



UNDERSTANDING RISKY SEXUAL BEHAVIOUR AMONG UNDERGRADUATES

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ABSTRACT: *Background:* Exploring sexual activities that may make individuals vulnerable to sexually transmitted infections and unplanned pregnancies is being considered following observation and increased reports of unplanned pregnancies and its attendant consequences among students in tertiary institutions. *Objective:* Determine the undergraduates' awareness and attitude towards risky sexual behaviour. *Methods:* A descriptive Cross-sectional survey was conducted, among year one and year two Medical and Nursing undergraduate students at two tertiary institutions in Rivers State of Nigeria, using a questionnaire adapted from World Health Organisation survey instrument to obtain data on knowledge of and attitude towards risky sexual behaviours. Two hundred and eighty participants were randomly selected. Descriptive analysis was carried out using Statistical Package for Social Sciences version 21.0. *Results:* About 92.9% of the respondents are aware that unprotected (oral, anal, vaginal) sexual intercourse is a risky sexual behaviour. Assessing respondents' attitudes to risky sexual behaviour revealed that 9.3% agree that condom should only be used during sexual intercourse with commercial sex workers. *Conclusions:* Most Undergraduates are aware of sexual activities that constitute risky sexual behaviours but there is need to cascade this awareness to reflect on general sexual habits and reduce public health emergencies among undergraduates.

KEYWORDS: Risky Sexual Behaviours, Awareness, Attitude, Students of Tertiary Institutions, Contraceptives, Undergraduates



INTRODUCTION

The achievement of the Millennium Development Goals (MDGs), particularly goals five (5) and six (6) as emphasized by Osagiede, Tobin, Abah, Awunor and Ehimen in 2016, is strongly determined by the progress that can be attained on sexual and reproductive health education of young people. The huge population of undergraduates in Nigerian tertiary institutions and the present insufficiency of human resources for health needs that interventions for this group of people are fashioned to resolve identified inadequacies in awareness and sexual behaviour. It is believed that people become sexually active when they are young hence the mandatory need for healthy sexual awareness for their future health status (Gilbert-Roberts, 2014).

A study titled “Risky Sexual Behaviour among Students of Tertiary Institutions in South-South, Nigeria: A Qualitative Study”, by Osuala, Ogbu and Udi in 2020 obtained data using focused group discussion which noted that participants described risk as something apt of causing harm while Risky Sexual Behaviours are sexual exposure that can produce injury. Sequel to this, sexual risk behavior as defined by Keto, Tilahun and Mamo (2020) are sexual activities that may make an individual predisposed to the risk of sexually transmitted infections including Human Immunodeficiency virus (HIV) and unplanned pregnancies. In 2015, Henok, Kassa, Lenda, Nibret and Lamaro published a study among regular Students of Mizan-Tepi University, South West Ethiopia which recorded that Students of higher institutions are believed to be exposed to much risky sexual behaviours (RSBs). To support this report, Rahnama, Rampal, Lye, Rahman (2011) added that majority of campus students exhibit lots of youthful exuberance and having found themselves in liberal atmosphere of campus life become susceptible to high risk sexual behaviour.

Participants in Osuala, Ogbu and Udi (2020) expressed awareness of RSBs by citing instances such as engaging in unprotected sex or sexual intercourse without contraceptive or wrong use of contraceptive but the study did not document the relationship of participants’ awareness of RSBs and socio-demographics. To understand the relationship between socio-demographic variables and awareness and attitudes to RSBs, Osuala, Udi, Ojong and Oduali’s findings in 2021 revealed that there is no significant relationship between respondents’ socio-demographic variables and awareness of, attitude to risky sexual behaviour. It was also found that only gender and age significantly influence practice of RSBs with an R² of 0.22 hence the conclusion that Risky sexual behaviour among young people is significantly associated with age and gender.

The survey by Osuala, Udi, Ogbu and Ojong among 280 undergraduates in 2021 confirms the practice of Risky Sexual Behaviour and its data recorded that 94 (33.6%) of its respondents had sexual contact. Out of this number, only 54 (57.4%) agrees that contraceptive method used often was condom, 30 (31.9%) agreed to regular contraceptive use, 23 (24.5%) agreed to have experienced condom breakage, while 12 (12.8%) indicated using drug enhancer for sex. Furthermore, 63 (67.0%) had first intercourse at age 16-20 years, 42 (44.7%) of respondents had less or equal to three (3) life-time number of sexual partners, 54(57.4%) of respondents had 1-2 number of casual sex partners and with respect to recency of intercourse 35 (37.2%) of respondents posited to have had sexual intercourse less or equal to one (1) month prior to the study.



Many empirical studies have been conducted on risky sexual behavior in different population groups and other study settings, nevertheless there is paucity of similar studies in the study area. Despite different stakeholders' effort to create awareness and reduce the rate of unintended pregnancy and Sexually Transmitted Infections (STIs), in 2014, Daka and Shaweno opined that the rate of contracting HIV/Acquired immunodeficiency Syndrome (AIDS) and other STIs is on the rise. Therefore, this survey aimed to determine the undergraduates' knowledge of and attitude towards risky sexual behaviour. The study will further produce suitable data on the subject under review and will proffer guides to resolve RSBs among students in tertiary institutions. Other researcher's will use the study findings as baseline information for other areas of research related but not within the scope of this study.

MATERIALS AND METHODS

A descriptive cross-sectional survey was carried out in two Universities in Rivers State, Nigeria (University of Port Harcourt and PAMO University of Medical Sciences). A total of 280 students were selected from the study population of 491 using Yaro Yamanes sample size formula. Proportionate sampling technique was used followed by simple random sampling using balloting to select 189 medical students and 91 nursing students from the two institutions. The instrument for data collection was a validated questionnaire adapted as a guide from World Health Organization. Face and content validity of the questionnaire was ensured by assessing the judgmental validity. In addition, validity was ensured by assessing the agreement of the experts on appropriate utilization of conceptual definition on the research instrument. The Ethical Review Committee of the University of Port Harcourt, Rivers State, Nigeria issued an ethical clearance for the study (UPH/CEREMAD/REC/MM61/025). After obtaining permission, respondents were informed about the study and its objectives. They were told that the study is only for research purposes and their names will not be used. Participation was voluntary and study participants were free to withdraw at any level during the study. Confidentiality was maintained and oral consent was obtained from the participants. Data were collected using a questionnaire with a reliability coefficient of 0.8. The filled questionnaires were collected by trained research assistants. The data collection procedure was supervised by the authors. Data was analysed and descriptive (mean, standard deviation and percentage) data were computed using Statistical Package for Social Sciences (SPSS) version 21.0.

RESULTS

Socio demographic characteristics of respondents

The demographic characteristics of participants are represented on Table 1. Data showed that 60% of the respondents were from University of Port Harcourt, while 40% were from PAMO University of Medical Sciences. Majority of the participants (67.5%) were from the Department of Medicine and Surgery, while 32.5% were from the Department of Nursing Science. Only 1st and 2nd year students from the two departments participated in the study with majority of the students (78.9%) between 16 -20 years, while only 0.7% of the students were \geq 31years. Most of the respondents (98.9%) were single (unmarried), and majority of them are females (61.1%), while the males accounted for only 38.9%.

**Table 1: Socio-Demographic Distribution**

	Frequency (n=280)	Percentages (%)
Institution		
Uniport	168	60.0
PAMO	112	40.0
Department		
Nursing	91	32.5
Medicine	189	67.5
Level of Edu.		
1 st Year	155	55.4
2 nd Year	125	44.6
Age (years)		
16-20	221	78.9
21-25	51	18.2
26-30	6	2.1
≥31	2	0.7
Mean ± Std.	19.42±2.46	
95% CI	19.13±19.71	
Religion		
Anglican	41	14.6
Roman Catholic	52	18.6
Pentecostal	155	55.4
Moslem	8	2.9
African Tradition	2	0.7
Others	22	7.9
Sex		
Male	109	38.9
Female	171	61.1
Marital Status		
Single	277	98.9
Married	3	1.1

Assessing the level of Awareness of Risky Sexual Behaviours among Respondents

The level of awareness of risky sexual behaviours of respondents is presented in Table 2. Results revealed that there is high level of awareness (80.5%) with a corresponding significant mean response (2.71 ± 0.64), because the mean is greater than the criteria mean of 2.0.

**Table 2: Level of Awareness of Risky Sexual Behaviours**

Statement	Yes (%)	No (%)	Do Not Know (%)	Total (%)	Mean	Std.	Decision
Early sexual initiation is a risky sexual behaviour.	245(87.5)	15(5.4)	20(7.1)	280(100)	2.80	0.55	Significant
Having multiple sexual partners is a risky sexual behaviour.	264(94.3)	11(3.9)	5(1.8)	280(100)	2.93	0.32	Significant
Unprotected (oral, anal, vaginal) sexual intercourse is a risky sexual behaviour.	260(92.9)	9(3.2)	11(3.9)	280(100)	2.89	0.42	Significant
Sexual intercourse with the same sex partner is a risky sexual behaviour.	176(62.9)	70(25)	34(12.1)	280(100)	2.51	0.70	Significant
Having sexual intercourse under the influence of alcohol is a risky sexual behaviour.	227(81.1)	19(6.8)	34(12.1)	280(100)	2.69	0.68	Significant
Masturbation is a serious health threat	181(64.6)	38(13.6)	61(21.8)	280(100)	2.43	0.83	Significant
Total	1353(80.5)	162(9.6)	165(9.8)	1680(100)	2.71	0.64	Significant

Respondents' attitudes towards Risky Sexual Behaviours

Table 3 revealed that Respondents agreed that most suitable contraceptive method for young people is abstinence (mean=3.51) and one should be concerned about HIV and other STIs (mean=3.81). However, respondents disagreed that a girl's suggestion to use contraceptives implies distrust (mean=2.12), condom effectively protects against unplanned pregnancy (mean=2.32), condom effectively protects against HIV and other STIs (mean=2.30), use of condom is only required with commercial sex partner (mean=1.80), condom can be used more than once (mean=1.40) and unprotected sex should precede engagement (mean=1.72) as shown on Table 3.

**Table 3: Attitude towards Risky Sexual Behaviours**

Statement	SA (%)	A (%)	D (%)	SD (%)	Total (%)	Mean	Std.	Decision
Most suitable contraceptive method for young people is abstinence.	187(66.8)	63(22.5)	16(5.7)	14(5)	280(100)	3.51	0.82	Agree
A girl's suggestion to use contraceptives implies distrust.	27(9.6)	53(18.9)	127(45.4)	73(26.1)	280(100)	2.12	0.91	Disagree
Condom effectively protects against unplanned pregnancy.	11(3.9)	98(35)	140(50)	31(11.1)	280(100)	2.32	0.72	Disagree
Condom effectively protects against HIV and other STIs.	19(6.8)	90(32.1)	126(45)	45(16.1)	280(100)	2.30	0.82	Disagree
Use of condom is only required with commercial sex partners.	19(6.8)	26(9.3)	115(41.1)	120(42.9)	280(100)	1.80	0.87	Disagree
One should be concerned about HIV and other STIs.	240(85.7)	31(11.1)	5(1.8)	4(1.4)	280(100)	3.81	0.53	Agree
Condom can be used more than once.	10(3.6)	12(4.3)	59(21.1)	199(71.1)	280(100)	1.40	0.74	Disagree
Unprotected sex should precede engagement.	18(6.4)	20(7.1)	108(38.6)	134(47.9)	280(100)	1.72	0.86	Disagree
Total	531(23.7)	393(17.5)	696(31.1)	620(27.7)	2240(100)	2.37	1.12	Disagree



DISCUSSION

Participation in RSBs has lots of inimical effects and is a source of concern for parents, practitioners, researchers, public policy makers (Simons, Burt and Tambling, 2013). Previous studies examined the pattern, practice, consequences and relationship of RSBs to socio-demographics.

The consequence of risky sexual practice as recorded by Srahbzu and Tirfeneh (2020) on the general health of young adults is extensive and minute attention has been given on identification and intervention plans. Unsafe but risky sexual behaviour and the accompanying exposure to infection is the paramount means of transmission for HIV/AIDS and human papillomavirus as concluded by Anderson et al (2013). Piece of literature by Abebe, Tsion and Netsanet (2013) have measured and reported the size of risky sexual behaviour as it relates to contributory factors, level of awareness, practice, and attitude to RSBs.

However, promoting awareness of RSBs among young people is become paramount for developing contextualized interventions. In the present study, data obtained revealed high level of awareness (80.5%) of RSBs among undergraduates as shown in Table 2. This is different from data obtained in Keto, Tilahun and Mamo (2020) which concluded that 38% have sufficient knowledge of RSB while 76.5% of respondents are aware of the consequences of RSBs. This dissimilarity may be as a result of contrasting characteristics among the study participants such as difference in sample size, level of education, cultural background, nature of the questions on the study instrument, study population, socio-demographics. With regards to participants' source of information about sexual matters, our study failed to assess the sources of respondents' information as observed in Keto, Tilahun and Mamo (2020) where respondents identified friends, teachers, parents, magazine, media and health personnel as sources of information on sexuality.

Our study further indicated that a significant (94.3%) proportion is aware that having multiple sexual partners is a risky sexual behaviour but the findings did not reveal that the participants have multiple sexual partners which were observed among male participants in Odimegwu and Somefun, 2017. A similar study by Keto, Tilahun and Mamo (2020) supports our findings. It reported that 129 (47.1%) study participants defined RSBs as sexual practice with multiple sexual partners while 113 (41.2%), 101 (36.9%) and 73 (26.6%) of them defined it as having sexual intercourse before marriage, sexual practice with inimitable partner and unusual but odd sexual practice like anal and oral sex respectively. Moving on, the narratives of participants in Ajayi, Nwokocha, Akpan, Adeniyi and Goon (2017) indicate that female university students were aware of the risks associated with unprotected sex but did not confirm their awareness of unprotected (oral, anal, vaginal) sexual intercourse as a risky sexual behaviour as noted in the study being reviewed.

Findings by Ajayi, Nwokocha, Akpan, Adeniyi and Goon (2017) showed that female students practice risky sexual behaviour despite being aware of its consequences but did not demonstrate participants' awareness of early sexual initiation as a risky sexual behaviour which was recorded in our study. There is scarcity of data supporting this report. However, despite the increasing awareness of the implications of risky sexual behaviour, Hoque (2011) concludes that the pattern of sexual behaviour among university undergraduates remains unchanged.



A study in 2019 by Ganle, Amoako, Baatiema and Ibrahim documented that 36% of its participants have had sex while drunk which explains that an individual's involvement in RSB as a result of alcohol influence does not translate that the person is aware that having penetrative sexual intercourse when drunk is a RSB. Interestingly, Table 2 of our study recorded that a significant proportion of the respondents are not ignorant that having sexual intercourse under the influence of alcohol is a risky sexual behaviour but it becomes a thing to worry as to how awareness of RSBs transcends to informed positive attitude. According to Gilbert-Roberts, it is believed that young people become sexually active and at this stage of their lives, healthy sexual awareness becomes compulsory otherwise they will develop risky sexual behaviours due to ignorance of healthy sexual behaviours. This is true as our study reported that 13.6 percent of the participants claimed ignorance that masturbation is a serious health threat while 13.8 percent are indifferent about it.

There are empirical studies that established the influence of knowledge of STIs, HIV/AIDS and Contraceptives on RSBs but there seems to be paucity of published literature on the relationship between awareness of RSBs concepts and attitude to it. Several reasons has being put forward to explain the varying levels of awareness of RSBs while some postulate that the attitude to RSBs is as a result of peculiar factors. To effectively bridge the gap between awareness of RSBs and attitude to it, sex education seems be a handy but crucial tool as suggested by Rashid and Mwale (2016).

Table 3 of this study shows participants' attitude to RSBs. It presents that 50 percent of the participants disagrees that condom effectively protects against unplanned pregnancy although 66.8% believed that the most suitable contraceptive method for young people is abstinence. Generally, the respondents in our study have varying attitudes towards risky sexual behaviours. This is slightly different from the report in 2020 by Keto, Tilahun and Mamo and in 2016 by Kassa, Degu, Yitayew which respectively has 52% and 55% respondents express positive attitude towards RSBs. Having shown a good level of awareness of RSBs, one would wonder why 6.8% of this study respondents strongly indicated that the use of condom is only required during sexual contact with commercial sex partners. A survey in 2016 by Schulkind, Mbonye, Watts and Seeley opined that alcohol led to high levels of sexual-risk taking, such as engagement with sex workers and reduced condom use but there was no record that its respondents use condom only when having sexual intercourse with commercial sex partners.

Only 71.1% of the study participants strongly disagrees that condom can be used more than once, which is inconsistent with the practice among respondents of a study by Ajayi, Ismail, and Akpan (2019) which recorded improper use of condom among respondents but using a condom more than once was not indicated. It is critical to note that 35 percent of this study participant agrees that condom effectively protects against unplanned pregnancy. This is consistent with the records by Mbachu et al (2021) which revealed mistaken beliefs about methods of preventing pregnancy. These misconceptions will subject unmarried Students to unplanned pregnancies. Several of such misconceptions about condom use and RSBs were documented in previous studies and our survey records that 32.1% of the participants agree that condom effectively protects against HIV and other STIs. Efforts should be directed to correct these thoughts as the consequences may be great. Our data expressed that 85.7% of participants are of the opinion that one should be concerned about HIV and other STIs, on the other hand, Awoke, Mekonnen, Daniel and Fantahun in a study conducted in 2016 stated that the participants showed symptoms of STIs but it did not report respondents' worries and concerns about the infection.



The Researchers observed that 18.9 percent of the participants agree that a girl's suggestion to use contraceptives implies distrust on the sexual partner. Unfortunately, this part of the world has historical, cultural, legal, and religious prohibitions making sex a taboo when there are gender specifics. This is the reason research on sexual issues encounter multiple problems and few research has been conducted on this area. It is observed that there is paucity of information to support this proof and begs for further studies to elicit these data.

CONCLUSION

Findings from the study conclude that there is high level of awareness among respondents. In addition, respondents expressed varying attitude to RSBs as some believed that condom is effective in preventing unplanned pregnancy, HIV and other STIs while others holds the view that the use of condom is only required with commercial sex partners. Therefore, youth friendly and counseling centres in tertiary institutions in the country should be supplied with easy to use reproductive health consumables as well as manned by staff (therapists, healthcare professionals, counselors, social workers, etc) appropriately trained in provision of reproductive health information and are able to deliver reproductive health services that is evidence based.

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Conflicts Interest

Authors declared they have no conflicts of interest.

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Authors' Contribution

Author OEO designed the study; UOA performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. OBN managed the literature searches and OIN reviewed the instrument for data collection. OEN obtained ethical approval and participated in data collection. All authors read and approved the final manuscript. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.