
EVALUATING THE RISKY SEXUAL BEHAVIOUR AMONG THE SELECTED ADOLESCENT STUDENTS OF OSUN OWNED TERTIARY INSTITUTIONS

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ABSTRACT

This study was undertaken to evaluate risky sexual behaviour among the selected adolescent students of Osun owned tertiary institutions. A multi-stage sampling procedure was employed for the selection of respondents for the study. In the first stage, purposive sampling technique was used to select state owned institutions based on consent to participate in the study. In the second stage, 4 institutions per senatorial districts were randomly selected. In the third stage, 50 students were randomly selected per institutions to give a total number of 600. Results of the study showed that 2.22% of the interviewed students admitted that they had used drugs while 97.78% admitted to the fact that they had never used drugs. Out of those students who claimed to have been involved in drugs, 75% used alcohol, 10% used tobacco, and 15% used cannabis. Also, research results reveal that use of drugs and substances was drastically low in the study. Out of the 500 female students that were interviewed on whether they had ever had sexual intercourse, 9.80% claimed to have had sexual intercourse before while 90.20% claimed not to have ever had sexual intercourse. 59.18% claimed to have willingly had their first sexual encounter, 24.49% claimed to have been coerced/enticed to have had their first sexual encounter and 16.33% claimed to have been forced to have had their first sexual encounter. 69.40% claimed to have used contraceptive while 30.60% claimed not to have used contraceptives. With respect to methods of contraception, 55.10% of the female respondents claimed to have used condoms while 44.90% claimed to have used pills. Out of the 5 female respondents that admitted to the use of drugs, 80.00% claimed to use alcohol while 20.00% claimed to use tobacco. In addition, research results show that alcohol was the major substance being used in the study area. Out of the 400 male students that were interviewed on whether they had ever had sexual intercourse, 45.00% claimed to have had

sexual intercourse before while 55.00% claimed not to have ever had sexual intercourse. 66.67% claimed to have willingly had their first sexual encounter, 22.22% claimed to have been coerced/enticed to have had their first sexual encounter and 11.11% claimed to have been forced to have had their first sexual encounter. Out of the 15 male respondents that admitted to the use of drugs, 73.33% claimed to use alcohol, 6.67% claimed to use tobacco, and 20.00% claimed to use cannabis. Table 6 shows that 11.11% of the interviewed female respondents who claimed to have had sexual intercourse before claimed to have been raped while 88.89% claimed not to have been raped. 80 male students (44.44%) admitted to have had STD. 62.50% claimed to have been diagnosed of chancroid, 37.50% claimed to have been diagnosed with syphilis. 90.00% claimed to have received treatment. 22.50% claimed to have been diagnosed with STD at the age of 13, 33.75% claimed to have been diagnosed with STD at the age of 15 and 43.75% claimed to have been diagnosed at STD at the age of 16. 120 female students (26.61%) admitted to have had STD. 62.50% claimed to have been diagnosed with chancroid, 37.50% claimed to have been diagnosed with syphilis. 95.83% claimed to have received treatment while 4.17% claimed not to have received treatment. 16.67% claimed to have been diagnosed with STD at the age of 13, 37.50% claimed to have been diagnosed with STD at the age of 15, and 45.83% claimed to have been diagnosed with STD at the age of 16. It can be concluded that youth are still engaging in risky sexual behaviour despite all the educative information and preventive measures availed to them. It is recommended that Youth be enlightened on risky sexual behaviour and their consequences.

Keywords: Sexual education, Public tertiary institutions, Adolescents students and Risky Sexual Behaviour

INTRODUCTION

Adolescence is a transitional stage of physical, mental and physiological human development generally occurring between puberty and full maturation or adulthood. There is development of secondary sexual characteristics and their physiological maturation. Normal adolescent development involves increased interest in the opposite sex, concerns regarding physical and sexual attractiveness, frequently changing relationships, rules and limit testing as well as experimentation with sex.

It is a period marked by turmoil and challenges, across all cultures and societies and may be associated with conflict between the adolescents and their parents, peers and society (Melvin, 2012). Risky sexual behaviour refers to the behaviour itself, which may involve unprotected vaginal, oral or anal intercourse. It can also be in regard to the nature of the partner such as an intravenous drug user, a nonexclusive partner or a HIV-positive person. It can be in several forms, like having multiple sexual partners, engaging in risky sexual activities or even having sexual intercourse under the influence of substances such as alcohol or cocaine (Hall, Holmqvist and Sherry, 2014)

Adolescent sexuality is an important aspect of adolescence and behavioural sciences. With regard to reproductive health, a lot of attention has been given to the physical consequences of risky sexual behaviour. However, there is need to have a holistic approach which deals with the physical, psychological and social aspects of the adolescent sexual behaviour.

Despite several campaigns on abstinence before marriage, the reality is that many adolescents are engaging themselves in pre marital sexual intercourse. In the past decades, a lot of awareness and prevention programmes have been rolled out to promote safe sexual

practices resulting in a decline in the prevalence of teenage pregnancies, sexually transmitted infections including HIV/AIDS. The studies on adolescent sexuality done in Nigeria were mostly in the 1990s (Balogun, 2013; Moore, 2008). Based on the persistence of the problem and the gaps of knowledge in this area, this study sets out to study risky sexual behaviour among the adolescents attending public tertiary institutions in Osun State, Nigeria with a view to establishing the factors that still lead to adolescents engaging in risky sexual behaviour despite all the information available to them. The findings will be useful for policy makers and other stakeholders interested in formulating policies or programmes to address issues of risky sexual behaviour among adolescents in order to provide holistic adolescent health care. Globally, the average age at which teenagers begin to have sex has steadily decreased. The risk of unplanned pregnancy, HIV infection and other Sexually Transmitted Infections increases with the frequency of unprotected sexual intercourse (Aspy, 2019). In the last several decades, there have been substantial increases in the proportion of adolescents who report sexual activity at each year of age (Erulkar, 2018).

In Nigeria, most of the studies that were done on adolescent sexuality were in the 1990s, hence there is need to find out if there are any changes in the trends of sexual behaviour currently. Based on the magnitude of the problem and the gaps of knowledge in this area, this study sets out to study risky sexual behaviour among adolescents attending public secondary schools in Southwest, Nigeria. Many adolescents still choose to initiate sexual intercourse and engage in risky sexual behaviour despite knowledge of the consequences. Their decision is influenced by various factors as seen between ages 13 and 18.

Studies had found out that 17% of teenagers between 13 and 18 years who have had an intimate encounter confessed that they have done something sexual while under the influence of drugs or alcohol (Weiss *et al.*, 2018). Adolescents whose friendship network include mostly low-risk friends is half as likely to experience first intercourse compared to adolescents whose close friend network is composed mostly of high-risk friends (Bearman and Brückner, 2019).

Parents' marital status, family structure and stability are sine-qua non to adolescents' sexual behaviour. Adolescents who intentionally seek out pornography both online and off were found to be older youth, mostly male (Bersamin *et al.*, 2021). A more complete understanding of these challenges require wholesome approach towards their mental wellbeing. Hence, there is therefore the need to address psychological effects of their sexual behaviour. How the adolescents themselves perceive the socio-economic, health and psychological implications of their sexual behaviours is also important to note, as this will help them to make better decisions in future.

Initial sexual intercourse experiences are usually important and sometimes defining events in the lives of teenagers. Early timing of sexual is significant in the sense that the first sexual intercourse may likely lead to long lasting negative effects on the teenagers. Adolescents in Nigeria are sexually active, yet many do not take appropriate precautions to prevent pregnancy or the spread of sexually transmitted infections despite the information on sex education availed to them (Oindo, 2012).

Adolescents, like adults, may be prone to engaging in risky sexual behaviour due to perceptions of personal invulnerability and their tendency to focus on the immediate, rather than long-term consequences of their behaviour (Hall, Holmqvist and Sherry, 2014) Adolescence is a tumultuous stage, therefore striking a balance between healthy adolescent

sexual experimentation and emotionally and physically safe sexual practices can be a major challenge for society.

The earlier the age of first sexual intercourse, the greater the risk of unwanted pregnancy and sexually transmitted infections. This is because those who engage in sex at tender ages are generally exposed to risk for a longer time, less likely to use contraception, generally have more sexual partners, tend to engage in higher risk sexual behaviours such as alcohol or drug use prior to sexual intercourse and having multiple concurrent sexual partners (Moore, 2008). Risky sexual behaviour refers to unprotected penetrative sexual contact which may involve initiation of sexual intercourse at an early age, multiple sexual partners, sexual intercourse under the influence of alcohol or other substances of abuse, lack of contraceptive use, sexual intercourse under coercion and sexual abuse. Factors that influence adolescent sexual behaviour include personality traits, gender, cultural and religious background, racial factors, family attitudes, sex education and prevention programs (Witbeck *et al.*, 2020). However, psychosexual factors also come into play, as they affect personality, growth, development and functioning of the adolescent. These include sexual identity, gender identity, sexual orientation and sexual behaviour (Dilorio, 2020). Risky sexual behaviour exposes the adolescents to harmful consequences, both physical and psychological. These include teenage pregnancy, sexually transmitted infections and diseases, abortion, major depression, suicide, post traumatic stress disorder (PTSD) among others (Dittus and Jaccard, 2016).

Other issues of concern as regards adolescent sexual behaviour are casual sex, use of contraception, abortion, masturbation, pornography and prostitution. These also need to be addressed as they may have psychological consequences to the adolescent, such as regret and guilt, loss of self respect and low self esteem, stunting personal development, shaken trust and fear of commitment in future relationships (Beasamin and Bruckner, 2019).

Many adolescents still choose to engage in sexual intercourse and risky sexual behaviour despite knowledge of the consequences. Studies have found links between the number of sexual partners and other risk behaviours such as carrying a weapon, physical fighting and using alcohol, marijuana and/or cigarettes (Valois, 2009). Adolescence, with its many changes, has long been considered a turbulent life stage, endemic with storms and stress (Al-Azar, 2015). In addition to pubertal stages, the adolescents face sociological and psychological challenges associated with peer relationships, their self identity and exploration of possible sexual relationships with the opposite sex. However, not all adolescents are affected by this turmoil. Most relate well with their families and peers and are comfortable with their social and cultural values (Ankrah, 2020). It is being a stage of turmoil, striking a balance between healthy adolescent sexual experimentation and emotionally and physically safe sexual practices is a major challenge for society. In adolescence, reasonable risk-taking is considered normal as it leads to confidence in forming new relationships, sports and social institutions (Ybarra and Mitchell, 2015). However, high risk behaviours are associated with serious negative consequences which include drugs and alcohol use, unsafe sexual practices, self injurious behaviour and reckless driving (Darroch, 2018).

Research Questions

The study intends to establish baseline data on sexual behaviour that is considered risky by advancing the following questions:

1. What is the prevalence of abstinence among the students in the study area?
2. What is the age of initiation of sexual intercourse among the students attending Osun state owned tertiary institutions?

3. What is the prevalence of contraceptive use and condom use by the students attending Osun state owned tertiary institutions?
4. What is the age of and the average number of sexual partners of the sexually active adolescent students attending Osun state owned tertiary institutions?
5. Are the adolescents in the study area engaging in sexual intercourse while under the influence of alcohol and/or other substances of abuse?
6. What are the social and demographic characteristics of the study area?

Objectives of the Study

The broad objective determined the risky sexual behaviour among the students attending Osun state owned tertiary institutions.

The Specific Objectives were to:

1. determine the prevalence of abstinence among the students attending Osun state owned tertiary institutions.;
2. establish the age of initiation of sexual intercourse among the students attending Osun state owned tertiary institutions.;
3. determine the prevalence of contraceptive use and condom use by the students attending Osun state owned tertiary institutions.;
4. establish the age of and average number of sexual partners of the sexually active adolescents attending public schools in the study area;
5. determine the association between risky sexual behaviour and substance use.

It has been observed in Africa including Nigeria that the age of first sexual intercourse has dropped, predisposing the adolescents to the consequences of risky sexual behaviour at an early age (Imaledo, 2012). Adolescents in Nigeria are sexually active, yet many do not take appropriate precautions to prevent pregnancy or the spread of sexually transmitted infections despite the information on sex education availed to them (Oindo, 2012).

This research sought to study risky sexual behaviour among adolescents and establish the predisposing factors from a psychosocial perspective. Adolescents, like adults, may be prone to engaging in risky sexual behaviour due to perceptions of personal invulnerability and their tendency to focus on the immediate, rather than long-term consequences of their behaviour (Hall, Holmqvist and Sherry, 2014). Hence the study.

The Youth in Nigeria are still engaging in risky sexual behaviour despite all the educative information and preventive measures availed to them. Alcohol and other substance use are significantly associated with risky sexual behaviour especially during their first sexual intercourse. Results of this study will reveal the prevalence of abstinence among the adolescents attending public schools in Southwest, Nigeria, the age of initiation of sexual intercourse among the adolescents attending public schools in the study area, the prevalence of contraceptive use and condom use by the adolescents attending public schools in the study area, the age of and average number of sexual partners of the sexually active adolescents attending public schools in the study area and the association between risky sexual behaviour and substance use.

RESEARCH METHODOLOGY

Sampling Procedure

A multi-stage sampling procedure was employed for the selection of respondents for the study. In the first stage, purposive sampling technique was used to select schools whose heads give consent as well as students who give assent to participate in the study in Osun state. In the second stage, 4 schools per senatorial area were randomly selected. This

will be done by writing the names of all the schools on a piece of paper, folded up and put in a container then 50 schools were blindly picked from the container meant for each area. In the third stage, 50 students will be randomly selected per school per state to give a total number of 600 respondents

Methods of Data Collection

Primary data were collected from the students in 2025 with a structured pre-tested questionnaire. The students were reassured that their identity would not be revealed, hence their confidentiality would be safeguarded.. The researchers explained to the participants how to fill the questionnaire and grant them adequate time of about one hour, to fill it. The filled questionnaires were collected by the researchers for data management and processing.

Socio-demographic questionnaire: Researchers have designed questionnaire that captured age, sex, religion, class among other relevant demographic variables.

Psychosexual questionnaire: The questionnaire has been designed by researchers to capture the adolescents' psychosexual history and as well as the knowledge, attitudes and current trends in sexual behaviour of the adolescents in the study area.

Variables

The dependent variables were abstinence and risky sexual behaviour while the independent variable is the adolescents. Other variables included age, gender and birth order of the students, the class of the students and their religion. Where the students live, whom the students live with, whether intact home, single parenthood or an orphan, the marital status of the parents, parent or guardian's occupation will be among the variables.

Analytical Techniques

Data collected were analysed using descriptive and inferential statistics. Research results were presented in form of tables, charts and graphs.

Table 1: Use of Drugs/ Substances of abuse

Frequency	Percentage (%)
Use of Drugs	
Yes	20 (2.22%)
No	880 (97.78%)
Total	900
Types of drugs used	
Alcohol	15 (75%)
Tobacco	2 (10%)
Cannabis	3 (15%)
Khat	-
Heroin	-
Cocaine	-
Total	20

Table 1 shows that 2.22% of the interviewed students admitted that they had used drugs while 97.78% admitted to the fact that they had never used drugs. Out of those students who claimed to have been involved in drugs, 75% used alcohol, 10% used tobacco, and 15% used

cannabis. Research results reveal that use of drugs and substances was drastically low in the study

TABLE 2: SEXUAL EXPERIENCE OF THE FEMALE RESPONDENTS

Sexual experience	Frequency	Percentage (%)
Ever had sexual intercourse?		
Yes	49	9.80
No	451	90.20
Total	500	100
First sexual encounter		
Willing	29	59.18
Coerced/ enticed	12	24.49
Forced	8	16.33
Total	49	100
Contraceptive use		
Yes	35	69.4
No	14	30.6
Total	49	100
Methods of contraception		
Condoms	27	55.10
Pills	22	44.90
Total	49	100
Use of drugs/ substances		
Yes	5	100
No	-	-
Total	5	100
Types of drugs/substances		
Alcohol	4	80.00
Tobacco	1	20.00
Cannabis	-	-
Khat	-	-
Total	5	100

Out of the 500 female students that were interviewed on whether they had ever had sexual intercourse, 9.80% claimed to have had sexual intercourse before while 90.20% claimed not to have ever had sexual intercourse. 59.18% claimed to have willingly had their first sexual encounter, 24.49% claimed to have been coerced/enticed to have had their first sexual encounter and 16.33% claimed to have been forced to have had their first sexual encounter. 69.40% claimed to have used contraceptive while 30.60% claimed not to have used contraceptives. With respect to methods of contraception, 55.10% of the female respondents claimed to have used condoms while 44.90% claimed to have used pills. Out of the 5 female respondents that admitted to the use of drugs, 80.00% claimed to use alcohol while 20.00% claimed to use tobacco. Research results show that alcohol was the major substance being used in the study area.

TABLE 3: SEXUAL EXPERIENCE OF THE MALE RESPONDENTS

Sexual experience	Frequency	Percentage (%)
Ever had sexual intercourse?		
Yes	180	45.00
No	220	55.00
Total	400	100
First sexual encounter		
Willing	120	66.67
Coerced/ enticed	40	22.22
Forced	20	11.11
Total	180	100
Use of drugs/ substances		
Yes	15	100
No	-	-
Total	15	100
Types of drugs/substances		
Alcohol	11	73.33
Tobacco	1	6.67
Cannabis	3	20.00
Khat	-	-
Total	15	100

Out of the 400 male students that were interviewed on whether they had ever had sexual intercourse, 45.00% claimed to have had sexual intercourse before while 55.00% claimed not to have ever had sexual intercourse. 66.67% claimed to have willingly had their first sexual encounter, 22.22% claimed to have been coerced/enticed to have had their first sexual encounter and 11.11% claimed to have been forced to have had their first sexual encounter. Out of the 15 male respondents that admitted to the use of drugs, 73.33% claimed to use alcohol, 6.67% claimed to use tobacco, and 20.00% claimed to use cannabis.

TABLE 4: SEXUAL ABUSE/ RAPE EXPERIENCE

Sexual Abuse/Rape Experience	Percentage (%)	
Ever been raped/sexually abused?		
Yes	20	11.11
No	160	88.89
Total	180	100
Who was the perpetrator?		
Boyfriend	5	25.00
Brother	1	5.00
Cousins	1	5.00
Friend	4	25.00
Gangster	3	15.00
Sister's friend	1	5.00
Step-father	3	15.00
Sugar-mummy	1	5.00
Teacher	-	-
Uncle	-	-
I don't know	-	-
Total	20	100
Was it reported?		
Yes	14	70.00
No	6	30.00
Total	20	100
Reported to whom?		
Mother	9	64.29
Father	2	14.29
Sister	1	7.14
Brother	-	-
Police	2	14.29
Total	14	100

Table 5 shows that 11.11% of the interviewed female respondents who claimed to have had sexual intercourse before claimed to have been raped while 88.89% claimed not to have been raped. 25% claimed to have been raped by their boyfriend, 5.00% claimed to have been raped by their brother, 5.00% claimed to have been raped by their cousins, 25.00% claimed to have been raped by their friend, 15.00% claimed to have been raped by a gangster, 5.00% claimed to have been raped by their step-father, and 15.00% claimed to have been raped by their sugar-mummy.

Table 5: Sexually Transmitted Diseases

Sexual Transmitted Diseases	Male Frequency	Percentage (%)	Female Frequency	Percentage (%)
Ever had STD?				
Yes	80	44.44	120	26.61
No	100	55.56	331	73.39
Total	180	100	451	100
Diagnosis				
Chancroid	50	62.50	75	62.50
Syphilis	30	37.50	45	37.50
I don't know	-	-	-	-
Total	80	100	120	100
Received treatment?				
Yes	72	90.00	115	95.83
No	8	10.00	5	4.17
Total	80	100	120	100
Age when diagnosed with STD				
13	18	22.50	20	16.67
15	27	33.75	45	37.50
16	35	43.75	55	45.83
Total	80	100	120	100

80 male students (44.44%) admitted to have had STD. 62.50% claimed to have been diagnosed of chancroid, 37.50% claimed to have been diagnosed with syphilis. 90.00% claimed to have received treatment. 22.50% claimed to have been diagnosed with STD at the age of 13, 33.75% claimed to have been diagnosed with STD at the age of 15 and 43.75% claimed to have been diagnosed at STD at the age of 16. 120 female students (26.61%) admitted to have had STD. 62.50% claimed to have been diagnosed with chancroid, 37.50% claimed to have been diagnosed with syphilis. 95.83% claimed to have received treatment while 4.17% claimed not to have received treatment. 16.67% claimed to have been diagnosed with STD at the age of 13, 37.50% claimed to have been diagnosed with STD at the age of 15, and 45.83% claimed to have been diagnosed with STD at the age of 16.

CONCLUSION AND RECOMMENDATIONS

The youth are still engaging in risky sexual behaviour despite all the educative information and preventive measures availed to them. Alcohol and other substance use are associated with risky sexual behaviour, especially during their first sexual intercourse. Youth programmes must be regularly organised to inform the youth more about risky sexual behaviour and their consequences. The programmes should also emphasize on the psychological and mental health consequences of risky sexual behaviour, especially in the area of substance abuse.

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