Risky Sexual Behaviour among Secondary School Adolescents in Ibadan North Local Government Area, Nigeria.

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Abstract: Adolescence sexuality is a major concern globally because of its attendant unfavorable reproductive health indices. There has been so many misconceptions about discussing sexuality issues with the adolescent such that most adolescents have gotten information from wrong source and this in way has really jeopardized the health of the nation as most country are youthful population. The descriptive cross sectional study utilized 410=n validated questionnaire developed by the researcher after wealth of literature has been reviewed. The findings revealed that the vast majority of the respondents were involved in unprotected sexual intercourse, early sexual debut, oral sex and practice of masturbation. Also the influence of socio demographic characteristics on adolescents risky sexual behaviour revealed that tribe and primary care giver were significant with pvalue <0.02 and <0.01 respectively. The findings revealed that students between ages 10-14 years were 1.5 more likely to practice risky sexual behaviour than those between the ages of 15-19 years. Although, this was not significant. Male students were found to be more likely to engage in risky sexual behaviour than female students and this was not significant.

Key words: Adolescence, adolescents, risky sexual behaviours, sexuality, secondary school.

Word counts: 190

I. Introduction

Sexual risk behaviours are defined as sexual activities that may expose an individual to the risk of sexually transmitted infections (STIs) including HIV and unplanned pregnancies. Some of these behaviours include unprotected sexual intercourse, multiple sexual partners, forced or coerced sexual intercourse and sexual intercourse for reward. However, lack of knowledge about consequences of these negative behaviours and poverty has been identified as factors that increase the chances of adolescents engaging in risky sexual behaviours. Adolescents face different challenges related to their sexuality which have an influence on their perception of the world and themselves. There has been increasing public health concern about the reducing age of initiation of adolescents into sexual activities. The rate of risky sexual behaviours and the spread of STIs continue to be on the increase due to many factors including dearth of information regarding adolescent sexuality. [1]. Each year, approximately one million young women aged 15-19 become pregnant; the vast majority of these pregnancies are unplanned. [2]. Abstaining completely from sexual activity will eliminate these risks and where abstinence is not a reasonable choice or goal, preventive measures are imperative. The [3] observed that unsafe sex was second among the top ten risk factors in the global burden of all diseases globally.

1.1. Nature of the problem

It has been observed that the average age at menarche is decreasing worldwide; there is a declining age of first sexual debut, increasing number of sexually active adolescents and high risk sexual behaviours among adolescents [4]. Recent studies have shown that adolescents are becoming sexually active at a later age than in past years. Thus young people are facing a longer period of time during which they are sexually matured and sexually active before marriage. [3].Therefore the period of risk of unprotected sexual activity with all its adverse consequences of unwanted pregnancy, unsafe abortion, STIs/HIV is also increasing.[5]. Lack of information and guidance about sex and sexuality make young people vulnerable to diseases, physical, emotional and economic exploitation. They unknowingly engage in sexual risk behaviours that might expose them to diseases and unplanned pregnancy.

1.2. Purpose

To explore the causes and various factors contributing to risky sexual behaviour among adolescents in Ibadan North Local Government Area Oyo State

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1.3. Rationale for the study

There appears to be a consensus among Nigerian researchers and observers that many traditional values are changing rapidly and for the worse [6] one area of life in which the decline of traditional values is obvious is in the area of sexuality. One major change has been the acceptance of pre-marital sex in a loving relationship. [7] lamented that in Nigeria, culture no longer has a grip on the youth as our society seems to be plagued with decayed moral codes and values and so the sense of right and wrong is eroded. This seems to affect the youth, adolescents’ inclusive, more than any other group as this is manifested in the acceptance of sex before marriage, homosexual behaviour, lesbianism, abortion, drug addiction and indecent dressing. Apart from the blame apportioned to parents for their negligence as earlier mentioned, some people are of the opinion that adolescents are naturally open to the normal sex drive while this drive is incensed by the impact of permissive Western culture transmitted through the sexual stimuli conveyed by the mass media. [8] Pointed out that sexually explicit movies expose young people to adult issues at an “impressionable age.” Others opine that the use of pornographic materials as well as knowledge and use of contraceptives, especially the condom that has been excessively advertised, has contributed immensely to the involvement of adolescents in sexual practices [9]. These and other evidence in the literature show that a real problem exists.

[10] has also asserted that, a hospital based research has shown that, 80 per cent of patients with abortion complications are adolescents. This assertion is based on the fact that, over 16 percent of teenage females reported first sexual intercourse by age 15 while 8.3 per cent of boys in this age have also had their first encounter. Many assume that most teens are sexually active, in actuality; recent studies have shown that adolescents are becoming sexually active at a later age than in past years. Recent studies have shown that the main factors for unprotected sex or risky sexual behavior may be result of peer pressure, curiosity, or a lack of knowledge. A study conducted by the [11] reported that “47% of high school students were sexually active, and 14% of students have had four or more sex partners during their life”.

It is estimated that worldwide, there are between 1 million and 4.4 million abortions annually among young women under the age of 20years and most these unsafe abortions are with grave consequences [1]. In another study carried out in Nigeria, 30% of abortion related deaths occur between 15-20years old, of whom 30% were students. [2]. Adolescents are therefore account for a disproportionately high number of abortion complications because they are more likely to obtain clan destine, unsafe and illegal abortions, or to delay seeking abortion. Due to lack of accurate and adequate information on sexuality and reproductive health, and lack of access to reproductive health care, many young people today are exposed to risk associated with their sexual activity.

1.4. Significance of the study

The purpose of this study is to create awareness for teenagers, primary care givers and educators about the risks and consequences of involving in risky sexual behaviours at a younger age. The findings of this study might reveal that an adolescent’s feelings about himself can be improved, thus contributing to increased self-acceptance and a more positive self-image. It would also contribute to existing knowledge and enhance the development of strategies that will positively influence the attitudes of adolescents regarding sex related matters. Furthermore it could be used to develop and review school curriculum on sex education. The awareness would help to clarify adolescent’s misconceptions and make them useful to themselves, their families and the society at large. This study would sensitize everyone including families, educators, communities, health care professional especially nurses and policy makers. Such sensitization would invariably help to empower adolescents on sexual issues and reduce their risk taking behaviours.

1.5. Objectives of the study

1. To assess various risky sexual behaviours practiced by adolescents.
2. To identify which socio-demographic characteristics have influence on risky sexual behaviours.
3. To describe the association between primary care giver and risky sexual behaviour.
4. To evaluate knowledge of risky sexual behaviour across selected secondary schools.
5. To identify the primary source of information that is mostly available to adolescents on sexuality education.

1.6. Research questions

1. What are the various risky sexual behaviours practiced by adolescents?
2. How do socio-demographic characteristics influence risky sexual behaviours of adolescents?
3. Is there any association between primary care givers and risky sexual behaviours?
4. What is the respondents’ level of knowledge about risky sexual behaviour across selected secondary schools?
5. What is the primary source of information that is mostly available to adolescents on sexuality education?
II. Literature Review

The literature review discusses the concept of adolescents, the specific sexual risk behaviour, consequences of adolescent sexuality, the significance of sexuality education, the summary of literature review and the conceptual framework. Without destroying the fabric of the culture, it is imperative to teach young people about sex education in a way that only reflects the value of the family and the society for enhancing and promoting sustainability of a balanced culture.

2.1. The concept of adolescents

Adolescence is generally agreed to be the period between the ages of ten and nineteen. A period of adolescence occupies a unique stage in every person’s life. It is a period among human beings where lot physiological as well as anatomical changes take place resulting in reproductive maturity in adolescents. Many adolescents manage this transformation successfully while others experience major stress and find themselves engaging in behaviours such as sexual experimentation, exploration and promiscuity that place their well-being at risk. By the time they are 18 years of age, most adolescents in Nigeria are poor contraceptives users, and they are less likely than adult to consistently use condoms or other methods of protection that could reduce their chances of infection. [1]

Sexuality is an important aspect of development during adolescence. Adolescence has been defined by the [3] as the period from 10 and 19 years of age. Sexual development is an integral and important part of human development and component of health throughout the life-span. Sex education is a major component of comprehensive health education, the goal of which is to help children and adolescents become healthy adults with responsible health behaviours. [12]

2.2. Specific sexual risk behaviour

The specific sexual risk behaviour common among adolescents includes:
- Too early initiation of sexual activity
- Sexual intercourse without the use of contraception
- Unplanned pregnancy
- Multiple sexual partner and sexual intercourse with a partner infected with an STI and HIV/AIDS
- Oral sex

2.3. Consequences of adolescent sexuality

The consequences include among others – unintended teenage/adolescent pregnancy, early childbirth/risky childbearing from sexual escapades, STIs and HIV/AIDS; others include suicide, premature death from accidents, negative effects of alcoholism, drug use, violence, etc. The commonest consequence include: HIV/AIDS, unsafe abortion, and unintended teenage/adolescent pregnancy.

2.4. The Significance of Sexuality Education

Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from three domains: The affective, behavioural and cognitive domains. The affective domain focuses on the emotional and attitudinal components of sexuality. The behavioural domain addresses specific behaviour and teaches the skills needed to negotiate sexual health and pleasure safely and responsibly. The cognitive domain deals with the factual or knowledge aspect of sexuality. Sexuality education aims at promoting sexual health which is the integration of the somatic, emotional, intellectual and social aspects of sexual beings in ways that are positively enriching and which enhance personality, communication and affection. Sexuality education provides accurate information on reproductive health, assists individuals to consciously explore, consider, question, affirm and develop their own feelings, attitudes and values on the various dimensions of sexuality. As identified by Andrea-Irvin, sexuality education assists their sexual relationships and reproduction during the crucial period of social and physical development. It prepares adolescents towards the management of their sexual relationships in adulthood including the control of their fertility and maintenance of their own and their partners’ sexual health. It prepares adolescents for parenthood.

A large number of adolescents can be found in primary and secondary schools. Introduction of sexuality education to school adolescents will provide the opportunity to give correct and comprehensive information on reproductive health issues including prevention of STIs. Adolescents will have early access to proper and adequate information on genital sexuality and reproductive health before they become sexually active. Early information received will motivate and empower them to value their bodies and equip them with the necessary skills for self-reliance and be able to take the right actions and decisions concerning their own health. It will assist those who are already engaging in risky sexual behaviour to change their negative sexual behaviour while it will encourage those who have abstained from risky sexual practices to maintain the good habit.
2.5. Summary of Literature Review

Literature has reviewed that sexual activities among the youth especially secondary schools are increasing which is now creating medical, social and economic problem in the society. The problem highlighted are increasing in unwanted pregnancy, induced illegal abortion, child abandonment or baby dumping, truncated education opportunities especially among girls, high rate of infant and maternal mortalities and as well as risk of STDs including HIV. For a very long time, the issue of sex education for young people, particularly in the African region but not exclusively so has remained a taboo. Although sex is a natural developmental process, many parents, cultures and societies frown at discussing sex with their adolescent children Without destroying the fabric of the society or culture, it is imperative to teach young people about sex education in a way that not only reflects the values of the family and society, but also enhances the sustainability of a balanced culture. Having sex is a primitive, intrinsic natural human tendency that emerges in all of us in different forms and at different times. One thing is certain: if we don’t educate our children on sex and sex-related issues, they would learn from other people or the mass media. Sex education is not only important as a developmental process in the life of a child; it arms the child with the tools to understand him or her better in relation to the immediate environment and the threats that could emerge from such interaction. This is to say that young people would gain incremental knowledge of the ability to protect themselves and alert people of the threats of sexual exploitation if they are sexually educated.

2.6. Conceptual framework

The conceptual framework utilized for this study is Health Believe Model. The HBM was spelled out in terms of four construct representing the perceived threat and net benefits, perceived susceptibility, perceived severity, perceived benefit and perceived barriers. These concepts were proposed as accounting for people’s readiness to act. An added concept cues to action would activate that readiness and stimulate overt behavior. A recent addition to the HBM is the concept of self-efficacy or one’s confidence in the ability to successfully perform an action. This concept was added to help the HBM better fit the challenges of changing habitual unhealthy behaviour such as been sedentary, smoking, overeating risky and risky sexual behaviours of adolescents as illustrated in this study.

This conceptual framework illustrates how adolescent view or perceived sex related matters. Adolescents generally view sex related matters in different ways. Many factors have been identified to be a contributing to reproductive behaviour. Factors such as upbringing, peer pressure play a leading role. It is obvious that there are modifying factors such as age, sex, ethnicity, personality, e.t.c that determines perceptions of adolescent about sex. However adolescent perceived seriousness of risky sexual behaviour is a factor of awareness on the consequences of this behaviour any sex related disease is a factor of those modifying factors as identified in the figure above. The cues to action which include media information, education has direct link with perceived threat of disease and this invariably determined likelihood of behaviour change. It is also important to appreciate those barriers to behavioral change, hence adolescent attitudes and behaviour can neither be modified nor change in isolation. The health belief model is a framework for motivating people to positive health actions that use the desire to avoid a negative health consequence and the desire to avoid risky sexual behavior can be used to motivate sexually active adolescents into practicing safe sex. The HBM can be an effective framework when developing health educating strategies and this one of the reason why the researcher chose health believe model to explain the need for adolescence for sex education. The cues to action are all those frantic efforts put in place such as education symposium, mass media, campaigns, news paper or magazine, youth friendly services, posters on sex related matters. examples AIDS no dey show for face, Do you know your status, zip up, say no to sex, family planning is a must e.t.c as simple as all this posters or advert it send a lot of messages to adolescents but what is so amazing about this is that despite all these mortality and morbidity resulting from adolescents sexuality is still of significance. That means something has to be done as a matter of urgency. According to HBM the demographic characteristics has a greater influence on the perceived susceptibility and perceived serious so also perceive barriers and perceived benefit. And this invariably influence the perceive threat and likelihood of taking action. The cues to action also have a direct effect on likelihood of taking action.

III. Method

3.1. Research Design

A descriptive cross sectional survey was used for this study

3.2. Study setting

This study was carried out in three randomly selected secondary schools in Ibadan North Local Government Area of Oyo State, one of the 33 Local Governments in Oyo State. This Local Government was carved out of the defunct Ibadan Municipal Council by the Federal Military Government of Nigeria on the 27th
of September, 1991. The local government encompasses Beere, Round-About, Oke-Are, Mokola, Oke-Itunu, Ijokodo, Bashorun, Idi-Ape, Agodi-Gate, Oje, Yemetu, Sapati, Bodija, Iyana-Ashi, University of Ibadan and Agbowo areas of Ibadan, the capital of Oyo State, Ibadan North Local Government Headquarter situation at Quarters 87, GRA, Agodi.

The Local Government Area was chosen because it is the largest of all the Local Governments Area in Ibadan. It is multi-ethnic (but predominantly Yoruba); there are a total number of 60 secondary schools, 27 governments and 33 private that are registered under the local government. The selected study setting were Bishop Onabanjo High School, Ikolaba High School and Anglican Grammar school, Oritaméfa.

3.3. Target population
The target populations were all adolescents in Ibadan, Oyo State.

3.4. Study population
Three secondary schools (Anglican Grammar Schools Oritaméfa, Bishop Onabanjo Grammar School Ashi and Ikolaba High School) all within Ibadan North Government were randomly selected out of the 60 secondary schools in Ibadan North Local Government and the population of students that fall within 10-19 years within the three schools were 1,287, 960 and 840 respectively. The calculated 410 adolescents were studied. This sample size was distributed proportionately across the three settings thus:

- Anglican Grammar school, Oritaméfa = 1287/3087x410 = 170
- Bishop Onabanjo grammar school Ashi = 960/3087x410 = 128
- Ikolaba high school = 840/3087x410 = 112

Total = 410 adolescents

3.5. Instrument development
This consists of structured questionnaire designed from literature review. The questionnaire was divided into five major sections.

- Section A - family’s socio-demographic characteristics
- Section B - knowledge about sex education
- Section C - information on awareness of sex education
- Section D - knowledge about reproduction
- Section E - attitudes about sexual behaviour

3.6. Validity
The face and content validity of the instrument was ensured by comparing its items with previous similar studies and by matching them with stated objectives, and set research questions and the formulated research hypotheses. Besides copies of the prepared questionnaire was made available to the project supervisor for vetting, review, critiquing, necessary amendment and corrections.

3.7. Reliability of the instrument
To ensure the reliability of the instrument, a test-retest was carried out among a sampled of 40 adolescents in secondary schools separated from the selected schools and it yielded a reliability coefficient of 0.82.

3.8. Ethical consideration
Letter of introduction was collected from the Department of Nursing, University of Ibadan and ethical approval was obtained from ethical review committee of ministry of health, Oyo State following due process and this was submitted to the principals of each school. Official permission was obtained from the authority of the schools used for study. The aim of the study was explained to the respondents and consent was obtained. Respondents were informed that participation was voluntary and confidentiality was emphasised.

3.9. Data Analysis
The filled questionnaires were edited and analyzed using statistical package for social sciences (SPSS) version 15. The demographic characteristics and objectives were analyzed using frequencies and percentages. The age range and the mean age were calculated, chi square and paired t-test for comparison of mean value was used for testing hypotheses.
IV. Result

The Socio-demographic characteristics of respondent showed that Four hundred and ten (410) adolescents of secondary schools participated in the study. The mean age of the students was 14.7 ±1.64 and the modal age group was 15-19 years with the frequency of 239 (58.3%) while age 10-14years accounted for 171(41.7%) of the respondents. (Table 1).

Research question 1: What are the various risky sexual behaviours practiced by adolescents?

One hundred and eighty five (45.1%) reported to be engaging in unprotected sexual intercourse as against two hundred and twenty five (54.9%) that did not. One hundred and twenty three (30.0%) admitted they had sexual intercourse at a very tender age. Out of those that had never experienced sexual intercourse, fifty six (19.5%) said they were practicing masturbation. Some eighty six (21.0%) of the respondents reported to be engaging in oral sex as against the majority two hundred and sixty eight (65.4%) that reported not to have engaged in oral sex. Meanwhile fifty six (13.7%) claimed not to have idea of what oral sex is all about.

Research question 2: How do socio-demographic characteristics influence risky sexual behaviours of adolescents?

Linear regression was carried out for this analysis and it shows that students between ages 10-14 years were 1.5 more likely to practice risky sexual behavior than those between the ages of 15-19 years. Although, this was not significant (OR=1.52, P=0.07, 95% CI= 0.98-2.38). Male students were found to be more likely to engage in risky sexual behavior than female students (OR=1.11, P=0.65, 95%CI= 0.72-1.72) and this was not significant. The results further shows that Yoruba students were over four times more likely to involve in risky sexual behavior than Hausa students and this is significant (OR=4.34, P=0.01, 95%CI= 0.07-0.73). Also, senior secondary school students were found to be 2.5 more likely than Junior Secondary =school students to be involved in risky sexual behavior (OR=0.39, P=0.01, 95% CI= 0.19-0.81). (Table 2).

Research question 3: Is there any association between primary care givers and risky sexual behaviours?

The result shows that there is a significant association between primary caregiver and the adolescents involvement in risky sexual behaviours (P<0.01). (Table 3).

Research question 4: What is the respondents’ level of knowledge about risky sexual behaviour across selected secondary schools?

The analysis of data shows that there is no significance in the mean knowledge scores across selected secondary schools used for this study (P value=0.5, F test=0.70).

Research question 5: What is the primary source of information that is mostly available to adolescents on sexuality education?

One-hundred and twenty four (30.2%) of the respondents mentioned Health and sexual education in school as their primary principal source of information on issues relating to sex. Some (20.2%) of the respondents indicated books as their source of information. In the same vein, eighty (19.5%) students picked parents/relations about their source of information on issues relating to sex but very few (10.2%) had about issues relating to sex from religious organizations.

V. Discussion Of Findings

From this study, demographic variable revealed that almost halve of the respondents were between 10-14years of age as against the majority that were within the age 15-19years with mean age ± 1.64 this is not surprising as this correspond to [3] definition of adolescence which is generally agreed to be the period between age ten and nineteen. Providing age appropriate information and skills such as those related to decision making, interpersonal relations, creative and critical thinking, through sexuality education to this age group can positively influence their transition to adulthood. The researcher observed that the respondents at lower border of age equally have exposure to risky sexual activity talk less of respondents within 15 -19 years. Also it was observed that the majority of the respondents were females while the remaining were males because it is generally assumed that females are more likely to report issues concerning their sexuality more than their male counterparts. Despite this ratio, the result of this study shows that male and female has equal chances of involving in risky sexual behavior. Although one will think that majority of the risky sexual behavior are more likely to be experimented by male than female. This is however in variance with study carried out by [13]; more boys than girls reported to be sexually active, boys becoming sexually active at an earlier age. It are not unlikely that boys and young men between ages of 15 and 24 years are responsible for high proportion of teenage pregnancies.
The findings also revealed the vast majority of the respondents were Yoruba this is not unconnected with the study setting. The researcher also observed that the Yorubas who are predominant in Ibadan constituted the highest proportion of risky sexual indulgence and experimentation. Reason behind this cannot be provided by this present study, hence the need for further studies in this area. Adolescents who belonged to Christian and Islamic faith formed the majority. This was so, because they were the two important and predominant religions in Ibadan. Generally, it is assumed that majority of the respondents were residing in high density areas. This is not unconnected to the fact that Ibadan; the study setting is one of the ancient cities in the Sub-Western Nigeria. Therefore, these high-density areas with some degree of slums proliferation cover greater part of Ibadan. The houses in these areas are congested than low density areas where modern buildings are built. Thus making it possible for adolescent in this area to be more vulnerable to sexual assaults and other risky sexual behavior.

The analysis of data on various risky sexual behaviour practiced by adolescents revealed that almost half of the respondents were involved in risky sexual behaviours such as unprotected sexual intercourse, early sexual debut, multiple sexual partner and oral sex. This is in consonance with findings of [14] that many African youths and adolescents are at risk of HIV infection and transmission due to risky sexual practice. She further stated that such behaviour pattern include early initiation of intercourse, low contraceptive use rates, multiple sex partners and poor sexual negotiation skill. However it was acknowledged by the findings of this study that the vast majority of the adolescents have information on sexuality education yet they remain unchanged. Perhaps the quality and means of giving sexuality education needs to be worked on. These findings suggest that providing information about the implication of risky sexual behaviour is not enough to reduce the occurrence of these behaviours and these provides reason to research into other factors that might have accompanied developmental process of individual especially on sexual behaviour.

Moreover, it was reliably gathered from the findings of this study while exploring influence of socio demographic variables on adolescents' risky sexual behaviour, students between ages 10-14 years were 1.5 more likely to practice risky sexual behaviour than those between the ages of 15-19years although age was not statistically significant but tribe and gender was found to be significant. The regression analysis further revealed that male adolescents were found to be more likely to engage in risky sexual behaviours than female students. This is relatively similar to wealth of literature search which gathered that in a pluralistic society like ours, attitude about adolescent sexuality differ not only by ethnicity, socio-economic status, religion and geographic region, but also vary widely within individual families and communities. This implies that whatever behavior adolescents exhibit goes beyond tribe, it is inbuilt and genetically. It could also be as result of family structure and disposition.

Another important findings of this study equally showed that more than three quarter of the respondents had their parents as their primary caregivers of which majority were involved in risky sexual behaviour, while relatives and guardians provide care for only very few of the respondents. The study also revealed that the respondents were satisfied with quality of care rendered by their primary caregivers while the remaining few were not satisfied. Meaning that, even despite all efforts of parents and other care givers in caring for their children, sexuality education still need to be made as an integral part of care, this is because most adolescents do not receive sex education in the school or at home, only to learn about it on the streets which evidently misinformed and misguided the adolescents. In the same vein, wealth of literature equally revealed that having sex, is a primitive, intrinsic and natural human tendency that emerges in every individual at different times and different forms. Then, it is certain that, if we don’t educate our children on sex and sex related issues, they would learn it from other people or mass media which could be detrimental. However, reasons why adolescents still engage in risky sexual behavior irrespective of caregivers’ affect can be explored in future studies. Also this study explored the association between primary care giver on risky sexual behaviours of adolescents and it was found to be significant. This showed that whosoever looks after a child has a crucial role to play in the life of that child. This is in tandem with the assertions of Miller [15] that ‘caregiver warmth and related constructs may protect against early sexual initiation and the potential consequences of sex during adolescence. More so, data from both American and European youth suggest that care giver caring, caregiver involvement are inversely associated with sexual initiation in adolescence [16]. Transitional Teens Model also identified parental influence as one of the key element that significantly affects and influence adolescence behaviours. Future studies could explore association between parenting styles and adolescents involvement in risky sexual behaviours to view adolescents sexuality in another dimension.

The research question on assessing the knowledge of risky sexual behaviours across selected schools showed there is no significance in their mean knowledge scores across selected schools used for the study. However there mean score were on the average. This invariably supports findings in literature that majority of Nigerian adolescents lack access to reproductive health care and this make them vulnerable to risk associated with their sexual activities. The present study equally revealed that some of the respondents were ignorant of the fact that multiple sexual partner increases their chances of getting STIs, not only this, in table 4.9 it was revealed that most of the respondents claimed to have suffered STIs. This is in accordance with [1] that, by the time they
are 18 years of age, most adolescents in Nigeria are poor contraceptive users and they are less likely than adult to consistently use condoms or other methods of protection that could reduce their chances of infection. This was relatively at variance to a 10-year report (1991-2001) released by communicable centre[11] that percentage of students who had sexual intercourse has dropped from 54.46% and condom usage has increased from 46.58%. It is also in consonance with other findings in the literature that premarital and extra-marital sexual intercourse also exposes adolescents and young people to elevated risks of becoming infected with HIV or other STI, with potentially catastrophic consequences for their health and wellbeing. Because HIV/AIDS is incurable and the cost of treatment is high, prevention is urgent. From the fore-going, it must not be assumed that adolescents are already aware of their sexuality in whatever age or state they are. Sex education should naturally be integrated into their lives as they grow up both by the parents, teachers and society in a very mature way. It must also be noted that parents should answer their children’s questions properly and information according to their level of exposure and maturity should be given. It can also be inferred from this study that, pretending that sex never exists before these adolescents’ sounds dangerous and expose these children to untimely dangerous curiosity. Therefore, the children must be taught how to cope and handle their own sexual feelings, use of drugs and urges. However it was reliably gathered from this study that primary source of information that is mostly available to adolescents on sexuality education was school only few of the information were gotten from their equally misinformed friends /peers. Study by [17] suggested that having school as the primary source of sexuality education might have increased the use of condoms at first intercourse. This findings is at variance with high prevalence of STD in this study 32.0%. This showed that our schooling systems provide little or no sexuality education for young people or perhaps the information provided is not adequate. The revelation of this study regarding source of information to adolescents on sexuality education is in tandem with the communiqués at the International Conference on Population and Development [18], that supports should be given by parents to promote integrated sexuality education and services to young people. From the fore –going the (ICPD) communiqués is in line with the findings of this study that very few of the information were gotten from parents and this equally in accordance with a recent Nigerian’s survey that showed that the parents that ought to be the primary educator/communicator to their children on specific sexuality values had played the least role in this regard [19]. The result of this study showed that parents should try as much as possible to compliments sex education programmes in school and not to be bias on sensitive sexuality matters.

Meanwhile, the National Health Service Executive recently granted funding for sex education training for school nurse, but apparently on the basis that efforts did not involve a wider discussion of sexuality. A recent pamphlet from National Union of Teachers says the danger is that much of the information children receive is misinterpreted and imprecise. Nurses are well placed to correct some of these myths. This is however in consonance with the findings of this study that revealed that many of the respondents have no previous information on sexuality education, some claimed to have little information while the remaining few have a lot of information. Besides it was elicited in the course of this study that only few of the respondents have their source of information to be parent, other sources of information such as school, friends/peer group, religious organization, books and media accounted for series of proportion for sexuality education while some claimed they have never had of sexuality education at all. One may one to wonder why they have not had about sexuality education, it was discovered that majority of information given to adolescents on sexuality are been discarded because of mode and time of presentation. Hence it is paramount for all parent to know that the earlier the sex education is given at home, the earlier the children are able to establish correct concept on sex, and the easier the parents can handle the situation.

VI. Conclusion

Adolescents health is a major concern because of its attendants and if their problem is not properly addressed the cycle become more viscous and the problem become more compounded. Therefore it becomes the roles of individual, be it parents, teachers, health professionals especially nurses to provide right information to this youthful generation in a way that will influence their life positively.

The findings of this study revealed that the vast majority of adolescents were poorly informed about sexuality education before the intervention and this was in consonance with what was found in the literature that the high magnitude of risky sexual behavior among young people is associated with misconceptions about sex and lack of curriculum for sexuality education in schools [20]. Thus refusing to talk about sex does not mean that adolescents are safe. Only by discussing sex, and beginning to talk to adolescent at a younger age, will improve their knowledge about sexuality and enhance their informed decision about sexuality issues and this will go a long way in helping to reduce the maternal mortality and morbidity which this population contributes the higher percentage[21].

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VII. Limitation

A major strength of this study is the high response rate (100%) achieved. There was no attrition of any kind; however, there are a number of limitations such as social desirability bias, as the questionnaire included questions of a sensitive nature. Subjects may have answered some questions in a manner they felt to be socially appropriate. It is impossible to determine in what direction such a bias would have operated but every attempt was made to reassure participants of anonymity and to conceal participation, therefore minimizing the bias. Furthermore, respondents’ bias might have occurred as interviews took place in a school environment and students may have, consequently, over-emphasised the importance of knowledge obtained in schools.

This study has explored an important issue given the robust evidence which suggests that curriculum-based sex education programmes are beneficial in preventing HIV, STIs and early pregnancy in adolescents. However, it is important to note that implementing sex education as a preventative measure in schools in Nigeria is limited by school attendance rates. Less than 60% of adolescents in Nigeria attend secondary school. Literature review pointed out that many at times lessons are delivered with discourses of relational strategies for adolescents.

VIII. Recommendations

Based on the findings of this study the researcher makes the following recommendations:

1. Parents and teachers should be sensitized about the whole question of adolescents’ sexuality so that they can be more involved in teaching them the same.
2. The community should work hand in hand with community-based organization and NGOs to educate the adolescents on responsible sex behavior.
3. The religious organization should play a more active role in educating the adolescents on sex education and since most adolescent prefer getting their information concerning sex from peers, all the parties should make effort to train the adolescents in order to ensure that they give right information to each other.
4. It is evident that students have been benefitting from unsystematic sexuality education programme from the media, therefore, the media and all other informal means of educating adolescent can be credited for further enriching programme.
5. Since we know that majority of teenagers engage in sexual intercourse before leaving high school, the stakes are high when considering the policy implication of sexual education. Sex education policy must give adolescents the information and tools necessary to reduce their risks.
6. Moreover, since we can safely assume that the vast majority of teenagers will eventually be in intimate relationships, they must have authentic information on contraceptive methods in other to be safe in their sexual decisions. The education system should put into consideration the idea of incorporating sex education into the school curriculum.
7. Government must support secondary education for full integration of sexuality education into curriculum, with enough trained staff and time allocated to the implementation of such interventions. Only few of the respondent reported that they have had about sexuality education from school, and the so call sex education are not enriching. Therefore, the quality, quantity and contents of the intervention should be reviewed and students’ motivation also addressed.
8. Universal sex education especially on reproductive health should be inculcated into the family support programme in order to re-orientate and change our role towards building up a healthy adolescent life.
9. At community level, health providers are in an excellent position to participate in the development and delivery of comprehensive sexuality curricular in the schools and other public institution.
10. Efforts must be taken to set up adolescent health centres and counseling unit which will readily made available and provide accessible reproductive services in order to control the health related problems being faced buy adolescents.
11. Parents should be re–orientated concerning the adolescent’s reproductive lifestyle and its dynamism.
12. Media should be mobilized to focus on campaign aimed at improving and promoting preventive interventional strategies for adolescents.
13. Public enlightenment should be organize through audio visual aids such as public address system, posters, handbills, pamphlets, radio jingles and mass media to educate populace with emphasis on sexuality education.

Risky Sexual Behaviour among Secondary School Adolescents in Ibadan North Local
14. Youth friendly clinics should be incorporated into the school health services where adolescents can have access to the reproductive health and sexuality education.
15. Finally, age appropriate sexual and reproductive health education should begin as early as possible, if possible at primary school levels so that information could be reinforced.

IX. Suggestion for future Research

The findings of this study have been able to reveal the need for further studies. Therefore future study should be directed towards the following:
1. Evaluation of outcome of intervention (sexuality education) on risky sexual behavior of adolescent.
2. Replication of this study with inclusion of adolescent from other local government so as to give room for comparison in their behavior.
3. Future research might also focus on studying topic understudy, through observations of lessons to evaluate how teachers deliver lessons on adolescent sexuality literature review pointed out that many at times lessons are delivered with discourses of adolescent sexuality ignored, overlooked and silenced.
4. The same study could be replicated in the same schools a few years later to see if the intervention has had a different on behavior and attitudes over time. It could also be done in private schools and make room for comparison with public schools. All these would definitely help inform policy makers and programme planning and implementation in the future.

Acknowledgements

I am indeed grateful to God Almighty, the Jehovah El-Shaddai, and the source of wisdom, understanding and knowledge whose mercies endured forever. My unreserved appreciation goes my erudite supervisors (Dr. Mrs Patricia Bakare and Dr Modupe Oyetunde) for their constructive criticisms and energy rendered towards the completion of this project. My biography cannot be completed without acknowledging my Sweetheart, A great man of honour, A great lover of God, A zealous man of God imbued with the gentle flame of love, come rain come sunshine he has always been by my side, whose life is worth of emulation. I thank the lord Almighty for giving me the bone of my bone and flesh of my flesh who always accommodates me at any given situation. I need to appreciate the children the Lord has blessed me with most especially in the course of this program.

Table 1: Socio-demographic characteristics of respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n=410)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>155</td>
<td>37.8</td>
</tr>
<tr>
<td>Female</td>
<td>255</td>
<td>62.2</td>
</tr>
<tr>
<td>Age (Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td>14.71±1.64</td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>239</td>
<td>58.3</td>
</tr>
<tr>
<td>Tribe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hausa</td>
<td>21</td>
<td>5.1</td>
</tr>
<tr>
<td>Ibo</td>
<td>97</td>
<td>23.7</td>
</tr>
<tr>
<td>Yoruba</td>
<td>292</td>
<td>71.2</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ikolaba High School</td>
<td>112</td>
<td>27.3</td>
</tr>
<tr>
<td>Bishop Onabanjo Grammar</td>
<td>128</td>
<td>31.2</td>
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<tr>
<td>Anglican Grammar School</td>
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<td>41.5</td>
</tr>
<tr>
<td>Class</td>
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<td></td>
</tr>
<tr>
<td>Junior Secondary</td>
<td>43</td>
<td>10.5</td>
</tr>
<tr>
<td>Senior Secondary</td>
<td>367</td>
<td>89.5</td>
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<tr>
<td>Religion</td>
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</tr>
<tr>
<td>Christianity</td>
<td>260</td>
<td>63.4</td>
</tr>
<tr>
<td>Islamic</td>
<td>135</td>
<td>32.9</td>
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<tr>
<td>Traditional</td>
<td>6</td>
<td>1.5</td>
</tr>
<tr>
<td>None</td>
<td>9</td>
<td>2.2</td>
</tr>
<tr>
<td>Primary care giver</td>
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<td></td>
</tr>
<tr>
<td>Parents</td>
<td>338</td>
<td>84.9</td>
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<tr>
<td>Relations</td>
<td>23</td>
<td>5.6</td>
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<tr>
<td>Guardian</td>
<td>39</td>
<td>9.5</td>
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</table>
Table 2: Influence of socio demographic variables on risky sexual behaviour of the respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>OR</th>
<th>P value</th>
<th>Lower</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yrs)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td>1.52</td>
<td>0.065</td>
<td>0.98</td>
<td>2.38</td>
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<tr>
<td>15-19</td>
<td>Reference</td>
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<td></td>
</tr>
<tr>
<td>Sex</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1.11</td>
<td>0.65</td>
<td>0.72</td>
<td>1.72</td>
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<td>Female</td>
<td>Reference</td>
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<td></td>
</tr>
<tr>
<td>Tribe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hausa</td>
<td>0.23</td>
<td>0.01</td>
<td>0.07</td>
<td>0.73</td>
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<tr>
<td>Ibo</td>
<td>1.00</td>
<td>0.99</td>
<td>0.61</td>
<td>1.65</td>
</tr>
<tr>
<td>Yoruba</td>
<td>Reference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JSS</td>
<td>0.39</td>
<td>0.01</td>
<td>0.19</td>
<td>0.81</td>
</tr>
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<td>SSS</td>
<td>Reference</td>
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Table 3: Association between primary caregiver and risky sexual behaviour

<table>
<thead>
<tr>
<th>Primary Caregiver</th>
<th>Risky sexual behaviour</th>
<th>Chi square</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>No (%)</td>
<td></td>
</tr>
<tr>
<td>My parents</td>
<td>206 (59.5)</td>
<td>140 (40.5)</td>
<td>17.53</td>
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<tr>
<td>Relation</td>
<td>23 (100)</td>
<td>0 (0)</td>
<td></td>
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<tr>
<td>Guardian</td>
<td>20 (48.8)</td>
<td>21 (51.2)</td>
<td></td>
</tr>
</tbody>
</table>

References

[3]. WHO 2006 Sexual Health :Definition and Answer.
[7]. Richard O 2004: Study on parent, knowledge attitude towards adolescents sexuality education.(unpublish)
[14]. Zabin B and Heirsch W. 2008: Effective child development through pre-adolescents implication for counseling.