

## **SOCIAL DETERMINANTS OF RISKY SEXUAL BEHAVIOUR AMONG YOUTHS IN CALABAR METROPOLIS, CROSS RIVER STATE, NIGERIA**

**Uyang, Francis Abul**

Department of Sociology,  
University of Calabar  
Calabar, Cross River State, Nigeria  
Email: Francisuyang@Yahoo.Com  
Phone: 07039380019

**Abanbeshie, Jeremiah A**

Department of Continuing Education and Development Studies,  
University of Calabar,  
Calabar, Cross River State, Nigeria  
Email: Jerryabambeshie@Gmail.Com

**Uyang, Benjamin Uzembe**

Department of Public Health  
University of Calabar,  
Calabar, Cross River State, Nigeria  
Email: Uyangben@Gmail.Com

**Aniah, Evaristus Akomaye**

Department of Sociology,  
University of Calabar  
Calabar, Cross River State, Nigeria  
Email: Aniahevaristus5@Gmail.Com



### **Abstract**

*The research investigated the sociocultural factors that influence teenage risky sexual behavior in Calabar Metropolitan Area, Cross River State, Nigeria. The study concentrated on the relationship between risky sexual activity in adolescence and parent-child communication, peer pressure, and exposure to pornography. The study's theoretical foundation was the health belief model developed in 1952 by Irwin M. Rosenstock, Godfrey M. Hochbaum, Stephen Kegeles, and Howard Leventhal. Information was gathered from primary and secondary sources. To choose 400 respondents, the study used a multi-stage sampling procedure. The survey descriptive design was utilized to gather data through a 35-item questionnaire named "Social determinants of risky sexual behavior among youths." The Chi-square method was the statistical analysis tool employed, with a degree of freedom of 3 and a significant level of 0.05. The findings demonstrated the considerable role that social determinants—such as peer pressure, exposure to pornography, and parent-child communication—played in the involvement of teenagers in risky sexual activity in Calabar Metropolis, Cross River State. The recommendations made based on the findings were for parents to try teaching their kids about sex education and to establish good communication between them and their peers. They should teach and also discourage their kids from hanging out with people who have dubious morals and teach them the importance of being self-assured and resisting peer pressure. Lastly, parents should discourage their kids from watching pornographic media. That teenagers should be made aware of the risks or detrimental effects of pornographic materials by both the government and non-governmental organizations. The study's findings suggested that exposure to pornography, peer pressure, and parent-child*

*communication were important factors that contributed significantly to young people's engagement in risky sexual conduct.*

**Keywords:** Risky Sexual Behavior, Parent-child Communication, Peer Pressure, Exposure to Pornography, Youths, Calabar Metropolis, Nigeria.



## **Introduction**

Due to risk-taking behaviors, youths are particularly susceptible to risky behaviors that lead to unfavorable health outcomes, such as STIs including chlamydia, gonorrhea, HIV, syphilis, and unwanted pregnancies (Aggleton, 2015). Early sexual experience affects a person's future health behaviors, social standing, and self-perception. Sexual activity that is not adequately protected raises the risk of unintended pregnancy, which can have a number of negative effects on young people, including early motherhood, adoption, and abortion, all of which can have negative effects on their social, mental, and financial well-being (Gabhainn& Wilhelm, 2019; Uyang, Omono, Abanbeshie, Uyang&Basse, 2022; Uyang, Ejeje&Aniah, 2016).

The contraception itself (e.g., effectiveness, availability, cost, convenience); sexual activity (e.g., type of sexual behavior, frequency of sex, risk of STIs); the individual and/or partner (e.g., age, ethnicity, culture, religious beliefs, educational attainment, family characteristics); and the larger context (e.g., historical, cultural, religious, and social context) all influence the effectiveness and sufficiency of contraceptive methods (Scott, 2009). Social factors that impact young people's sexual and reproductive behavior include family structure, parenting styles, and peer pressure (Potard, 2008). The kid's behavior was greatly influenced by family structure variables (such as single parenting, socioeconomic level, parental education), as well as process variables (parental supervision and support, connection, communication between parents and child, and quality of relationship).

Youths move from the home to the social environment as they create their own identities and intricate social networks. Peers, neighborhoods, and school settings comprise the social environment (Kotchick, 2014). Peer influence plays a crucial role in providing youth with modeling, reinforcement, and support with regard to their own conduct, values, and beliefs. Increased teenage sexual risk is linked to indicators of risky sexual conduct within youth peer groups (e.g., pregnancy, inconsistent condom use). Research has shown a correlation between young people's perceptions of their peers' behaviors and their belief that friends and peers consistently use condoms (Kotchick, 2014).

The study looked into the societal factors that influence young people in Calabar, Nigeria's Cross River State, from engaging in dangerous sexual conduct. Peer pressure, exposure to pornography, and parent-child communication are among the social variables taken into account. These elements are probably going to have an impact on hazardous sexual behavior involvement. For example, parent-child communication is essential to a child's healthy development since it helps parents know what their children are going through in the sex life and to provide them with guidance. In situations where parent-child communication is not supportive, children may turn to friends, neighbors, or other sources for advice that could lead them to the incorrect sexual orientation. Many young people are susceptible to peer pressure that leads them to engage in unsafe sexual behavior. This is particularly true if their peers model such behavior for them and persuade them to follow suit. Additionally, kids who are exposed to pornography or pornographic materials run the risk of engaging in unsafe sexual behavior because they may emulate the content they see in these materials. It is therefore crucial to look into the societal factors that influence young people's dangerous sexual behavior in Calabar Metropolis, Cross River State, Nigeria.

**Statement of the problem**

Risky sexual behaviour are those sexual activities that may expose a person to the risk of contracting sexually transmitted infections (STIs) including HIV/AIDS and unwanted pregnancies. Risky sexual behaviour include behavior such as multiple sexual partners, unprotected sexual intercourse, force sexual intercourse and sexual intercourse for transaction of any kind. Risky sexual behaviour among youth still remains a major health issue. If the problem of risky sexual behavior among the youth is not adequate addressed, the youth that are seen as the leaders of tomorrow may face a bleak future. In Nigeria, several policies such as the national health policy was introduced as one of the purpose for the prevention of risky sexual behaviour the among youths which if not properly managed may result to STIs, unwanted pregnancies amongst others.

In Calabar metropolis and elsewhere, issues such as poverty and lack of parental supervision, religious and cultural factors as well as tradition have been seen having significant influence in youth involvement in risky sexual behaviour. The increase in unplanned pregnancy, sexually transmitted infections (STIs) such as HIV/AIDS and dangerous abortions in the country called for the understanding of social determinants of practices of risky sexual behaviour among the youths in Calabar metropolis, Cross River State, Nigeria. A number of studies have investigated the phenomenon of social determinants of risky social behaviour among youths in Nigeria, these earlier studies did not particularly investigate the social determinants of risky social behavior among youth in Calabar metropolis wholistically. Hence, this study sought to fill up this gap in knowledge. The study was designed to investigate social determinants of risky sexual behavior among youths through parent-child communication, peer pressure and exposure to pornography in Calabar metropolis in Cross River State, Nigeria.

**Objectives of the study**

The study looked at social determinants of risky sexual behavior among youths in Calabar metropolis, Cross River State, Nigeria.

The following are the particular goals:

1. To investigate the connection between youth involvement in risky sexual behavior in Calabar Metropolis and parent-child communication.
2. To ascertain the connection between young people in Calabar Metropolis engaging in risky sexual behavior and peer pressure.
3. To look at the connection between young people in Calabar Metropolis who are exposed to pornography and those who engage in unsafe sexual behavior.

**Statement of hypotheses**

1. In Calabar Metropolis, Cross River State, teenage involvement in risky sexual behavior is not significantly correlated with parent-child communication.
2. In Calabar Metropolis, Cross River State, youth involvement in risky sexual behavior is not significantly correlated with peer pressure.
3. There is no conclusive evidence linking teenage involvement in risky sexual behavior in Calabar Metropolis, Cross River State, to exposure to pornography.

**Literature Review****Parent-child communication and involvement in risky sexual behaviour**

The Yoruba ethnic group in Nigeria conducted a study in 2013 by Olusanya, Arijesuyo, and Olusanya on the patterns of features and the ways in which communication between parents and their teenage children affects the sexual behavior of adolescents. 588 teenagers, ages 12 to 22, were the subject of the study. The study's conclusions demonstrated that, among Nigeria's Yoruba ethnic group, parent-child communication around sexual matters was viewed as

extremely inadequate and bad, regardless of the respondents' gender or sexual experience. The results also demonstrated that discussions on human sexuality are regarded as extremely delicate subjects. In addition, it was shown that the Yoruba ethnic group in Nigeria had extremely poor, feeble, and insufficient sexuality communication with their parents, regardless of whether the teenagers had any prior sexual experience. According to the research, sexual communication within the Yoruba ethnic group persists despite efforts by national and international organizations to break down cultural barriers in this area.

According to Riedner (2015), there seems to be a strong correlation between teenage sexual behavior and the quality of parent-child relationships, parenting approaches in general, and conversations about sex and sexuality in particular. Connections to teenage sexual behavior were observed, especially when parent-child interactions were described as "open and receptive." He pointed out that not many treatments have been created and evaluated to see if they can enhance sexuality and sex, and as a result, improve teenage sexual behavior. Olusanya, Ogunsanmi, and Olusanya (2014) started a study to investigate how parents' communication patterns with their teenagers about sex-related topics are influenced by the quality of the parent-child connection. 588 teenagers enrolled in school from three senatorial districts in Ondo State participated in the data survey used for the study. The results of the study showed that parental communication strategies on sex-related issues among school-aged adolescents in Ondo State are influenced by the quality of the parent-child relationship.

According to a study by Ojofeitimi and Adeomi (2014), young people are more prone to engage in risky behaviors when they don't feel linked to their families, schools, or homes. Adolescents who hear their parents value them are more likely to grow up with positive, self-healthy views. They held the opinion that while parents frequently struggle to have a conversation with their children about sex, most adults want young people to know about STIs, HIV prevention, and contraception. Good communication between parents and kids is crucial for assisting young people in developing their own personal beliefs and making wise decisions (Ojofeitimi & Adeomi, 2014). According to Otoide and Oronsaye (2011), there is a decreased probability of young people having sex when their parents are communicative and receptive. They claim that when parents express their disapproval of early sexual activity to their children, young people are more likely to stay abstinent despite peer pressure to become sexually active. Young people whose parents fail to communicate well or do not give permission may also lessen the impact of parent-child communication on youth sexual activity.

For example, there may be a higher chance of teenage sexual activity if parents and children communicate about birth control (Otiode & Oronsaye, 2011). A study on the connection between real-life sexual behavior and parent-child communication on sexuality was conducted by Kunnuji (2012). Using a condom at the previous sexual encounter as an indicator, the study looked at safe sex practices as well as parent-child relationships. Data from a survey of 1,120 youth in Lagos were used in the study. The results of the study demonstrated a strong correlation between safe sex practices and parent-child communication.

### **Peer pressure and involvement in risky sexual behaviour**

Peers are thought to have a significant impact on young people's sexual behavior and may influence them to engage in unsafe sexual activities including unprotected sex (Aziken, Patrick & Okonta, 2014). When young people start to become more independent and break free from their caregivers, the value of their relationships with peers becomes even more significant (Abdulraheem & Fawole, 2012). Boone (2014) states that older adults' opinions of condom use and peer sexual activity are probably more influential when making sexual decisions than those of younger people. Therefore, these patterns show how young people switch from friendships based on activities to friendships based on peers, particularly from early to mid-adolescence. Since these peer-based friendships offer teenagers more stability, support, and intimacy than their childhood friendships did, youths' urge to fit in with the beliefs and behaviors of their

close-knit group of friends becomes more important as these friendships evolve during adolescence. It was therefore anticipated that starting in early and middle adolescence, the influence of peer norms on young people's engagement in unprotected sex would become increasingly evident. Boone (2014)

One factor that has been identified as influencing young people's sexual behavior is peer pressure. Young people tend to rely more on their peers as they start interacting with them rather than their parents and the values and lessons they learned at home (Jackson, 2010). Peer pressure-related substance usage is positively correlated with an increased chance of engaging in unprotected sex, and these behaviors tend to happen at the same time. Peer pressure and the environment in which they live are two factors that contribute to young people starting sexual relationships (Jackson, 2010).

In a study published in 2015, Cherie, Mitkie, Ismail, and Berhane discovered that two peer-related indicators that are associated with sexual activity are the number of peers who are perceived as sexually active and peer norms regarding the acceptability of sexual behavior. These indicators are linked to risky and sexual behaviors like unprotected youth sex. They maintained that when creating behavioral change interventions aimed at young people, peer norms play a critical role. Peers in young people's social networks have the power to modify group norms and foster either a favorable or negative attitude and behavior toward safer sexual practices. They can also increase condom use (Cherie, Mitkie, Ismail & Berhane, 2015).

In a study on HIV/STI prevention and interventions, Pedlow and Carey (2014) discovered that seven treatments assessed how peer norms affected young people's sexual behavior. Peer norms supporting abstinence and safer sexual behavior were detected in five of the seven interventions, along with delayed sexual initiation and improved condom use. Additionally, from baseline to follow-up, six out of the seven interventions shown an increase in safer sex peer norms. According to Pedlow and Carey (2014), peer norms are seen to be an important factor that could have a long-term impact on young people's engagement in hazardous sexual behavior, which in turn affects HIV/AIDS prevention programs. One factor influencing young people's behavior in terms of criminality and sexual activity is peer pressure (Sunmola & Dipeolu, 2014; Ugal, Nwagbara & Uyang, 2011). Teens are thought to be less likely to engage in early sexual activity and become pregnant if they feel connected to moral peers. Teenagers are more likely to participate in early sexual encounters if they connect with peers who appear to be modeling risk-taking behaviors in the sexual realm, such as unprotected sex (Sunmola & Dipeolu, 2014).

Nzioka (2013) said that young people start to question adult standards and the necessity of parental guidance as a result of the physical, emotional, and social changes brought on by the stage of life they have reached. Adolescence is when most young people start having sexual relations and experimenting. Adolescents who engage in sexual activity run the danger of engaging in a variety of hazardous behaviors, and their friends may have a significant influence on their sexual behavior (Nzioka, 2013).

### **Exposure to pornography and involvement in risky sexual behaviour**

According to Jaccard, Blanton, and Dodge (2015), pornography viewing occurs at a young age. As such, there is a greater need for parents, educators, caregivers, and the media to take an active role in managing pornography. Some practical ways to empower parents and individuals during early stages of a child's development include: Providing early access to pornographic content, which may shape a viewer's perception of risky sexual behavior, such as engaging in unprotected sex. According to Ponton and Stein's (2014) research, young people who regularly watch pornography express a desire to experience some of the sexual pleasures. This supports the idea that pornography is used in everyday life. They included engaging in dangerous sexual behaviors like unprotected sex. According to Okpani (2014), parental guidance on internet usage, teaching young people to critically view the content they view online, and placing

computers in prominent locations at home, in schools, and in other public spaces can all help reduce the exposure of young people to pornographic content, which has a negative impact on their sexual behavior.

Okonofua (2013) started researching the effects of an intervention to enhance treatment-seeking behavior and shield young people in Nigeria from STDs. Based on his research, he concluded that action must be taken to keep an eye on, curtail, and limit young people's access to explicit social media and pornography. Possible partnerships in this regard include the entertainment sector, parents, and internet service providers. The study also discovered that in order to assist young people develop a more critical attitude toward pornography, parents and medical professionals should speak openly with them and educate them about sexuality. The study's findings also demonstrate that there is no correlation between sexual initiation and accurate knowledge of AIDS, and there is a significant protective correlation between media exposure to individuals who are HIV/STI positive or dying of AIDS. The study comes to the conclusion that in order to contextualize sexual risk and impart life skills education to young people, real information about HIV and STIs should be shown and perceived on television as plays.

One of the most important factors influencing male youths' involvement in unprotected sexual encounters was found to be pornography viewing (Anoche and Ikpeme, 2014, "Prevalence of Sexual Activity and Outcome Among Female Secondary School Students in Port Harcourt, Nigeria"). The study also showed that sexual abuse was a factor for young girls. The study comes to the conclusion that youth HIV and STIs are associated with pornographic exposure.

According to Davies (2015), girls and women are encouraged to engage in sexist and sexually objectifying behaviors by watching pornography. According to him, pornography can make women and girls more susceptible to repressive sexual practices and make it harder for them to negotiate healthy sexual practices like using condoms. Similar to this, Bailey, Neema, and Othieno (2013) asserted that using pornography has repercussions that include reduced sexual closeness, perceived (and real) adultery, and sexual addiction. Persistent exposure to pornography harms young people's relationships and self-esteem in both male and female populations (Bailey, Neema & Othieno 2013). According to Ajuwon (2015), young people who are exposed to pornography are more likely to engage in dangerous sexual behaviors, like unprotected sex. Young people are exposed to dangerous sexual behavior when they attempt to emulate the activities depicted in pornographic materials or contents. Risky sexual behaviors include, but are not limited to, engaging in unprotected sex, sexual assault, harboring unfavorable views about women, and condoning violent or deviant sexual behavior (Nwakwe, 2013).

## **Theoretical Framework**

### **Health Belief Model**

Social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, Stephen Kegeles, and Howard Leventhal (1952) at the US Public Health Service created the health belief model in the 1950s to help them better understand why tuberculosis screening programs were so widely unsuccessful. Numerous health-related behaviors, like getting immunized and getting checked for early illness detection, have been predicted by the health belief model. The model has been used to analyze and explain how patients react to illness symptoms, follow prescription guidelines, maintain their lifestyle choices (such as engaging in risky sexual behavior) and behave when they have chronic illnesses, which may necessitate long-term behavior maintenance in addition to initial behavior modification. Four conceptual constructs—perceived severity, perceived vulnerability, perceived benefits, and perceived barriers—are the foundation of the health belief model.

The term "perceived severity" describes how one feels about a health issue and the possible repercussions of it. People who consider a particular health issue to be significant are more likely to take actions to stop it from happening or lessen its severity. Perceived seriousness includes opinions about the illness itself, such as whether it poses a threat to life or has the potential to inflict pain or impairment, as well as more general effects on the capacity to perform social and occupational duties. For example, someone may believe that influenza is not a dangerous medical ailment, but if they believe that missing work for many days will have a significant financial impact, they may believe that influenza is a particularly critical condition. Risk of having a health problem is subjectively assessed and is known as perceived susceptibility. According to the model, those who think they are more likely to have a certain health issue will take actions to lower their chance of getting that issue. People who don't think they are susceptible to a certain ailment might not believe they are. While acknowledging the possibility of contracting the condition, other people think it unlikely. People who think they have little chance of getting sick are more inclined to participate in unsafe or dangerous sexual behavior. People who believe there is a significant chance they would be negatively impacted by hazardous sexual behavior are less inclined to participate in unhealthy behaviors like risky sexual behavior.

The perceived advantage of acting also influences health-related behaviors. A person's evaluation of the worth or effectiveness of adopting a health-promoting behavior to lower their risk of disease is known as their perceived benefits. Individuals who hold the belief that a specific activity can lessen their vulnerability to health problems or lessen their severity are more likely to follow through on that belief, even in the absence of objective information on the action's efficacy. Others who think that applying sunscreen can prevent skin cancer, for example, are more likely to wear it than others who think it won't stop skin cancer from developing.

Perceived obstacles to action also influence health-related behaviors. Perceived barrier refers to a person's estimation of the challenges associated with changing their behavior. Obstacles may keep someone from engaging in a behavior that promotes health, even if they think it will successfully lessen the threat posed by a health issue and they view it as such. That is, the obstacles that people believe stand in the way of changing their behavior. The perceived cost, inconvenience, risk (e.g., adverse effects of a medical procedure), and discomfort (e.g., pain, emotional distress) associated with the behavior are examples of perceived obstacles to taking action. Examples of obstacles to getting the flu vaccine include not having access to inexpensive healthcare and believing that the shot will hurt a lot.

Risky sexual behavior in young people is explained by the Health Believe Model. From the perspective of perceived severity, a person's assessment of the seriousness of STIs, unintended pregnancies, and other outcomes of poor reproductive health practices may encourage that person to adopt healthy practices, such as wearing protection during sexual activity. When considering perceived susceptibility, a person is more likely to adopt healthy reproductive health practices, such as using contraception, than a person who does not believe that she or he can become pregnant or contract a STI. This is because the person in question is more likely to believe that she is highly susceptible to becoming pregnant or contracting a STI. Individual reproductive health behaviors might also be influenced by perceived benefits. An individual is more inclined to follow healthy sexual and reproductive health behaviors if they feel that doing so will benefit them. Perceived barriers can also affect a person's decision to embrace healthy sexual and reproductive behaviors. Access to resources like contraception and other healthy reproductive health practices may be impeded by perceived barriers.

## **Methodology**

In Calabar Metropolis, Cross River State, the study was carried out using a survey descriptive design. Ten (10) locations within Calabar Metropolis were chosen for the balloting process, and

400 respondents—both male and female—were chosen using a basic random sample procedure. Four hundred (400) respondents in total were selected for the study, with forty selected systematically from each location. The sample size determinant formula by Taro Yamane (1967) was used to determine the sample size.

**Analysis**

**Hypothesis One:**

There is no discernible correlation between teenage engagement in risky sexual behavior and parent-child communication.

Table 1 shows the distribution of chi-square responses between parent-child communication and youth participation in risky sexual behavior in Calabar Metropolis, Cross River State.

**Responses**

Variables	SA	A	D	SD	Total	X <sup>2</sup> Value
Parent-Child Communication	59(78.4)	160(128.8)	2(39.2)	3(12.88)	224	81.81
Risky Sexual Behaviour	70(101.2)	81(61.6)	20(10.12)	5(3.08)	176	
Total	129	241	22	8	400	

**Source: Fieldwork, 2024**

**Results:**

Level of Significance = 0.05 Degree of Freedom = 3  
 Critical Value = 7.81 Calculated Value = 81.81

According to the analysis, the computed value X<sup>2</sup> 81.81, with three (3) degrees of freedom, was higher than the critical table value of 7.81 at the 0.05 level of significance. This indicates that there is a substantial correlation between parent-child communication and youth engagement in risky sexual activity in Calabar Metropolis, since the result was statistically significant. This suggests that communication between parents and children might predict whether or not a young person would engage in dangerous sexual conduct.

**Hypothesis Two:**

In Calabar Metropolis, Cross River State, youth involvement in risky sexual conduct is not significantly correlated with peer pressure.

Table 2 shows the distribution of Chi-Square (X<sup>2</sup>) responses to the question of whether youth in Calabar Metropolis, Cross River State, engage in risky sexual conduct because of peer pressure.

**Responses**

Variables	SA	A	D	SD	Total	X <sup>2</sup> Value
Peer pressure	145(120.4)	5(19.6)	70(72.8)	4(11.2)	224	46.91
Risky Sexual Behaviour	30(15.4)	70(94.6)	60(57.2)	16(8.8)	176	
Total	175	75	130	20	400	

**Source: Fieldwork, 2024**



## Results

Level of Significance = 0.05 Degree of Freedom = 3

Critical Value = 7.81 Calculated Value = 46.91

At the 0.05 level of significant degree of freedom of three (3), the estimated X<sup>2</sup> value of 46.91 was found to be more than the critical table value of 7.81. The outcome was statistically significant, indicating that young people in Calabar Metropolis, Cross River State, who engage in risky sexual activity are significantly influenced by their peers. This suggests that a young person's exposure to peer pressure may influence their decision to engage in dangerous sexual behavior, such unprotected sex.

## Hypothesis 3

Youth involvement in risky sexual conduct is not significantly correlated with exposure to pornography in Calabar Metropolis, Cross River State.

Table 3: Chi-square (X<sup>2</sup>) response distribution of the young in Calabar Metropolis, Cross River State, who engage in risky sexual activity and are exposed to pornography.

Responses						
Variables	SA	A	D	SD	Total	X <sup>2</sup> Value
Exposure to Pornography	145(120.4)	4(11.2)	5(19.6)	70(72.8)	224	45.19
Risky Sexual Behaviour	16(8.8)	60(57.2)	70(94.6)	30(15.4)	176	
Total	161	64	75	100	400	

Source: Fieldwork, 2024

## Results

Level of Significance = 0.05 Degree of Freedom = 3

Critical Value = 7.81 Calculated Value = 45.91

The analysis's conclusion indicated that, at the 0.05 level of significant degree of freedom of three (3), the computed X<sup>2</sup> value of 45.19 was higher than the critical table value of 7.81. The outcome was statistically significant and showed a strong correlation between youths in Calabar Metropolis, Cross River State, engaging in risky sexual conduct and being exposed to pornography. The study suggests that young people's engagement in risky sexual conduct may be influenced by their exposure to pornography.

## Discussion

### Parent-child communication and involvement in risky sexual behavior.

Table 1's results indicate a strong correlation between youth engagement in risky sexual conduct and parent-child communication. The results corroborated Riedner's (2015) assertion that the quality of the parent-child bond, parenting approaches generally, and communications, sex-related activities, and sexuality in particular, seem to be significant predictors of teenage sexual activity. Olusanya, Ogunsanmi, and Olusanya (2014), who conducted research on the impact of parent-child relationship quality on parents' communication methods with teenagers about sex-related issues, corroborate the findings. The results of the study showed that parental communications techniques on sex-related issues among school-aged adolescents in Cross River State are influenced by the quality of the parent-child relationship.

## Peer pressure and involvement in risky sexual behavior

According to table 2's findings, youth engagement in risky sexual conduct is significantly correlated with peer pressure. The results are consistent with Jackson's (2010) theory, which held that peer pressure contributes positively to substance misuse and that concurrent engagement in these behaviors increases the likelihood of involvement. According to him, peer pressure and the surroundings in which young people live might play a role in the initiation of sexual interactions. According to table 2's findings, youth engagement in risky sexual conduct is significantly correlated with peer pressure. The results are consistent with Jackson's (2010) theory, which held that peer pressure contributes positively to substance misuse and that concurrent engagement in these behaviors increases the likelihood of involvement. According to him, peer pressure and the surroundings in which young people live might play a role in the initiation of sexual interactions. The results also support the claims made by Sunmola and Dipeolu (2014), who claimed that teenagers who feel connected to positive role models are less likely to engage in sexual activity at a young age and become pregnant. They found that teenagers are more likely to participate in early sexual activity if they contact with peers who appear to be modeling dangerous sexual behavior, such as having sex without protection.

## Exposure to pornography and involvement in risky sexual behavior

Table 3 presents evidence indicating a substantial correlation between teenage involvement in risky sexual behavior and exposure to pornography. The results support the findings of Ponton and Shein (2014), who claimed that young people would like to try out some sexual acts out of curiosity and sexual pleasure in studies of pornography use in daily life. This included engaging in dangerous sexual behaviors like unprotected intercourse. The results align with the research conducted by Anochie and Ikpeme (2014), titled "Prevalence of Sexual Activity and Outcome among Female Secondary School Students in Port Harcourt, Nigeria." Their study revealed that watching pornography was a significant predictor of engaging in unprotected sexual activities among young men. The study also showed that sexual abuse was a factor for young girls. The study comes to the conclusion that youth HIV and STIs are associated with pornographic exposure.

## Conclusion and Recommendations

The study concludes by showing that exposure to pornography, peer pressure, and parent-child communication are important factors that significantly contributed to juvenile involvement in risky sexual conduct. The study concluded, based on the aforementioned, that

1. Parents should make an effort to teach their kids about sex education and foster positive, healthy parent-child relationships.
2. Parents should teach their kids to be self-assured and resist peer pressure, and they should also dissuade their kids from being friends with people of dubious character.
3. Parents and other adults, such as teachers, ought to forbid their kids from seeing pornographic media. In addition, the government and non-governmental organizations ought to educate young people about the risks and detrimental effects of pornographic media.

## References

- Abdulraheem, I. S. &Fawole, O. I. (2012). Young People's Sexual Risk Behaviours in Nigeria. *Journal of Adolescent Research*, 24(4), 505-527.
- Aggleton, W. O. (2015). Sexual behaviours and perception of AIDS among adolescent girls in Benin-city, Nigeria. *Afr J Reprod Health*, 3, 39-44.
- Ajuwon, A. J. (2015). Benefits Sexuality Education for Young People in Nigeria: Understanding Human Sexuality. *Journal of Early Adolescence*, 1(8), 27-52.

- Anochie, I. C. &Ikpeme, E. E. (2014). Prevalence of sexual activity and outcome among female secondary school students in Port Harcourt, Nigeria. *African Journal of Reproductive Health*, 5(2), 63-67.
- Aziken, M. E., Patrick, I. &Okonta, B. A. (2014). Knowledge and perception of emergency contraceptives among female Nigerian undergraduates. *International Family Planning Perspective*, 29(2), 84-87.
- Bailey, R., Neema, S. &Othieno, R. (2013). Sexual behaviours and other HIV risk factors in circumcised and uncircumcised men in South Africa. *Journal ofAcquired Immune Deficiency Syndromes and Human Retrovirology (JAIDS)*, 22(3), 294-301.
- Cherie, G., Mitkie, I., Ismaili, S. &Berhane, Y. (2015). Perceived sufficiency and usefulness of IEC materials and Methods Related to HIV/AIDS among High School Youth in Addis Ababa, Ethiopia. *African Journal ofReproductive Health*, 1(2), 66-77.
- Davies, S. (2015). Self-concept and Adolescents' Refusal of Unprotected Sex: A Test of Mediating Mechanisms among African American Girls. *PreventionScience*, 5 (3), 137-149.
- Gabhainn, S. & Wilhelm, A. C. (2019). *Core Concepts in Health*. U.S.A: Mayfield Publishing Company.
- Jaccard, H., Blanton, J. & Dodge, T. (2015). Peer Influences on Risk Behaviour: An Analysis of the Effects of a Close Friend. *Developmental Psychology*, 4(1), 135-147.
- Jackson, C. (2010). Socialisation Influences on Early Adolescents' Cognitive Susceptibility and Transition to Sexual Intercourse. *Journal of Research onAdolescence*, 18(2), 353-378.
- Kotchick, J. (2014). HIV/AIDS: Sex, Abstinence, and Behaviour change. *TheLancet Infectious Diseases*, 5, 590-593.
- Kunnuji, M. O. O. (2012). Parent-child Communication on Sexuality-Related Matters in the City of Lagos, Nigeria. *African Development*, 37(3), 41-58.
- Nwakwe, R. (2013). Promoting Sexual Responsibility among young people in Nigeria. *International Family Planning Perspective*. 2(7), 11-9.
- Nzioka, C. (2013). Dealing with the risks unwanted pregnancy and sexually transmitted infections among adolescents: Some experiences from Nigeria. *African Journal of Reproductive Health*, 5(10), 132-149.
- Ojofeitimi, E. O. &Adeomi, A. A. (2014). Barrier contraception among adolescents and youth adults in a tertiary institution in South Western Nigeria: A cross-sectional descriptive study. *International Journal of Adolescent Medical Health*, 2(2), 321-329.
- Okonifua, F. E. (2013). Impact of an intervention to improve treatment-seeking behaviour and prevent sexually transmitted diseases among Nigeria Youths. *International Journal of Infectious Diseases*, 7(1), 61-73.
- Okpani, A. O. U., (2014). Sexual activity and contraceptive use among female adolescents- A report from Port-Harcourt, Nigeria. *African Journal Reproductive Health*, 4 (1), 40-47.
- Olusanya, O. O., Arijesuyo, A. E. &Olusanya, O. A. (2013). Parent-child Communication and Adolescent Sexual Behaviour among the Yoruba Ethio-cultural group of Nigeria. *Research on Humanities and Social Sciences*, 7(1), 61-73.
- Olusanya, O. O., Ogunsami, A. &Olusanya, O. A. (2014). Influence of Quality of Parent-child Relationship and Parent Communication Styles among in-school Adolescents in Ondo State, Nigeria. *European Scientific Journal*, 10, 1857-1881.
- Otoide, V., &Oronsaye, F. (2011). Why Nigeria adolescents seek abortion rather than contraception: Evidence from focus-group discussions. *Internal Family Planning Perspective*, 2(7), 77-81.
- Pedlow, C. T. & Carey, M. (2014). Factors underlying the success of Behavioural HIV-Prevention Intervention for Adolescents: A Meta-Review. *Aids andBehaviour*, 18, 1847-1863.

- Ponton, I. E. & Stein, S. (2014). Typical adolescent sexual development. *Child and Adolescent Psychiatric Clinics of North America*, 1 (3), 497-511.
- Portard, I. F. (2008). Identification of Strategies for Promoting Condom Use: A Prospective Analysis of High-Risk African-American Female Teens. *Prevention Science*, 4, 263-270.
- Riedner, G. (2015). *Sexually Transmitted Infection among adolescents: The Need for Adequate Health Services*. Geneva: World Health Organization.
- Scott, S. (2009). Understanding Socio-Cultural Factors and their Influence on Sexual Behavior and Decision Making in Africa. *Journal of Manitoba Anthropology Students' Association*, 3(11), 28-89.
- Sunmola, A. M. & Dipeolu, M. (2014). Reproductive, Sexual and Contraceptive Behavior of Adolescents in Niger State, Nigeria. *Africa Journal of Reproductive Health*, 6(1), 82-92.
- Taro, Y. (1967). *Mathematics for Economics: An Elementary Survey*, New York: Prentice Hall.
- Ugal, G. A., Nwagbara, E. N., & Uyang, F. A. (2011). Youth Unemployment and its Consequences in Calabar Metropolis: Need for Government Intervention. *Global Journal of Social Sciences*, 10 (192), 75-82.
- Uyang, F. A., Ejeje, J. A & Aniah, E. A. (2016). Gender Inequality and Women Empowerment in Warri South Local Government Area of Delta State, Nigeria. *European Journal of Research in Social Sciences*, 4(6), 66-72.
- Uyang, F. A., Omono, C. E, Abanbeshie, J. A, Uyang, B. U. & Bassey, A. E. (2022). Poverty and Self-Medication: Implication for Health Seeking Behaviour in Bende Local Government Area in Abia State, Nigeria. *Interdisciplinary Journal of Science Education (IJ-SED)* 4 (1), 36-46.