

RISKY SEXUAL BEHAVIOUR AMONG SECONDARY SCHOOL STUDENTS IN EBONYI NORTH SENATORIAL ZONE OF EBONYI STATE

Nwamaka Agbe Elom*, Deborah Nnebuife Alegu and Njoku Patrick Ogbodo*****

**Dept. of Human Kinetics and Health Education, Ebonyi State University,
Abakaliki, Ebonyi State, Nigeria*

***David Umahi University of Health Science Uburu, Ebonyi State*

****Ebonyi State Primary Health Care Development Agency, Abakaliki,*

Abstract

Risky sexual behaviour could predispose one to several health problems. Therefore, this study focused on risky sexual behaviour among secondary school students in Ebonyi North senatorial zone of Ebonyi State. The study was guided by four research questions and three hypotheses. The study adopted descriptive survey research design. The population of this study was 13,166 and 395 participated in the study. Multistage sampling procedure was used to select the participants. Self-structured questionnaire titled: Risky Sexual Practices Questionnaire (RSPQ) ($r=0.92$) was used as instrument for data collection. Data were analyzed using mean, standard deviation and t-test. Results showed that secondary school students in Ebonyi North senatorial zone of Ebonyi State had high risky sexual behaviour (2.91 ± 0.41). Male (2.90 ± 0.42), female (2.92 ± 0.40), age 10-14years (2.86 ± 0.37), 15years and above (2.95 ± 0.44), JSS 1-2 (2.91 ± 0.42) and SS 1- 2 students (2.91 ± 0.40) had high risky sexual behaviour. There was no significant gender differences in the risky sexual behaviour among secondary school students in Ebonyi North senatorial zone of Ebonyi State ($t\text{-val} = 0.504$, $P = 0.615$) and class level ($t\text{-val} = 0.922$, $P = 0.986$). However, significant difference was found based on age ($t\text{-val} = 2.114$, $P=0.035$). The study concluded that the students had high risky behaviour. Therefore, the study recommended among others that school health educators should organize proper and continuous public enlightenment on healthy sexual behaviour for students.

Introduction

Risky sexual behaviour is one of the public health problems among secondary school students. World Health Organization (WHO) (2018) reported that risky sexual behaviour is the major means of transmission for HIV/AIDS and human papillomavirus, with overall mortality of more than one million people worldwide. In Nigeria, WHO and United Nations Children's Fund (UNICEF) (2014) revealed that about 2,400,000 and 2,600,000 people at 15 years of age had HIV/AIDS in 2003 and 2005. Risky sexual behaviour is defined as engaging in sexual practices that may increase vulnerability to reproductive health problem (Bang-On and Celyn, 2022). Risky sexual behaviour is any sexual activity that may expose an individual to the risk of sexually transmitted infections (STIs) including Human immune deficiency virus (HIV), unplanned pregnancies, unsafe abortion, and psychosocial problems (Mulualem, Awararis, Mitku Yonas, Abraham and Betregiorgis 2022). Alamrew, Bedimo, and Azage (2013) reported that risky sexual behaviour include premarital sex, multiple sexual partners, and unprotected sex. Other risky sexual practices include having multiple partners,

having risky casual or unknown sexual partners, early sexual initiation, engaging in transactional sex, forced sexual intercourse, having sex under the influence of alcohol or other stimulating substances, having sex immediately after watching pornographic media and having unprotected sexual intercourse (Sekoni and Soyawo, 2014; Berhan and Berhan, 2015; Wendland et al., 2018); Aliza Lodz et al., 2019; Odeigah et al., 2019; Tarkang, Pencille, Amu, Komesour, and Lutala, 2019). This behaviour may be influenced by some demographic variables such as gender, age and class (Wendland et al., 2018). Okpokumoku, Nwajei and Nwose (2017) studied undergraduates university students in Delta and found that male and female students have high risky sexual behaviour. Neni, Balvinder, Brar, Onkar and Anahita (2021) reported no significant difference on risky sexual behaviour and practices among adolescents in India. Hovsepian *et.al.*, (2010) opined that female youth compared to male always have an array of encounters that compelled them to have sex against their wish, therefore, have higher sexual behaviour throughout the developing world. This experience has leads to a greater likelihood of early sexual debut, have many sexual partners, and inconsistent condom use.

Another demographic variable is age. Gavin, McKay and Brown (2009) found that black youth have high sexual behaviour at earlier age 10-14years than their White 15-17years Hispanic/Latino, or Asian counterparts. In Nigeria, surveys conducted on sexual behaviour of adolescents showed that adolescent aged 15-17years have higher sexual behaviour compared to age 10-14years on sexual intercourse (National Demographic Health Survey, 2013). Federal Republic of Nigeria (FRON) (2012) noted that girls have higher sexual behaviour than boys before the age of 15 years. Other studies like John, Doris, Leonard and Muslim (2019) investigated risky sexual behaviour and found significant difference based on age among adolescent refugees in Ghana and Neni, Balvinder, Brar, Onkar and Anahita (2021) revealed significant difference in the risky sexual behaviour and practices among adolescents in India young people. On class, Amare, Azage, Negash, Getachew, Desale and Abebe (2017) found that adolescent students in Tana Haik high school, Bahir Dar, Northern Ethiopia have high sexual behaviour especially those in higher class. Kasahun, Yitayal, Girum and Mohammed (2017) revealed high sexual behaviour among high school students in Gondar City, Northwest Ethiopia by class level. Mulualem, Awraris, Yonas, Abraham and Betregiorgis (2022) reported that adolescent in Shewa Robit Town, Northeast, Ethiopia both high and lower grade level was found to have high risky sexual behaviour. Kasahun, Yitayal, Girum and Mohammed (2017) revealed high risky sexual behaviour among high school students in Gondar City, Northwest Ethiopia by class level. Emanoela, Luiz, Tatiana, Maria, Rosana, Thays and Lúcia (2020) study indicated high sexual practices among adolescence enrolled in state schools in the city of Ribeirão Preto, state of São Paulo, Brazil based on class level.

Study by Olugbenga-Bello *et.al.* (2014) reported high sexual risky behaviour among secondary school students and that the behaviour had led to earlier pregnancy, while majority had been pregnant, gave birth and some had an abortion. This behaviour result in deleterious health outcomes among which are HIV/AIDS and other sexually transmitted infections (STIs), unplanned pregnancies and unsafe abortions (Chawla and Sarkar, 2019; Pinyopornpanish et al., 2017). Again, UNAIDS (2018) reported that globally about 33% of

New Infections for HIV in 2017 are among young people within the age of 15-24 (UNAIDS, 2018). Nnebue, Chimah, Duru, Ilika and Lawoyin, (2016) reported that the sexual behaviour exhibited by students in Nigeria doesn't always limit to risky lifestyle, but it also complemented other risky behaviours such as poor school performance, substance abuse, violence involvement, and impede their health throughout the lifecycles ahead. Iyanda and Moronkola (2016) and Olugbenga-Bello *et.al.*, (2014) affirmed that the situation has a lot of implications for reproductive health including septic abortions, damage to reproductive organs, blood borne infections, uterine perforations, and mortality. In addition, having a baby while in school may lead to school drop-out, and reduced opportunities to continue schooling, poor cohesion among families, rejection by the family and society, lower education, early marriage, and soaring fertility.

In Ebonyi State, Elom, Ilo, Alegu, Ojide, Nkwoka and Ogodo (2022) reported high rate of unintended pregnancies, early marriages in both boys and girls. This situation might reduced opportunities for them to continue schooling, even some may not cope with their studies and might have exposed them to other health conditions. This is worrisome, hence, the need to study risky sexual behaviour among secondary schools students in Ebonyi North Senatorial zone of Ebonyi State.

Risky sexual behaviour could exacerbate the STI epidemic which may threaten academic progress and health of many students. In Nigeria, approximately 79% of AIDS and other STIs cases in 2021 among individuals aged 20–49 could be attributed to practices related risky sexual activity. Surveys among Nigerian students revealed alarmingly high rates of clandestine abortions, underscoring the urgency of addressing risk behaviors. In Ebonyi State, increase mortality and morbidity rates related to risky sexual behaviour was observed. Most of the students before getting to senior secondary one are seen being pregnant and contacted some STIs. These might distract them from reading their books and drop out of the school. This underscored the need to study risky sexual behaviour among secondary school students in Ebonyi North senatorial zone of Ebonyi State.

Methodology

This study adopted descriptive survey research design. This is the type of design that permits the investigation of current status of variables in their natural setting which will supply the relevant data and to whom the data is generalized without manipulation of the variables. The survey equally assessed situation as it is and does not modify the situation under investigation. The population for this study consisted of secondary school students aged 10- 19 years in JSS1, 2, SS 1 and 2 in public secondary schools in Ebonyi North Zone. The total number of students in Ebonyi North is 13,166. The sample size for the study was 395 public secondary school students in Ebonyi North Senatorial zone of Ebonyi State. Taro Yamane formula with a 95.6% confidence level was used to determine the sample size. Multistage sampling procedure was employed to select the participants. In the first stage, public secondary schools in the zone were identified based on their Local Government Areas. In the second stage, two secondary schools were randomly selected from each LGAs making a total of six schools. In the third stage, in each LGA two Co-educational public Schools were randomly selected using simple random techniques making a total of 12

secondary schools. In the finally stage, 41 secondary school students from each 12 schools were randomly selected using balloting without replacement. This procedure yields a total 389 secondary school students.

The instrument for data collection was structured questionnaire titled: Risky Sexual Behaviour Questionnaire (RSBQ). The instrument consisted of 16 items arranged in two sections A and B. Section A contained 3 items 1-3 on demographic variables of the respondents. Section B contained 13 items 1-13 which elicited information on risky sexual behaviour. The respondents were requested to respond on the instrument using 4 point likert scale ranging from Always (AL), Often (OF), Sometime (ST) and Never (NE). The face validation of the instrument was obtained through the judgment of five experts from the field of Human Kinetics and Health Education and Measurement and Evaluation of Ebonyi State University, Abakaliki. The corrections and suggestions made by the experts were integrated in the final draft of the instrument and used for the study.

To ascertain the reliability of the instrument, 30 copies of Risky Sexual Behaviour Questionnaire (RSBQ) were administered on secondary school students in public secondary school in Enugu State. Cronbach Alpha procedure was used to determine the reliability of the instrument. Thus, the reliability coefficient $r = 0.92$ was obtained which is up to 0.60 considered reliable. This is based on Ogbazi and Okpala's (2014) who suggested that if the correlation coefficient obtained in an instrument is up to 0.60 and above, the instrument should be considered good enough to be used for a study.

The researchers employed the services of four research assistants in the distribution and collection of the instrument. The research assistants were instructed by the researchers on the procedure for administration of the questionnaire. In order to gain access to the respondents by the researcher and their research assistants, a letter of introduction was presented to the principals of various schools that were used for the study. The respondents were instructed to fill the questionnaire and return the same to the researchers and their research assistants immediately after completion. This procedure lasted for two weeks. Data were analyzed using mean, standard deviation and t-test. Mean and standard deviation were used to answer all the research questions. A criteria mean of 2.50 and above was set. Hence, any mean up to 2.50 and above was adjudged high risky sexual behaviour while below 2.50 was considered low. The Independent t-test statistic was used to test all the hypotheses. The entire hypotheses were tested at 0.05 levels of significance.

Results

The results of this study were presented on the Table below:

Research Question 1: What is level of risky sexual behaviour among secondary school students in Ebonyi North Senatorial zone of Ebonyi State?

Table 1: Mean and standard deviation of risky sexual behaviour among secondary school students in Ebonyi North Senatorial Zone of Ebonyi State

S/N	Items	Mean	SD	Decision
1	Threatened to have sexual intercourse with opposite sex	2.62	1.12	High
2	Receiving gifts in exchange for sex	3.02	0.97	High
3	Asking to have sex unwillingly	2.82	0.97	High
4	Having sex without condom with a casual partner	2.92	0.94	High
5	Using condom inconsistently with a casual partner in the past 12 months	2.91	0.95	High
6	Having sex before the age of 18	2.80	1.06	High
7	Fondling of genitals organs	2.82	1.02	High
8	Using force to have sexual intercourse	2.90	0.95	High
9	Kissing forcefully	2.86	1.02	High
10	Fondling one another	3.12	0.90	High
11	Having oral sex	3.01	0.83	High
12	Masturbating	2.98	0.92	High
13	Romancing	3.06	0.94	High
	Overall	2.91	0.41	High

Result on Table 1 showed that all the items score 2.50 and above. Overall (2.91 ± 0.41) is also above 2.50 criteria set for this study. This suggest that secondary school students in Ebonyi North Senatorial zone of Ebonyi State have high risky sexual behaviour (2.91 ± 0.41)

Research Question 2: What is level of risky sexual behaviour among secondary school students in Ebonyi North Senatorial zone of Ebonyi State by gender?

Table 2: Analysis of gender difference in risky sexual behaviour among secondary school students in Ebonyi North Senatorial Zone of Ebonyi State

S/N	Items	Gender						
		Male(n=217)		Female(n=164)		t-val	P-val	Decision
		Mean	SD	Mean	SD			
1	Threatened to have sexual intercourse with opposite sex	2.62	1.12	2.62	1.11	0.051	0.959	NS
2	Receiving gifts in exchange for sex	3.05	0.98	2.98	0.95	0.625	0.532	NS
3	Asking to have sex unwillingly	2.77	0.97	2.89	0.97	1.103	0.271	NS
4	Having sex without condom with a casual partner	2.91	1.01	2.93	0.86	0.224	0.823	NS

5	Using condom inconsistently with a casual partner in the past 12 months	2.94	0.94	2.88	0.96	0.612	0.541	NS
6	Having sex before the age of 18	2.80	1.08	2.81	1.04	1.138	0.890	NS
7	Fondling of genitals organs	2.77	0.99	2.88	1.05	1.041	0.298	NS
8	Using force to have sexual intercourse	2.90	0.93	2.90	0.97	0.055	0.957	NS
9	Kissing forcefully	2.89	1.02	2.83	1.02	0.554	0.580	NS
10	Fondling one another	3.07	0.93	3.18	0.86	1.168	0.243	NS
11	Having oral sex	2.99	0.82	3.04	0.83	0.550	0.583	NS
12	Masturbating	2.98	0.91	2.98	0.93	0.047	0.963	NS
13	Romancing	3.04	0.98	3.09	0.88	0.527	0.599	NS
	Overall	2.90	0.42	2.92	0.40	0.504	0.615	NS

NS= Not significant, S= Significant

Data on Table 2 indicated that both male and female secondary school in Ebonyi North score up to 2.50 and above on all the items. Moreso, overall male (2.90 ± 0.42) and female (2.92 ± 0.40) were 2.50 and above criteria set for this study. This means that male (2.90 ± 0.42) and female (2.90 ± 0.42) secondary school students in Ebonyi North have high risky sexual behaviour.

Moreso, result on the hypothesis indicate no significant differences in all the items ($P > 0.05$). Overall ($F\text{-val} = 0.504$, $P > 0.615$) is not significant at $P = 0.05$. This implies that the hypothesis which stated that there is no significant difference in the level of risky sexual behaviour among secondary school students in Ebonyi North Senatorial zone of Ebonyi State by gender ($F\text{-val} = 0.504$, $P > 0.615$).

Research Question 3: What is level of risky sexual behaviour among secondary school students in Ebonyi North Senatorial zone of Ebonyi State by age?

Table 3: Mean and summary of independent t-test analysis of risky sexual behaviour among secondary school students in Ebonyi North Senatorial Zone of Ebonyi State by Age

S/N	Items	10-14years (n=173)		Age 15years and above(n=208)		t-val	P-val	Decision
		Mean	SD	Mean	SD			
1	Threatened to have sexual intercourse with opposite sex	2.75	1.14	2.51	1.08	2.022	0.044	S
2	Receiving gifts in exchange for sex	2.91	1.02	3.11	0.91	1.922	0.055	S
3	Asking to have sex unwillingly	2.81	0.95	2.83	0.99	0.214	0.831	NS
4	Having sex without condom with a casual partner	2.78	0.90	3.04	0.97	2.767	0.006	S
5	Using condom inconsistently with a casual partner in the past 12 months	2.89	0.97	2.93	0.94	0.422	0.673	NS
6	Having sex before the age of 18	2.83	1.03	2.78	1.09	0.400	0.689	NS
7	Fondling of genitals organs	2.69	1.07	2.92	0.96	2.140	0.033	S
8	Using force to have sexual intercourse	2.95	0.97	2.86	0.94	1.007	0.315	NS
9	Kissing forcefully	2.63	1.03	3.06	0.97	4.247	0.000	S
10	Fondling one another	3.09	0.92	3.14	0.88	0.556	0.579	NS
11	Having oral sex	3.01	0.75	3.01	0.88	0.034	0.973	NS
12	Masturbating	2.91	0.97	3.03	0.87	1.258	0.209	NS
13	Romancing	2.96	1.03	3.15	0.84	1.949	0.052	S
	Overall	2.86	0.37	2.95	0.44	2.114	0.035	S

Result on Table 3 showed that show secondary school students within age categories 10-14years and 15 years and above score up to 2.50 and above criteria set for this study. Overall 10-14years (2.86 ± 0.97) and 15 years and above (2.95 ± 0.82) were also up to 2.50 and criteria set for this study. This means that 10-14years (2.86 ± 0.97) and 15 years and above (2.95 ± 0.82) have high risky sexual behaviour but 15 years and above (2.95 ± 0.82) is higher among secondary schools students in Ebonyi North. Furthermore, significant differences were observed on all the items except on asking to have sex unwillingly, using condom inconsistently with a casual partner in the past 12 months, having sex before the age of 18, Using force to have sexual intercourse, fondling one another, having oral sex and masturbating ($P > 0.05$). Overall ($F\text{-val} = 2.114$, $P = 0.035$) is significance at $P < 0.05$. This means that there is significant difference in the level of risky sexual behaviour among

secondary school students in Ebonyi North Senatorial zone of Ebonyi State by age (F-val=2.114, P=0.035).

Research Question 4: What is level of risky sexual behaviour among secondary school students in Ebonyi North Senatorial zone of Ebonyi State by class.

Table 4: Mean and summary of independent t-test analysis risky sexual behaviour among secondary school students in Ebonyi North Senatorial Zone of Ebonyi State by class

S/N	Items	Class						
		JSS1and2 (n=173)		SSI and 2 (n=208)		t-val	P-val	Decision
		Mean	SD	Mean	SD			
1	Threatened to have sexual intercourse with opposite sex	2.53	1.13	2.71	1.10	1.540	0.124	NS
2	Receiving gifts in exchange for sex	3.02	1.01	3.02	0.93	0.064	0.949	NS
3	Asking to have sex unwillingly	2.75	0.90	2.89	1.04	1.389	0.166	NS
4	Having sex without condom with a casual partner	2.85	0.95	3.00	0.94	1.479	0.140	NS
5	Using condom inconsistently with a casual partner in the past 12 months	3.03	0.95	2.79	0.93	2.471	0.014	S
6	Having sex before the age of 18	2.85	1.01	2.76	1.11	0.804	0.422	NS
7	Fondling of genitals organs	2.77	1.05	2.87	0.98	0.923	0.356	S
8	Using force to have sexual intercourse	3.10	0.90	2.69	0.96	4.214	0.000	NS
9	Kissing forcefully	2.82	1.04	2.91	1.00	0.842	0.400	NS
10	Fondling one another	3.09	0.91	3.14	0.89	0.515	0.607	NS
11	Having oral sex	3.01	0.82	3.01	0.84	0.009	0.993	NS
12	Masturbating	3.08	0.92	2.87	0.90	2.240	0.026	S
13	Romancing	2.95	0.99	3.18	0.87	2.439	0.015	S
	Overall	2.91	0.42	2.91	0.40	0.017	0.986	NS

Result on Table 4 showed that JSS 1 and 2 and SS1 and 2 score 2.50 and above criteria set for this study on all the items. Overall JSS 1 and 2 (2.91 ± 0.42) and SS 1 and 2 (2.91 ± 0.40) were also up to 2.50 and above criteria set for this study. This suggests that JSS 1 and 2 (2.91 ± 0.42) and SS 1 and 2 (2.91 ± 0.40) have high risky behaviour in Ebonyi

North Zone. On the hypothesis, no significant differences were observed on all the items except on using condom inconsistently with a casual partner in the past 12 months, Fondling of genitals organs, masturbating and romancing ($P < 0.05$). Overall ($F\text{-val} = 0.017$, $P = 0.986$) is not significant at $O = 0.05$. This means that there is no significant difference in the level of risky sexual behaviour among secondary school students in Ebonyi North Senatorial zone of Ebonyi State by class level ($P > 0.05$).

Discussion of findings

Result on Table 1 showed that secondary school students in Ebonyi North senatorial zone of Ebonyi State had high risky behaviour (2.91 ± 0.41). The high risky behaviour found in this study could be attributed to the extensive social media exposures and the effect of globalization that would increase the unlimited transfer of sexual information that in return might lead adolescents towards active sexual involvement and behaviours. These situations have a lot of implications for reproductive health including septic abortions, damage to reproductive organs, blood borne infections, uterine perforations, and mortality. In addition, having a baby while in school that may lead to school drop-out, and reduced opportunities to continue schooling, poor cohesion among families, rejection by the family and society, lower education, early marriage, and soaring fertility. This situation has reduced opportunities for them to continue schooling, even some could not cope with their studies and have exposed them to other health conditions (Elom, Ilo, Alegu, Ojide, Nkwoka and Ogodo, 2022). This finding is in agreement with Amare, Azage, Negash, Getachew, Desale and Abebe (2017) whose study found that adolescent students in Tana Haik high school, Bahir Dar, Northern Ethiopia have high risky sexual behaviour. Kasahun, Yitayal, Girum and Mohammed (2017) revealed high risky sexual behaviour among high school students in Gondar City, Northwest Ethiopia. Data on Table 2 showed that male (2.90 ± 0.42) and female (2.92 ± 0.40) secondary school students in Ebonyi North had high risky sexual behaviour among the participants. Moreso, result on the hypothesis indicated no significant difference based on gender ($P > 0.05$). This finding agree with Neni, Balvinder, Brar, Onkar and Anahita (2021) who reported no significant difference on risky sexual behaviour and practices among adolescents in India young people.

Result on Table 3 indicated that 10-14years (2.86 ± 0.97) and 15 years and above (2.95 ± 0.82) had high risky sexual behaviour but 15 years and above (2.95 ± 0.82) had higher compared to their counterpart. Furthermore, there was significant difference in the level of risky sexual behaviour among secondary school students in Ebonyi North Senatorial zone of Ebonyi State by age ($P < 0.05$). This finding led credence to the study of John, Doris, Leonard and Muslim (2019) who investigated risky sexual behaviour and found significant difference based on age among adolescent refugees in Ghana. The finding in this study equally agree with Neni, Balvinder, Brar, Onkar and Anahita (2021) whose study revealed significant difference in the risky sexual behaviour and practices among adolescents in India young people.

Data on Table 4 revealed that JSS 1 and 2 (2.91 ± 0.42) and SS 1 and 2 (2.91 ± 0.40) had high risky behaviour in Ebonyi North Zone. On the hypothesis, there was no significant difference in the level of risky sexual behaviour among secondary school students in Ebonyi

North Senatorial zone of Ebonyi State by class level ($P>0.05$). This finding is in line with Mulualem, Awraris, Yonas, Abraham and Betregiorgis (2022) who reported that adolescent in both high and lower grade level was found to have high risky behaviour. The finding is also agree with Kasahun, Yitayal, Girum and Mohammed (2017) which revealed high risky sexual behaviour among high school students in Gondar City, Northwest Ethiopia by class level. Moreso, the finding agree with Emanoela, Luiz, Tatiana, Maria, Rosana, Thays and Lúcia (2020) whose finding indicated high sexual practices among adolescence enrolled in state schools in the city of Ribeirão Preto, state of São Paulo, Brazil based on class level.

Conclusion

Secondary school students in Ebonyi North senatorial zone of Ebonyi State had high risky behaviour. When demographic variables such as gender, age and class level were compared, high risky sexual behaviour was observed. These situations may lead the students to drop-out of school and reduced opportunities to continue schooling, poor cohesion among families, rejection by the family and society, lower education, early marriage and being exposed to other health conditions.

The following are the recommendations of this study:

1. Teachers are to lay more emphasis during classroom teaching and learning on healthy safe sexual behaviour and guide them on it appropriately.
2. Government in collaboration with school management and policy makers should formulate laws, policies and punishment appropriate for male and female students who exhibits any risky sexual behaviour that lure follow students into problem
3. Public health educators should organize workshop/conference to educate secondary school students both those in lower and higher classes on sexual health practices
4. School health counsellors should take action on sensitizing students using appropriate health talks depending on the age categories to assist learners to be aware and resist any form of unwholesome sexual acts towards them.

References

- Alamrew, Z., Bedimo, M. and Azage, M. (2013). Risky sexual practices and associated factors of HIV/AIDS infection among private college students in Bahir Dar city. Northwest Ethiopia. *ISRN Public Health Journal*, 8.
- Aliza Lodz, N., Abd Mutalip, M. H., Fikri Mahmud, M. A., Awaluddin S, M., Yoep, N., Paiwai, F. and Ani Ahmad, N. (2019). Risky sexual behaviours among school-going Adolescents in Malaysia-Findings from National Health and Morbidity Survey 2017. *Journal of Environmental Science and Public Health*, 03(02),45.
- Amare, H., Azage, M., Negash, M., Getachew, A., Desale, A. and Abebe N.(2017). Risky sexual behavior and associated factors among adolescent students in Tana Haik high school, Bahir Dar, Northern Ethiopia. *International Journal of HIV/AIDS Prevention, Education, and Behavioural Science*, 17, 3(4), 41-47.

- Bang-On, T. and Celyn, (2022). Risky sexual behaviour and associated factors among sexually- experienced adolescents in Bangkok, Thailand. *Reproductive Health Journal*, 19, 127, 3-11.
- Berhan, Y., and Berhan, A. (2015). *A Meta-Analysis of Risky Sexual Behaviour among Male Youth in Developing Countries*. AIDS Res Treat, Retrieved 10/10/2024 from <https://doi.org/10.1155/2015/580961>.
- Chawla, N., and Sarkar, S. (2019). Defining high-risk sexual behavior in the context of substance use. *Journal of Psychosexual Health*, 1(1), 26-31.
- Cherie A. and Berhane, Y. (2012). Peer pressure is the prime driver of risky sexual behaviors among school adolescents in Addis Ababa, Ethiopia. *World Journal of AIDS*, 242 (03), 159.
- Elom, N.A., Ilo, C.J., Alegu, D.N., Ojide, R.N., Nkwoka, I.J and Ogbodo. J.O. (2022). Reproductive health utilization among adolescents in Ebonyi State, Abakaliki. *International Journal of Sport Sciences and Health Research*, 2 (1), 89-101.
- Emanoela, P.T.A., Luiz, G.O.B., Tatiana, R. P., Maria, R.L., Rosana, M.D., Thay, M.R.B. and Lúcia, A. S. L. (2020). Sexual practices during adolescence. *Rev Bras Ginecol Obstet* 42(11), 731–738.
- Federal Republic of Nigeria (2012). *Global AIDS response progress report*. Retrieved on 13/10/2024 from http://www.Unaids.org/globalreport/Global_report.htm.
- Gavin, L., McKay, A.P. and Brown, K. (2009). Sexual and reproductive health of persons aged 10-24 years – United States, 2002- 2007. *Morbidity and Mortality Weekly Report*. 58, ss- 6.
- Hovsepian, S.L., Blais, M., Manseau, H., Otis, J. and Girard, M.E. (2010). Prior victimization and sexual and contraceptive self-efficacy among adolescent females under Child Protective Services care. *Health Education Behaviour*, 37(1), 65-83.
- Iyanda, A.B (2014). Psychological predictors of early sexual initiation among in-school adolescents in Ogbomoso North local government area of Oyo state *Nigerian School Health Journal* 26(2) 60-67,
- Iyanda, A.B and Moronkola, O.A (2016). Psychological predictor of reproductive health information seeking behaviour of in-school adolescents in Ibadan North local government *Ibadan Journal of Educational Studies* (12)1, 127-137
- John, K.G., Doris, A., Leonard, B. and Muslim, I. (2019). Risky sexual behaviour and contraceptive use in contexts of displacement: insights from a cross-sectional survey of female adolescent refugees in Ghana. *International of Equity for Health*, 18, 129.
- Kasahun, A.W., Yitayal, M., Girum, T. and Mohammed, B.(2017). Risky sexual behavior and associated factors among high school students in Gondar City, Northwest Ethiopia. *IJPHS*. 7,16(3),257- 265.
- Mulualem, G. B., Awraris, H., Mitku, T., Yonas, G. Abraham, A. and Betregiorgis, Z. (2022). Assessment of risky sexual behaviours and associated factors among adolescents in Shewa Robit Town, Northeast, Ethiopia: A cross-sectional study. *Pan African Medical Journal*. 41(264).1-13

- Nnebue, C.C, Chimah, U.C., Duru, C.B., Ilika, A.L. and Lawoyin, T.O.(2016). Determinants of age at sexual initiation among Nigerian Adolescents: a study of secondary schools.
- Odeigah, L., Rasaki, S. O., Ajibola, A. F., Hafsah, A. A., Sule, A. G., and Musah, Y. (2019). High-risk sexual behavior among adolescent senior secondary school students in Nigeria. *Africa Health Science*, 19(1), 1467-1477.
- Ogbazi, J.N., and Okpala, J. (2014). *Writing research report: Guide for researchers in education, the social sciences and the humanities*. Enugu: Press Time Ltd.
- Okafor, S., Ekwealor, N., Nkemjika, O., Anekeje, U., Ogechi, I., and Egbe, A. (2023). Sexual harassment myths and victims' blame game among the students of institutions of higher learning. *Journal of International Students*, 5(7), 14-23.
- Okpokumoku, S. E.1, Nwajeri S. D. and Nwose E. U(2017). Sexual behaviour, knowledge and use of contraceptives among undergraduate students. *Journal of Health Science Research*, 2(2), 10-17.
- Olugbenga-Bello, A. I., Adebimpe, O. W., Akande, O. R. and Oke, S. O. (2014). Health risk behaviors and sexual initiation among in-school adolescents in rural communities in southwestern Nigeria. *International Journal of Adolescent and Medical Health*, 10, 13-26.
- Pinyopornpanish, K., Thanamee, S., Jiraporncharoen, W., Thaikla, K., McDonald, J., Aramrattana, A., and Angkurawaranon, C. (2017). Sexual health, risky sexual behavior, and condom use among adolescents' young adults and older adults in Chiang Mai, Thailand: findings from a population-based survey. *BMC Research Notes*, 10(1), 682.
- Sekoni, O. O., and Soyawo, T. (2014). Pattern and perception of risky sexual behavior among young people in South-West Nigeria. *Journal of Community Medicine and Primary Health Care*, 26(2), 97-106.
- Shek, D. T. (2013). Sexual behavior and intention to engage in sexual behavior in junior secondary school students in Hong Kong. *Journal of Pediatrician, Adolescence and Gynecology*, 26(3 I), 33-41.
- Tarkang, E., Pencille, L., Amu, H., Komesour, J., and Lutala, P. (2019). Risky sexual behaviours among young people in sub-Saharan Africa: how can parents use the Ottawa Charter for Health Promotion for change? *SAHARA Journal*, 16(1), 77-80.
- UNAIDS. (2018). *State of the Epidemic: UNAIDS report on the global AIDS epidemic 2018: UNAIDS report on the global AIDS epidemic 2018*.
- UNFPA (2014). *Sierra Leone: Recovering from the Ebola Virus Disease: Rapid Assessment of Pregnant Adolescent Girls in Sierra Leone*. Retrieved 29/10/2024 from <https://sierraleone.unfpa.org/en/publications/recovering-ebola-virusdisease-rapid-assessment-pregnant-adolescent-girls-sierra-leone>
- Wendland, E. M., Horvath, J. D. C., Kops, N. L., Bessel, M., Caierao, J., Hohenberger, G. F. and Benzaken, A. S. (2018). Sexual behavior across the transition to adulthood and sexually transmitted infections: Findings from the national survey of human papillomavirus prevalence (POP-Brazil). *Medicine (Baltimore)*, 97(33), e11758.
- World Health Organization, (2018). *Report on global sexually transmitted infection surveillance*.