

**KNOWLEDGE OF RISKY SEXUAL BEHAVIOUR AMONG
SECONDARY SCHOOL STUDENT IN EGOR LOCAL
GOVERNMENT AREA, EDO STATE**

BY

Blessing ISIBOR

EDU1804335

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

BENIN CITY.

OCTOBER, 2023.

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**RESEARCH PROJECT PRESENTED TO THE DEPARTMENT OF
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FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN
CITY, IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE B.Sc (Ed) DEGREE IN HEALTH EDUCATION.**

OCTOBER, 2023.

CERTIFICATION

We the undersigned certify that this research work was carried out by Blessing ISIBOR in the Department of Health , Safety and Environmental Education, faculty of Education, University of Benin, Benin city, in partial fulfillment of the award of B.Sc. (Ed) degree in Health Education.

MRS. E.B. TIMBIRI
(Project Supervisor)

DATE

DR. E.O. IGUDIA
(Project coordinator)

DATE

DR. S.O. OLIKIABO
(Ag-Head of Department)

DATE

DEDICATION

This study is dedicated to firstly, God almighty for His provisions, guidance, wisdom and immeasurable show of grace towards me throughout my years of study and in the course of carrying out this research. Also to my parents, Mr. Friday Isibor and Mrs. Anthonia Isibor for their constant show of love and support.

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ABSTRACT

The study investigated the knowledge of risky sexual behaviour among secondary school students in Egor Local Government Area, Edo state. To achieve the purpose of this study, three (3) research questions were raised and the literatures related to the study were also reviewed.

The study adopted the descriptive study research design. The population of the study consisted of six thousand (6000) secondary school students in Egor. One hundred and fifty(150) respondents, systematically, randomly and purposively selected, formed the sample of the population. The instrument used for the study was a “Questionnaire on the knowledge of risky sexual behaviour among secondary school student in Egor”. the questionnaire was validated by the project supervisor and two other lecturers from the department of Health, Safety, and Environmental Education (HSE). The test-retest reliability method using the Pearson Product Moment Correlation Coefficient formulae was used to obtain the reliability coefficient. Data obtained from the instrument were analyzed using frequency count and simple percentages.

Findings revealed that majority of the respondents; have high knowledge of risky sexual behaviour and very much aware of the consequences. And the major factors that influence secondary school students engaging in risky sexual behavior are peer pressure from friends, drugs and substances use,

Negative media influence, poverty and one's religious beliefs. Despite the high knowledge level, some students still engage in risky sexual behavior and the most prevalent one in this finding was multiple sexual partners. Based on the findings, the researcher recommended that programmes such as campaigns, workshops, seminars, etc. should be organized on risky sexual behaviours and its factors and consequence, so as to increase awareness on and the knowledge of risky sexual behavior among secondary school students.

CHAPTER ONE

INTRODUCTION

Background to the study

Risky sexual activity among high school students has a strong connection to a variety of public health issues (Crossette, 2005; Marston and King, 2006). For instance, unprotected teen sexual activity increases the risk of STIs like HIV/AIDS, unintended pregnancies, abortions, and pregnancy-related problems (Tang, et al., 2011). Young individuals need to be adequately informed about reproductive health because they are still developing their fertility and are more prone to participate in risky sexual behaviour (Bollido & Cayabo, 2020).

An individual who engages in sexual activity with another person who is afflicted with a sexually transmitted infection runs the risk of contracting the infection themselves, becoming pregnant, or causing their partner to get pregnant. This is known as risky sexual behaviour. It can refer to the partner's actions as well as the description of their actions, which are two related meanings. The conduct may involve unprotected anal, oral, or vaginal sex. The partner may use intravenous drugs, be HIV-positive, or be a nonexclusive partner. Risky sexual behaviour is linked to drug usage.

Having several sexual partners, having unprotected sex, making an early sexual debut, and engaging in activities that increase the risk of STIs and unwanted pregnancies are examples of risky sexual behaviour.

Teenagers' potential is frequently undermined by the poor decisions they make regarding their sexual and reproductive health, which lead to dangerous behaviours, exciting adventures, and ultimately poor health. Because they are more susceptible, young people, who make up one-third of the sexually active population, responsible for around half of all new STIs. Young people make up roughly 20% of all individuals worldwide and a sizable component of the population in every nation (Tengia-Keisy & Kamugisha, 2009). Most people start experimenting with their sexuality and forming relationships at this age. Significant changes in their cognitive, biological, emotional, and social domains are part of their growth and development. These formative years provide an excellent window of time for laying the groundwork for young people's sexual and reproductive health and rights as well as for educating them about the dangers of unsafe sexual behaviour.

There has never been zero risk associated with teenage sexual conduct. When one considers the serious repercussions of engaging in sexual risk behaviours, there are inherent risks associated with unintended pregnancies, school abandonment, unsafe abortions, and HIV/AIDS (Nwoke & Okafor, 2012). Low levels of education, early sexual debut, unprotected sexual activity, teenage pregnancy, having several partners, sexual activity for reward, and coerced sexual activity are some of the signs of dangerous sexual behaviour that the United Nations (UN) has highlighted.

These high-risk sexual practices and their aftereffects continue to be the leading global health issues affecting young adults. Because of this, people in this age range run the danger of developing serious health problems and dying as a result of their sexual and reproductive

activities. Due to the rising incidence of linked problems, emotional and mental suffering, HIV/AIDS, and sexually transmitted illnesses, many nations view adolescent sexual engagement as problematic. Adolescence is a crucial period of life transition marked by sexual experimentation and concerns related to sexuality that naturally emerge and shape the physical and psychological development of the adolescents.

According to WHO (2018), there are an estimated 1.2 billion teenagers in the world, and the majority of them engage in sexual activity. Adolescents who engage in hazardous sexual practices run the risk of developing a number of sexual and reproductive health issues. These have dire repercussions and can occasionally result in untimely deaths. A large number of teenagers in underdeveloped countries, including those living in Nigeria, are susceptible to contracting STIs, HIV, and other related effects of engaging in unsafe sexual behaviour (Aji et al., 2013). Only in South-eastern Nigeria, 17% of teenagers had HIV and STI prevalence, and 32% had undergone unsafe abortions (Envuladu et al., 2017). Therefore, research on the sexual practices of adolescents is crucial for the country's future health and the achievement of the 2030 Sustainable Development Goals (SDG) since it encourages healthy habits and discourages dangerous teen pregnancies. When it comes to the 15 – 24 age range, sexuality and sexual behaviour are major global concerns (Dadi et al., 2014).

Statement of the Problem

Adolescents who engage in risky sexual behaviour are concerned about their physical, mental, and social wellbeing, which is a serious public health issue. In many cultures, teenagers

frequently participate in sexual activity without having enough information about STIs, contraception, and the possible repercussions of their behaviour. Unplanned pregnancies, STIs, and other harmful health consequences are more common as a result of this ignorance, which raises the risk of having unprotected intercourse.

Secondary school adolescents are especially prone to dangerous sexual behaviour because of a number of variables, such as peer pressure, curiosity, inadequate sex education, ignorance, and restricted access to services related to sexual and reproductive health. Many teenagers from various primary schools join and expand their social networks in secondary school, which is a fresh environment that may encourage the emergence of new sexual behaviours (Fekadu et al., 2021).

Dangerous sexual activities can have serious, long-term effects, such as undesired pregnancies, STIs, teenage parenting, illegitimate offspring, poor scholastic performance, feelings of humiliation, and mental instability. Sometimes an abortion is attempted or carried out, which might result in the mother and child dying too soon.

Studies on high-risk sexual behaviour among adolescents in secondary schools are scarce. The researcher is trying to close this research gap.

Research Questions

The following research questions has been raised to guide the study:

1. What is the level of the knowledge risky sexual behavior among secondary school students?

2. What are the factors influencing secondary school student engagement in risky sexual behavior?

3. To what extent do secondary school student engage in risky sexual behaviour?

Goal of the Research

Investigating secondary school students' knowledge and comprehension of risky sexual activity in the Egor Local Government Area in Edo State is the primary goal of this study. The specific goals of this study are to:

1. Identify the factors influencing students engagement in risky sexual behavior.
2. Identify the extent secondary school student engage in risky sexual behavior.

Significance of the Study

The results of this study will add to the body of information already available on risky sexual behaviour among adolescents in secondary schools. The insights gained will inform policymakers, educators, and healthcare professionals about the specific areas where knowledge gaps exist and the misconceptions prevalent among adolescents. This knowledge will enable the development of targeted interventions and educational programs that effectively address these gaps, promoting responsible sexual behavior, and improving students' sexual health outcomes. Ultimately, this study aims to contribute to the well-being and empowerment of secondary school students by equipping them with accurate knowledge to make informed decisions regarding their

sexual health since they will be exposed to behaviors that are considered unacceptable, helping them learn how to lead productive lives, especially in their academics.

The study will also help parents since it will motivate them to support their kids no matter what and to give them the direction they need during the adolescent developmental stage so that they don't become victims of controlling peers.

The results of this study will also be beneficial to school administrators, as it will make them aware of the threat that exists within the educational system and provide them with strategies for dealing with it and restoring order.

Additionally, the broader society stands to gain from this study because an improved education system will contribute to the moral well-being of our community.

Finally, guidance counselors will find value in this research as it underscores the importance of addressing issues related to sexual recklessness among secondary school students and provides insights into how to approach these matters effectively.

Scope and delimitation of the Study

This study's focus is on investigating secondary school students in Egor LGA, Edo State, on their understanding of risky sexual behaviour. The study is restricted to Egor LGA Edo state secondary school pupils.

Definition of terms

Risky: describes something that involves risk or hazards, and action taken that could lead to negative consequences.

Sexual behavior: these refers to activities and behaviors in which humans display or express their sexuality or sexual need.

Secondary School: This educational institution offers secondary education to teenagers aged 11 to 16 or 11 to 19, following their completion of primary school and before their tertiary education.

Students: These are students, or those who are enrolled in an educational programme.

Sexually Transmitted Infections (STIs): This term describes a class of illnesses that are mainly spread by sex. Sexually transmitted infections (STIs) include human papillomavirus (HPV), gonorrhoea, chlamydia, and HIV/AIDS.

Unprotected Sexual Intercourse: include having intercourse without using barrier techniques like condoms or other types of birth control.

Local Government Area: This is a national administrative division under local government jurisdiction.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Relevant and related literature were reviewed in the chapter and are presented under the following sub - headings

- Concept of risky sexual behavior
- Knowledge of risky sexual behavior
- The extent of secondary school student engaging in risky sexual behavior
- Factors influencing the knowledge of risky sexual behavior
- Consequences of risky sexual behavior
- Summary of literature review

Concept of risky sexual behaviour

Risky sexual behaviour can be defined in a variety of ways. According to the World Health Organisation, engaging in hazardous sexual behaviour raises the possibility of developing sexually transmitted infections (STIs), HIV/AIDS, unintended pregnancies, and unsafe abortions. Using separate substances may lead to unprotected sex with other people or commercial sex workers. Changing partners frequently, having several partners, having intercourse without a condom, using inconsistent or ineffective birth control techniques, having sex with older

partners, and consuming alcohol and illegal drugs are some examples of dangerous sexual behaviours.

The most often accepted definition of dangerous sexual conduct, according to Glen-Spyron, is unprotected anal, oral, or vaginal sex. In contrast, the Centres for Disease Control and Prevention (CDC) classified risky sexual behaviour as engaging in multiple relationships, not using condoms, using drugs or alcohol while under the influence, or being coerced into engaging in sexual activity that raises the risk of STIs and unintended pregnancy. Sexual activity with someone who is not a spouse or cohabiting partner is classified as high risk sexual behaviour by the National Family Health Survey (NFHS).

According to other studies, risky sexual behaviour is defined as vaginal intercourse without the use of a condom or other form of contraception, or anal/oral sexual activity (Dublin et al., 1992). Having several partners or casual relationships, not wearing a condom when having sex, and having sex while intoxicated (Cooper, 2002). Sexual contacts between unmarried individuals in an exclusive relationship and sexual activity involving two or more partners while using condoms incorrectly or inconsistently (Kumari & Nair, 2012). Early sexual initiation age, unprotected premarital sex, and gift-exchanging sex (Imaledo et al.,2012). Unprotected sexual encounters and occasional or compensated partners (Chikovani et al., 2013). Sexual activity that raises the risk of getting a sexually transmitted illness and occasionally an unintended pregnancy (Chanakira et al., 2014). Having several sexual partners, engaging in unprotected sexual activity, and engaging in sexual activity with an intravenous drug user (IVDU) (Ritchwood et al.,2015). Sexual activity that raises the possibility of an unfavourable result.

Family disagreements, interpersonal damage, legal battles, and financial difficulties are examples of negative outcomes (Mirzaei et al., 2016).

The first meaning of "RSB" might read as follows: "Engaging in sexual activity at a young age, involving unprotected or non-traditional (anal/oral) intercourse, or inconsistent condom use." Having sex with more than one partner — whether protected or not — infrequent or transactional sex, having sex with someone who injects drugs or when high on drugs are instances of engaging in sexual activity. Sexually transmitted illnesses, unwanted pregnancies, legal disputes, and interpersonal problems such as HIV/AIDS and early pregnancies can all result from these behaviours.

Risky sexual behaviour is generally understood to be any behaviour that makes a person more vulnerable to issues pertaining to their sexuality and reproductive health. These consist : engaging in unprotected sexual behaviour, having several sexual partners, having sex when intoxicated, and having sex at a young age.

Sexual risk behaviours are those sexual activities that put a person at risk for STIs (AIDS, gonorrhoea, syphilis, chlamydia, warts, and genital herpes), unwanted pregnancies, and mental health conditions like depression, suicidal thoughts, and suicide attempts. Low educational levels, early sexual debuts, unprotected sex, teenage pregnancy, having several partners, sex as a form of reward, and coerced sex are among the risk factors for risky sexual behaviour that the United Nations (UN) has highlighted. especially the approximately 18 million young Nigerians (16 – 25 years old). Student sexual health difficulties are emerging in

many secondary schools as a result of the effects of increasing urbanisation and cultural changes. According to Adebuseye (1997), these difficulties result from dangerous and aberrant sexual behaviour. These factors have the potential to hinder their personal growth and overall development. According to (Okonofua, 1999), students' reproductive health is impacted when they engage in sexually risky activity.

Since most secondary schools do not offer sex education as part of their curriculum, adolescents' sexual activity is an issue in many nations because of their inadequate understanding of reproductive health and contraception (Marx & Gorgen, 1998). Owing to worries that it would encourage youth promiscuity, sex education occasionally leaves out lectures about contraception. The onset of sexual activity and exploration is associated with puberty. Teenage sexual activity can increase the likelihood of a number of undesirable behaviours, even if it's a normal transition. Presumption and STDs are two of the most noticeable immediate health effects that it may have (AHI, 2003). Additionally, hazardous sexual behaviour has been linked in studies to other negative consequences as delinquency and sexual victimisation (Armour & Haynie, 2006). In Nigeria, factors influencing sexual behaviour include parental education, family history, peer pressure, and the nature of parental care.

In Sub-Saharan Africa, the most important and quickly growing demographic is that of people between the ages of 18 and 24. In Nigeria, this age group made for about 30 million of the country's estimated 150 million people by 1995, when its population had increased to 56 percent (Tengia-keisy & kamugishalt, 2009). Youth who engage in unprotected sexual

activities and who are socially and biologically exposed at an early age are at risk of getting sexually transmitted infections (STIs), including the human immunodeficiency virus.

Numerous factors influence an adolescent's overall development, but sexual development is a normal and seemingly essential aspect of adolescence because it encompasses not only physical changes but also the formation of an individual's identity, perspective, and attitudes as well as the expression of intimacy and defining experiences within a sexual and romantic framework (Adeyemo & Williams, 2009).

Knowledge of risky sexual behaviour

It has been determined that ignorance of HIV/AIDS and other STIs increases the likelihood of young people participating in unsafe sexual conduct. Risky sexual behaviour among young people has been linked to depression, suicidal ideation, and suicide attempts. This is especially true for risky behaviour associated with early sexual encounters, multiple sexual partners, and sexual abuse. High-risk sexual behaviour typically results in outcomes like unintended pregnancy and STIs. Comprehensive, lifelong sexual education can reduce the risks of risky sexual behaviour, including unwanted pregnancy, and last for generations. According to Carstairs et al. (2018), one of the primary reasons of unwanted pregnancies is low sexual and reproductive health literacy. Preventing unwanted pregnancies is mostly dependent on education (WHO, 2011). Furthermore, Elden et al. (2019) state that having the right information and sexual attitudes helps adolescents avoid the harmful effects of RSB, such as HIV and other STDs.

That means that some student behaviours and acts may put them at higher risk of STIs, such as HIV and unintended pregnancy, unless appropriate-based interventions are put in place to stop the practice. Adolescents who engage in dangerous sexual conduct must therefore be informed about the repercussions of doing so, as accurate information is essential to the success of any intervention. Risky sexual behaviours have garnered a lot of attention due to their alarming prevalence and global pattern, which has sparked conversations about the health dangers they pose. It is obvious that adolescents and young adults are more likely than adults to participate in risky sexual practices, mostly as a result of peer pressure and influence during social events. The creation of intervention techniques and policies targeted at enhancing secondary school students' sexual behaviour may benefit from an understanding of the knowledge they possess regarding risky sexual behaviour.

In the majority of research, RSB is often characterised as (1) having several sexual partners and (2) having sex without consistently using condoms. RSB in teenagers includes early sexual initiation, which is connected to dangers to reproductive health such as unprotected sex. Before or during intercourse, using mood-altering medications also increases the risk of RSB (Koletić, Kohut & Štulhofer, 2019). Several research provide alternative definitions of RSB, such as: (1) lifetime number of sexual partners; (2) inconsistent condom use; and (3) unwanted or unplanned pre-marital pregnancy (Yoon et al., 2018; Chawla & Sarkar, 2019).

Research entitled "Dangerous Sexual Conduct Among Students in Higher Education Institutions in South-South, Nigeria: In their 2020 study "A Qualitative Study," Osuala, Ogbu, and Udi used focused group discussions to gather data. They found that participants defined risk as

something that has the potential to cause harm, whereas risky sexual behaviours are sexual exposure that may result in injury. According to a study conducted in Osun state by Ofili, Oyeleye, Onyesom, and Akintomide (2008), most respondents had heard of sexual risk behaviours, but only a tiny percentage knew very little about them. The wide variation in results can be attributed to the lack of sex education in school curriculum and parents' disapproval of teaching their kids about sex.

According to Keto, Tilahun, and Mamo's (2020) descriptive cross-sectional study, out of the total respondents, 274 (75.9%) were aware of risky sexual behaviour. Of these, 139 (50.7%) defined it as unprotected sex; 136 (49.6%) as having sex after using drugs, alcohol, or both; 129 (47.1%) as having sex with multiple partners; and 113 (41.2%), 101 (36.9%), and 73 (26.6%) as having sex before marriage, having sex before marriage, and engaging in unusual sexual practices like anal and oral sex, respectively. A little over 276 (76.5%) of the participants are aware of the dangers associated with hazardous sexual behaviour. Particularly, 242 (87.7%) of the respondents who were aware of the consequences of unsafe sex said that it can lead to STIs like HIV/AIDS, which are followed by 205 (74.3%) unintended pregnancies.

The majority of the 169 study participants (73.8%) knew about risky sexual behaviour, according to a cross-sectional study conducted in Ethiopia by Lankamo, Bekana, Fekecha, and Samuel (2015). According to the respondents, risky sexual behaviour was described as having sex before marriage, having sex with numerous partners, and engaging in unconventional sexual behaviours like anal and oral sex by 114 (49.78%), 108 (47.16%), and 59 (25.76%) of them.

Many sexual partners and high-risk sex are prevalent among teenagers in Sub-Saharan Africa, according to data from Demographic and Health Surveys. The mean age of first sexual encounters is 16 years old, and 53.5% of teenagers are sexually active, according to a survey done in a secondary school in Nigeria (Folayan et al., 2015; Odimegwu & Someonefun, 2017).

A concerning global trend is the rise in unsafe sexual behaviour among younger people. Premarital sex is frequent among adults aged 15 to 19, and most young people in various nations engage in sexual activity before turning 20. The second most important risk factor for the global burden of disease, according to the World Health Organisation (2011), is risky sexual behaviour. Current HIV/AIDS data indicate that people between the ages of 15 and 24 account for 50% of all new HIV infections globally. The fact that five young individuals worldwide get HIV/AIDS every minute is concerning.

The Extent secondary school student engage in risky sexual behaviour

A large number of teenagers engage in risky sexual behaviour, which can have unforeseen health effects such infections, STDs, and unexpected pregnancies. Adolescents and young people's lifestyles are impacted by these risky sexual behaviours, which can have a number of negative side consequences. Sexual risk behaviour is becoming more common, frequently as a result of things like inadequate knowledge about teenage sexuality. According to the 2013 UNAIDS report, 35 million individuals worldwide were living with HIV, and young people between the ages of 15 and 24 made up about 33% of newly diagnosed cases..According to the WHO research, there are 333 million new STI infections worldwide each year, and at least

111 million of these cases affect people under the age of 25. According to Musiime and Mugisha (2015), 63% of Nigerian college and university students engaged in risky sexual behaviour, and 63.9% of Botswana's students did the same (Howie Ntsipe & Mokgatte, 2012).

Over the past thirty years, there has been a notable rise in the percentage of teenagers who have had sex while attending school (Smith, 1997). According to Lindbee, Valencia, and Cromer (2000), adolescents are recognised for being an adventurous demographic that frequently partakes in dangerous behaviours such drug use, alcohol use, smoking, and early, unprotected sexual engagement. In addition, some teenagers experiment with behaviours such as lesbianism, homosexuality, and sexual orgies; these behaviours are frequently encouraged by peer pressure and exposure to unfiltered information resulting from the increasing influence of Westernisation, the Internet, and electronic media. This could contribute to the explanation of why adolescence has also been called a time of "storm and stress" (Hall, 1904). Dahl (2004) noted in his review that "difficulties in the control of behaviour and emotion" are more likely to be the cause of the sharp rise in morbidity and death during this time of life than disease or infection.

According to the 1999 Nigeria Demographic and Health Survey, girls typically start having sex at a little over 16 years old. By the time they are 18 or 20, 63% and around 80% of people, respectively, have had sex. Numerous other research have revealed that adolescents in Nigeria engage in high rates of premarital sex (Odewole, 2000; Omoteso, 2003; Ugoji, 2008). Around 16% of teenage girls reported having their first sexual experience by the age of 15, while 49.4% of young women in the 20 – 24 age range reported having their first sex by the age of 18. Also,

8.3% of teenage boys reported having their first sexual experience by the age of 15, while 36.3% of those in the 20 – 24 age group said they had their first sexual experience by the age of 18 (Feyisetan & Pebley, 2002).

Adolescents are more likely to start sexual relations early, use contraception less frequently, and become pregnant as teenagers in neighbourhoods with high rates of poverty, crime, and residential turnover—all of which are indicators that the area is dangerous in the eyes of the locals (Billy et al., 1994; Miller et al., 2001; Aneshensel et al., 1999). Certain communities in the South-South region of Nigeria agree with this categorization.

Okafor, Adam, and Azuke (2013) conducted a descriptive cross-sectional study to find out how many young people in Edo State's Oluku community engage in sexual activity. According to the survey, nearly 49% of participants had engaged in sexual activity. Of these, 111 (58.7%) of the male participants and 83 (39.4%) of the female participants had engaged in sexual activity. When it came to sexual activity, 154 respondents, or 79.4%, said they had not planned it. Between the ages of 13 and 18, the majority of respondents (60.3%) reported having their first sexual experience. The average age of men and women at their first sexual encounters was 17 and 14, respectively. Regarding their first sexual experience, 47 percent of respondents reported having an older partner, 11 percent reported having a partner the same age, and 21 percent reported having a relationship younger.

According to Ahonsi (2013), teenagers in Ovia North East are disproportionately affected by problems related to reproductive health. This claim is consistent with earlier studies that

looked at teenage sexual practices in Nigeria, including the Integrated Biological and Behavioural Surveillance Survey (2010), the National HIV/AIDS and Reproductive Health Survey (2007), and the National Demographic Health Survey (2008). According to these polls, about 25% of men and almost half of female teenage respondents in Nigeria (46.2%) and 22.1% of female respondents, respectively, have had sex. State-by-state variances were noted. Early sexual behaviour can start as early as age 7 in some places, such as Edo State (Diala et al., 2011).

The information shown above gives rise to serious worries. It draws attention to the startlingly high rate of adolescent sexual engagement in Nigeria across all educational levels. Even more concerning are the findings from the Federal Ministry of Education's 2009 study, which showed that 21% of secondary school pupils said they had had sex. Furthermore, according to the National Demographic Health Survey from 2008, just 40.6% of people who had two or more sexual partners in the previous year said they had used a condom during their most recent sexual experience.

According to estimates, the median age at first sex in Nigeria is 16 years old in the north and 19 years old in the country for men and women (Federal Ministry of Health, 2006). The country's youth condom use rate (estimated at 11% for girls and 23% for males) suggests that there isn't much protection against infection. As a result, there is a significant risk of sexually transmitted diseases (STIs) for this population (Adebola, Omololu, & Odutolu, 2003). Nigeria has 41.23 million adolescents, the sixth-highest population in the world, and is disproportionately affected by negative health consequences related to hazardous sexual

behaviour (2022). (United Nations, 2022). According to UN estimates, there will be over 78 million adolescents in Nigeria by the year 2050.

The practice of risky sexual behaviour is confirmed by a survey conducted in 2021 among 280 undergraduate students by Osuala, Udi, Ogbu, and Ojong. The poll's data shows that 94 (33.6%) of its respondents have had sexual contact. Out of this total, only 54 (57.4%) concur that the condom was the most common method of contraception used, 30 (31.9%) that contraception was used regularly, 23 (24.5%) that condoms had broken, and 12 (12.8%) that they utilised chemical enhancers for sex. Furthermore, 42 (44.7%) of respondents reported having had fewer than three (3) lifetime sexual partners; 54 (57.4%) reported having had 1-2 casual partners; and 35 (37.2%) of respondents reported having had sex less than or equal to one (1) month prior to the study. Of the respondents, 63 (67.0%) reported having had their first sex at their age of 16 to 20. A substantial amount of research suggests that young people's risky sexual behaviour is rising in developing nations (Adebola et al., 2003). According to a recent report from the Ethiopian Demographic and Health Survey (EDHS), the proportion of young people in Ethiopia between the ages of 18 and 24 who had sex before the age of 18 grew from 35% in 2005 to 40% in 2016 for women and from 9% to 12% for men. Similarly, 29% of women and 62% of women, respectively, had their first sexual experience before the age of 15 and 18 (EDHS, 2011). The Centres for Disease Control (CDC, 2010) reports that a large number of youth participate in sexually risky behaviours that may have unanticipated health consequences. For instance, of US high school students polled in 2009, 46% had engaged in sexual activity at some point in their lives, and 34% had done so in the preceding three months. The prevalence

of risky sexual behaviour has been measured and reported in the literature (Abebe et al., 2013; Tura et al., 2012; Negeri, 2014). Using various screening procedures, the prevalence ranges from 21.6 to 42.1%. Risky sexual behaviour was found to be 13.7% common among high school and preparatory students in one cross-sectional survey carried out in the eastern region of Ethiopia (Dadi and Teklu 2014). 72.2 percent of teens in Zambia participated in risky sexual behaviours, according to a study (Yang et al., 2019).

Forms of risky sexual behavior

The following behaviours are suggested by the literature as being risky: having multiple partners, engaging in anal contact without the use of contraception, having unprotected sex or sex without protection, initiating first sex at a young age, having sex impressed by alcohol usage, and paid sex (Silas, 2013).

Unprotected sex

Anal, oral, or vaginal intercourse without protection is considered risky sexual behaviour. Premature and unplanned pregnancy, unsafe abortion practices, and sexually transmitted diseases like HIV/AIDS are among the health risks that the majority of students who engage in sexual activity face. Some people eventually lose their jobs or quit their schools as a consequence. According to Focused Group Discussions (FGD), parents, medical professionals, and female students or employees, seven out of ten women will become pregnant as a result of unsafe sex, and of those, three to four will seek out local means of ending the pregnancy. This information was gathered from a recent qualitative study carried out in Nigeria.

Multiple sex partners

The term "multiple sex partner" (MSP) describes having intercourse with two or more people in a certain amount of time. This can happen concurrently or sequentially. MSP may entail having intercourse with individuals of the same or another gender. If an individual has numerous sexual partners at the same time, then they are said to have multiple sex partners. In order to monitor changes in global HIV/AIDS infection rates and related fatalities, as well as to assess risky sexual behaviour in adolescents, the Centres for Disease Control and Prevention (CDC) utilises the indicator of young persons having MSP in the previous year. The World Health Organisation (WHO) has defended this strategy by supposing that the quantity of MSP affects how quickly HIV spreads throughout various regions. People who have more than one sexual partner run a higher risk of HIV transmission than people who don't do so.

Having several sexual partners at risk is one of the main risk factors associated with the AIDS/HIV epidemic in Jamaica. 89 percent of men and 78 percent of women between the ages of 15 and 24 who participated in the 2004 Behavioural Surveillance Survey reported having sex with someone who was not their spouse or cohabitant in the 12 months prior. In the 12 months prior, sixteen percent of women and fifty-six percent of men had several sexual partners. Men in New Zealand reported having an average of 44 sex partners in their lifetime, according to the Durex Global Sex Survey.

Substance use

After drinking alcohol, a person may engage in a variety of dangerous activities, such as having several sexual partners, forgetting to use a condom during a sexual encounter, or applying it incorrectly. Because alcohol affects behaviour during sexual activity or in social contexts that promote risky behaviour, it might result in the involvement in unprotected sexual relations. Adolescents' age at first sexual encounter was strongly influenced by substance use, as those with greater substance use levels reported more sexual activity than those with lower use (Johnson, Jason & Ajibewa, 2016). As if momentarily detached from reality, this implies that teenagers who use drugs frequently partake in dangerous sexual activities without thinking through the repercussions or wearing protection. The connection between teenage usage of psychoactive substances and high-risk sexual behaviour It has also been shown that these behaviours frequently occur alongside a variety of other deviant behaviours. activities that have been thoroughly documented, include engaging in many relationships and having sex without the use of a condom (Levy et al., 2009). The use of drugs and alcohol by teenagers and young adults is directly associated with their risk-taking and sexual decision-making.

Risky behaviours like alcohol use and cigarette smoking have been linked to early beginning of sexual engagement (Schmid et al., 2007). In America, men smoke cigarettes at a higher rate than women do, and 7.8% of smokers are in the 18 – 24 age bracket, according to a CDCC report (CDC, 2018). Research has indicated that adolescents with rsb were more likely to have begun sexual activity and to have consumed alcohol (Decat et al., 2015). According to Schmidt et al. (2007), smoking cigarettes is linked to an increased chance of adolescents and young adults starting a sexual relationship.

Anal sex

Anal sex refers to sexual activities that involve the anus. These activities can include pegging, anilingus, fingering, and the insertion of objects. Pegging is when a person uses a dildo or similar object to penetrate their partner's anus. Anilingus involves oral stimulation of the anus, while fingering involves inserting fingers into the anus or vagina of a sexual partner. It's important to be aware that engaging in these practices carries certain risks, such as potential for trauma, ano-rectal fissures, rectal prolapse, infections, and an increased risk of anal cancer.

Oral sex

Any sexual activity that involves using the mouth and tongue to stimulate the genitalia is known as oral sex. This type of sexual activity is known by the terms cumillingus, which describes oral sex performed by females, fellatio, which describes oral sex conducted by males, and anilingus, which describes oral stimulation of the anus.

Transactional sex

In a transactional sexual relationship, presents, both monetary and non-monetary, and services are offered or received in exchange for having sex. Because of the great poverty in this region, this is typical throughout sub-Saharan Africa. People who use sex as a means of obtaining funds, food, shelter, or drugs are more likely to get infected with HIV and other STDs due to their actions.

For example, they could get paid more for having sex without using condoms. They might abuse alcohol and other drugs more frequently. It's possible that their consumers are unaware that they have HIV or another STD. Furthermore, they might not have the authority to insist that their customers use condoms.

Early sexual debut

Early sexual debut refers to young individuals engaging in sexual activity at a relatively young age, often before they are emotionally and physically prepared. This behavior is considered risky due to its potential negative consequences.

Consequences of risky sexual behaviour

Risky sexual behaviour can lead to a number of issues, such as an unintended pregnancy, an abortion, the transmission of STDs like HIV, or even death.

Because it increases the chance of unplanned pregnancies and sexually transmitted diseases (STDs), risky sexual conduct offers serious health hazards (Lansford et al., 2014). Sexually transmitted diseases (STDs) have major consequences that include cervical cancer, pelvic inflammatory illness, infertility, and difficulties connected to pregnancy (Aral, 2001). Conversely, studies have shown that unintended pregnancies can result in a variety of problems, such as medical, social, economical, and psychological issues (Delgado-Rodriguez et al., 1997; Fullerton et al., 1997; Geller, 2004). There are additional negative consequences as well, such as difficult birthing experiences, miscarriages, turning to unsafe or illegal abortions, child abandonment, psychological problems, higher rates of school dropouts, and higher rates

of baby and mother mortality. The people of sub-Saharan Africa (SSA) are disproportionately impacted by these repercussions. Teenagers are also more susceptible to these unfavourable effects because of their relative immaturity.

The Centres for Disease Control and Prevention (CDC) and the World Health Organisation (WHO) have reported a number of health hazards and repercussions associated with teenagers engaging in unprotected sexual activity. Sexually transmitted illnesses (STDs), unwanted pregnancy, dropping out of school, unsafe abortions, psychological problems, and HIV/AIDS risk are a few of these (CDC 2021; Chandra-Mouli et al., 2013). Nearly half of all HIV infections worldwide occur in those under 25, and over 100 million young people are afflicted with treatable sexually transmitted diseases, according to the World Health Organisation. According to World Health (2013), young people between the ages of 15 and 19 are thought to be responsible for 60% of new HIV infections in Africa.

The World Health Organisation estimates that 340 million new cases of sexually transmitted infections (STIs) occur year, with young people under the age of 25 accounting for one-third of these cases. Complications include "pelvic inflammatory disease, infertility, ectopic pregnancy, miscarriages, foetal deaths, and congenital infections" have resulted from this.

The risk of bacterial vaginosis rises with repeated sexual activity. It may increase the risk of HIV infection in expectant mothers. Having several sexual partners is highly linked to HIV infection.

Multiple sex partners are linked to an increased risk of sexually transmitted infections. Over 100 million new cases of STIs are reported to occur each year among young individuals under

the age of 25 worldwide (WHO 2001). Numerous developing country studies have revealed that a sizable portion of youth engage in unprotected sex. Tengia-kesy and associates, 1998.

Globally, the number of cases of HIV-related acquired immune deficiency syndrome (AIDS) is steadily increasing. with people between the ages of 15 and 24 accounting for almost 50% of all new infections worldwide. (UNAIDS 2004). The world's most severely affected region by the HIV/AIDS pandemic is Sub-Saharan Africa. According to UNAIDS (2004), there were roughly 1.7 million new cases of HIV/AIDS infections in 2007 out of an estimated 22.5 million people living with the virus. According to the 2007 - 08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), 6% of Tanzanian adults between the ages of 15 and 49 are projected to have HIV/AIDS. This percentage is less than the HIV/AIDS prevalence in the nation in 2003 (8.8%), which was higher than the sub-Saharan African region's overall 2003 prevalence of 7.5%.

Dangerous sexual behaviour can potentially result in hazardous abortion procedures as well as an unintended, early pregnancy. Some of them ultimately lose their jobs or quit their studies as a result. Anate (1993) observed in her research that young people and students had a high pregnancy rate because they don't take precautions before engaging in sexual activity.

In Nigeria, 20% of teenage females had already begun their reproductive journey in 2018, which put them at higher risk of encountering problems related to motherhood than older age groups. According to Zhang et al. (2014), teenagers who wish to avoid pregnancy but lack the necessary knowledge or are misinformed about contraception may be unable to do so, which makes unsafe abortion a major contributor to Nigeria's high rate of maternal death. An

increase in unwanted pregnancies and unsafe abortions may result from this unintentionally. Odo and colleagues, 2011). Around one million females under the age of fifteen give birth each year, and an estimated 75 million of the 180 – 200 million pregnancies that occur worldwide are unwanted (Dida, Darega & Takele, 2015). In Africa, young females between the ages of 15 and 19 account for 25% of all unsafe abortions, while in Sub-Saharan Africa, young girls between the ages of 15 and 24 account for 57% of all unsafe abortions. In addition, the bulk of these induced abortions are performed by inexperienced medical professionals, and many of them result in substantial difficulties without receiving the necessary post-abortion treatment (Munakampe, Zulu & Michelo, 2018).

Risky sexual activity, particularly among adolescents, is a persistent social and health problem in Nigeria (Archibong, 1991). As per Archibong's (1991) research, 72% of patients in Calabar who are admitted due to problems resulting from abortion are in the age range of 12-20 years. Infant mortality was found by Anochie and Ikpeme (2015) to be 30% higher in children born to women aged 15 – 19 than in children born to women aged 20 and up.

According to World Health organisation an estimate of 333 million new cases of curable STIs occur mostly in developing countries with the second highest rate occurring within the ages of 15–19 years. One in 20 of these adolescents contracts a STIs each year, and half of all cases of HIV infection take place among people under the age of 25 years. Currently, 1.3 million adolescent girls and 780,000 adolescent boys are living with HIV worldwide, and 79% of new HIV infections among adolescents are

in Sub-Saharan Africa (Kumar & Kumar, 2021). In Nigeria, 1 in 20 adolescents contracts a STIs each year, and half of all cases of HIV infection take place among people under the age of 25 years. This could result from early sexual debut which increases adolescents' HIV vulnerability, leads to unwanted pregnancies and unsafe abortions(Napit et al.,2021).

According to UNAIDS, in 2020, 27% of the global HIV incidence was among young people aged 15 to 24 years. At the same time, the percentage of women who consider their pregnancy unplanned is higher among young women (24 years old or less). Adolescent women also have significantly higher abortion rates than other age groups (Singh et al., 2017).Globally, 55,000 adolescents died from Acquired Immune Deficiency Syndrome (AIDS) in 2016, largely as a result of RSB, while 2.1 million adolescents aged 10 to 19 had Human Immunodeficiency Virus (HIV) infection (Unicef, 2017).

According to reports, approximately 21 million girls aged 15–19 become pregnant every year in developing countries, of which approximately 9.5 million are unwanted (Darroch et al., 2016). In 2011, the highest unintended pregnancy rate in the United States of America was among women aged 20–24 (Finer & Zolna, 2016). It is estimated that if all female adolescents have no plan for pregnancy using any modern contraceptive methods, unintended pregnancies will decrease by two thirds (Darroch et al., 2017). In 2014, more than half of all US abortion patients were in their 20s; patients

aged 18–19 and 20–24 years obtained 8% and 34% of all abortions, respectively (Jermain et al., 2016). Based on the UNAIDS report in 2013; globally there were 35 million people living with HIV, among which, youth between the ages of 15–24 years accounted for approximately 33% of new HIV infections. The WHO report showed that 333 million new cases of STIs occur globally each year, and at least 111 million of these cases occur under 25 years old peoples. Education has an important role in preventing unintended pregnancies (WHO, 2011). Moreover, adequate knowledge and appropriate sexual attitudes prevent the negative consequences of RSB, including HIV and other sexually transmitted diseases in adolescent (Elden et al., 2019).

Factors influencing risky sexual behaviour

The media

Adolescent watch a lot television, and early adolescents apparently watch the most. One study showed that viewing increases with age to an average of 4 hours a day at age 12 (Comstock et al., 1978). Another study showed that 11–12 year old boys, the heaviest viewers, watch an average of 26 hours per week (Timmer et al., 1985). Content analyses of television have shown an increase in the frequency of sexual references on television during the mid to late 1970s (Orr, 1984). The relationship between the media and teenage sexual behaviours is a notable one. The media represents an additional crucial aspect of youths' life that could assume significant importance throughout adolescence, especially with regard to risky sexual activity (Brown & Cantor, 2000; Chapin, 2000). It's been

noted that teens who are frequently exposed to sexual content may be over twice as likely to engage in early sexual activity as those who are not. This is especially true for teens who see and hear a lot about sex in the media. There is a lot of sexual content in a range of media that teenagers often consume, according to studies of teen television shows (Cope & Kunkel, 2002; Lowry & Shidler, 2002), films and music (Christenson & Roberts, 1998), and magazines (Walsh-Childers, 1997). According to research on media exposure, youth are consuming more media for longer periods of time at younger ages (Rideout, Vandewater, & Wartella, 2003; Roberts et al., 2005). Additionally, studies on television programme content reveal a rise in the frequency of sexual content over the previous 20 years (Greenberg & Smith, 2002; Cope & Kunkel, 2002; Kunkel et al., 2003). Furthermore, it has been noted that kids who are exposed to a lot of sexual content in the media may be more than twice as likely to engage in early sexual activity as teens who are not (Brown & Cantor, 2000).

Poverty

Poverty is probably a major underlying factor in risky sexual behaviors and it has been linked to the practice of transactional sex, age-disparate sex, or multiple sexual partnering. Poverty also correlates and interacts with other factors that predispose adolescents to risky sexual behaviors, such as street hawking, homelessness, and residency in slum neighborhoods. The commodification of sex, in which women in difficult financial situations consent to have sex with males in exchange for financial help, is frequently caused by poverty (Adams & Marshall, 1998). In other cases, there may not be as obvious of an exchange, but an older, wealthy partner provides status in addition to gifts and money that

parents are unable to provide (Kelly & Parker, 2000). Sex on the man's terms — typically without the use of a condom — occurs when sex is exchanged for cash or gifts (Abdool 1998; Adams & Marshall, 1998). Meeting the woman's urgent financial needs may take precedence over safeguarding against potential future sickness.

Religion

In terms of relative contribution, there is a strong correlation between religiosity and risky sexual behaviour. Odimegwu (2005) came to the similar conclusion in his study that there was a considerable correlation between teenage sexual attitudes and behaviours and religiosity. According to research by Paul, Fitzjohn, and Eberhart-Phillips (2000), people who place a high importance on religion and regularly attend religious services are prone to adopt sexual attitudes and behaviours that align with their religious beliefs. According to Miller et al. (2000), teenagers who participate in religious organisations may therefore be more committed to sexual abstinence or would value sexual maturity in partnerships more than younger people who are not as involved in religious institutions. Participating in religious organisations would also increase the likelihood that young people would make acquaintances with peers who view premarital sex as restricting. This is due to the fact that teenagers who are involved in religion are more likely to interact with adults who could potentially influence them to put off having sex.

Emotional intelligence

Risky sexual behaviour showed a favourable and significant association with emotional intelligence. This makes sense as an explanation. Based on the emotional intelligence construct, it is anticipated that teenagers' capacity to control their sexual conduct will be significantly enhanced by a strong awareness of their own and other people's emotions as well as the ability to regulate and manage them. This discovery aligns with the research conducted by Adeyemo and Ogunyemi (2006) and Goleman (1998). Adeyemo & Adeleye (2008) assert that adolescence is a significant emotional difficulty in and of itself. The teenager must successfully navigate new relationships and environments where appropriate social integration is crucial. According to Goleman (1995), teenagers who possess emotional competence are more equipped to handle peer pressure, academic pressure, and the temptations of drugs, alcohol, and dangerous sexual activity. He continued by saying that teenagers, especially those under the age of 14, might not have reached the level of cognitive development necessary to comprehend and apply some risk-reduction techniques. As a result, they might engage in risky sexual behaviour because they are unable to refuse advances from people of the opposite sex. In order to make decisions about sexual interactions, teenagers must be able to reason, weigh possibilities, and visualise various behavioural options, according to Halpern et al. (2000).

Parental Influence on Adolescent Sex Behavior

Parents have a big impact on how their children behave and develop. Numerous areas are impacted by this influence, such as love relationships, sexual behaviour, gender standards, and general self-efficacy. The formation of romantic relationships in adolescence is influenced by

parental attentiveness and support. Evidence from the Focused Group Discussions in the Ankomah et al. (2011) study revealed that participants believed parents might affect their children's sexual behaviour in a favourable or negative way. While children (especially females) of “bad” parents have a higher chance of being coerced into early sexual initiation by their mothers, on the other hand, children of “good” parents have good home training and would grow up to be youth who abstain until marriage. According to a 2003 study by Slap et al., secondary school students in Nigeria who come from polygamous families are more likely to have sex than those who come from monogamous families. Regardless of family arrangement, students' sense of closeness to their parents reduces the risk of engaging in sexual activity. According to Odeyemi et al. (2009), early sexual activity is likewise influenced by parents' marital status.

Adolescent sex behaviour may be influenced by parental connections. Additionally, we know that the home environment matters because living with both parents reduces the risk of teenage pregnancy (Mmarik & Blum, 2009). Parental ties can influence hazardous sexual behaviour in both positive and bad ways.

Gender Norms and Values

In many Nigerian societies, there is a preference for male children and they are typically granted specific privileges at the expense of female children. This leaves the female in a low socioeconomic stratum with little to no education, and her only means of negotiating is sex.

Peer Influence on Adolescent Sex Behavior

When discussing teenage behaviour, especially sexual and reproductive health behaviours, peer influence is a prominent topic of conversation. When teenagers think their classmates don't think well of sex, they become more negative about it, both male and female. As per Buhi and Goodson's (2007) investigation, there is a greater correlation between teenage sexual views and perceived peer norms as opposed to perceived parental acceptability. Teenage women in Ghana are being inundated with information about sexual and reproductive health, and peer pressure is also a factor (Challa et al., 2018). Research on how peer exposure affects teenage sexual behaviours in sub-Saharan Africa is incredibly scarce, despite this obvious connection (Fearon et al., 2015).

Peer pressure can have both beneficial and bad effects on teenage conduct. According to Ngidi et al. (2016), a study conducted in South Africa on the sexual behaviours of university students, the main factor influencing risky sexual behaviour is peer pressure. Teenage sexual intentions are correlated with perceived peer sexual behaviours; less positive peer perceptions are linked to higher rates of abstinence, while pro-childbearing attitudes are linked to earlier beginning of sex. According to Mari and Blum (2009), teenagers who witness their friends engaging in sexual activities are more inclined to initiate sex at an early age and persist in having sex. This suggests that teenagers internalise the beliefs and actions of their friends and then emulate those actions. Studies have revealed that young people who date young are more likely to have their first sexual experience at a younger age and to have lower developmental markers, such as higher rates of alcohol and drug misuse (Smetana et al., 2006).

Lack of comprehensive sex education

Lack of comprehensive sex education contributes to risky sexual behavior among secondary school students due to misinformation, unawareness of risks, insufficient decision-making skills, stigma, inconsistent messages, and early sexual initiation

Summary

There is a significant rate of unlawfully induced abortions since an increasing percentage of these students not only start sexual relations at a young age but also have multiple sexual partners due to a lack of knowledge and education. A significant portion of these children were expelled or embarrassed and willingly withdrew from school as a result of their adolescent pregnancies. The problem lies in the lack of comprehensive knowledge and understanding of the consequences associated with risky sexual behavior among secondary school students.

The literature review on the knowledge of risky sexual behavior typically explores existing research on the understanding, consequences and factors influencing risky sexual behavior among different population. While some groups exhibited a strong knowledge of the potential consequences of risky sexual behavior, others displayed limited understanding. It was found that there is a significant link between inadequate knowledge of sexual health and engagement in risky sexual behaviors, such as unprotected sex and multiple partners. Lack of comprehensive sex education, peer group influence, mass media, poverty, parental influence were identified as factors

contributing to gaps in knowledge. The potential consequences of unsafe sexual practices are essential factors in preventing negative outcomes such as unplanned pregnancies, sexually transmitted infections (STIs), and emotional distress. Studies also highlighted the positive impact of accurate sexual health education in reducing risky behavior.

Understanding the knowledge levels, factors and consequences of secondary school students towards risky sexual behavior is crucial for developing effective intervention strategies.

CHAPTER THREE

METHOD OF THE STUDY

This chapter explains the methodology and process the researcher employed to carry out the investigation. It is displayed beneath the subsequent subsections:

- Design of the study
- Population of the study
- Sample and sampling techniques
- Research instrument
- Validity of the instrument
- Reliability of the instrument
- Method of data collection
- Method of data analysis

Design of the study

The research design used for the research study is the Descriptive research design, which is used to describe and analyze the characteristics, behaviors and phenomena of a particular group, situation or phenomenon. According to Burns and Grove (2001), the objective of a descriptive survey is to obtain "respondents' opinions regarding the

phenomenon studied." In this instance, secondary school students' understanding of risky sexual activity is being investigated using a research design. The aim of the study is to provide a detailed and accurate portrayal of the population under study (secondary school student), without trying to manipulate or control the variables (knowledge). Therefore, a descriptive design is thought to be appropriate for this study since it allows the researcher — who is interested in an accurate assessment of the features of the entire population—to examine a sample that is thought to be typical of the population as a whole in its natural environment..

Population of the Study

For this study, there are 6,000 participants. All of the secondary school students in Edo State's Egor Local Government Area make up this group. (Subeb 2023) Edo State

Sample and Sampling Techniques

Fifty-five pupils, or twenty-five percent of the total population, made up the sample. For this investigation, a multistage sampling strategy was employed. To choose the first school on the list and all the others, a systematic sampling procedure was employed. Secondly, using simple random sampling, one class will be selected from SS1, SS2 and SS3. Thirdly, 2½ of the respondents will be purposively selected from each class.

Research Instrument

A self-structured questionnaire was the research tool used in this study. The researcher created this after carefully reviewing the literature on secondary school students in Egor's awareness of risky sexual activity. The survey was split into two sections: Section B, which consists of 20 items that are in line with the research variables (student awareness of dangerous sexual behaviour), and Section A, which focuses on sociodemographic data. Very High extent (SA) = 4, Strongly agreed (A) = 3 was the four-point rating system used for the responses. SD = 2 for disagreed; D = 1 for strongly disagreed.

Validity of the Instrument

The project manager and two additional instructors from the Department of Health, Safety, and Environmental Education verified the tool. As a result of the scrutiny, necessary clarifications and modifications of the items were made before the questionnaire was administered. Their comments and corrections were thoughtfully incorporated into the new draft copies.

Reliability of the instrument

By distributing twenty (20) copies of the instrument to students with comparable features and utilising the test-retest method of reliability estimation, the instrument's reliability was determined. Using Pearson's Product Moment Correlation Coefficient, the administered instrument findings were gathered and examined. The instrument's reliability was established with a reliability coefficient of $r=0.832$, which was judged to be sufficiently high.

Method of Data Collection

The instrument was administered by the researcher. Before the administration of the instrument, the respondents were properly informed on how to best go about their responses correctly. The researcher guided the respondents on how to answer the questionnaire and provide relevant data and information needed for the study. The questionnaire were collected after completion to ensure 100% return rate.

Method of data analysis

The data analysis method will be the use of the frequency count and percentage.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter deals with the analysis of data collected and the interpretation of findings. The responses were organized in form of tables and translated in frequency count (F) and percentages (P).

Research question 1: What is the level of knowledge of risky sexual behaviour among secondary school students in Egor?

Table 1: Level of knowledge of risky sexual behaviour among secondary school students

Level of knowledge	Frequency	%
High knowledge	105	70%
Low knowledge	45	30%
Total	150	100%

The table above indicates that majority of the respondents (70%) possess a high level of knowledge of risky sexual behaviour, while only minority of the respondents (30%) have low knowledge of risky sexual behaviour. This was deduced by the researcher through the asking of multiple choice questions to the respondents, through which their knowledge level was tested. From the knowledge items, it was discovered that 89.3% of the respondents correctly identified the definition of risky sexual behavior (indicating high awareness rate), meanwhile 10.7% indicated that they were still unsure about what

risky sexual behaviour entails. Majority of the respondent (66.7%) chose getting pregnant or having STIs as the potential consequences of engaging in risky sexual behaviour. Majority of the respondents (46%) also indicated the factor that is not associated with risky sexual behaviour which was using condom. Large number of the respondents about 40% chose the best way which risky sexual behaviour can be reduced in secondary school from the multiple choices question.

Research question 2: what are the factors influencing secondary school student engagement in risky sexual behavior?

Table 2: Respondent view on the factors influencing risky sexual behavior

S/N	ITEMS	Strongly agree	Agree	Disagree	Strongly disagree
1	Risky sexual behaviour should not be taught to secondary school student because they do not have sex	41 27.3%	30 20%	31 20.7%	48 32%
2	I think the media like TV can influence what students know about sex and relationships, which might sometimes lead to risky behavior	57 38%	62 41.3%	16 10.7%	15 10%
3	Students who use alcohol and drugs are more likely to get involved in behaviors that are not safe, including risky sexual activities	61 40.7%	58 38.7%	16 10.7%	15 10%
4	Peer pressure from friends can strongly encourage secondary school students to get involved in risky sexual behaviour.	60 40%	63 40%	21 14%	13 8.67%
5	My religion's belief strongly discourage having sex before marriage or engaging in unsafe sexual activities.	59 39.3%	40 26.7%	26 17.3%	25 16.7%

6	I believe that poverty can strongly affect the choices I make when it comes to risky sexual behaviour.	30 20%	52 36.3%	28 18.3%	29 19.3%
7	My parents can influence me negatively towards involving in risky sexual behaviour.	29 19.3%	26 17.7%	20 13.3%	75 50%

Table 2 sheds light on the different factors influencing the engagement in risky sexual behaviour among the respondents. For the factor of not educating secondary school students about risky sexual behavior because they don't engage in sex, 27.3% (41) of the respondents strongly agreed to it as an influencing factor, 20% (30) agreed, 20.7% (31) disagreed while 32% (48) strongly disagreed. 10.7% of the respondents disagreed on the factor of media as an influence, 38% strongly agreed, 41.3% agreed while 10% strongly disagreed. More respondents strongly agreed on the factor of drugs and alcohol as an influence to engaging in risky sexual behaviour, with 38.7% agreeing, 10.7% disagreeing and 10% strongly disagreeing. On the factor of peer pressure from friends as an influence, 14% disagreed, 42% agreed, 40% strongly agreed, and 8.7% strongly disagreed.

The table also shows that majority of the respondent religious beliefs strongly discourage them in engaging in RSB with 39.3% strongly agreeing, 16.7% strongly disagreeing, 26.7% agreeing, and 17.3% disagreeing. 52 respondents (36.3%) agreed that poverty is a major influence towards their engagement in risky sexual behaviour, 28(18.3%) disagreed, 29 (19.3%) strongly disagreed, while 30 respondents (20%)

strongly agreed. Majority of the respondents also strongly disagreed that their parents can influence them negatively. 50% strongly disagreed, 19.3% strongly agreed, 17.7% agreed, while 13.3% disagreed.

The result from the above table indicates that the major factors that influence secondary school student engaging in risky sexual behavior are peer pressure, poverty, media influence, one's religious belief and alcohol and drugs. While parental influence being the least factor.

Research question 3: To what extent do secondary school student engage in risky sexual behaviour?

Table 3: Respondents view on the practice of risky sexual behaviour

S/N	ITEMS	SOMETIMES	ALWAYS	NEVER
1	I had sex without using protection in the last six months	33 22%	9 6%	106 70.7%
2	How many times do you go for regular check-ups to make sure you don't have infections like HIV from sex?	33 22%	42 28%	75 50%
3	I have engaged in one form of risky sexual behaviour because of money	28 18.7%	13 8.7%	106 70.7%
4	Do you learn much about safe sex practices and relationships in school	61 40.7%	50 33.3%	40 26.7%
5	During the early years of your life did someone actually have oral, anal or vaginal sex with you when you did not want to	35 23.3%	12 8%	103 68.7%

6	I have had more than one girlfriends or boyfriends at the same time	100 66.7%	20 13.3%	30 20%
7.	I have had sex or engage in sexual activity while using drugs or alcohol	28 18.7%	15 10%	107 71.3%

Table 3 above indicates respondents opinion on practices of risky sexual behavior. With 33 (22%) of the students admitted to not using condom for the past six months sometimes, 9 (6%) admitted always not using protection while having sex for the past six months, and 106(70.7%) of the student admitted never had sex without using protection for the past six months. 33(22%) of the respondents sometimes go for regular check up to make sure they don't have HIV after sex, 42(28%) always go while 75(50%) have never gone. About 28(18.7%) of the student sometimes engage in one form of risky sexual behavior because of money, 13(8.7%)indicated that they always engage in one form of risky sexual behavior because of money while 106 (70.7%) students have never practiced such. 61(40.7%) agreed that they sometimes learn about safe sex practice and relationship in school, 50(33.3%)of the students attest that they always learn about safe sex practice and relationship in school while 40(26.7%) of the students indicated that they never learn about safe sex practice in school. 35(23%) of the students accepted that sometimes during the early years of their life someone actually had oral, anal or vaginal intercourse with them against their consent, 12(8%) of the student acknowledge always while majority of the student 103 (68.7%) have never had such experience. 100(66.7%) of the students sometimes have more than one

boyfriend or girlfriend at the same time, 20(13.3%) of the students always have more than one boyfriend or girlfriend at the same time, while 30(20%) of the student have never practiced it. 28(18.7%) of the students have had sex while using drugs or alcohol, 15 (10%) of the students always use drugs or alcohol when having sex while 107 (71.3%) of the student never practice such.

Discussion of Findings

The understanding of dangerous sexual behaviour among secondary school students in Edo state's Egor Local Government Area is the main topic of this study. A high response rate was attained and three research topics were posed. Regarding the first research question, which concerns knowledge of dangerous sexual activity, the findings showed that 70% of the 150 students had a high degree of understanding regarding this topic. This compares favourably to the 77% awareness rate reported by Kau in 1991 and by Mulluk et al. in Ethiopia in 2016.. Other study with high knowledge level include a study conducted by Kau 1991 in Yirgalem (79.2%) and Bophuthatswan (82%). Another study carried out by Lankamo, Bekana and Samuel in 2015 Ethiopia with an awareness rate of 73.8%. The statistics from the study conducted by Keto, Tilahun, and Mamo (2020), which found that 38% of respondents had enough knowledge of harmful sexual activity, contradict with the preceding conclusion. The study population, sample size, and sociocultural and demographic variations could all be contributing factors to this discrepancy. A percentage of secondary school pupils still need to get education on risky sexual behaviours, as seen by the about 30% of them who still lack basic awareness of these behaviours. The majority of respondents — 66.7% — are

aware of the possible negative effects of risky sexual conduct, which include the possibility of contracting STDs and other diseases as well as becoming pregnant against one's will. This is in agreement to the findings done by Mkabir et al (2020) in the journal of community health and primary health care. And also the study done by Keto, Tilahun and Mamo (2020) have 76.5% of respondents which are aware of the consequences of risky sexual behavior. The difference might be due to increase curiosity of secondary school students getting information from variety of sources.

Regarding research question two, the results reveal that the factors with the most influence on the respondents knowledge of risky sexual behaviour were peer pressure, media influence, one's religious belief and alcohol and drugs. majority of the respondents either disagreed or strongly disagreed to the rest of the factors such as; lack of sex education and parental influence as they were not seen as having that much influence on students engaging in risky sexual behaviour. Risky sexual activity is generally more common among students who are subjected to or impacted by peer pressure. This concurs with earlier research conducted in Ethiopia, South Africa, and Nigeria (Laddunun 2013). In contrast to the earlier study conducted in Addis Ababa, which found no significant correlation between peer influence and risky sexual activity, these results could be the result of students' self-efficacy towards outside factors (Zuma et al., 2010). An further noteworthy discovery from this investigation is that those who use drugs or alcohol are more likely than non-users to engage in unsafe sexual activity. Adolescents may be more susceptible to HIV, STDs, and early pregnancy as a result of these risky sexual behaviours. These results are

comparable to those obtained in South Africa by Setswe et al. (2010). Additionally, a 2017 study by Durowade and Babatunde examined the prevalence of early sexual debut, risk variables, and student demographics in secondary schools in Nigeria. Odi, Atama, Aronu, and Onyeneho conducted another study in Nigeria 2020.

Media's significant role in shaping and influencing the younger generation is evident, mirroring the findings is a study in Uganda where 44.5% of respondents identified media as the primary source of information on sexual matters.

In the early stages of adolescence, religious beliefs can act as a protective factor when it comes to sexual initiation, contraceptive usage, and involvement with multiple sexual partners while in school. Adolescents raised in a strong religious environment often express that their faith serves as a deterrent from participating in behaviors that could bring shame to themselves and their families. These practices include having sex with more than one person and without protection, which raises the possibility of getting STDs and unintended pregnancy. Strong religion may deter teenagers from engaging in premarital sexual activities, even when they are desirous of doing so. These results are consistent with studies by Wosu (2011) and Burdette and Hill (2009). However, the results of our study suggest that students' decisions about dangerous sexual behaviour can be influenced by their religious views.

With reference to research question three, the results reveal that most of the respondents practice one form of risky sexual behaviour. The most practiced one based on this

findings was multiple sexual partners. With majority of the students (66.7%) indicating that they have had more than one boyfriends or girlfriends at a time. This was similar to the study reported by Tengia-keisy and Kamugisha 2009. With two or more boyfriends or girlfriends, around 56% of the pupils. Among secondary school adolescents, having many partners is one of the most common dangerous sexual behaviours. This is also in agreement with a study done in turkey by Gokengin, et al., 2003. Other studies with high rate of multiple sexual partners practice include a study carried out by Terefe, Ayele and Akilu 2020. This was higher than the study done in Namibia 58% by Lawoyin et al., 2010 and Addis Ababa 45% done by Assefar, 2008 and another one done by Alhaji and Tukur 2013. All this studies unify with the statement that having multiple sex partners is a significant behavioural risk factor for STI. In 2011, Shiferaw et al. The results of this study show that, during the previous six months, roughly 22% of respondents had occasionally engaged in sexual activity without using protection. Consequently, they are placing themselves at danger for both planned pregnancy and sexually transmitted infections. Comparing it to a 2009 study conducted in Ethiopia, where 67.1% of participants did not use a condom, the percentage is lower. Additionally, in a 2009 study by Bamidele, Abodunrin, and Adebimpe, 45.6% of respondents said they never used a condom. A greater understanding of HIV/AIDS transmission, prevention, and control may be the cause of the difference in condom use. Due to financial constraints, 18.7% of the respondents reported engaging in unsafe sexual behaviour. According to the national HIV and reproductive health survey, 8% of women reported engaging in reward-based sex. plus 16.5% in South Africa's Limpopo province.

Perhaps more commercial sexual activity occurs in this area, which explains the high percentage.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

Summary

The purpose of this study was to determine the secondary school students' understanding of dangerous sexual behaviour in Edo State, Benin City's Egor Local Government Area. Three (3) research questions were posed in order to fulfil the study's objectives, and the relevant literature was also reviewed. The population of this study, which employed a descriptive research methodology, was six thousand (6,000) secondary school students in Egor who ranged in age from 13 to 24. Using a multistage sample technique that included simple random sampling, purposive sampling, and systematic sampling, 150 secondary school students were chosen to represent 2.5 percent of the entire population. A well-structured questionnaire was the tool utilised to gather data. The project manager and two additional instructors from the Department of Health, Safety, and Environmental Education validated the questionnaire. The questionnaire's reliability was determined using the test-retest reliability approach. The sample respondents were given a total of one hundred and fifty (150) questionnaires, and the frequency count and percentage analyses were used to examine the data.

Findings

The findings of the study revealed that:

1. The majority of those surveyed know a great deal about dangerous sexual behaviour. This suggests that they are aware of the possible repercussions.
2. The majority of the students in this research engage in dangerous sexual behaviour, especially when it comes to having several boyfriends and girlfriends.
3. The main causes of students' involvement in dangerous sexual behaviour include peer pressure, media impact, poverty, and drug or substance usage.

Conclusion

The study's findings led to the following conclusion being drawn.

The study investigated the extent to which secondary school students in Egor participate in dangerous sexual behaviour, as well as the knowledge and factors that impact such behaviour. Data collection and analysis showed that most respondents had a high level of knowledge of dangerous sexual behaviour, with 105 respondents (or 70%) indicating a high level of expertise. While most students are highly aware of the dangers of hazardous sexual behaviour, a significant portion of them have engaged in one or more risky sexual behaviours that could have a negative impact on their health.. The majority exposes themselves to possible health risks by having several sexual relationships.

The most significant factors impacting these behaviours have been found, and these include peer pressure, poverty, media influences, drug and alcohol usage, and poverty. Notably, it was discovered that parental influence had less of an impact on students' decisions in this situation.

These results highlight the necessity of thorough and focused interventions. Strategies that are effective should combat socioeconomic inequities, address substance misuse, encourage media literacy, and provide children the tools they need to reject harmful peer pressure.

In the end, this study advances our understanding of the difficulties encountered by Egor secondary school students and lays the groundwork for the creation of evidence-based initiatives that seek to close the knowledge gap between actions and decisions, ultimately encouraging healthier lifestyle choices and lowering the incidence of risky sexual behaviour in this population.

Recommendations

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

1. Schools should also enhance existing sex education on their curricula to cover not only abstinence education, but more on comprehensive sex education which encompasses all aspect of sexual health and relationship.
2. Implementation of comprehensive and age appropriate sex education program in secondary school.
3. Effort should be put on promoting peer education and peer discussion support program that empower students to resist negative peer pressure.
4. Campaigns, workshops, seminars, etc. should be organized to create more awareness and improve knowledge of secondary school students about the various forms of risky sexual behavior.
5. Fooster collaboration between schools, communities, and health care providers to ensure that student have access to accurate information, counselling about the consequences of risky sexual behaviour.

Suggestions for further studies

Suggestions for further studies related to the Knowledge of risky sexual behaviour among secondary school students include:

1. Evaluating the Effectiveness of Comprehensive Sex Education Programmes in Reducing Risky Sexual Behaviour in Secondary Schools.
2. Longitudinal study can be conducted to track the changes in knowledge of secondary school students regarding risky sexual behavior.
3. A Comparative Analysis of Risky Sexual Behavior Among Secondary School Students in Urban and Rural Area.
4. Gender Differences in Knowledge and Engagement in Risky Sexual Behavior among Secondary School Students

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APPENDIX

QUESTIONNAIRE

THE KNOWLEDGE OF RISKY SEXUAL BEHAVIOUR AMONG SECONDARY SCHOOL STUDENTS IN EGOR

Dear respondents,

I am a final year student of the department of Health, Safety and Environmental Education (HSE), carrying out a study on the knowledge of risky sexual behaviour among secondary school students in Egor, for which this questionnaire was specifically created to examine.

This research work is purely for academic purpose and will be treated as confidential. You are therefore, required to kindly and honestly respond by providing answers to the questions below.

Thank you.

SECTION A

Instruction: please tick () and input answers where appropriate.

Demographic background

Age: 13 - 16years [] 17 - 20 years [] 21 - 24 []

Gender: Male [] Female []

Religion: Christianity [] Islam [] Others []

Class: SS1 [] SS2 [] SS3 []

SECTION B

Knowledge of risky sexual behaviour among secondary school students.

Instruction: for each question, please select the option that best suits your answer. Only one answer is required for each question.

1. Risky sexual behaviour can be best defined as?

- a. It refers to activity that improve ones health.
- b. refers to having sex with the use of condoms.
- c. It include any activity that raises the chances of getting sexually transmitted diseases or having unwanted pregnancy.
- d. I'm still not sure what risky sexual behavior is

2. Which of the following are considered as a form of risky sexual behaviors

- a. Having sex without using any protection like condom.
- b. Having many boyfriends and girlfriends.
- c. Having sex after the use of drugs and substance.
- d. All of the above

3. What are some potential consequences of engaging in risky sexual behaviour?
 - a. Feeling happier and better emotionally.
 - b. Lower chances of getting sexually transmitted infections (STIs).
 - c. Getting pregnant or catching diseases from sex like STIs
 - d. Doing better in school
4. Which of the following behaviour increases the risk of unwanted pregnancies
 - a. Not using condom.
 - b. Having open and honest talks with your boyfriend or girlfriend.
 - c. Deciding not to engage in any sex.
 - d. None of the above.
5. Which of the following factors is not associated with risky sexual behaviour?
 - a. Using condom
 - b. Using alcohol or drugs before sex
 - c. Lack of sex education
 - d. Having many boyfriends and girlfriends
6. Which of the following is a way to reduce risky sexual behaviour among secondary school student
 - a. Making rules about how you should dress.
 - b. Teaching students about everything related to sex and relationships.
 - c. Encouraging students to choose not to have sex.
 - d . All of the above

Factors influencing secondary school students engagement in risky sexual behaviour

Instruction: for each statement, indicate your level of agreement using the scale; **SA**(strongly agree), **A**(agree), **D**(disagree), **SD**(strongly disagree).

S/N	ITEMS	SA	A	D	SD
7	Risky sexual behaviour should not be taught to secondary school student because they do not have sex.			s	
8	I think the media like tv can influence what students know about sex and relationships, which might sometimes lead to risky behavior.				
9	Students who use alcohol and drugs are more likely to get involved in behaviors that are not safe, including risky sexual activities.				
10	Peer pressure from friends can strongly encourage secondary school students to get involved in risky sexual behavior.				
11	My religion's belief strongly discourage having sex before marriage or engaging in unsafe sexual activities.				
12	I believe that poverty can strongly affect the choices I make when it comes to risky sexual behaviour.				

13	My parents can influence me negatively towards involving in risky sexual behaviour.				
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The extent secondary school students engage in risky sexual behaviour

S/N	ITEMS	Sometimes	Always	Never
14	I had sex without using protection in the last six months.			
15	How many times do you go for regular check-ups to make sure you don't have infections like HIV from sex?			
16	I have engaged in one form of risky sexual behaviour because of money			
17	Do you learn much about safe sex practices and relationships in school?			
18	During the early years of your life did someone actually have oral, anal or vaginal sex with you when you did not want them to?			
19	I have had more than one girlfriends or boyfriends at the same time.			
20	I've had sex or engage in sexual activity while I was using drugs or alcohol.			