter, MySpace, etc. provides a platform for young people to meet themselves and older adults for sexual relationship transactions involving the exchange of money and gifts for sex					

APPENDIX II

IBEERE FUN AWỌN ỌDỌ-AGBALAGBA

AWUJO MEDIA LILO ATI IWA IBALOPO TI AWON ỌDỌ-AGBALAGBA TI O N KO ISE SISE NI IDO LOCAL GOVERNMENT AREA, OYO STATE

Ikini: Oruko mi ni **ALALADE Akinola Olusegun**, moje omo ile-iwe eko giga ti Ibadan. A n se akanse iwadi kan lati se idaniloju awujo media lilo ati iwa ibalopo ti awon odo-agbalagba ti ko ise sise ni agbegbe yii. A ka awon odo-agbalagba lati wa laarin odun marun-din-logun si merin-le-logun. A wa nibi lati ko oko, inu mi asi dun ti e ba le yonda asiko die fun mi. A fe se idaniloju fun yin pe gbogbo alaye ti e fun wa ni a ni asiri, nitorina ako ko oruko yin si ori fomu. A nilo awon idahun ti o ni imoran ati otito julọ lati se aseyori iwadi yii, nitorina a fe ki e dahun awon ibeere bi o ti je pipe ati otito. Ti ibeere kan ba mu o koronu, o ko ni lati dahun. E seun fun ifowosowopo yin.

Oruko Ijoba Ibile yi: _____ **No** _____

APA KINNI:

Akiyesi: *E Jowo fi ami to bojumu si awon ibeere wonyii [✓] ati ki o pese awon idahun ti o to si awon ibeere ti a pese.*

1. O to omo dun melo: _____ (E so odun ti a bi yin)
2. O je omo: 1. Okunrin [] 2. Obirin []
3. Ibo lo kawo de: 1. Mi o lo si ile-iwe rara [] 2. Ile-iwe alakobere [] 3. Ile kewu []
4. Mo ka die ninu ile-iwe oko girama [] 5. Mo pari ile-iwe eko girama []
4. Eya wo ni e: 1. Yoruba [] 2. Hausa [] 3. Igbo [] 4. So Omiran _____
5. Esin: 1. Igbagbo [] 2. Musulami [] 3. Esin abalaye [] 4. So omiiran _____
6. Se o ni iyawo tabi oko: 1. Ti gbeyawo/oko [] 2. Mi ko ti gbeyawo/oko []
3. Ikosile [] 4. Opo [] 5. Ipin ya []
7. Odo tani o ngbe bayi: 1. Ngbe pelu awon obi mejeeji []. 2. Ngbe pelu baba nikan []
3. Ngbe pelu iya nikan [] 4. Alagbato [] 5. Orekunrin/binrin []
6. Odo awan ebi mi [] 7. Mo n dagbe [] 8. So omiran _____

8. Iwe melo ni baba re ka: 1. Won o lo si ile-iwe rara [] 2. Ile-iwe alakobere []
 3. Atẹle/girama [] 4. Won ka die ninu ile-iwe giga [] 5. Won para ile-ẹkọ giga []
 6. Eko eyikeyi ti a ko daruko _____
9. Iwe melo ni Iya re ka: 1. Won o lo si ile-iwe rara [] 2. Ile-iwe alakobere [] 3.
 Atẹle/girama [] 4. Won ka die ninu ile-iwe giga [] 5. Won para ile-ẹkọ giga []
 6. Eko eyikeyi ti a ko daruko _____
10. Işę wo ni baba re yan laayo: 1. Kata kara [] 2. Ise ijoba [] 3. Ogbin []
 4. Onise owo [] 5. Eko eyikeyi ti a ko tii daruko _____
11. Işę wo ni iya re yan laayo: 1. Kata kara [] 2. Ise ijoba [] 3. Ogbin []
 4. Onise owo [] 5. Eko eyikeyi ti a ko tii daruko _____
12. Iyawo melon i baba re fe? 1. Mama mi nikan [] 2. _____ yato si mama mi
13. Omo melo lo wan i ile yin? _____ (E koi ye nomba ti won je si)
14. Okunrin melo: _____ Obinrin melo _____ (Fi iye nomba ti wan je si)

APA KEJI: IGBOHUNSAFEFE TI LILO AWUJO MEDIA LAARIN ODO-AGBALAGBA

TI O N KO ISE SISE

Akiyesi: E Jowo fi ami to bojumu si awon ibeere wonyii [√] ati ki o pese awon idahun ti o to si awon ibeere ti a pese.

15. Njẹ o ni iwọle si foonu alagbeka kan: 1. Bẹni [] 2. Bẹko []
16. Njẹ o ni iwọle si ayelujara (nipasẹ eyikeyi ẹrọ apẹrẹ. komputa ti ara ẹni, foonu alagbeka):
 1. Bẹni [] 2. Bẹko [] **(Ti o baje bẹko ni lo si Q 24)**
17. Şe o lo awon irufe ipolongo awujo media bii Facebook, 2go, Instagram, Snapchat, Youtube, Twitter, Pinterest, LinkedIn, Badoo etc.): 1. Bẹni [] 2. Bẹko [] **(Ti o baje bẹko ni lo si Q 24)**
18. Omo odun melo ni e nigbati o koko lo awujo media: _____ **(fi ojọ ori e si)**
19. Kini awujo media ti o lo julọ? 1. Facebook [] 2. 2go [] 3. Instagram []
 4. Snapchat [] 5. Youtube [] 6. Twitter [] 7. WhatsApp [] 8. LinkedIn []
 9. Badoo [] 10. Awon miran pato _____
20. Igba melo ni o lo awujo media: 1. Ojoojumọ [] 2. Ekan ni oşę [] 3. Meji si męta ni oşę kan []. 4. Męrin si marun ni oşę kan [] 5. Mi ko mọ []
21. Igba melo ni o lo awujo media lojumọ: 1. Lekan [] 2. Meji si ni igba męta [] 3. Ju igba męrin lo [] 4. Mi ko mọ []

22. Akoko melo ni o yasoto ni ojo kan fun lilo awujo media: _____ (wakati melo)

APA KETA: IBALOPO IHUWASI TI AWAN ODO-AGBALAGBA TI N KO ISE SISE

Akiyesi: E Jowo fi ami to bojumu si awon ibeere wonyii [N] ati ki o pese awon idahun ti o to si awon ibeere ti a pese.

23. Awon nnkan ti o nifesi lati ma se lori awujo media (**A gba laaye opo idahun**):

1. Ti kii se ibaraenisoro laarin ibalopo []
2. Ibaraenisoro laarin ibalopo []
3. Isowo []
4. Awon iroyin ati alaye []
5. Wiwa ise []
6. Eko []
7. Wo awon fidio / orin []
8. Imudojuiwon / gbe aworan []
9. Pade awon ore / eniyan []
10. Koko-oro nipa ilera ibalopo ati ibimo []
11. Omiiran (jowo tokasi) _____

24. Nje o ti ni ibalopo ri: 1. Beeni [] 2. Beeko [] (**Ti o baje beeko ni lo si Q 30**)

25. Omo odun melon i e nigba ti o koko ni ibalopo: 1. Kere ju odun merin lo [] 2. Omo odun marun si mesan [] 3. Omo odun mewa si merinla [] 4. Omo odun marundinlogun si Okandinlogun [] 5. Omo odun ogun si merinlelogun []

26. Awon ayidayida igba ti o koko ni ibalopo

1. Ifipbanilopo []
2. E tan ni je []
3. Ibeere fun ibalopo []
4. Omiiran (jowo tokasi) _____

27. Nje o ti ni ibalopo ni osu mefa ti o koja: 1. Beeni [] 2. Beeko []

28. Nje o n lo idena nigba ibalopo: 1. Rara [] 2. Nigba miiran [] 3. Nigbagbogbo []
4. Mi ko ni ibalopo []

29. Nje o lo fere idabobo ni gbogbo igbati oba ni ibalopo ni osu mefa ti o ti koja

1. Beeni []
2. Beeko []

30. Se o ni opolopo awon ti o n bani ibalopo ni osu mefa to koja:

1. Beeni []
2. Beeko []

31. Nje o mu oti ni osu mefa to koja: 1. Beeni [] 2. Beeko []

APA KERIN: AWON ONA TI A TI LEE GBO ETO NIPA ILERA IBALOPO ATI IBIMO

Akiyesi: E Jowo fi ami to bojumu si awon ibeere wonyii [√] ati ki o pese awon idahun ti o to si awon ibeere ti a pese.

32. Daruko awon ona ti o ti lee gbo eto nipa ilera ibalopo ati ibimo? (**Fa amin[√] si eleyi ti won ba daruko**) 1. Obi [] 2. Oga [] 3. Olupese ilera / ile iwosan [] 4. Ayelujara [] 5. Awujo media [] 6. Awon ore [] 7. Awon tegbotaburo [] 8. Awon ipolongo [] 9. Awon iroyin Telifisonu [] 10. Irohin / Iwe irohin [] 11. Redio [] 12. Iwe [] 13. Orekunrin tabi obirin [] 14. Awon alakoso / awon asoju esin [] 15. Awon ti o bi obi eni / ebi []
33. Tani ninu awon eniyan / ona wonyii ni o feran ju lati ma aba e soro nipa eto ilera ibalopo ati ibimo, si so idi fun idahun re?

	(1) Ona ti mo fe (<i>O le fi ami si opolopo bi o see fe</i>)	(2) Ona ti mo fe julo (<i>Fi ami si okan nikan</i>)	(3) Idi ti mo fi fee
1. Obi			
2. Oga			
3. Olupese ilera / ile iwosan			
4. Ayelujara			
5. Awujo media			
6. Awon ore			
7. Awon tegbotaburo			
8. Awon ipolongo			
9. Awon iroyin Telifisonu			
10. Irohin / Iwe irohin			
11. Redio			
12. Iwe			

13. Orẹkunrin tabi obirin			
14. Awon alakoso / awon aṣoju esin			
15. Awon ti o bi obi eni / ebi			

34. Daruko awon irinṣe awujo media ti o le lo lati wa imo nipa ilera ibalopo ati ibimo? (**Fa amin[√] si eleyi ti won ba daruko**) 1. Google [] 2. YouTube [] 3. Wikipedia [] 4. Twitter [] 5. Yahoo [] 6. Facebook [] 7. WhatsApp [] 8. Eeya ayelujara pataki fun awon odo [] 9. Egbogi eeya ayelujara [] 10. Onisegun dokita re [] 11. Ege atileyin tabi atileyin agbegbe kan [] 12. Awon irinṣe ori ayelujara lati se itoju ilera re [] 13. Ifiweranṣe buloogi [] 14. Beeko [] (**Ti o baje beeko ni lo si Q 41**)
35. Kini awon akole ilera ibalopo ati ibimo ti o ma n lo nigbogbo igba lori awujo media? 1. awon arun ti a toko lati ibalopo [] 2. Arun ti o gbo ogun [] 3. Ounje fun idagba ati ilera [] 4. Iṣeyun [] 5. Eko nipa ibalopo [] 6. Ti oyun [] 7. Ona idena [] 8. Ibalopo ti o panilara [] 9. Ibalopo ati imo ibalopo [] 10. Ilera ibimo odomokunrin ati obirin []

APA KARUN: IFOSIWEWE TI ONFA ODO-AGBALAGBA TI O N KO ISE SISE LATI WA ALAYE NIPA ILERA IBALOPO ATI IBIMO LORI AWUJO MEDIA

Akiyesi: E Jowo fi ami to bojumu si awon ibeere wonyii [√] ati ki o pese awon idahun ti o to si awon ibeere ti a pese.

S/N	GBÓLÓHÙN FUN RIRO	BEṢENI	BEṢKO
36.	Ipa awon ore		
37.	A isi itosona lati odo obi		
38.	Itosona ti o peye lati odo oga		
39.	Irorun si Ayelujara		
40.	Itelorun lati awujo media lori alaye nipa ilera ibalopo ati ibimo		

**APA KEFA G: IPA TI ALAYE AWUJO MEDIA LORI IWA IBALOPO AWAN ODO-
AGBALAGBA TI O N KO ISE SISE**

Akiyesi: E Jowo fi ami to bojumu si awon ibeere wonyii [√] ati ki o pese awon idahun ti o to si awon ibeere ti a pese.

S/N	GBÓLÓHÙN FUN RIRO	MO GBA GAN	MO GBA	LAI ŞE IPINNU KAN	MI KO GBA	MI O GBA RARA
41.	Oro alaye nipa ilera ibalopo ati ibimo lori awujo media se iwuri fun iwa ilera ibalopo					
42.	Awon iwokuwo lori awujo media n se iwuri fun ojo ori eniyan ti o ba tete ni ibalopo					
43.	Awon iwokuwo lori awujo media n se iwuri fun lilo feere idaabobo nigba ti a ban ni ibalopo					
44.	Awon eeya ayelujara bi Facebook, WhatsApp, BBM, Twitter, MySpace, ati be be lo, je agbegbe latipade ati ba soro ju eniyan kan ti a le balopo					
45.	Awon eeya ayelujara bi Facebook, WhatsApp, BBM, Twitter, MySpace, ati be be lo fun awon iru ero ti n se anfani fun awon odo lati pade ara won ati awon odo agbalagba fun ibalopo ti o ni se pele owo ati rira nnkan bi ebun fun ara won					

APPENDIX III

INFORMED CONSENT FORM FOR SOCIAL MEDIA USE AND SEXUAL BEHAVIOUR OF YOUNG ADULTS UNDERGOING VOCATIONAL TRAINING IN IDO LOCAL GOVERNMENT AREA, IBADAN, OYOSTATE

IRB Research Approval Number:

This approval will elapse on:

Title of research: Social media use and sexual behaviour of young adults undergoing vocational training in Ido Local Government Area

Name of the researcher: This study is being conducted by Alalade Akinola Olusegun a postgraduate student in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine University of Ibadan.

Purpose of research: The purpose of this study is to investigate the *social media use and sexual behaviour of young adults undergoing vocational training in Ido Local Government Area, Ibadan*

Sample size and procedure for data collection: A total of 422 young adults undergoing vocational training in Ido Local Government Area would be recruited for this study using a multistage sampling procedure to select eligible respondents.

Expected duration of the research and participant(s) involvement: This process of this study will last for one month. You are to provide answers to the questions contained in the questionnaire. The questionnaire is expected to last about 20 minutes to complete.

Risk(s): There are no physical risks in participating in this study. However, there are some questions on socio-demographic characteristics and sexual behaviour which some respondent would find it uncomfortable to answer.

The cost to participating in joining the research: Participation will cost you nothing. It will, however, take a little of your time.

Benefit: At the end of the research, findings will be useful in identifying knowledge gaps and bridge the gap of lack of sufficient information on the use of social media and its influence on the sexual behaviour of young adults

Confidentiality: All information collected in this study will be given coded numbers. Names of respondents will not be written on the questions. In addition, your name or any other identifiers will not be used in any publication or report emanating from this study.

Voluntariness: Your participation in this research is entirely voluntary.

Consequences of participants' decision to withdraw from the research and procedure for orderly termination of participant: You can choose to withdraw from the research at any time without any penalty. Please also note that some of the information that has been obtained about you before you choose to withdraw may have been used in reports and publications.

Statement of Person Obtaining Inform Consent

I have fully explained the nature and scope of the research to _____ and have provided sufficient information to him/her which is needed by him/her to make informed decision

Date _____ **Signature** _____

Name _____

Statement of Person Giving Consent

I have read the description of the research and the research has been explained to me in a language I understand or have been translated into a language I understand. I understand that my participation is voluntary. I know enough about the purpose, methods, risk, and benefits of the research study to judge that I want to take part in it. I understand that I may freely stop being part of this study at any time. Finally, I have received a copy of this consent form and additional information sheet to keep for myself.

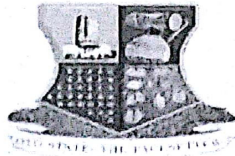
Date _____ **Signature** _____

Name _____

APPENDIX IV
ETHICAL APPROVAL

TELEGRAMS.....

TELEPHONE.....



MINISTRY OF HEALTH
DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION
PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No.
All communications should be addressed to
the Honorable Commissioner quoting
Our Ref. No AD 13/479/ 872

28th August, 2018

The Principal Investigator,
College of Medicine,
Faculty of Public Health,
Department of Health Promotion and Education,
African Regional Health Education Centre,
University of Ibadan,
Ibadan.

Attention: Alalade Akinola

**ETHICS APPROVAL FOR THE IMPLEMENTATION
OF YOUR RESEARCH PROPOSAL IN OYO STATE**

This is to acknowledge that your Research Proposal titled: "Social Media Use and Sexual Behaviour of Out-of-School Young Adults in Ido Local Government Area, Oyo State" has been reviewed by the Oyo State Ethics Review Committee.

2. The committee has noted your compliance. In the light of this, I am pleased to convey to you the full approval by the committee for the implementation of the Research Proposal in Oyo State, Nigeria.
3. Please note that the National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations, in line with this, the Committee will monitor closely and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of findings as this will help in policy making in the health sector.

4. Wishing you all the best.


Dr. Abbas Gholahan
Director, Planning, Research & Statistics
Secretary, Oyo State Research Ethics Review Committee