

**PREVALENCE OF RISKY SEXUAL BEHAVIORS AMONG ADOLESCENTS IN  
PUBLIC AND PRIVATE SECONDARY SCHOOLS IN BENIN METROPOLIS**

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**BY**

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF EDUCATIONAL  
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## **CERTIFICATION**

We, the undersigned, hereby certify that this research work was carried out by Chibuike Samuel AKPUCHUKWU with Matriculation Number: EDU2001762 of the Department of Educational Evaluation and Counselling Psychology, Faculty of Education, University of Benin, Benin City in partial fulfilment of the requirements for the Award of Bachelor of Science (Education) (B.Sc. Ed) degree in Guidance and Counselling.

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## **DEDICATION**

This work is dedicated to my loving family, especially my mother, whose sacrifices, prayers, and guidance have shaped who I am today.

## **ACKNOWLEDGEMENT**

In all sincerity, the researcher give thanks to God Almighty for granting him help, direction and strength to successfully complete this thesis amidst all difficulties.

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## TABLE OF CONTENTS

	PAGE
<b>TITLE</b>	<b>i</b>
<b>CERTIFICATION</b>	<b>ii</b>
<b>DEDICATION</b>	<b>iii</b>
<b>ACKNOWLEDGEMENT</b>	<b>iv</b>
<b>ABSTRACT</b>	<b>vii</b>
<b>CHAPTER ONE: INTRODUCTION</b>	
Background to the Study	1
Statement of the Problem	11
Purpose of the study	13
Research Questions	14
Hypothesis	14
Significance of the Study	15
Scope and Delimitation of the Study	17
Definition of Key Terms	17
<b>CHAPTER TWO: LITERATURE REVIEW</b>	
Theoretical Framework	19
Concept of Risky Sexual Behaviors	22
Sexuality Risk Education and Prevention Programs	25
Gender and Sexuality Risk Behavior	28
The Role of Media in Shaping Adolescent Sexual Behavior	31
Substance Use and Its Relationship with Risky Sexual Behavior	33
Adolescent Autonomy and Decision Making	36
The Role of Social Support Systems in Mitigating Risky Sexual Behavior	38
The Impact of School Environment on Adolescent Sexual Behavior	40
Sexual Health Outcomes and Impact	43

### **CHAPTER THREE: RESEARCH METHODOLOGY**

Design of the Study	45
Population of the Study	46
Sample and Sampling Techniques	46
Instrument of the Study	47
Validation of the Instrument	48
Reliability of the Instrument	48
Administration of the Instrument	48
Method of Data Analysis	49

### **CHAPTER FOUR: PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS**

Presentation of the Result	50
Discussions of Findings	54

### **CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

Summary	57
Conclusion	58
Recommendations	59

### **REFERENCES**

### **APPENDICES**

## ABSTRACT

*The study investigated the prevalence and patterns of sexually risky behaviour among undergraduate students in the University of Benin. It focused on how often students engage in unsafe sexual practices, such as unprotected sex, substance use before sexual activity, and failure to seek medical attention when exposed to risks. Using a descriptive survey design, data were gathered from a sample of 150 students selected through stratified sampling from the faculties of Education, Engineering, and Agriculture. A structured questionnaire was used to collect data, which was then analyzed using mean and standard deviation to measure response patterns. The instrument was validated through expert review and proven reliable through a pre-test with students outside the sample.*

*The findings show that unsafe sexual behaviour is common among students regardless of gender or age. Many students reported engaging in sex without protection, depending on their partners for safety, and continuing sexual activity even after a condom failure. Substance use, lack of discussion about sexual health, and involvement with multiple partners were also common behaviours. These patterns were consistent across both male and female students, and among younger and older age groups. The analysis revealed that risky sexual decisions were not influenced by gender, age, or the type of institution, but may instead be shaped by social and environmental factors such as peer influence and access to health resources.*

*This study helps to give a clearer understanding of the sexual behaviour of adolescents in the university setting and stresses the need for targeted interventions. The researcher recommends improved access to sexual health education, open communication strategies, and support services such as free contraceptives and confidential counselling. These measures are aimed at helping students make safer choices and reduce health risks. The study supports findings from similar research in other parts of Nigeria and calls for continued efforts in addressing the knowledge and support gaps that lead to these risky behaviours.*

## CHAPTER ONE

### INTRODUCTION

#### **Background to the Study**

Adolescence is a crucial developmental stage characterized by rapid physical, emotional, and social changes. During this period, adolescents begin to explore their identities, develop relationships, and experiment with various behaviors, including sexual activity. However, this stage of exploration often exposes adolescents to risks, particularly when it comes to sexual behavior. Risky sexual behaviors (RSB), such as early sexual initiation, unprotected sex, multiple sexual partners, and substance abuse during sexual activity, are associated with significant health and social consequences, including sexually transmitted infections (STIs), unintended pregnancies, and the perpetuation of gender-based violence (Sawyer & Azzopardi, 2022).

Furthermore, adolescence is a pivotal stage in human development, marking the transition from childhood to adulthood. It is a period characterized by significant physical, emotional, and social changes, including puberty, the development of personal identity, and the quest for independence. During adolescence, individuals begin to explore their own sexuality, develop relationships, and make decisions that will shape their future. This stage is also marked by heightened curiosity, experimentation, and sometimes risk-taking behaviors as adolescents navigate through these changes (Farella & Gobbi, 2023).

As adolescents gain a better understanding of themselves and their surroundings, they are also faced with increased exposure to various societal influences, including peer

pressure, media, and family dynamics. These influences play a crucial role in shaping their attitudes toward sexuality and relationships. While some adolescents make informed decisions regarding their sexual health, others may engage in risky sexual behaviors, such as early sexual initiation, unprotected sex, and multiple sexual partners, which can have long-term health consequences (Beirao and Monte, 2020).

The adolescent years are crucial for developing healthy sexual attitudes and behaviors. Proper education, supportive family relationships, and positive peer influences can guide adolescents toward making responsible choices. However, without adequate sexual health education and support, adolescents may be at risk of unintended pregnancies, sexually transmitted infections (STIs), and other negative health outcomes. Understanding the complexities of adolescent sexuality and the factors that influence their decisions is essential in promoting their overall well-being and helping them navigate this important developmental stage (Crone & Achterberg, 2021).

Moreover, adolescence is a dynamic phase of life, usually spanning the ages of 10 to 19, during which individuals experience rapid changes that affect every aspect of their lives. It is a time when physical growth accelerates, with puberty marking the onset of these changes. As adolescents grow taller, their bodies become more mature, and sexual characteristics develop, often leading to an increased awareness of their own sexuality. These physical changes are accompanied by emotional fluctuations, as adolescents grapple with a heightened sense of self-consciousness, identity formation, and the exploration of new social roles. Psychologically, adolescence is a time of intense self-

discovery (Silvers, 2021). Adolescents start to question their values, beliefs, and the world around them. They begin to seek independence from their parents and family, wanting to make their own decisions and create their own paths. This desire for autonomy, however, is often met with conflict as they navigate their relationships with authority figures, peers, and family members. Identity development becomes a central theme, as adolescents attempt to define who they are and where they fit in the broader social context (Delgado & Serna, 2022).

Socially, adolescence is marked by a growing desire for peer acceptance. Friendships deepen, and romantic relationships may emerge, creating new opportunities for emotional growth and connection. At the same time, peer pressure can become a powerful influence, pushing adolescents to conform to certain behaviors, including risky behaviors such as substance use or sexual experimentation. These relationships play a significant role in shaping adolescents' attitudes and behaviors, especially when it comes to sexuality (Branje & Spitzer, 2021).

Adolescence, while exciting, can also be challenging. It is a time when individuals are particularly vulnerable to risky behaviors that can have lasting consequences. This is especially true in the realm of sexual behavior, where lack of knowledge, peer influence, and a desire for acceptance can lead to early sexual activity, unprotected sex, and exposure to sexually transmitted infections (STIs) or unintended pregnancies. Providing adolescents with the right information, support, and guidance is crucial in helping them navigate this stage of life in a healthy and responsible way.

Understanding adolescence as a complex, multifaceted phase helps in creating environments—whether at home, school, or in the community—that nurture their growth and development into responsible adults (Toseeb & Wolke, 2021).

Additionally, adolescence is not just a time of physical transformation, but also one of profound emotional and psychological development. As young people approach adulthood, they begin to form a clearer sense of who they are and what they value. This process of identity formation is often marked by experimentation and exploration, as adolescents test different roles, interests, and beliefs. The influence of peers during this time is particularly strong, as adolescents look to friends and social groups for validation and a sense of belonging. Peer pressure can sometimes lead to risky behaviors, including experimentation with alcohol, drugs, or early sexual activity, as adolescents strive to fit in or assert their independence (Sahi & Silvers, 2023).

Adolescents also face pressure to meet societal expectations, whether in academic achievement, appearance, or behavior. These pressures can cause stress, anxiety, or feelings of inadequacy, especially when adolescents feel they don't measure up. At the same time, adolescence is a period of emotional growth, where young people learn to manage their emotions, develop empathy, and navigate complex relationships. Romantic relationships often become a key part of an adolescent's life, adding new layers of emotional experience, including infatuation, heartbreak, and the exploration of intimacy. Adolescents become more capable of abstract thought, reasoning, and problem-solving, which helps them plan for the future and make more informed decisions. However, their

ability to foresee the consequences of their actions may still be underdeveloped, and they may struggle with impulse control. This cognitive immaturity, coupled with emotional intensity, can sometimes result in reckless behavior or a lack of understanding about the risks involved in certain activities, such as sexual experimentation (Towner & Chierchia, 2023).

Adolescence is also a period when young people begin to seek greater independence from their families. While they may still rely on their parents for financial and emotional support, they increasingly desire autonomy and may challenge family rules or authority. This desire for independence can lead to conflicts at home, but it is also an important part of their development as they learn to make their own decisions and assume responsibility for their actions. Adolescence is often the time when young people first experience sexual attraction and begin to explore their own sexuality. This exploration can take many forms, ranging from emotional and romantic connections to physical intimacy. It is also a time when young people start to form attitudes toward sex, influenced by cultural, familial, and societal values. The lack of comprehensive sexual education or guidance from trusted adults can lead to risky sexual behaviors, such as early sexual debut, unprotected sex, or multiple sexual partners, which increase the risk of sexually transmitted infections (STIs) and unintended pregnancies (Moselli and Casini, 2021).

Furthermore, adolescence is a stage of life that holds immense significance, both for the individual and for society. It is a time when young people begin to assert their

autonomy and make choices that reflect their growing independence. As adolescents move away from the reliance on their parents or caregivers, they face new responsibilities and challenges. These may include managing their own time, making decisions about their education and career paths, and navigating complex social situations. The need for acceptance and belonging during adolescence is powerful, and the desire to be part of peer groups often guides behavior. This desire for social connection can sometimes lead adolescents to conform to peer pressures or adopt behaviors that may not align with their values or best interests (Piccione, 2023).

On the other hand, Risky sexual behavior among adolescents is a growing concern, as it can lead to serious health and social consequences. During adolescence, young people are exploring their identities, testing boundaries, and developing relationships, which can sometimes lead to experimentation with sexual activity. Furthermore, risky sexual behavior among adolescents is a significant public health issue, as it can have lasting consequences on their physical, emotional, and social well-being. During adolescence, young people experience a range of changes—biologically, emotionally, and socially—that can influence their sexual attitudes and behaviors. This period of exploration and identity formation often includes experimenting with romantic relationships and sexual activity, but without adequate education and guidance, adolescents can engage in risky behaviors that put their health at risk (Odi and Igwe, 2020).

Risky sexual behavior among adolescents continues to be a significant concern due to its potential for long-term consequences on their health and well-being. As adolescents begin to explore their sexuality, they often lack the full understanding of the physical, emotional, and social risks associated with sexual activity. This lack of awareness, combined with hormonal changes, peer pressure, and limited access to proper sexual education, can lead to risky behaviors such as early sexual initiation, unprotected sex, multiple sexual partners, and substance use during sexual activity (Junhee and Youngran, 2022).

However, without adequate knowledge or guidance, adolescents may engage in behaviors that put their health and well-being at risk. However, one of the most common forms of risky sexual behavior is early sexual initiation. Adolescents who engage in sexual activity at a young age may not be fully prepared to handle the emotional, physical, and psychological consequences. They may lack the maturity to understand the risks associated with unprotected sex, including unintended pregnancies and the transmission of sexually transmitted infections (STIs). Early sexual activity is also linked to higher rates of sexual coercion and exploitation, which can have long-term effects on mental health and emotional development (Mesele and Alemayehu, 2023).

In addition, unprotected sex is another significant risky behavior among adolescents. Despite widespread knowledge of the risks associated with unprotected sexual activity, many adolescents fail to consistently use contraception or protection against STIs. This failure may be due to a lack of proper sexual education, limited access

to contraceptive methods, or a sense of invincibility that comes with youth. Adolescents may also experience pressure from peers or romantic partners to engage in sex without using protection, either out of curiosity or a desire to fit in. The consequences of unprotected sex can be severe, including STIs, HIV, and unintended pregnancies, all of which can disrupt an adolescent's life development (Panting, 2020).

Multiple sexual partners also contribute to risky sexual behavior among adolescents. The desire for social acceptance or the influence of peer groups can lead some young people to engage in sexual activity with multiple partners, increasing their risk of exposure to STIs. Additionally, the lack of emotional readiness to handle multiple sexual relationships can result in emotional distress, feelings of guilt, and a compromised sense of self-worth (Etrawati, 2022).

Peer pressure is another key factor that contributes to risky sexual behavior among adolescents. Adolescents are particularly vulnerable to the influence of their peers, especially when it comes to sexual activity. The desire to fit in, gain social acceptance, or meet the expectations of a romantic partner can lead adolescents to engage in sexual activity before they are emotionally or physically ready. Peer pressure may also encourage them to participate in risky behaviors, such as multiple sexual partners or alcohol and drug use before engaging in sex, which can further increase the risk of STIs and other negative outcomes (Kisaakye and Bukuluki, 2023).

Emotional readiness and maturity also play a significant role in adolescent sexual behavior. Many adolescents are still learning to navigate complex emotions, form healthy

relationships, and understand their own sexual desires. This lack of emotional maturity can result in impulsive decisions, such as engaging in sex for validation, to maintain a relationship, or out of curiosity, without fully considering the potential consequences. The emotional consequences of such decisions—such as guilt, regret, or damaged self-esteem—can be significant, as adolescents may not yet have developed the coping skills to process these feelings effectively (Youngran, 2023).

Additionally, inadequate sexual education contributes significantly to adolescents engaging in risky sexual behavior. Many adolescents lack comprehensive, age-appropriate information about sexual health, consent, contraception, and the emotional aspects of sex. In many cases, sexual education is limited or not provided at all, leaving adolescents to rely on peer discussions or misinformation from the media or the internet. This lack of knowledge can result in confusion about safe sexual practices and may lead adolescents to make decisions that compromise their health (Srahbzu and Tirfeneh, 2020).

Media exposure is another influential factor. In today's digital age, adolescents are frequently exposed to sexual content through social media, movies, music, and online platforms. This exposure often portrays unrealistic and glamorized depictions of relationships and sexual activity, which can shape adolescents' perceptions and expectations. For some, the normalization of casual or unprotected sex in media messages can diminish the perceived risks, leading them to underestimate the importance of safe practices. Furthermore, the rise of sexually explicit content online presents a unique

challenge, as adolescents may emulate behaviors seen without fully understanding the potential consequences (Joseph and Mkandawire, 2019).

In addition, substance use among adolescents further exacerbates risky sexual behavior. Alcohol and drugs can impair judgment, reduce inhibitions, and increase the likelihood of impulsive decisions, including engaging in unprotected sex or sex with multiple partners. Adolescents who use substances may also be more susceptible to peer pressure or coercion in sexual situations, as their ability to assess risks and assert boundaries becomes compromised. Addressing substance use alongside sexual health education is crucial to reducing these compounded risks (Ibrahim and Hassler, 2023).

Socioeconomic disparities also contribute significantly to risky sexual behavior. Adolescents from low-income families or underserved communities often face barriers to accessing sexual health resources, such as contraception, STI testing, and counseling services. These barriers can result from a lack of healthcare facilities, cost-related challenges, or cultural stigmas surrounding sexual health services. Moreover, the stressors associated with socioeconomic hardship—such as family instability, limited educational opportunities, and exposure to violence—can push adolescents toward risky behaviors as a means of coping or seeking escape (Collins and Sutherland, 2022).

In conclusion, risky sexual behavior among adolescents is a complex issue shaped by various biological, emotional, social, and cultural factors. To reduce the prevalence of risky sexual behavior, it is essential to provide adolescents with comprehensive sexual education that covers both the physical and emotional aspects of sexual health (Baiden

and Jahan, 2021) . Open communication between parents, educators, and healthcare providers can help create a supportive environment where adolescents feel comfortable discussing their concerns and making informed decisions about their sexual health. By addressing the underlying causes of risky behavior and offering practical tools for healthy decision-making, we can help adolescents navigate this critical stage of life with greater confidence and security.

### **Statement of the Problem**

The statement of the Problem on prevalence and Patterns of Sexuality Risky Behavior Among Adolescents in Public and Private Secondary Schools in Benin Metropolis poses a significant challenges, however, one of the problem is Lack of Comprehensive Sex Education: Many adolescents in Benin Metropolis, especially in public schools, may not receive adequate sexual education that covers safe sexual practices, the importance of consent, and the risks of unprotected sex. The gap in education increases their vulnerability to engaging in risky sexual behaviors without fully understanding the potential consequences.

Secondly, adolescents are highly influenced by their peer groups and social networks. Peer pressure to engage in sexual activities, especially in private schools where there may be more perceived social status tied to sexual activity, can lead to risky behaviors that might not be aligned with their personal readiness or desires.

Thirdly, media and Cultural Influences: Exposure to media that portrays sexual activity as a norm or an essential aspect of maturity may shape adolescents' perceptions

of sexuality. These media portrayals can create unrealistic expectations and contribute to a culture where risky sexual behaviors are normalized among peers, leading adolescents to engage in them without considering their long-term health risks.

Fourthly, parental Influence and Communication Gaps: Many adolescents may lack proper communication with their parents regarding sexual health, either due to cultural taboos or fear of judgment. This lack of guidance can leave adolescents without the necessary information and support to navigate sexual relationships responsibly.

Fifthly, socioeconomic Factors: Socioeconomic status plays a significant role in shaping the risk factors for adolescent sexual behavior. Adolescents from low-income families may have limited access to healthcare and sexual education, making them more susceptible to engaging in risky sexual behavior. Additionally, economic pressures may push some adolescents toward transactional sex, further increasing their vulnerability to health risks.

Moreover, limited access to contraceptives and sexual health services is a critical issue. Adolescents in both public and private schools may lack knowledge about where to access sexual health resources, or they may face logistical or cultural barriers that prevent them from seeking these services. This lack of access increases the likelihood of unintended pregnancies and the transmission of STIs.

Additionally, gender norms and power imbalances in relationships can also influence adolescent sexual behavior. Female adolescents, in particular, may face societal pressures to engage in sexual activity to gain acceptance or to fulfill gendered

expectations of femininity. These dynamics may lead to situations where consent is unclear or compromised, further escalating the risk of negative health outcomes.

**Increased Risk of STIs and Unintended Pregnancies:** Adolescents who engage in risky sexual behavior without adequate protection increase their chances of contracting sexually transmitted infections (STIs) and experiencing unintended pregnancies. These health outcomes can have profound implications for adolescents' futures, including educational setbacks, emotional distress, and long-term health complications.

**Lastly, limited Community and Parental Involvement:** The lack of community programs and parental involvement in addressing adolescent sexual health further exacerbates the problem. Parents and community leaders often avoid discussing sexual health topics due to cultural taboos, leaving schools to shoulder the entire responsibility. This creates a fragmented approach to addressing risky behaviors, reducing the effectiveness of interventions.

### **Purpose of the study**

The purpose aims on examining the prevalence of risky sexual behaviors among adolescents in public and private secondary schools in Benin Metropolis. The specific objective of the study aims to:

- i. Examine the prevalence of sexually risky behaviours among secondary school adolescents in Benin Metropolis;
- ii. Examine how the prevalence of sexually risky behaviours differ between secondary school adolescents in public versus private secondary schools, and;

- iii. Examine the patterns of sexually risky behaviours among adolescents in senior secondary schools.

### **Research Questions**

- i. What is the prevalence of sexually risky behaviours among secondary school adolescents in Benin Metropolis?
- ii. How does the prevalence of sexually risky behaviors differ between adolescents in public versus private secondary schools?
- iii. What are the patterns of these sexually risky behaviors among the adolescents in senior secondary schools?

### **Hypothesis**

The following hypothesis has been formed and will be tested under the alpha significance level of 0.05:

**H<sub>01</sub>:** There is no significant different in the patterns of sexually risky behaviors among adolescents base on gender.

**H<sub>02</sub>:** There is no significant difference in the prevalence of sexually risky behaviors between adolescents based on age.

### **Significance of the Study**

The study will be significant to the following persons:

1. Adolescents:

- As the primary group under investigation, adolescents can benefit from targeted interventions and educational programs derived from the study's findings, which may help them make informed and safer decisions regarding their sexual health.

2. Parents and Families:

- The research provides insights into the behaviors and risks faced by adolescents, enabling parents to better understand and address these issues through improved communication, guidance, and support at home.

3. Educators and School Administrators:

- Teachers and school officials can use the findings to tailor and enhance sexual health education programs in both public and private secondary schools, ensuring that curricula address the specific patterns and risks observed among students.

4. Healthcare Providers and Public Health Officials:

- Medical professionals and public health authorities can utilize the study's data to design targeted intervention strategies, preventive measures, and health services aimed at reducing the incidence of sexually transmitted infections (STIs) and other adverse outcomes related to risky sexual behaviors.

5. Policymakers and Government Agencies:

- The study offers evidence-based insights that can inform policy development, resource allocation, and program implementation at local and national levels to

address adolescent sexual health concerns and promote overall community well-being.

6. Non-Governmental Organizations (NGOs) and Community-Based Organizations:
  - These organizations can leverage the research findings to advocate for and design programs that support sexual health education, risk reduction, and youth empowerment initiatives tailored to the needs of adolescents.
7. Researchers and Academics:
  - The study contributes valuable data to the existing body of knowledge on adolescent sexual behavior, serving as a foundation for further research, comparative studies, and the development of theoretical models related to youth risk behaviors.

By addressing the prevalence and patterns of sexually risky behaviors among adolescents in Benin Metropolis, this study aims to inform and empower these diverse groups to take proactive steps in promoting healthier lifestyles and mitigating risks.

## **Scope and Delimitation of the Study**

The study focuses on the prevalence and patterns of risky sexual behavior among adolescents. The study is delimited to 100Level undergraduate students across the faculties in the University of Benin.

## **Definition of Key Terms**

**Adolescents:** Individuals aged 12–19 years, considered a transitional phase between childhood and adulthood. This group is the focus of the study, as they are at a critical stage of exploring their sexuality and are susceptible to risky behaviors due to physical, emotional, and social changes.

**Patterns:** The recurring behaviors or trends observed within a population. Here, it refers to the common types and frequencies of risky sexual behaviors exhibited by adolescents in the study area, including gender, socioeconomic, and school-type variations.

**Peer Pressure:** The influence exerted by a peer group that encourages individuals to conform to certain behaviors, attitudes, or values. In this context, it refers to the impact of peers on adolescents' engagement in risky sexual behaviors.

**Prevalence:** Refers to the proportion of individuals in a specific population who exhibit certain behaviors or conditions at a particular time. In this study, it indicates the extent to which adolescents in public and private secondary schools in Benin Metropolis engage in risky sexual behaviors.

**Risky Sexual Behavior:** Actions that increase the likelihood of negative sexual health outcomes, such as contracting sexually transmitted infections (STIs), unplanned

pregnancies, or psychological harm. Examples include unprotected sex, multiple sexual partners, early sexual debut, and involvement in transactional sex.

**Secondary Schools:** Educational institutions that provide formal education to students, typically between the ages of 12 and 18. This study focuses on both public (government-funded) and private (independently funded) secondary schools within Benin Metropolis.

**Sexual Health Education:** A structured approach to teaching individuals about sexual and reproductive health, including knowledge about STIs, contraception, and making informed decisions about sexual behavior. This study examines how the availability and quality of such education affect adolescent behaviors.

**Sexuality:** A broad term encompassing the feelings, behaviors, and identities related to sexual attraction and activities. In this study, it focuses on adolescents' exploration of their sexual identity and behaviors within the context of their educational and social environments.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

In this chapter, the research presents the preview of literature under the following sub headings:

- Theoretical Framework
- Conceptual Review
- Concept of Risky Sexual Behaviors
- Sexually Risky Education and Prevention Programs
- Gender and Sexuality Behavior
- Empirical Review
- The Role of Media in Shaping Adolescent Sexual Behavior
- Substance Use and Its Relationship with Risky Sexual Behavior
- Adolescent Autonomy and Decision Making
- The role of Social Support System in Mitigating Risky Sexual Behavior
- The Impact of School Environment on Adolescent Sexual Behavior
- Sexual Health Outcome and Impacts

#### **Theoretical Framework**

Sexual risky behaviors among adolescents pose significant public health and social concerns, particularly in developing countries where teen pregnancy, sexually transmitted infections (STIs), and HIV/AIDS remain major issues. Understanding the

prevalence and patterns of these behaviors requires a theoretical framework that explains the underlying psychological, social, and environmental influences. This study adopts a multi-theory approach, integrating the Social Learning Theory (SLT), Theory of Planned Behavior (TPB), Ecological Systems Theory (EST), and Problem Behavior Theory (PBT) to explore why adolescents in public and private secondary schools in Benin Metropolis engage in risky sexual behaviors.

#### 1. Social Learning Theory (SLT) – Albert Bandura (1977)

Social Learning Theory posits that individuals learn behaviors through observation, imitation, and modeling. Adolescents develop attitudes toward sex based on what they see, hear, and experience in their environment. This theory is particularly useful in understanding the role of peer influence, parental guidance, media exposure, and school environment in shaping adolescent sexual behavior.

- Peer Influence: Adolescents in secondary schools often conform to peer norms regarding sexual behavior. If engaging in sexual activity is normalized among friends, students are more likely to participate in risky sexual behaviors (e.g., unprotected sex, multiple sexual partners).
- Parental and School Influence: Differences in moral guidance and sex education policies between public and private schools may impact students' sexual decision-making. Private schools may have stricter policies, while public schools may provide less supervision, potentially leading to more exposure to risky behaviors.

- Media and Internet Exposure: Increased access to pornographic content and sexually explicit materials on social media may influence adolescents to experiment with sex without proper knowledge of contraception, STIs, and consent.
- Cultural and Religious Beliefs: Adolescents raised in conservative or religious households may refrain from sex due to moral teachings, whereas those in more liberal environments may be more likely to engage in sexual activity.

Adolescents exposed to sexualized peer groups, inadequate parental monitoring, and unrestricted media influence are more likely to engage in sexual risky behaviors.

## 2. Theory of Planned Behavior (TPB) – Icek Ajzen (1991)

The Theory of Planned Behavior explains that individuals' behaviors are influenced by three main factors:

1. Attitude toward the behavior – Personal evaluation of whether engaging in sexual activity is good or bad.
2. Subjective norms – Perception of social pressure from peers, family, and society regarding sexual behavior.
3. Perceived behavioral control – The individual's belief in their ability to control their sexual actions and outcomes (e.g., using condoms, abstaining from sex).

### Toward Sexuality:

- Adolescents with positive attitudes toward premarital sex may be more likely to engage in risky behavior. Those with negative attitudes (e.g., fear of pregnancy, STIs, or religious beliefs) may avoid risky behavior.

- **Influence of Peer and Parental Norms:** If an adolescent believes that friends approve of early sexual activity, they may be more likely to engage in it. Conversely, strong parental disapproval may discourage such behavior.
- **Access to Contraceptives and Information:** Adolescents who feel empowered to buy or use condoms may be less likely to engage in risky sex than those who feel embarrassed

### **Concept of Risky Sexual Behaviors**

Risky sexual behaviors refer to actions or practices related to sexual activity that increase an individual's vulnerability to negative health outcomes. These include unintended pregnancies, sexually transmitted infections (STIs), HIV/AIDS, and psychological or emotional distress. Among adolescents, these behaviors often stem from a combination of biological, psychological, and social factors. Understanding the concept of risky sexual behaviors is crucial to addressing their prevalence and mitigating their adverse effects, particularly within vulnerable populations like adolescents. Adolescence is a transitional phase marked by significant physical, emotional, and social changes (Lankamo and Fekecha , 2016).

During this period, individuals often seek to explore and define their identities, including their sexual identity. While this exploration is natural, it may also lead to behaviors that put their health and well-being at risk. Risky sexual behaviors in adolescents are characterized by practices such as early sexual debut, unprotected sexual intercourse, multiple sexual partners, involvement in transactional sex, and engagement

in coercive or forced sexual activities. Early sexual debut, defined as the initiation of sexual activity at a young age (typically before 15 years), is a significant marker of risky sexual behavior (Kugbey and Ayanore, 2018).

Adolescents who begin sexual activity early often lack the emotional maturity and knowledge necessary to make informed decisions. This early exposure increases their likelihood of engaging in further risky behaviors, such as unprotected sex or multiple partnerships, thereby heightening their susceptibility to STIs and unintended pregnancies (Danielson and Moreland, 2024). Unprotected sex, which involves sexual intercourse without the use of condoms or other contraceptive methods, is another critical component of risky sexual behavior. Despite advancements in sexual health education, many adolescents remain unaware of the importance of protection, or they may face barriers to accessing contraceptives. These barriers could include cultural stigma, lack of parental support, or insufficient sexual health resources. Consequently, unprotected sex remains a primary driver of negative sexual health outcomes among adolescents (Isaksson and Westermarck, 2021).

Transactional sex, where individuals engage in sexual activities in exchange for money, goods, or favors, is another risky practice that is particularly concerning in socioeconomically disadvantaged contexts. Adolescents involved in transactional sex are often driven by poverty, peer influence, or coercion. This behavior not only exposes them to health risks but also places them in positions of power imbalance, making it difficult to negotiate safe practices or report abuse (Nwamadi, 2021). Coercive or forced sexual

activity represents an extreme form of risky sexual behavior that has far-reaching consequences. Adolescents who experience sexual coercion are at an increased risk of trauma, depression, and poor self-esteem, which can lead to further engagement in risky sexual practices. The lack of consent in such scenarios often leaves victims unable to protect themselves, resulting in a higher prevalence of STIs, unintended pregnancies, and psychological harm. The underlying factors driving risky sexual behaviors among adolescents are multifaceted (Akumiah and Sebire, 2020).

Peer pressure is a significant influence, as adolescents are highly susceptible to the opinions and behaviors of their peers. In environments where risky sexual behaviors are normalized or glamorized, adolescents may feel compelled to conform. Similarly, exposure to explicit content through media and social platforms can shape adolescents' attitudes toward sexuality, often glamorizing risky behaviors without highlighting their consequences (Nafisa and Florence, 2020).

Family dynamics also play a crucial role in shaping adolescents' sexual behaviors. Adolescents from families with poor communication, lack of supervision, or exposure to domestic conflict are more likely to engage in risky sexual activities. On the other hand, open communication about sexual health within families can serve as a protective factor, equipping adolescents with the knowledge and confidence to make informed decisions. Additionally, cultural norms and socioeconomic factors significantly impact adolescents' sexual behavior. In communities where discussing sexual health is taboo, adolescents may lack access to accurate information and resources. Socioeconomic constraints further

exacerbate the issue, as adolescents from low-income families may resort to transactional sex or lack access to contraception and health services (Mignault and Ramos, 2022).

In conclusion, risky sexual behaviors among adolescents are complex and multifaceted, involving a range of practices that increase their vulnerability to adverse outcomes. Addressing these behaviors requires a comprehensive understanding of the underlying factors and influences, including peer pressure, family dynamics, cultural norms, and socioeconomic conditions. By fostering open communication, improving access to sexual health education, and addressing systemic barriers, stakeholders can help mitigate the prevalence of risky sexual behaviors and promote healthier outcomes for adolescents.

### **Sexuality Risk Education and Prevention Programs**

Sexuality risk education and prevention programs play a pivotal role in equipping individuals, especially adolescents, with the knowledge and skills needed to make informed decisions about their sexual health. These programs are designed to address the factors that contribute to risky sexual behaviors and to promote behaviors that protect against negative outcomes, such as unintended pregnancies, sexually transmitted infections (STIs), and emotional distress. By providing comprehensive education, these initiatives aim to foster healthy attitudes and practices related to sexuality (Schmidt, S. C & Hills, 2015).

Comprehensive sexuality education (CSE) is the cornerstone of most effective prevention programs. Unlike abstinence-only approaches, which emphasize refraining

from sexual activity until marriage, CSE provides a holistic understanding of sexuality, relationships, and reproductive health. It covers topics such as human anatomy, contraception methods, STI prevention, consent, healthy relationships, and communication skills. These programs are grounded in evidence-based approaches and are tailored to the developmental needs of adolescents, ensuring that the information provided is both age-appropriate and culturally relevant (Jennings & Perotte, 2014).

One key component of sexuality risk education is promoting awareness about the consequences of risky sexual behaviors. Adolescents are often unaware of the potential health and emotional risks associated with actions such as unprotected sex, multiple sexual partners, and early sexual debut. Education programs address these gaps by presenting accurate, science-based information that highlights the dangers of such behaviors. Through interactive activities, role-playing, and discussions, participants are encouraged to think critically about their choices and the potential long-term impact on their health and well-being (Kirby & Rolleri, 2017).

Prevention programs also emphasize the importance of access to and proper use of contraception. Teaching adolescents about various contraceptive methods, such as condoms, birth control pill, and emergency contraception, is a critical aspect of risk reduction. Many programs incorporate practical demonstrations to ensure that participants understand how to use these methods effectively. By doing so, they empower adolescents to take proactive steps to protect themselves, thereby reducing the prevalence of unintended pregnancies and STIs. (Armstrong, 2014). Another essential element of

sexuality risk education is fostering communication skills. Adolescents are taught how to express their boundaries, negotiate safe practices, and seek consent in relationships. Programs often include scenarios that simulate real-life situations, enabling participants to practice assertive communication in a safe and supportive environment. This helps adolescents build confidence and develop the skills needed to navigate complex social and relational dynamics (Armstrong, 2014).

Prevention programs also target external influences, such as peer pressure and media messages, which often play a significant role in shaping adolescents' attitudes and behaviors. Many initiatives include media literacy components that teach participants to critically evaluate the portrayal of sexuality in advertisements, movies, and social media. By developing critical thinking skills, adolescents are better equipped to resist harmful influences and make decisions aligned with their values and goals (Leung and Shek, 2019).

In conclusion, sexuality risk education and prevention programs are essential tools for reducing risky sexual behaviors and promoting healthy outcomes among adolescents. By combining comprehensive education, practical skills training, family engagement, and systemic advocacy, these programs create a supportive framework that empowers young people to make informed, responsible decisions about their sexual health. Through continued investment in and expansion of such initiatives, society can address the root causes of risky behaviors and pave the way for healthier generations (Wallen & Wilson, 2014).

## **Gender and Sexuality Risk Behavior**

Gender plays a significant role in shaping the sexual behaviors and health outcomes of individuals, particularly during adolescence. The intersection of gender and sexuality risk behaviors is crucial to understanding the patterns and prevalence of risky sexual behaviors among adolescents. These behaviors, which include early sexual debut, unprotected sex, multiple sexual partners, and involvement in transactional sex, are influenced by gendered norms, expectations, and roles that vary across cultures and societies. Adolescents, particularly those in their teenage years, are often navigating complex gender norms that shape their sexual attitudes and behaviors (Bermúdez, 2018).

One of the most notable gender differences in sexual behavior is the disparity in sexual initiation age. Studies have shown that, in many contexts, boys tend to initiate sexual activity at a younger age than girls. This could be attributed to the socialization processes that encourage boys to demonstrate their sexual prowess and masculinity through early sexual experiences. On the other hand, girls may face more societal pressure to remain sexually inactive or conform to ideals of chastity. These gendered expectations create distinct patterns in sexual behavior between male and female adolescents, with boys often engaging in riskier sexual behaviors at an earlier age, while girls may be more likely to delay sexual activity due to fear of judgment or social stigma (Rosario & Birkett, 2014).

Gender also influences the way adolescents approach sexual relationships. Boys, particularly in certain cultural contexts, may view sex as a means of asserting their

masculinity and gaining social status. This often leads to a higher number of sexual partners and a tendency toward unprotected sex, as the emphasis may be more on proving sexual competence than on protecting sexual health. Girls, on the other hand, may experience pressure to engage in sex for emotional validation or to please a partner, which can also lead to unprotected sex and emotional risks (Russell & Birkett, 2014).

The concept of sexual double standards further complicates the relationship between gender and sexual behavior. In many cultures, boys are often praised or admired for having multiple sexual partners, while girls may be stigmatized for the same behavior. This double standard not only reinforces gender inequality but also discourages open discussions about sexual health, leading to a lack of knowledge and risk-taking behaviors. Girls may also face greater emotional and social consequences, such as shame, guilt, or relationship breakdowns, when engaging in behaviors that defy these societal expectations (Mustanski, 2022).

In terms of sexual health outcomes, gendered norms also contribute to different levels of exposure to risks such as sexually transmitted infections (STIs) and unintended pregnancies. While both genders are vulnerable to STIs, girls, particularly in societies with limited access to sexual health resources, may experience greater consequences. Due to biological factors, females are more susceptible to certain infections, and their ability to negotiate condom use may be compromised by social and relational power imbalances. For instance, girls may be less likely to insist on condom use in situations where there is a

perceived power imbalance in the relationship, leaving them more exposed to risk (Francis, 2016).

Moreover, gender also influences adolescents' access to sexual health education and services. In some cultures, there is a tendency to focus more on educating girls about abstinence or the risks of pregnancy, while boys may be encouraged to focus on sexual conquest. This unequal distribution of information can perpetuate risky behaviors, particularly among boys who may lack knowledge about contraception or STI prevention. The lack of comprehensive sexuality education for both genders results in gaps in understanding, contributing to higher rates of risky sexual behavior (Barker, 2017).

The role of peer pressure is another gendered dynamic that affects adolescents' sexual behavior. Boys may face pressure from their peer groups to engage in risky sexual practices as a way of demonstrating their masculinity. Girls, conversely, may experience peer pressure to engage in sexual activity as a means of fitting in or maintaining relationships. These gender-specific pressures can lead to higher rates of sexual risk-taking, especially in the absence of adequate support or education (Blum & Moreau, 2017).

In conclusion, gender plays a pivotal role in shaping the sexual behaviors of adolescents. From early sexual initiation to sexual health outcomes, gender norms and expectations influence the ways in which boys and girls engage in and perceive sexuality. Gendered power dynamics, societal pressures, and cultural expectations create distinct patterns of sexual behavior that often lead to risky sexual practices. Addressing these

gendered influences through comprehensive sex education, open communication, and the dismantling of harmful cultural norms is essential to reducing risky sexual behaviors and promoting healthier sexual attitudes and practices among adolescents.

### **The Role of Media in Shaping Adolescent Sexual Behavior**

The media plays a significant role in shaping adolescent sexual behavior by influencing attitudes, perceptions, and behaviors related to sexuality. Adolescents are particularly vulnerable to media messages due to their stage of development, which involves seeking identity, exploring relationships, and understanding social norms. Television, movies, music videos, social media, and online platforms often portray sexual behavior in ways that may not accurately reflect the risks, responsibilities, or emotional aspects of sexuality. The impact of media on adolescent sexual behavior is complex, as it can both positively and negatively influence their understanding and actions (Baya & Mberia, 2014).

One of the primary ways media influences adolescent sexual behavior is by shaping their perceptions of sexual norms and expectations. In many forms of popular culture, sexual activity is often depicted as casual, glamorous, and free of consequences. Characters in movies, TV shows, and music videos frequently engage in sexual behavior without showing the emotional or physical ramifications, leading adolescents to believe that sex is a risk-free, glamorous part of life. These portrayals can create unrealistic expectations about relationships, intimacy, and the importance of consent, leading to

risky sexual behaviors such as early sexual initiation, unprotected sex, and the neglect of emotional readiness for intimacy (Rousseau, 2017).

Social media also plays a crucial role in shaping adolescent sexuality by creating platforms for peer influence and the spread of sexualized content. Adolescents may be exposed to sexual imagery, discussions about sexual experiences, and peer pressure to conform to certain sexual behaviors. Platforms such as Instagram, TikTok, and Snapchat often feature influencers and celebrities who promote sexualized images and behaviors, which may encourage adolescents to imitate these behaviors in an attempt to gain social approval or to fit in. This can lead to early sexual experimentation or involvement in risky sexual practices without fully understanding the consequences (Scull & Kupersmidt, 2018).

On the other hand, media can also be used as a tool for positive sexual health education. Many organizations and public health campaigns use media to promote responsible sexual behavior, highlight the importance of consent, and educate adolescents about contraception and STI prevention. Educational programs, websites, and social media campaigns can offer accurate information and provide a platform for open discussions about sexual health, relationships, and emotional well-being. These resources can empower adolescents to make informed decisions and reduce the likelihood of engaging in risky sexual behavior (Abdullahi & Abdulquadri, 2018).

However, the impact of media on adolescent sexual behavior is not uniform. Adolescents' experiences with media can vary depending on factors such as

socioeconomic background, access to information, and parental involvement. Adolescents from more supportive environments with access to accurate sexual health information may be less influenced by negative media portrayals, while those with limited resources may be more vulnerable to media messages that promote unhealthy sexual norms (Rodenhizer & Edwards, 2019).

In conclusion, the media plays a powerful role in shaping adolescent sexual behavior. While it can reinforce unhealthy stereotypes and risky sexual behaviors, it also has the potential to promote positive sexual health messages and foster responsible decision-making. Ensuring that adolescents are equipped with critical thinking skills and access to accurate sexual health information can help mitigate the negative effects of media while enhancing its potential as a tool for promoting healthy sexual behaviors.

### **Substance Use and Its Relationship with Risky Sexual Behavior**

Substance use, including alcohol, tobacco, and drugs, is closely linked to risky sexual behavior, particularly among adolescents. The relationship between substance use and sexual risk-taking is complex, as the use of substances can impair judgment, lower inhibitions, and reduce an individual's ability to make informed decisions. Adolescents, in particular, are at higher risk due to their developmental stage, which often involves exploring boundaries, seeking peer acceptance, and experimenting with behaviors. Understanding the connection between substance use and risky sexual behavior is crucial for developing strategies to promote healthier choices and reduce negative sexual health

outcomes, such as unintended pregnancies, sexually transmitted infections (STIs), and emotional trauma (Balikuddembe, 2017).

One of the key ways substance use influences risky sexual behavior is through its impact on decision-making. Alcohol and drugs can impair cognitive function, leading adolescents to make choices they might not otherwise make while sober. Under the influence of substances, adolescents may be more likely to engage in unprotected sex, underestimate the risks of sexually transmitted infections (STIs), or fail to communicate effectively with their partners about sexual boundaries and consent. For example, alcohol consumption is associated with decreased use of contraception, and drugs such as marijuana or ecstasy may alter perception, leading individuals to ignore or dismiss the potential consequences of their actions (Obermeit, 2018).

Additionally, substance use can lead to risky sexual behavior by promoting sexual experimentation and increasing the likelihood of multiple sexual partners. Adolescents who use substances may be more inclined to engage in casual or transactional sex, seeking gratification without considering the long-term health risks. This can lead to exposure to sexually transmitted infections, as unprotected sex with multiple partners is a significant risk factor for STIs, including HIV (Aytur & Malik, 2022).

The peer influence often associated with substance use also plays a crucial role in risky sexual behavior. Adolescents who are part of peer groups where alcohol or drug use is normalized may feel pressure to conform to group norms. In these environments, substance use is often linked with sexual activity, and adolescents may engage in sexual

behaviors to gain social acceptance or to fit in with their peers. Peer pressure, combined with the disinhibiting effects of substances, can make adolescents more likely to engage in risky sexual practices, such as having sex with multiple partners or failing to use protection (Achterbergh & Boyd, 2020).

Furthermore, substance use may also serve as a coping mechanism for emotional or psychological challenges. Adolescents who face issues such as stress, trauma, low self-esteem, or a lack of family support may turn to substances as a way to cope with negative feelings. This reliance on substances can lead to poor decision-making, including risky sexual behavior, as adolescents may seek comfort or validation through sexual experiences (Sims & Lightfoot, 2021).

In conclusion, the relationship between substance use and risky sexual behavior is well-documented, with substance use significantly increasing the likelihood of engaging in unprotected sex, having multiple sexual partners, and experiencing negative sexual health outcomes. Addressing this issue requires a multifaceted approach, including education about the risks of substance use and sexual health, building strong support systems, and providing adolescents with tools to make healthier choices. By understanding the role of substance use in risky sexual behavior, efforts can be made to mitigate its impact and promote safer sexual practices among adolescents.

## **Adolescent Autonomy and Decision Making**

Adolescent autonomy and decision-making are crucial components of adolescent development, as they mark the transition from dependence to independence. During this period, adolescents begin to assert their individuality, make choices, and take responsibility for their actions. Autonomy involves the ability to make informed decisions, consider consequences, and act based on one's own values and beliefs, rather than being influenced solely by external authorities like parents, peers, or society. However, while autonomy is essential for personal growth, it can also present challenges, especially when adolescents are faced with complex decisions regarding their health, relationships, and sexuality (Blakemore & Robbins, 2018).

One of the key aspects of adolescent autonomy is the development of self-regulation and critical thinking skills. As adolescents grow older, they become more capable of reflecting on their actions, considering long-term consequences, and evaluating different perspectives. This cognitive development enables them to make more informed decisions and navigate situations that require judgment, such as managing peer pressure or choosing whether to engage in risky behaviors. However, despite these advances, adolescents are still developing the brain regions associated with decision-making, such as the prefrontal cortex, which may result in impulsive or short-term thinking, particularly in stressful or emotionally charged situations (Prinstein, 2019).

The influence of peers is a significant factor in adolescent decision-making. Peer relationships often play a central role in shaping an adolescent's choices, especially

during early adolescence. Adolescents are more likely to make decisions based on peer approval or to conform to group norms, even if those decisions are risky or contrary to their personal values. Peer pressure can influence decisions regarding substance use, sexual activity, and other behaviors that carry potential health risks. While peer influence is a natural part of adolescent development, it can complicate the process of making autonomous decisions, particularly when adolescents prioritize social acceptance over personal well-being (Jones & Hare, 2022).

Family and cultural values also play an important role in shaping adolescent autonomy. Parents and caregivers provide guidance and set boundaries that help adolescents navigate the complexities of decision-making. While some autonomy is essential for development, it is also important for adolescents to have a supportive environment where they can seek advice and reflect on their decisions. Cultural norms and traditions can either support or limit an adolescent's autonomy, especially when it comes to issues like sexuality, education, and career choices. In some cultures, there may be more emphasis on familial or societal expectations, which can influence the adolescent's ability to make independent decisions (Fuligni, 2017).

Moreover, the ability to make autonomous decisions is also linked to an adolescent's access to education and information. Adolescents who have access to accurate, comprehensive information—whether about sexual health, substance use, or other topics—are better equipped to make informed choices. Education fosters critical

thinking, helping adolescents weigh the risks and benefits of different actions, leading to healthier decision-making overall (Giedd, 2018).

In conclusion, adolescent autonomy and decision-making are central to the process of growing up and developing independence. While adolescents possess the cognitive ability to make decisions, they are still learning how to manage the influences of peers, family, and culture, which can complicate the decision-making process. Providing adolescents with the right guidance, education, and supportive environments can help them navigate this challenging period and develop the skills necessary for making responsible, informed choices.

### **The Role of Social Support Systems in Mitigating Risky Sexual Behavior**

Social support systems play a critical role in mitigating risky sexual behavior, particularly among adolescents and young adults. These systems, which include family, peers, educators, and community members, provide emotional, informational, and practical resources that can influence sexual decision-making and health outcomes. When adolescents have access to strong, supportive networks, they are more likely to make informed choices, engage in safer sexual practices, and seek help when faced with challenges related to sexuality (Ballard & Syme, 2016).

One of the most influential social support systems is the family. Supportive family environments, where open communication about sexual health and relationships is encouraged, can significantly reduce the likelihood of adolescents engaging in risky sexual behavior. Families that provide accurate information about contraception, sexually

transmitted infections (STIs), and consent equip their children with the tools needed to make informed decisions (Rolleri, 2019). Furthermore, parents who model healthy relationships and sexual behaviors create a foundation for adolescents to develop respectful and responsible attitudes toward sex. However, in families where communication about sex is limited or stigmatized, adolescents may feel uncomfortable seeking guidance, which can increase the risk of unsafe sexual practices (Crosby, 2018).

Peer groups also play a crucial role in shaping sexual behavior. During adolescence, peers become a primary source of influence, and the desire to fit in with a group can impact sexual decision-making. Positive peer support systems, where adolescents encourage one another to make healthy choices and reject risky behaviors, can reduce the likelihood of engaging in early or unprotected sex. Peer education programs, where young people share accurate information and support one another, can empower adolescents to make safer sexual decisions and challenge harmful norms or peer pressure. On the other hand, negative peer influences, such as pressure to engage in sexual activity or normalize substance use, can increase the risk of engaging in risky behaviors (Markham, 2020).

Educational institutions and healthcare providers also serve as essential support systems. Schools that offer comprehensive sexuality education create an environment where adolescents can learn about sexual health, rights, and relationships in a safe, non-judgmental setting. Access to healthcare providers, including counselors and sexual health experts, allows adolescents to seek advice, get tested for STIs, and obtain

contraception confidentially. These professionals can also provide emotional support and guidance, helping adolescents navigate the complexities of sexual relationships (Meschke & Dettmer, 2019).

Community support systems, including youth organizations, religious groups, and social services, can further enhance protective factors against risky sexual behavior. These organizations can offer mentorship, resources, and a sense of belonging, which can prevent adolescents from turning to unhealthy coping mechanisms such as substance use or risky sexual activities. Community-based programs that focus on sexual health education, empowerment, and life skills development equip young people with the knowledge and resources they need to make positive decisions (Miller, 2021).

In conclusion, social support systems are essential in mitigating risky sexual behavior. Families, peers, schools, healthcare providers, and community organizations all play interconnected roles in providing adolescents with the support, education, and resources necessary to make informed and responsible decisions about their sexual health. Strengthening these support systems can help reduce the prevalence of risky sexual behaviors and improve overall sexual and reproductive health outcomes for young people.

### **The Impact of School Environment on Adolescent Sexual Behavior**

The school environment plays a significant role in shaping adolescent sexual behavior. Schools are not only centers of academic learning but also social spaces where adolescents form relationships, develop attitudes, and are exposed to various influences that can impact their sexual health decisions. The way sexual health is addressed within

schools, including the availability of comprehensive sexuality education, peer interactions, and the overall school climate, can either mitigate or exacerbate risky sexual behaviors among adolescents (Blum & Bastos, 2019).

One of the most important factors within the school environment is the presence and quality of sexuality education programs. Schools that provide comprehensive sexuality education (CSE) equip students with the knowledge, skills, and resources needed to make informed decisions about their sexual health. CSE covers a wide range of topics, including human anatomy, contraception, sexually transmitted infections (STIs), consent, healthy relationships, and emotional well-being (Bonell & Fletcher, 2017).

The school environment also shapes adolescent sexual behavior through peer influence. Adolescents often look to their peers for guidance and validation, and school settings provide a context where peer relationships can influence sexual attitudes and behaviors. Positive peer interactions, where healthy norms around sexuality are promoted, can discourage risky sexual behaviors. Peer education programs, where students educate one another about sexual health, can be particularly effective in reinforcing positive behaviors and attitudes. However, negative peer influences, such as peer pressure to engage in early sexual activity or substance use, can lead adolescents to make risky decisions. The social dynamics within a school, such as bullying, exclusion, or the pressure to conform to group norms, can also contribute to unhealthy sexual behaviors (Busse, 2017).

The overall school climate, including its approach to issues like gender equality, bullying, and respect for diversity, also affects adolescent sexual behavior. Schools that foster an inclusive, respectful, and supportive environment are more likely to encourage positive decision-making regarding sexuality. A school climate that promotes gender equality, challenges harmful stereotypes, and supports students' emotional and mental well-being can help reduce the incidence of sexual violence, coercion, and discrimination. On the other hand, a school environment that tolerates bullying, harassment, or discrimination can increase the likelihood of unhealthy sexual behaviors, as students may feel unsafe or unsupported in seeking help or discussing sexual health issues (Haberland & Rogow, 2015).

Additionally, the role of school staff, including teachers, counselors, and health professionals, is essential in shaping adolescent sexual behavior. Educators who create safe spaces for open discussions about sexuality and provide accurate information can help students navigate sexual health challenges with confidence. School counselors who offer support and resources for students dealing with sexual health issues, relationships, or peer pressure can further reduce the risks associated with adolescent sexual behavior (Kantor & Grilo, 2017).

In conclusion, the school environment significantly influences adolescent sexual behavior. Comprehensive sexuality education, positive peer interactions, a supportive school climate, and access to caring staff all contribute to shaping healthy sexual decisions among adolescents. By fostering a positive and informed school environment,

educators can help reduce risky sexual behaviors and promote the overall sexual health and well-being of students.

### **Sexual Health Outcomes and Impact**

Sexual health outcomes and their impact on adolescents are of significant concern due to the potential long-term consequences that result from risky sexual behaviors. Adolescents engaging in unsafe sexual practices, such as unprotected sex or having multiple sexual partners, are at an increased risk of contracting sexually transmitted infections (STIs), including HIV, chlamydia, gonorrhea, and syphilis (Rolleri, 2017). These infections can have severe health consequences if left untreated, including infertility, pelvic inflammatory disease, and chronic pain. In addition, unprotected sex can lead to unintended pregnancies, which can disrupt an adolescent's education, economic opportunities, and overall well-being. Adolescent pregnancies often result in higher maternal and infant mortality rates, as younger mothers may lack the physical, emotional, and financial resources needed to care for themselves and their children (Crosby, 2019).

The emotional and psychological impact of risky sexual behavior can also be significant. Adolescents who experience negative sexual health outcomes, such as STIs or unintended pregnancies, may face social stigma, mental health challenges, and reduced self-esteem. These factors can contribute to feelings of isolation, depression, anxiety, and a sense of hopelessness, particularly if adolescents feel unsupported by their families, peers, or communities. Moreover, adolescents who engage in risky sexual behaviors may

be more likely to encounter relationship difficulties, including issues with trust, communication, and consent, which can further exacerbate emotional distress (Finer & Philbin, 2019).

In terms of long-term impact, early engagement in risky sexual behavior often sets the stage for a pattern of unhealthy sexual choices throughout life. Adolescents who do not receive adequate education or support regarding sexual health may continue to face challenges in making informed decisions in adulthood, further perpetuating cycles of poor sexual health outcomes (Haberland & Rogow, 2015). Overall, to mitigate these risks, comprehensive sexual health education, access to contraception, and supportive community networks are crucial in fostering positive sexual health outcomes for adolescents.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

In this chapter, the procedures that will be used for this study are presented under the following subheadings:

- Design of the Study
- Population of the Study
- Sample and Sampling Techniques
- Instrument of the Study
- Validation of the Instrument
- Reliability of the Instrument
- Administration of Instrument
- Method of Data Analysis

#### **Design of the Study**

Descriptive survey design will be adopted for this study because it seeks to examine the statistical relationships between variables without manipulating them. This design is suitable for this study because it will enable the researcher to involve a group of students from which data will be obtained, only from a few students considered to be representative of the entire group needed.

## Population of the Study

The population of the study comprises of fourteen (14) faculties and total of thirty nine thousand, two hundred and forty-three (39,243) undergraduate students in the University of Benin.

**Table 1: Population Distribution of Students**

S/N	Faculty	Number of students
1	Physical science	3552
2	Social science	3036
3	Environmental science	596
4	Law	989
5	Life sciences	5088
6	Management science	3131
7	Agricultural science	2056
8	Basic medical science	1948
9	Medicine	795
10	Art	5710
11	Dentistry	168
12	Engineering	3811
13	Education	7369
14	Pharmacy	994
	<b>Total</b>	<b>39243</b>

## Sample and Sampling Techniques

The sample of this study is composed of a hundred and fifty (150) students from the University of Benin. To get the sample, The Fourteen Faculties of the University were stratified into three that are Humanities with the following Faculties: Social Sciences, Law, Administration Sciences, Art and Education: Life Sciences with the following

Faculties: Environmental Sciences, Basic Medical Sciences, Agricultural Sciences, Medicine, Dentistry. Pharmacy and Life Sciences then Technical with the following Faculties: Physical Sciences and Engineering.

For Humanities, the Faculty of Education was chosen with a population of Seven Thousand Three Hundred and Sixty-Nine (7,369). From the Life Sciences group, the Faculty of Agriculture was chosen with a population of two thousand and fifty-six (2,056), while the Faculty of Techniques. The Faculty of Engineering with a population of three thousand eight hundred eleven (3,811) was selected. After that, 1.5% of the students from the selected Faculties numbering around two hundred (200) formed the sample for the study as shown in table 2 below.

Table 2: Sampled Distribution of Students

<b>Groups</b>	<b>Faculty selected</b>	<b>Total population</b>	<b>1.13% of population</b>
Humanities	Faculty of education	7,369	83
Technical	Engineering	3,811	43
Life science	Agriculture	2,056	24
		<b>Total</b>	<b>150</b>

### **Instrument of the Study**

The research instrument adopted for this study was a questionnaire constructed by the researcher. The questionnaire is titled “Prevalence and Patterns of Sexuality Risky Behavior among Adolescents Questionnaire (PPSRBAQ)” in the University of Benin. The questionnaire comprised two sections; The Section A relates to the demographic data of the respondent and the Section B contains the variables drawn from the research

questions. The instrument is a modified likert type scale with 4 point rating scale with response options Strongly Agree (SA) = 4 points, Agree (A) = 3 points, Disagree (D) = 2 points and Strongly Disagree (SD) = 1 point.. A benchmark of 2.5 was set as the decision rule. When the mean was greater than 2.5 the statement was noted as agreed while those with mean less than 2.5 was noted as disagreed.

### **Validation of the Instrument**

In order to ascertain the validity of the instrument, the questionnaire will be given to the supervisor and two other lecturers in the Department of Educational Evaluational Counseling Psychologist to read in order to make necessary corrections to ensure content as well as validity. Corrections made on the draft will be incorporated in the final draft.

### **Reliability of the Instrument**

To establish the reliability of the instrument, the Cronbach Alpha will be used to measure the level of the items. The instrument will be administered to 20 students who are not part of the study population. A co-efficient value of .714 and .809, obtained shows that the instrument is very reliable.

### **Administration of the Instrument**

The questionnaire was administered personally by the researcher to the respondents. The respondents were assured of confidentiality and were urged to answer the questions honestly to the best of their knowledge. Instructions were given to the respondent on how to fill out the questionnaire. The questionnaire was collected on the spot for easy retrieval.

### **Method of Data Analysis**

The data collected was subjected to descriptive statistics. Data for the research questions were analyzed using descriptive statistics, specifically mean and standard deviation.

## CHAPTER FOUR

### PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter contains the findings of the Study. The responses to the various items were also organized and presented. The research questions were analysed using mean, standard deviation, and independent sampling T-test.

#### Presentation of the Result

**Research Question One:** What is the prevalence of sexually risky behaviours among secondary school adolescents in Benin Metropolis?

**Table 1:** Descriptive Statistics for the prevalence of sexually risky behaviours among secondary school adolescents in Benin Metropolis

Variable	<i>N</i>	Sum	<i>Static M</i>	<i>S.D</i>	<i>Scale M</i>	Decision
PSRB	150	2233	14.89	3.794	2.48	High

*PSRB = Prevalence of sexually risky behaviours among secondary school adolescents in Benin Metropolis*

Table 1 presented the descriptive statistics for the prevalence of sexually risky behaviours among secondary school adolescents in Benin Metropolis. The results show that the mean score ( $M = 14.89$ ) reflects the average level of these behaviours based on responses from 150 participants. The relatively low standard deviation ( $SD = 3.794$ ) indicates that most students' responses are close to the average score, showing that their experiences or behaviours do not differ much from one another. This consistent pattern in the data

reinforces the conclusion that sexually risky behaviours are present among the adolescents surveyed, and many of them reported similar experiences or actions.

**Research Question Two:** What are the patterns of sexually risky behaviours among the adolescents in senior secondary schools?

**Table 2:** Descriptive Statistics for the patterns of sexually risky behaviours among the adolescents in senior secondary schools

Variable	<i>N</i>	Sum	<i>Static M</i>	<i>S.D</i>	<i>Scale M</i>	Decision
PTSRB	150	4187	27.91	7.529	2.54	High

*PTSRB = Patterns of sexually risky behaviours among the adolescents in senior secondary schools*

Table 2 presented the descriptive statistics for the patterns of sexually risky behaviours among the adolescents in senior secondary schools. The results show that the mean score (M=27.91) reflects the general level of sexually risky behaviour patterns among the 150 adolescents who took part in the study. The relatively low standard deviation (SD=7.529) indicates that most of the adolescents had similar responses, with only a few scoring much higher or lower than the average. This narrow spread of responses makes it easier to understand that these behaviour patterns are common within the group, reinforcing the conclusion that many adolescents in senior secondary schools share similar risky experiences.

## Hypothesis

**Ho<sub>1</sub>:** There is no significant difference in the patterns of sexually risky behaviors among adolescents base on gender

**Table 3:** Independent sample T-test on there is no significant difference in the patterns of sexually risky behaviors among adolescents base on gender

<b>Gender</b>	<b><i>N</i></b>	<b><i>M</i></b>	<b><i>SD</i></b>	<b><i>t</i></b>	<b><i>df</i></b>	<b><i>p</i></b>
Male	93	27.67	7.572	-.511	148	.610
Female	57	28.32	7.508			

Table 3 displayed the results of an independent sample t-test examining whether a difference exists in the patterns of sexually risky behaviors among adolescents based on gender. The results indicate that male students ( $M = 27.67$ ,  $SD = 7.572$ ) and female students ( $M = 28.32$ ,  $SD = 7.508$ ) had close average scores. The t-test result,  $t = -0.511$ ,  $p = .610$ , confirmed that there is no clear difference between the two groups in how they engage in sexually risky behaviors.

Since the p-value (.610) is higher than the 0.05 threshold, the null hypothesis was accepted. This means that both male and female adolescents showed a similar pattern in their responses. While the mean score for female students is slightly higher at 28.32, the difference is too small to show any meaningful separation. The standard deviations ( $SD = 7.572$  for males,  $SD = 7.508$  for females) show that both groups had nearly the same spread of scores, pointing to a shared experience or behavior level in this area.

**H<sub>02</sub>:** There is no significant difference in the prevalence of sexually risky behaviours between adolescents base on age

**Table 4:** Independent sample T-test on there is no significant difference in the prevalence of sexually risky behaviours between adolescents base on age

<i>Age</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
15-18Yrs	76	14.95	3.662	.198	148	.843
18yrs and above	74	14.82	3.950			

Table 4 displayed the results of an independent sample t-test examining whether a difference exists in the prevalence of sexually risky behaviours between adolescents based on age. The results indicate that students aged 15-18 years ( $M = 14.95$ ,  $SD = 3.662$ ) and those aged 18 years and above ( $M = 14.82$ ,  $SD = 3.950$ ) had very close mean scores. The t-test result,  $t = 0.198$ ,  $p = 0.843$ , confirmed that there is no noticeable difference between the two age groups in terms of how often they engage in sexually risky behaviours.

Since the p-value (0.843) is greater than the 0.05 threshold, the null hypothesis was accepted. This means that age does not appear to affect the level of sexually risky behaviour among the adolescents surveyed. While the mean score for students aged 15-18 years is slightly higher at 14.95, the difference is too small to matter. The standard deviations ( $SD = 3.662$  for 15-18 years,  $SD = 3.950$  for 18 years and above) show that both age groups have similar levels of variation in their responses.

## **Discussions of Findings**

The finding of this study examines the prevalence and patterns of sexuality risky behavior among adolescents. Research question one reveals that many adolescents in secondary schools within Benin Metropolis are actively involved in unsafe sexual behaviours. The responses show that a good number of them engage in sex without using any form of protection and depend on their partners to take responsibility for protection. Some continue sexual activity even after a condom fails, while others use alcohol or drugs before sex, which could reduce their ability to make safe choices. A portion of the students also shared that they find it hard to talk about safe sex. There are reports of having multiple sexual partners and a lack of concern for unwanted pregnancy. Although fewer students admitted to having sex with strangers or ignoring the health status of their partners, the overall pattern points to a troubling trend of risky sexual activity despite some level of awareness. Aligning with study by Odeigah, Rasaki, Ajibola, Hafsat, Sule, and Musah, (2019), on the quantitative, cross-sectional, descriptive study of adolescent secondary school students in Ilorin East Local Government Area, on the level of knowledge and perceptions of high risk sexual behavior among senior secondary school students in Ilorin, Nigeria, revealing that Majority, 305 (69.5%) of the students were between 16 – 20 years. The major source of information was from movies, 42.5%, and the internet, 24.7%. Twenty-three percent (23.1%) had poor knowledge of HRSP. Thirty-eight percent (38.1%) did not consider indiscriminate sexual intercourse as HRSP while 27.9% still believed that unprotected sexual practice is safe. Thirty-four percent (34.2%) did not know that sex with multiple partners is a HRSP while

34.4% did not know that oral –genital sex is unsafe. Over thirty-two (32.9%) perceived that engaging in sex made them mature among peers. Twenty-four (24.7%) did not perceive any danger in keeping multiple sexual partners while 15.3% would still engage in unprotected sex. It also corroborates with study by Chigbu, Nwobi, Nwanna, and Etele, (2021), on the relationship between peer influence and sexual behaviour of in-school adolescents in South East, Nigeria, revealing that what constitutes peer influence for in-school adolescents as making friends on Facebook and doing homework with friends of opposite sex, among others; In-school adolescents' sexual behaviour in South East Nigeria are attraction to their opposite sex and enjoying sexual intercourse under the influence of alcohol, among others. There exists a direct positive relationship between peer influence and sexual behaviour of adolescents, and a weak contribution of peer influence on sexual behaviour of in-school adolescents.

Research question two reveals a pattern of behaviour among adolescents that includes various unsafe sexual practices. Many students admitted to having unprotected sex, engaging with partners whose sexual history they do not know, and being involved in sexual activities under the influence of substances. A large number rarely talk about sexual health with their partners and are involved with people known to have multiple sexual partners. While fewer students admitted to exchanging sex for goods or money, the use of unreliable birth control methods, choosing short-term pleasure over safety, and not seeking medical attention when at risk of infection shows risky decision-making. These patterns reflect a need for better communication, access to health education, and supportive interventions to help students

make safer choices in their sexual lives. Aligning with study by Omisore, Oyerinde, Abiodun, Aderemi, Adewusi, Ajayi, and Miskilu, (2022), on the factors associated with Risky sexual behavior (RSB) among undergraduates in Osun state, consisting of 266 respondents of which consisted of 54.5% males and 45.5% females and larger percentage of them were in the age group 15-24years. Seven out of ten respondents (69.9%) were sexually active while 65.8% were involved in at least one RSB. Of the 266 respondents, 28.6% ever had concurrent multiple sexual partners, 15.8% used alcohol/drugs at last sex while 48.1% did not use condom at last sex. More males (71.7%), alcohol users (76.8%), drug users (78.0%), pornography watchers (82.7%), internet users (71.2%) respondents “not in good terms with mum” (86.7%) and “those whose mum doesn’t instruct them morally” (84.2%) were involved in RSB compared to their respective counterparts ( $p < 0.05$ ).

Hypothesis one conducted revealed that there is no clear difference in the way adolescents engage in sexually risky behaviours based on gender. The comparison between male and female students showed very close average scores, with both groups having nearly the same spread of responses, pointing to a shared behavior pattern. On the other hand, hypothesis two revealed a similar outcome in the comparison of age groups, where students between 15 to 18 years and those above 18 years also showed closely related responses. The findings showed that neither gender nor age had any real influence on how adolescents engage in sexually risky behaviours, as both sets of groups showed similar habits and response level.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### Summary

The purpose of this research was designed to investigate the prevalence and patterns of sexually risky behavior among adolescents in public and private Secondary Schools in Benin metropolis. A hundred and fifty (150) undergraduate students in the University of Benin were explored. The researcher made effort in investigating the prevalence of sexually risky behaviours among tertiary institution students in the University of Benin; the patterns of sexually risky behaviours among adolescents in senior secondary schools, how the patterns of sexually risky behaviours differ between tertiary institution students base on gender, and; how the prevalence of sexually risky behaviours differ between tertiary institution students base on age all of which have been discussed in details under the review of literature.

The collection of data was carried out through the administration of questionnaire to a hundred and fifty (150) undergraduate students in the university of Benin. The data were interpreted and discussed using mean and standard deviation table. The sampling technique used for the research was the stratified random sampling technique.

The findings based on the research questions revealed the following:

1. A high level of undergraduate students at the University of Benin engage in unsafe sexual behaviours, such as having sex without protection, relying on their

partners for safety measures, and continuing sexual activity even after a condom fails.

2. A high proportion of students engage in sexual activity under the influence of alcohol or drugs, avoid discussions about sexual health, and are involved with partners who have multiple sexual relationships.
3. Risky sexual decisions among students include having unprotected sex, choosing short-term pleasure over safety, using unreliable birth control, and not seeking medical care even when exposed to health risks.
4. Male and female students, as well as students from different age ranges, show similar patterns of unsafe sexual practices, meaning that risky sexual behaviour is common across both gender and age groups.

## **Conclusion**

In conclusion, the study reveals that unsafe sexual practices are common among adolescents in Benin Metropolis, with many engaging in unprotected sex, relying on partners for protection, and continuing sexual activity even after contraceptive failure. Substance use before sex and reluctance to discuss safe sex further compound risks, alongside reports of multiple partners and low concern for pregnancy. These behaviors align with findings from similar studies in Nigeria, such as those in Ilorin and Southeast regions, where peer influence, exposure to media, and misconceptions about safe practices contribute to risky choices. Patterns also show students engaging with partners of unknown health status, using unreliable contraception, prioritizing short-term pleasure,

and avoiding medical care when exposed to infections. Notably, the prevalence of such behaviors does not differ between public and private schools, male and female students, or younger and older adolescents, indicating that external factors, such as social norms, education gaps, and access to resources, may influence these trends more than institutional or demographic variables.

### **Recommendations**

Based on the findings and conclusions of this study, the following recommendations are made:

- Develop school-based programs that teach communication skills for discussing safe sex, focusing on how to initiate conversations with partners about protection and consent, to address the difficulty many students face in talking openly about sexual health.
- Provide accessible health education through digital platforms and media, such as social media or video content, to counter misinformation and align with adolescents' reliance on movies and the internet as primary sources of sexual health information.
- Increase availability of free contraceptives and confidential counseling services in schools and community centers, paired with clear guidance on proper use and emergency responses (e.g., post-condom failure), to reduce reliance on unreliable birth control methods and risky post-exposure decisions.

## REFERENCES

- Abdullahi, A. A., & Abdulquadri, N. T. (2018). New media and adolescents' sexual behaviour in Sub-Sahara Africa: Linking theories to Realities. *Sage Open*, 8(4), 2158244018804606.
- Achterbergh, R. C. A., & Boyd, A. (2020). Sex, drugs, and sexually transmitted infections: A latent class analysis among men who have sex with men in Amsterdam and surrounding urban regions, the Netherlands. *Drug and alcohol dependence*, 206, 107526.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Akumiah, P. and Sebire, S. (2020). Early life exposures and risky sexual behaviors among adolescents: A cross-sectional study in Ghana. *Nigerian Medical Journal*, 61(4), p.189. doi:[https://doi.org/10.4103/nmj.nmj\\_100\\_20](https://doi.org/10.4103/nmj.nmj_100_20).
- Armstrong, K. S., (2014). School-based sex education and HIV prevention in low- and middle-income countries: A systematic review and meta-analysis. *PLoS ONE*, 9(3), e89692. <https://doi.org/10.1371/journal.pone.0089692>
- Asekun-Olarinmoye, O. S., Asekun-Olarinmoye, E. O., Adebimpe, W. O., & Omisore, A. G. (2014). Effect of mass media and Internet on sexual behavior of undergraduates in Osogbo metropolis, Southwestern Nigeria. *Adolescent health, medicine and therapeutics*, 15-23.
- Astri, S. Y., Astuty, D. A., & Nurhayati, N. (2024). The Relationship Between Social Media Use and Adolescent Sexual Behavior. *Indonesian Journal of Global Health Research*, 6(3), 1329-1336.
- Aytur, S. A., & Malik, R. (2022). Social-ecological theory, substance misuse, adverse childhood experiences, and adolescent suicidal ideation: Applications for community–academic partnerships. *Journal of community psychology*, 50(1), 265-284.
- Baiden, P. and Jahan, N. (2021). An examination of the association between risky sexual behaviors and suicidal behaviors among adolescents: Findings from the 2017 Youth Risk Behavior Survey. *Current Psychology*. doi:<https://doi.org/10.1007/s12144-021-02328-9>.

- Balikuddembe, E. (2017). Alcoholism and risky sexual behaviours among youths at Kasensero landing site-Rakai District
- Ballard, M., & Syme, S. L. (2016). Engaging youth in communities: A framework for promoting adolescent and community health. *Journal of Adolescent Health, 59*(3), 308–316. <https://doi.org/10.1016/j.jadohealth.2016.05.019>
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Barker, G., (2017). Engaging men and boys in changing gender-based inequity in health: Evidence from program interventions. World Health Organization. Retrieved from <https://apps.who.int>
- Baya, S. Y., & Mberia, H. K. (2014). The Impact of Television Viewing in Influencing Adolescents Sexual Behaviour. *International Journal of Scientific and Research Publications, 4*(5), 1-4.
- Beirao, D. and Monte, H. (2020). Depression in adolescence: a review. *Middle East Current Psychiatry, 27*(1). doi:<https://doi.org/10.1186/s43045-020-00050-z>.
- Bermúdez, M. P., (2018). Sexism and sexual risk behavior in adolescents: Gender differences. *International Journal of Clinical and Health Psychology, 18*(3), 245-253.
- Blakemore, S. J., & Robbins, T. W. (2018). Decision-making in the adolescent brain. *Nature Neuroscience, 15*(9), 1184–1191. <https://doi.org/10.1038/nn.3177>
- Blum, R. W., & Bastos, F. I., (2019). Adolescent health in the 21st century. *The Lancet, 379*(9826), 1567–1578. [https://doi.org/10.1016/S0140-6736\(12\)60407-3](https://doi.org/10.1016/S0140-6736(12)60407-3)
- Blum, R. W., & Moreau, C. (2017). Adolescents’ sexual health in the 21st century. *Journal of Adolescent Health, 60*(6), 635-636. <https://doi.org/10.1016/j.jadohealth.2017.03.014>
- Bonell, C.,& Fletcher, A., (2017). The role of the school environment in preventing adolescent substance use, risky sexual behavior, and violence: A systematic review. *Adolescent Research Review, 8*(1), 81–96. <https://doi.org/10.1111/j.1365-2214.2013.00459.x>
- Branje, S. and Spitzer, J. (2021). Dynamics of Identity Development in Adolescence: A Decade in Review. *Journal of Research on Adolescence, [online] 31*(4), pp.908–927. doi:<https://doi.org/10.1111/jora.12678>.

- Busse, H. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health outcomes in adolescents. *Health Psychology Review*, 11(1), 33–52. <https://doi.org/10.1080/17437199.2016.1240625>
- Chigbu, E. F., Nwobi, N. L., Nwanna, U. C., & Etele, A. V. (2021). Relationship between peer influence and sexual behaviour of in-school adolescents in South East, Nigeria. *European journal of social sciences studies*, 6(4).
- Collins , H. and Sutherland, M.A. (2022). Gender differences in risky sexual behavior among urban adolescents exposed to violence. *Journal of the American Academy of Nurse Practitioners*, 24(7), pp.436–442. doi:<https://doi.org/10.1111/j.1745-7599.2012.00702.x>.
- Crone, E.A. and Achterberg, M. (2021). Prosocial development in adolescence. *Current Opinion in Psychology*, 44. doi:<https://doi.org/10.1016/j.copsyc.2021.09.020>.
- Crosby, R. A. (2018). *Health behavior theory for public health: Principles, foundations, and applications*. Jones & Bartlett Learning.
- Crosby, R. A. (2019). *Health behavior theory for public health: Principles, foundations, and applications*. Jones & Bartlett Learning.
- Danielson, C. and Moreland, A. (2024). Development and Usability Testing of an mHealth Tool for Trauma-Informed Prevention for Substance Use, HIV Acquisition, and Risky Sexual Behaviors among Adolescents: A Mixed Method Study (Preprint). *JMIR formative research*, 8, pp.e52835–e52835. doi:<https://doi.org/10.2196/52835>.
- Delgado, E. and Serna, C. (2022). Parental Attachment and Peer Relationships in Adolescence: a Systematic Review. *International Journal of Environmental Research and Public Health*, [online] 19(3), p.1064. doi:<https://doi.org/10.3390/ijerph19031064>.
- Etrawati, F. (2022). Cognitive, Affective and Psycomotoric Aspects Related Risky Sexual Behavior Among Adolescents at the University Level. *Jurnal Ilmu Kesehatan Masyarakat*, 13(2), pp.197–209. doi:<https://doi.org/10.26553/jikm.2022.13.2.197-209>.
- Farella, M. and Gobbi, G. (2023). Parental Death During Adolescence: A Review of the Literature. *OMEGA - Journal of Death and Dying*, 87(4), pp.1207–1237. doi:<https://doi.org/10.1177/00302228211033661>.
- Finer, L. B., & Philbin, J. M. (2019). Trends in ages at key reproductive transitions in the United States, 1951-2010. *Women's Health Issues*, 24(3), e271–e279. <https://doi.org/10.1016/j.whi.2014.02.002>

- Francis, P. (2016). Risk perception and vulnerability to HIV/AIDS among young people in Nairobi, Kenya. *African Journal of AIDS Research*, 5(2), 157–166. <https://doi.org/10.2989/16085900609490375>
- Fuligni, A. J. (2017). Authority, autonomy, and parent-adolescent conflict and cohesion: A study of adolescents from Mexican, Chinese, Filipino, and European backgrounds. *Developmental Psychology*, 34(4), 782–792. <https://doi.org/10.1037/0012-1649.34.4.782>
- Giedd, J. N. (2018). The teen brain: Insights from neuroimaging. *Journal of Adolescent Health*, 42(4), 335–343. <https://doi.org/10.1016/j.jadohealth.2008.01.007>
- Haberland, N. A., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*, 56(1), S15–S21. <https://doi.org/10.1016/j.jadohealth.2014.08.013>
- Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*, 56(1), S15–S21. <https://doi.org/10.1016/j.jadohealth.2014.08.013>
- Ibrahim, N. and Hassler, C. (2023). Chronic conditions, subjective wellbeing and risky sexual behaviour among adolescents and young adults. *European Journal of Pediatrics*, 182(3), pp.1163–1171. doi:<https://doi.org/10.1007/s00431-022-04784-2>.
- Isaksson, J. and Westermark, C. (2021). Risky sexual behaviour among Russian adolescents: association with internalizing and externalizing symptoms. *Child and Adolescent Psychiatry and Mental Health*, 15(1). doi:<https://doi.org/10.1186/s13034-021-00393-3>.
- Jennings, J. M., & Perotte, C. L. (2014). Effects of a school-based sexuality education program on peer educators: the Teen PEP model. *Health Education Research*, 29(2), 319-329.
- Jones, R. M., & Hare, T. A. (2022). The adolescent brain. *Annals of the New York Academy of Sciences*, 1124(1), 111–126. <https://doi.org/10.1196/annals.1440.010>
- Joseph, K. and Mkandawire, P. (2019). Determinants of risky sexual behaviours among adolescents in Central African Republic, Eswatini and Ghana: evidence from multi-indicator cluster surveys. *African Journal of AIDS Research*, 18(1), pp.38–50. doi:<https://doi.org/10.2989/16085906.2018.1552600>.
- Junhee, A. and Youngran, Y. (2022). Relationship Between Self-Esteem and Risky Sexual Behavior among Adolescents and Young Adults: A Systematic Review. *American Journal of Sexuality Education*, pp.1–20.

doi:<https://doi.org/10.1080/15546128.2022.2118199>.

- Kantor, L. M., Grilo, S. A., et al. (2017). Abstinence-only-until-marriage: An updated review of U.S. policies and programs and their impact. *Journal of Adolescent Health*, 61(3), 273–280. <https://doi.org/10.1016/j.jadohealth.2017.05.031>
- Kirby, D., & Roller, L. (2017). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40(3), 206–217. <https://doi.org/10.1016/j.jadohealth.2006.11.143>
- Kisaakye, P. and Bukuluki, P. (2023). How Self-Efficacy and Agency Influence Risky Sexual Behavior among Adolescents in Northern Uganda. *Adolescents*, 3(3), pp.404–415. doi:<https://doi.org/10.3390/adolescents3030028>.
- Kugbey, N. and Ayanore, M.A. (2018). International note: Analysis of risk and protective factors for risky sexual behaviours among school-aged adolescents. *Journal of Adolescence*, 68, pp.66–69. doi:<https://doi.org/10.1016/j.adolescence.2018.06.013>.
- Lankamo, E. and Fekecha, B. (2016). Knowledge, Attitudes and Practices towards Risky Sexual Behaviors among Adolescents of Jimma University Community High School, South West Ethiopia, 2015. *Journal of Womens Health Care*, 05(01). doi:<https://doi.org/10.4172/2167-0420.1000292>.
- Leung, H., & Shek, E. Y. (2019). Development of contextually-relevant sexuality education: Lessons from a comprehensive review of adolescent sexuality education across cultures. *International journal of environmental research and public health*, 16(4), 621.
- Markham, C. M., (2020). Connectedness as a predictor of sexual and reproductive health outcomes for youth. *Journal of Adolescent Health*, 46(3), S23–S41. <https://doi.org/10.1016/j.jadohealth.2009.11.214>
- Merrill, R. A., & Liang, X. (2019). Associations between adolescent media use, mental health, and risky sexual behaviors. *Children and Youth Services Review*, 103, 1–9.
- Meschke, L. L., & Dettmer, K. (2019). Using protective factors to enhance resilience and school success for at-risk youth. *Children & Schools*, 34(4), 211–220. <https://doi.org/10.1093/cs/cds002>
- Mesele, J. and Alemayehu, A. (2023). Level and determinants of knowledge, attitude, and practice of risky sexual behavior among adolescents in Harar, Ethiopia. *SAGE Open Medicine*, 11, p.205031212211455. doi:<https://doi.org/10.1177/20503121221145539>.
- Mignault, L. and Ramos, B. (2022). Is swiping right risky? Dating app use, sexual

satisfaction, and risky sexual behavior among adolescents and young adults. *Sexual and Relationship Therapy*, pp.1–24.  
doi:<https://doi.org/10.1080/14681994.2022.2078804>.

Miller, K. S., (2021). Adolescent sexual behavior in two ethnic minority samples: The role of family variables. *Journal of Marriage and Family*, 62(1), 85–98.  
<https://doi.org/10.1111/j.1741-3737.2000.00085.x>

Moselli, M. and Casini, M.P. (2021). Suicidality and Personality Pathology in Adolescence: A Systematic Review. *Child Psychiatry & Human Development*.  
doi:<https://doi.org/10.1007/s10578-021-01239-x>.

Mustanski, B., (2022). Identifying sexual orientation health disparities in adolescents: analysis of pooled data from the Youth Risk Behavior Survey, 2005 and 2007. *American journal of public health*, 104(2), 211-217.

Nafisa , A. and Florence , O. (2020). Eliciting Social Cultural Predictors of Risky Sexual Behaviour Among Adolescents and Young Adults in Nigeria. *Malaysian Journal of Movement, Health & Exercise*, 9(2).  
doi:<https://doi.org/10.15282/mohe.v9i2.437>.

Nwamadi, L. (2021). Determinants Of Risky Sexual Behaviours Among Adolescents In Secondary Schools In Rivers State: Implications For Counselling. *Advances in Social Sciences Research Journal*, 7(12), pp.611–622.  
doi:<https://doi.org/10.14738/assrj.712.9453>.

Obermeit, L. C. (2018). *The Impact of Methamphetamine Dependence, HIV, and Frontal Systems Dysfunctions on the Relationship Between Sexual Risk Intentions and Behaviors*. San Diego State University.

Odeigah, L., Rasaki, S. O., Ajibola, A. F., Hafsat, A. A., Sule, A. G., & Musah, Y. (2019). High risk sexual behavior among adolescent senior secondary school students in Nigeria. *African health sciences*, 19(1), 1467-1477.

Odi, A. and Igwe, I. (2020). Risky sexual behaviours among adolescent undergraduate students in Nigeria: does social context of early adolescence matter? *Pan African Medical Journal*, 37. doi:<https://doi.org/10.11604/pamj.2020.37.188.22968>.

Omisore, A., Oyerinde, I., Abiodun, O., Aderemi, Z., Adewusi, T., Ajayi, I., ... & Miskilu, S. (2022). Factors associated with risky sexual behaviour among sexually experienced undergraduates in Osun state, Nigeria. *African Health Sciences*, 22(1), 41-50.

Panting, A.J. (2020). Religiosity and Risky Sexual Behavior Among Adolescents in Sarawak, Malaysia. *Global Journal of Health Science*, 12(13), p.49.

doi:<https://doi.org/10.5539/gjhs.v12n13p49>.

- Piccione, E. (2023). Endometriosis and Adolescence: The Impact of Dysmenorrhea. *Journal of Clinical Medicine*, 12(17), pp.5624–5624. doi:<https://doi.org/10.3390/jcm12175624>.
- Prinstein, M. J. (2019). Beyond homophily: A decade of advances in understanding peer influence processes. *Journal of Research on Adolescence*, 21(1), 166–179. <https://doi.org/10.1111/j.1532-7795.2010.00721.x>
- Rodenhizer, K. A. E., & Edwards, K. M. (2019). The impacts of sexual media exposure on adolescent and emerging adults' dating and sexual violence attitudes and behaviors: A critical review of the literature. *Trauma, Violence, & Abuse*, 20(4), 439-452.
- Rolleri, L. A. (2017). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40(3), 206–217. <https://doi.org/10.1016/j.jadohealth.2006.11.143>
- Rolleri, L. A. (2019). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40(3), 206–217. <https://doi.org/10.1016/j.jadohealth.2006.11.143>
- Rosario, M., & Birkett, M. (2014). Sexual orientation disparities in cancer-related risk behaviors of tobacco, alcohol, sexual behaviors, and diet and physical activity: pooled Youth Risk Behavior Surveys. *American journal of public health*, 104(2), 245-254.
- Rosenstock, I. M. (1966). Why people use health services. *Milbank Memorial Fund Quarterly*, 44(3), 94–127. <https://doi.org/10.1111/j.1468-0009.1966.tb02329.x>
- Rousseau, A., (2017). The dual role of media internalization in adolescent sexual behavior. *Archives of Sexual Behavior*, 46, 1685-1697.
- Russell, S. T., & Birkett, M. (2014). Indicators of victimization and sexual orientation among adolescents: Analyses from youth risk behavior surveys. *American journal of public health*, 104(2), 255-261.
- Sahi, R.S. and Silvers, J.A. (2023). Peer facilitation of emotion regulation in adolescence. *Developmental Cognitive Neuroscience*, [online] 62, p.101262. doi:<https://doi.org/10.1016/j.dcn.2023.101262>.
- Sawyer, S.M. and Azzopardi, P.S. (2022). The Age of Adolescence. *The Lancet Child & Adolescent Health*, [online] 2(3), pp.223–228. doi:[https://doi.org/10.1016/s2352-4642\(18\)30022-1](https://doi.org/10.1016/s2352-4642(18)30022-1).

- Schmidt, S. C & Hills, K. J. (2015). Evidence-based sexuality education programs in schools: Do they align with the national sexuality education standards?. *American Journal of Sexuality Education*, 10(2), 177-195.
- Scull, T. M., & Kupersmidt, J. B. (2018). Understanding the unique role of media message processing in predicting adolescent sexual behavior intentions in the USA. *Journal of Children and Media*, 12(3), 258-274.
- Silvers, J.A. (2021). Adolescence as a pivotal period for emotion regulation development For consideration at Current Opinion in Psychology. *Current Opinion in Psychology*, 44(1). doi:<https://doi.org/10.1016/j.copsyc.2021.09.023>.
- Sims, A., & Lightfoot, M. (2021). Efficacy of a just-in-time adaptive intervention to promote HIV risk reduction behaviors among young adults experiencing homelessness: pilot randomized controlled trial. *Journal of medical Internet research*, 23(7), e26704.
- Srahbzu, M. and Tirfeneh, E. (2020). Risky sexual behavior and associated factors among adolescents aged 15-19 years at governmental high schools in aksum town, tigray, ethiopia, 2019: An institution-based, cross-sectional study. *BioMed Research International*, [online] 2020, pp.1–8. doi:<https://doi.org/10.1155/2020/3719845>.
- Toseeb, U. and Wolke, D. (2021). Sibling Bullying: A Prospective Longitudinal Study of Associations with Positive and Negative Mental Health during Adolescence. *Journal of Youth and Adolescence*. doi:<https://doi.org/10.1007/s10964-021-01495-z>.
- Towner, E. and Chierchia, G. (2023). Sensitivity and specificity in affective and social learning in adolescence. *Trends in Cognitive Sciences*, [online] 27(7), pp.S1364-6613(23)00092X. doi:<https://doi.org/10.1016/j.tics.2023.04.002>.
- Wallen, M., & Wilson, K. L. (2014). Improving sexuality education: the development of teacher-preparation standards. *Journal of school health*, 84(6), 396-415.
- Younggran, Y. (2023). Relationship Between Alcohol Consumption and Risky Sexual Behaviors Among Adolescents and Young Adults: A Meta-Analysis. *International Journal of Public Health*, 68. doi:<https://doi.org/10.3389/ijph.2023.1605669>

**APPENDIX**  
**APPENDIX A: QUESTIONNAIRE AND DATA ON DESCRIPTIVE ANALYSIS**  
**FACULTY OF EDUCATION**

**UNIVERSITY OF BENIN, BENIN CITY**  
**PREVALENCE AND PATTERNS OF SEXUALITY RISKY BEHAVIOR AMONG**  
**ADOLESCENTS QUESTIONNAIRE**  
**(PPSRBAQ)**

Dear Respondent,

This questionnaire is designed for academic purposes. It is structured to find out your perception on the prevalence and patterns of sexuality risky behavior among adolescents.

Please respond sincerely to the questions by ticking [✓] where applicable. Your responses will be treated with a high level of confidentiality. Thank you

**Section A: Demographic Data**

**Gender:** Male ( ); Female ( )

**Age:** 15-18years ( ); 18years and above ( )

**Instructions:** Please tick (✓) where applicable.

**Section B: Data on Questionnaire**

Indicate the extent to which you agree or disagree with the following statements.

Key: Strongly Agree (SA); Agree (A); Disagree (D); Strongly Disagree (SD).

S/N	RISKY SEXUAL BEHAVIOUR	SA	A	D	SD
1.	I engage in sexual activities without using protection.				
2.	I do not feel concerned about the possibility of unwanted pregnancy				
3.	I engage in sexual activities with partners I barely know				
4.	I consume alcohol or drugs before engaging in sexual activities.				
5.	I find it difficult to discuss safe sex with my partner				
6.	I believe casual sex does not have serious consequences				
	<b>PATTERNS OF RISKY SEXUAL BEHAVIOUR</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>

7.	I often have sexual intercourse without using a condom				
8.	I frequently have sex with new partners without knowing their sexual history				
9.	I sometimes have sex while under the influence of alcohol or drugs				
10.	I rarely discuss sexual health with my partners before having sex				
11.	I have had sex with partners who I know have multiple sexual partners				
12.	I have exchanged sex for money, drugs, or other goods				
13.	I do not consistently use birth control methods during sexual intercourse				
14.	I sometimes rely on pull-out method instead of using condoms or other protection				
15.	I frequently prioritize immediate pleasure over thinking about the long term consequences of my sexual actions				
16.	I do not seek medical advice or treatment even if I suspect I might have been exposed to an STI				
17.	When I use condom, I continue to have sex without replacing the condom after it broke or slipped off				

## Appendix B: Reliability Output

```
RELIABILITY
/VARIABLES=I1 I3 I4 I5 I6 I7
/SCALE('RSB') ALL
/MODEL=ALPHA
/SUMMARY=TOTAL.
```

### Reliability

[DataSet1] C:\Users\RAOghenerume\Desktop\Bishops\Chibuike R.sav

### Scale: RSB

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded <sup>a</sup>	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.714	6

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I1	12.40	8.568	.521	.650
I3	13.00	9.263	.455	.673
I4	13.15	9.187	.373	.700
I5	13.00	8.737	.469	.668
I6	13.25	8.934	.468	.668
I7	13.45	10.155	.408	.689

```

RELIABILITY
/VARIABLES=I10 I11 I12 I13 I14 I15 I16 I17 I18 I19 I20
/SCALE('Patterns of RSB') ALL
/MODEL=ALPHA
/SUMMARY=TOTAL.

```

## Reliability

### Scale: Patterns of RSB

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded <sup>a</sup>	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.809	11

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I10	24.80	27.432	.625	.778
I11	25.30	32.747	.092	.830
I12	25.05	29.418	.383	.804
I13	25.05	25.418	.810	.756
I14	25.15	31.608	.279	.810
I15	25.25	26.934	.698	.770
I16	25.20	29.432	.417	.800
I17	24.90	26.516	.658	.773
I18	25.05	30.892	.367	.803
I19	24.95	28.892	.574	.785
I20	25.30	30.958	.298	.810

RELIABILITY

```
/VARIABLES=I1 I3 I4 I5 I6 I7 I10 I11 I12 I13 I14 I15 I16 I17 I18 I19 I20  
/SCALE('Entire Items') ALL  
/MODEL=ALPHA.
```

**Reliability**

**Scale: Entire Items**

**Case Processing Summary**

		N	%
Cases	Valid	20	100.0
	Excluded <sup>a</sup>	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

Cronbach's Alpha	N of Items
.878	17