



AWARENESS AND PRACTICES OF RISKY SEXUAL BEHAVIOUR AMONG YOUTHS IN IKPOBA OKHA COMMUNITY, EDO STATE.

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Abstract

BACKGROUND: Risky sexual behaviour is any behaviour that increases one's likelihood of contacting sexually transmitted infections, including having unprotected intercourse, having multiple sexual partners, and having sexual intercourse with an intravenous drug user. The period of youth is a critical developmental period which defines and clarifies their sexual values and the urge to experiment with sexual behaviours.

OBJECTIVES: The study was set out to determine the awareness and practices of sexually transmitted infections and sexual behaviour among the youths in Edo State, Nigeria

METHODS: A descriptive cross-sectional design was used in this study. Multi-stage sampling technique was adopted with a structured interviewer administered questionnaire to collect data from 412 studied respondents who gave informed consent. All relevant data such as socio-demographic information, sexual behaviour and practices were collected and analyzed using IBM SPSS version 23.

RESULTS: The mean age (SD) of the respondents was 19.0(3.09) years. Three hundred and fifty (85.0%) of the respondents were aware of sexual intercourse. More than half, 199 (56.9%) of the respondents stated their source of information were from friends. Another 156 (44.6%) stated social media and 112 (32.0%) stated television.

One hundred and thirteen (85.6%) first had sexual intercourse between 15-19 years and 88(64.7%) of the respondents have engaged in hugging and kissing about 6 or more times in last six months, while a little more than that 84 (61.8%) had sex 6 or more times in last six months. Fortyseven (34.6%) of the respondents have been involved in oral sex 2-3 times in last six months.

CONCLUSION: High risk sexual practices are still common among young persons in our environment as shown in this study. The youths in our society should be properly guided by parents and teachers to avoid misinformation emanating from friends and social media.

Keywords: Awareness, sexual behaviour, sexual intercourse, young persons.

INTRODUCTION.

In many developing countries and most of the underdeveloped countries, sex education does not exist; if it exists, it is mostly found to be inadequate. Lack of proper sex education often leads to unprotected sex, unintended pregnancy, and sexually transmitted diseases (Feldmann and Middleman 2002). Furthermore, Coital and non-coital sexual behaviors as mostly practiced by the youths exposed them to the risk of undesired consequences such as sexually transmitted infections and pregnancies (Forcier, 2019)

Risky sexual behaviour (RSB) is any behaviour that increases one's likelihood of STI, including having unprotected intercourse, having multiple sexual partners, and having intercourse with an Intravenous Drug User (IVDU) (Ritchwood *et al*, 2015) The period of youth is a critical developmental period which defines and clarifies their sexual values and the urge to experiment with sexual behaviours. Globally the control of HIV/AIDS is currently threatened among the youths aged 15 to 24 years, as they account for half of the infections. Sexual activities among youth are reportedly on the increase as; most youth around the world, whether single or married, engage in early sexual debut before age 20, (Ankunda *et al*, 2016) and this has placed youths at increased danger of risky sexual behaviours (RSB) and other reproductive health problems. Youths have bulk of the health challenges not been considered health priorities because young people are presumed to have lower morbidity and mortality and have better knowledge than older age groups. (Ankunda *et al*, 2016)

The pattern of sexual behaviour of the youths have shown that they lack adequate information and often engaged in multiple sexual practices thus exposing them to numerous sexually related problems. Research has shown that 62% of the youths are sexually active and 97% of the sexually active had multiple sexual partners (Doku, 2012)

Youths are easier to reach, making interventions and research cheaper and less complex in terms of logistics. This research was therefore timely among the youths in Upper Sokpoba Community as this will serve as a tool

for stake holders to plan interventions that will help reduce the incidence of risky sexual behavior and provide policies that will equip and empower the youths

Methodology

Study area

The study was carried out in Ikpoba Okha Local Government Area of Edo State in the South - South Geopolitical zone of Nigeria. Edo State is located in the heart of the tropical rain forest and it lies between longitudes 5°E and 6° 42"E and latitudes 5° 45"N and 7° 35"N of the equator. The State is bounded to the north and east by Kogi State, to the south by Delta State, and to the west by Ondo State. The State has a total population of 3,218,332 with 1, 640,461 males and 1,577,871 females. It also has a total land area of 19, 281, 93 square kilometres (Benin City/ History&Facts, 2021 and International Rubber Study group Nigeria 2020). Adolescent population aged 10-24 years in Edo State is 1,089,332, while women of child bearing age (15- 49 years) are 853,624 with a total fertility rate of 5.3 and use of family planning by married women is 19% (International Rubber Study group Nigeria 2020 and Ancient Cities in Nigeria, 2021).

Ikpoba-Okha Local Government is located in the South-South region of Edo State, lying between latitudes 6°N - 6.3°N and longitude 5.8°E -5.9°E. It is bordered by Oredo Local Government Area in the north, Orhionmwon LGA in the south, Egor Local Government Area in the East and by Delta State in the West. The Local Government area covers about 814.46 square kilometres It is essentially in the rain forest with a lowland of about 100 meters. The administrative headquarters is at Idogbo. The Local Government Area is divided into 10 Wards and each ward consists of 2 or more villages. The predominant tribe is Benin. The current population of the Local Government Area is 423,985. It is a major town with a lot of commercial activities like small kiosk, food vendors, hotels, guest houses, brothels. Most of the people are farmers, civil servants, drivers and petty traders. The community has primary health centers, Government primary schools, numerous private primary and secondary schools, a market and a petrol station.

Study Design: A descriptive cross-sectional study

Study Population: All youths within the selected communities were involved in the study.

Inclusion criteria

All youth+ resident (in – school and out- of school) in study area

Exclusion criteria

Those youths within the study area that refuse consent were excluded

Study Duration

The study was carried out over a period of three months. Data collection was carried out over a period of two months, while analysis and write-up of the study was done over a period of four weeks.

Sample Size Determination

The minimum sample size for the study was calculated using the Cochran's formula for minimum sample size determination in cross-sectional study (James *et al* 2018).

$$n = \frac{Z^2 pq}{d^2}$$

Where n is minimum sample size required for the study

P= Proportion of Students who had unprotected sexual intercourse in Jos, Nigeria, 62% (John *et al* 2014).

$$q = 1 - p = 1 - 0.62$$

d=Error margin (Precision) desired. Usually set at 5%

Z= Standard normal deviation. Usually set at 95 percent confidence level.

$$p = 0.62$$

$$q = 0.38$$

$$d = 0.05$$

$$Z = 1.96$$

Applying the formula: $n = (1.96)^2 \times 0.62 \times 0.38 / (0.05)^2$

$$n = 0.868515 / 0.0025$$

$$n = 347.4 \text{ i.e. approximately } n = 348$$

By correcting for non-response at a rate of 10%, the total sample size used for the study was therefore $348 + 35 = 383$.

A total of 400 questionnaires was however administered to selected youths in the communities.

Sampling Technique: A multistage sampling technique comprising of 3 stages was utilized to select the respondents.

Stage 1 was selection of Local Government Area. One LGA (Ikpoba Okha) was selected using simple random sampling technique from a sampling frame of the 3 available LGAs. Second stage was the selection wards, simple random sampling technique by balloting was used to select 2 wards from the LGA. The third stage was

selection of the communities, 2 communities was selected using the cluster sampling technique, and all the respondents within the selected cluster was used in this study. The questionnaire used in this study contained both open and closed ended questions. Data collection was done by the researcher and research assistants

Pre testing

The data collection instruments were pre-tested among the youths in Ugbor Community in Ikpoba Okha Local Government Area, Edo State. The instrument were tested for their correctness, clarity, and appropriate understanding by the respondents. The ability of research assistants' to fill the questionnaires appropriately were also assessed from the pre-testing exercise.

Data Collection:

Data were collected using quantitative method. The variables sought were in line with the objectives of the study. Four Research Assistants were recruited and trained over a period of three days on how to administer and fill the questionnaires. The Research Assistants were volunteer medical students' workers.

Quantitative data collection methods: Questionnaires: A structured, interviewer administered questionnaires were administered to youths resident in the community.

The questionnaires covered Socio-demographic data, Sexual behavior and risky behaviors,

Data Analysis: Collected quantitative data were entered and analyzed using Statistical Package for Scientific Solution (SPSS) version 23. Descriptive and inferential analysis were carried out in line with the objectives of the study.

Quantitative variables that were normal in distribution such as age and weight were expressed as means \pm standard deviation. Qualitative data like gender, educational status, and marital status were presented as diagrams and percentages. Statistical test of associations were carried out using a 95 percent confidence interval. P value was set at < 0.05

Ethical Consideration

Ethical approval was obtained from the Research and Ethical Committee of the University of Benin with approval No: CMS/REC/2018/014 before the commencement of the field work. Approval was sought from the community leaders and youth leaders, while parents gave assent for questionnaires administered to those respondents less than 18 years. Individual informed consent were attached to each questionnaire and the respondent must give his or her consent before the questionnaire was filled. Participation was purely voluntary and there was no inducement or undue influence on participants. Health education was given to each youth during the study.

Results

Almost half; 196 (47.6%) of the respondents were aged below 19 years, with a mean age (SD) of 19.03 (3.09) years, as well as more than half, 227 (55.1%) of them being females. The most common ethnic group among the respondents was Benin; 172 (41.7%), followed by Yoruba; 65 (15.8%), and Esan; 50 (12.1%). More than four-fifth; 334 (81.1%) of the respondents were Christians. Over half, 223 (54.1%) of the respondents had secondary level of education.

Majority; 374 (90.8%) of the respondents were single, while 26 (6.3%) were married. A higher proportion; 296 (71.8%) of the respondents had monogamous family structure, while over half; 218 (52.9%) had family size of 4 and above number of individuals. Table 1a.

TABLE 1a: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Variable	Frequency (n=412)	Percent (%)
Age group*(years)		
< 19	196	47.6
19-22	151	36.7
23-24	51	12.4
≥ 25	14	3.3
Sex		
Male	185	44.9
Female	227	55.1
Ethnic group		
Benin	172	41.7
Yoruba	65	15.8
Esan	50	12.1
Hausa	41	10.0
Igbo	39	9.5
Etsako	32	7.8
Others*	13	3.2
Religion		
Christianity	334	81.1
Islam	58	14.1
ATR	14	3.4
None	6	1.5
Level of Education		
None	18	4.4
Primary	39	9.5
Secondary	223	54.1
Tertiary	132	32.0
Marital status		
Single	374	90.8
Married	26	6.3
Widow/Widower	1	0.2
Separated	3	0.7
Cohabiting	8	1.9

Family structure		
Monogamous	296	71.8
Polygamous	91	22.1
Separated	25	6.1
Family size group		
< 4	194	47.1
≥ 4	218	52.9

* Mean age (SD): 19.0 (3.1) years

**Others: Urhobo (1.0%), Ogoja (1.0%) Kogi (0.5%) Delta (0.5%) Cross river (0.2%)

Majority; 222 (53.9%) of the respondents resided in self-contain/flat, while 164 (39.8%) were resident in shared apartments. Furthermore, a large number of the respondents; 244 (59.2%) resided with parents, with another 60 (14.6%) residing alone, and 50 (12.1%) residing with friends. A higher proportion of the respondents' parents had secondary level of education; 147 (35.7%) and 129 (31.3%) respectively for fathers' and mothers. Majority of the respondents; 190 (54.3%) are still in school, while 160 (45.7%) are out of school. Table 1b.

TABLE 1b: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Variable	Frequency (n=412)	Percent (%)
Type of residence		
Flat/self-contain	222	53.9
Shared apartment	164	39.8
Bungalow	21	5.1
Duplex	4	1.0
Others*	1	0.2
Persons residing with		
Parents	244	59.2
Alone	60	14.6
Friends	50	12.1
Guardians	34	8.3
Others**	24	5.8
Fathers' level of education		
No former education	101	24.5
Primary	71	17.2
Secondary	147	35.7
Tertiary	64	15.5
Don't know	29	7.0
Mothers' level of education		
No former education	125	30.3
Primary	84	20.4
Secondary	129	31.3
Tertiary	43	10.4
I don't know	31	7.5
Still in school		
No	160	45.7
Yes	190	54.3

*Others: sleep anywhere (0.2%)

**Others: husband (58.3%), boyfriend (29.1%), wife (8.3%) and brother (4.3%)

In Table 2, a large number; 350 (85.0%) of the respondents were aware of sexual intercourse. More than half; 199 (56.9%) of the respondents mentioned friends as their source of information. 156 (44.6%) social media; and 112 (32.0%) television.

TABLE 2: AWARENESS AND SOURCE OF INFORMATION ABOUT SEXUAL INTERCOURSE AMONG RESPONDENTS

Variable	Frequency	Percent (%)
Heard of sexual intercourse		
Yes	350	85.0
No	62	15.0
Source of information*		
	(n=350)	
Friends	199	56.9
Social media	156	44.6
Television	112	32.0
Parents	108	30.9
Radio	90	25.7
Church	80	22.9
School	58	16.6
Relatives	43	12.3
Colleague	36	10.3
Health worker	35	10.0
Mosque	6	1.7

* Multiple responses

. From Table 3a, more than two-third; 218 (62.3%) of the respondents have not had sexual intercourse, while 132 (37.7%) have had sexual intercourse. More than half; 69 (52.2%) of the respondents who have had sexual intercourse stated it was not planned. Majority; 90 (68.2%) first received sexual education from friends and; another 38 (28.7%) from parents.

A higher proportion, 113 (85.6%) first had sexual intercourse between 15-19 years. Majority, 32 (24.2%) of the respondents have sexual intercourse occasionally. Another 31 (23.5%) of the respondents have sex once in 3 days. Also, a higher number 49 (37.1%) of the respondents have had frequency of sexual intercourse less than 5 times in the last 12 months.

Ninety four (71.2%) had a life time number of sexual partners below 4, while 38 (28.8%) had 4 and above. Also, 106 (80.3%) had less than 2 sexual partners in past 3 months. One hundred and four (76.5%) of the respondents

stated they would have sex when next chance comes. Sixty nine (50.7%) of the respondents had knowledge of the HIV status of their partners.

TABLE 3a: SEXUAL BEHAVIOUR AND PRACTICES OF THE RESPONDENTS

Variable	Frequency (n=350)	Percent (%)
Ever had sexual intercourse		
No	218	62.3
Yes	132	37.7
Was sexual intercourse planned	(n=132)	
No	69	52.2
Yes	63	47.8
First received sexual education from	(n=132)	
Friends	90	68.2
Parents	38	28.7
Siblings	2	1.5
Teacher	1	0.8
Media	1	0.8
Age at first sexual intercourse (years)	(n=132)	
10-14	15	11.4
15-19	113	85.6
≥ 20	4	3.0
Frequency of sexual intercourse	(n=132)	
Occasionally	32	24.2
Once in 3 days	31	23.5
Once in a week	27	20.5
Every weekend	15	11.4
Rarely	14	10.6
Daily	12	9.1
Once in a month	1	0.7
Frequency of sexual intercourse in last 12 months	(n=132)	
< 5	49	37.1
5-9	42	31.8
≥ 10	41	31.1
Lifetime number of sexual partners	(n=132)	
< 4	94	71.2
≥ 4	38	28.8
Number of sexual partners in past 3 months	(n=132)	
< 2	106	80.3
> 2	26	19.7
Will have sex when next chance comes	(n=132)	
No	32	23.5
Yes	104	76.5
Had more than one sexual partner	(n=132)	
No	109	60.1
Yes	27	19.9
Had knowledge of the HIV status of your partner	(n=132)	
No	67	49.3
Yes	69	50.7

Eighty-eight (64.7%) of the respondents have engaged in hugging and kissing about 6 or more times in last six months, while a little more than that 84 (61.8%) had sex 6 or more times in last six months. Forty-seven (34.6%) of the respondents have been involved in oral sex 2-3 times in last six months.

A higher proportion, 90 (66.2%) have not engaged in oral sex in last six months. One hundred and six (80.3%) knew their partners for more than a month before having sexual intercourse with them; 121 (89.0%) of the respondents have never patronized commercial sex workers. 103 (75.7%) of the respondents have not experienced forced sex. Table 3b

TABLE 3b: SEXUAL BEHAVIOUR AND PRACTICES OF THE RESPONDENTS

Variable	Frequency (n=136)	Percent (%)
Engaged in hugging in last 6 months		
Never	14	10.3
4-5 times	34	25.0
6 or more times	88	64.7
Engaged in kissing in last six months		
Never	14	10.3
2-3 times	3	2.2
4-5 times	31	22.8
6 or more times	88	64.7
Engaged in sexual intercourse in last six months		
Never	18	13.3
Once	1	0.7
2-3 times	1	0.7
4-5 times	32	23.5
6 or more times	84	61.8
Engaged in oral sex in last six months		
Never	30	22.1
Once	3	2.2
2-3 times	47	34.6
4-5 times	25	18.4
6 or more times	31	22.8
Engaged in anal sex in last six months		
Never	90	66.2
Once	14	10.3
2-3 times	31	22.8
4-5 times	1	0.7
Engaged in homosexuality in last six months		
Never	103	75.7
Once	3	1.5
2-3 times	31	22.8
Length of time partner knew before sex (n=132)		
2 to 7 days	2	1.5
Two weeks to one month	15	11.4
More than one month	106	80.3

Don't know	9	6.8
Patronized commercial sex workers		
No	121	89.0
Yes	15	11.0
Experienced forced sex		
No	103	75.7
Yes	33	24.3

Eighty-five (62.5%) of the respondents had not impregnated or gotten pregnant in the past and 98 (74.2%) of the respondents did not use a condom in last sexual encounter. Almost all, 131 (99.2%) of the respondents had never engaged in sex in exchange for reward. Forty-five (33.1%) of the respondents make use of condom to prevent pregnancy and UTI and; another 31 (22.8%) used withdrawal method to prevent pregnancy. Fifty-five (40.4%) of the respondents made use of condom as a form of contraceptive, while 60 (44.1%) sometimes make use of contraceptive during sexual intercourse. Table 3c

TABLE 3c: SEXUAL BEHAVIOUR AND PRACTICES OF THE RESPONDENTS

Variable	Frequency (n=136)	Percent (%)
Ever been pregnant or impregnated some one		
No	85	62.5
Yes	51	37.5
Person you had sexual intercourse with that led to pregnancy	(n=51)	
Neighbourhood friends	27	51.9
School mate	22	42.3
Relatives	2	3.8
Used condom in last sexual encounter		
No	98	74.2
Yes	34	25.8
Had sex in exchange for reward		
No	131	99.2
Yes	1	0.8
Methods used to prevent pregnancy and STI		
Condom	45	33.1
Herbal medicine	31	22.8
Withdrawal	15	11.0
Abstinence	15	11.0
Partner clean	13	9.6
Drugs	9	6.6
Nothing	8	5.9
Methods of contraception known		
Condom	52	38.2
Pills	51	37.5
Withdrawal	33	24.3
Methods of contraception being used		

Condom	55	40.4
Nothing	34	25.0
Herbal medicine	31	22.8
Pills	16	11.8
Frequency of contraception use		
Never	29	21.3
Rarely	28	20.6
Sometimes	60	44.1
Always	19	14.0

From figure 1, more than half, 73 (53.7%) of the respondents stated fun as their reason for having sexual intercourse. Another 30 (22.1%) had sex for no reason, while 26 (19.1%) had sex due to peer pressure.

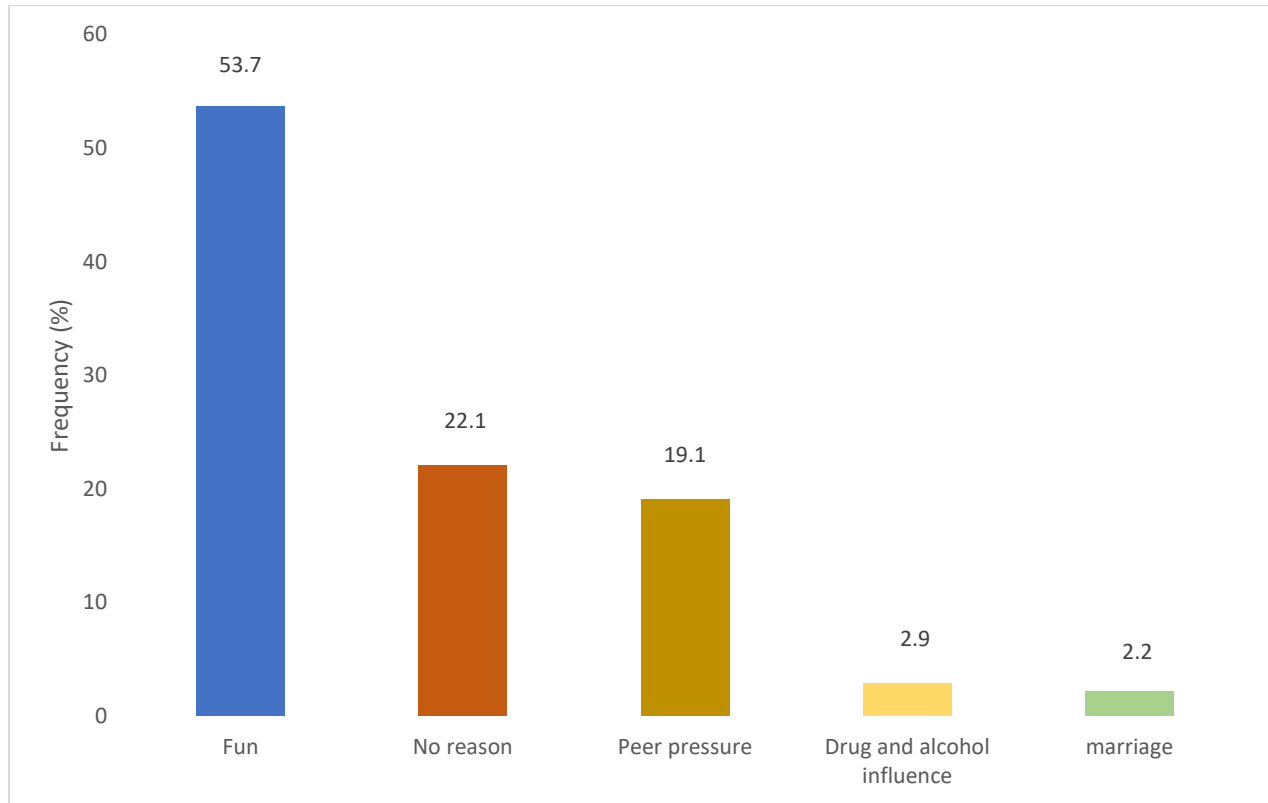


Figure 1: Reasons for engaging in sexual intercourse among respondents

Discussion

The study has found that 85.0% of respondents have awareness about sexual intercourse. This finding is in tandem with a study conducted in Jimma; at which about 85% of the respondents knew about sexual intercourse (Getachew *et al*, 2016) but higher than a study conducted in Nepal 67% Laura *et al*, 2014. This difference might be due to information source gaps, difference in educational background of the respondent's parents and socio demographic difference.

The result of this study revealed that about 56.9% of respondent's source of information about sexual activities were their friends. It is higher compared to previous study done in other parts of country 11% and Zambia 7% where their sources of information were parents (Nilu, Kamel 2015 and Chukwunonye *et al* 2015). This attests to the fact that majority of the youths have serious peer influences compounded by lack of open communication between parents and adolescents about sexual matters.

In this study, almost 2 out of every 5 respondents had sexual intercourse and more than half had it unplanned. A large proportion of the respondents had their debut between 15-19 years with majority having their first sex education from friends. This was comparable with similar studies done in Ibadan and Ilesha (Oyediran *et al*, 2008 and Owolabi, *et al* 2005). A study done in Lagos found that the mean age of sexual debut was 14.2 years (Nnebue, *et al* 2016). Other studies have found lower age of sexual debut (Ajuwon, *et al* 2006 and Aomreore, Alikor 2008). The implication is that sexual debut at an earlier age has been associated with increased risk of cervical cancer and sexually transmitted infections (Aomreore, Alikor 2008 and Izugbara, 2001).

In our study, a good number of the respondents are engaged frequently in sexual intercourse with a higher proportion having a life time number of sexual partner of 4 and above while majority indicated that they will have sex in their next chance even when they lack knowledge of the HIV status of their partners. These findings are in agreement with other studies done in Ibadan and Port Hartcourt metropolis [19]. Studies have shown that out of school youths who are in an environment characterized by high crime rate, crowded neighborhood and poor parental upbringing are perceived to engage in risky sexual behaviours (Orubuikoye, 1991)

Our study displayed a wide spectrum of sexual behaviour and practices ranging from hugging, kissing and actual engagement in sexual intercourse. The number of respondents who indulged in oral and anal sex were 78.0% and 33.8% respectively and 24.3 % were involved in homosexuality while majority of respondents engaged in sexual intercourse with partners well known to them. Sizeable proportion patronized commercial workers. Cumulative evidence indicates that the media and peer pressures influence a variety of youths sexual behaviours (O'Hara *et al* 2012 and Pardun, L'Engle 2005). Also the freedom of movement and

independence of youths contributed greatly to uncontrolled sexual behaviors. As can be expected, the percentage of respondents who have experienced forced sex was also high. A similar pattern was observed among senior secondary school students in Edo State (Omozuwa and Aisien 2019).

This study reflected high risk sexual behaviour among the youths with 2 in every 5 having ever been pregnant or impregnated someone and over half of the respondents reported having sexual intercourse with neighborhood friends. Only a quarter of the respondent used condom as a form of contraceptive despite knowing that condom was the most commonly available method of contraception and for the prevention of sexually transmitted infections. This study agrees with a similar work done earlier where the sexually active youths were less likely to use any form of contraceptive and when they do are less likely to use it correctly or consistently (Omozuwa and Aisien 2019).

In this study more than half of the respondents stated fun as their reason for having sexual intercourse while some had sex for no reason, and others had sex due to peer pressure.

In a study done in south western Ethiopia, peer pressure was the major factor that influenced the respondents for their first sexual intercourse. Unlike this study more than half of the youths stated fun as the major reason for indulging into sexual intercourse. This finding is lower than those from studies done at Boditi, South Ethiopia and Nepal (Nilu and Kamel, 2015 and Bogale and Seme 2014). This disparity might be due to dissimilarity in interest and satisfaction of the study participants. Other studies done in Benin and in Ibadan found the level of peer influence a very strong factor on sexual matters (Oyediran *et al*, 2008 and Omozuwa and Aisien 2019).

LIMITATIONS OF THIS STUDY

The youths were very uncomfortable answering questions on sexual issues because of its sensitive nature so sometimes we encountered difficulties getting information from the respondents.

This age group are very secretive unwilling to volunteer the right information, especially as these information were concerning sexual exploits.

The responses were self-reported, and the extent of under reporting or over reporting of behaviors cannot be determined, although measures described in this report demonstrate that the data were of acceptable quality.

Conclusions

Majority of the young persons are aware of sexual intercourse and a considerable number of them have practiced high risk sexual behaviors that might predispose them to different sexual and reproductive health problems. Even though fun was revealed as a major factor that influenced the respondents towards sexual intercourse, the respondents received most of their information from friends which have greater influence on their positive and negative behaviors.

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