

Factors Influencing Risky Sexual Behavior: A Study of Female Undergraduate Students of University of Lagos, Akoka, Nigeria

Abdulganiyu Opeyemi Abdulazeez^{1*}, Omotoyosi Latifat Adesegun² and Abdullateef Ibrahim Bidemi³

University of Lagos, Nigeria

*Corresponding Author

Abdulganiyu Opeyemi Abdulazeez, University of Lagos, Nigeria.

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Abstract

Background

Out of 1.9 million people living with HIV in 2018, about 1.5% were within age 15 - 49 years although efforts have been made to limit the spread of HIV/AIDS in the country but it still retains an upward trajectory in certain states due to engagement of youths in risky sexual behaviours. Thus, this study examined factors influencing risky sexual behaviors among female Undergraduate Students of University of Lagos, Akoka, Nigeria.

Methods

A quantitative methodological approach was adopted for this study. The study location was the University of Lagos in Nigeria. A total number of 400 sample sizes was considered for this study. The multi-stage sampling technique was applied. The questionnaire was used in the process of gathering data for this study. Frequency count and percentage, including valid percentage and cumulative percentage, were used.

Results

The findings of the study showed that a significant majority of respondents 367 respondents, (91.7%) have had sexual intercourse. Peer influence played a role in the first sexual activity for the majority of respondents, with 288 respondents (78.5%) indicating that their first sexual experience was influenced by their peers. The study also revealed that (62.2%) of respondents reported engaging in unprotected mouth-to-genital contact.

Conclusions

Notably, peer influence emerged as a crucial component of the first sexual encounters, demonstrating the influence of their peers on their choices. Recommendations such as government implementing comprehensive sex education programs that emphasize healthy relationships were made in tandem with the findings of this study

Keywords: Social Media, Peer Pressure, Sexual Behavior, Risky Sexual Behavior

1. Background of the Study

Nigeria, with a population of 200 million people, has the world's second largest HIV epidemic and one of the highest rates of new infections in Sub-Saharan Africa [1]. Although efforts have been made to limit the spread of HIV/AIDS in the country, it still retains an upward trajectory in certain states due to the engagement of youths in risky sexual behaviors, which is as a result of their curiosity, enthusiasm, and keenness in attempting various new things while disregarding the negative consequences of such deeds [2,3]. However, early sexual initiation exposes young people to a variety of sexual and reproductive health issues. Youth who begin sexual activity at a young age are more prone to engage in risky

sexual behaviors such as having several sexual partners and using condoms incorrectly or inconsistently. As a result, they raise the risk of sexually transmitted infections (STIs) such as HIV/AIDS, unwanted pregnancy, unsafe abortion, premature childbirth, and psychosocial issues. These are the most serious hazards to juvenile health and well-being [4,5]. One of the implications of young people engaging in risky sexual behaviors is that they are disproportionately affected by reproductive morbidity, such as STI/HIV, unwanted pregnancies, and its complications [6-8].

According to one survey, one-third of women undergoing abortions were teens [9]. Hospital-based research have shown that up to

80% of Nigerian patients with abortion-related problems were adolescents [9]. Furthermore, health issues among adolescents, such as sexually transmitted illnesses connected to socioeconomic disadvantages, appear to be on the rise. According to estimates, one in every four sexually active adolescent women has a sexually transmitted infection such as chlamydia or human papillomavirus [10]. Sexually active teenagers aged 15-19 years are more likely than older adults to contract sexually transmitted illnesses for a variety of behavioral, biological, and cultural factors [11]. According to Slaymaker et al. and Malhotra, psychological disorders such as depression, low self-esteem, and suicidality, as well as social repercussions such as unwanted pregnancy and school dropout, are connected with RSB in young individuals [12,13]. Given the aforementioned issue, the purpose of this study is to investigate the factors influencing risky sexual behavior. The research will be conducted among undergraduate students at the University of Lagos, Akoka.

2. Methods

2.1 Design

A quantitative methodological approach was adopted for this study. A cross-sectional design was used to identify the impact of the factors on risky sexual behaviour among female undergraduate students in University of Lagos.

3. Study Location and Population

The study location was the University of Lagos in Nigeria. The

study population for the study were the female undergraduate students in the University of Lagos, Akoka campus. The focus of the study was on female undergraduate students in the Akoka campus.

4. Sampling Procedures and Data Collection

A total of 400 respondents who had access to social media platforms were picked as the sample size. A multistage sampling technique involving stratified and purposive sampling was utilized to select the respondents in the study. A structured questionnaire with the aid of Kobo Toolbox was used to collect data for the study. The questionnaire consisted of seven sections. In general, the questionnaire was centered on research questions, objectives, and hypotheses. Informed consent was verbally obtained from all the participants. This is because the participants are undergraduate students at the University of Lagos. All procedures conducted during the study adhered strictly to the applicable guidelines and regulations of the Research Ethics Committee within the Department of Sociology at the University of Lagos.

5. Analysis of the Data

For the analysis, the analytical tool for the quantitative data was used in this study. Frequency count and percentage, including valid percentage and cumulative percentage, were used. The Statistical Package for Social Sciences (SPSS 20), computer software will be used to generate the tables.

VARIABLES	FREQUENCY	PERCENTAGE
Age range		
Under 20years	53	13.2
20-24years	256	64
25 -29 years	66	16.5
30 years and above	25	6.25
Total	400	100
Religion		
Christianity	206	51.5
Islam	194	48.5
Total	400	100
Ethnic group		
Igbo	23	5.75
Hausa/Fulani	16	4
Yoruba	361	90.25
Total	400	100
Marital status		
Single	378	94.5
Married	22	5.5
Total	400	100
Usual place of residence		
Rural	54	13.5
Urban	277	69.25
Semi urban	69	17.25
Total	400	100

Faculty		
Social sciences	311	77.7
Management	42	10.5
Environmental science	12	3
Education	16	4
Law	19	4.7
Total	400	100
Level		
100	12	3
200	16	4
300	54	13.5
400	301	75.2
500	17	4.3
Total	400	100

Results Table 1: Socio-Demographic Data.

Table 1: According to the study, the age distribution revealed that the majority of respondents fall within the 20-24 years range, comprising (64%) of the total sample size. The under 20 years range accounts for (13.2%), while the 25-29 years range and 30 years and above range represent (16.5%) and (6.25%), respectively. This data revealed a predominant presence of young adults. In terms of religion, Christianity and Islam are nearly evenly represented, with Christianity slightly prevailing at (51.5%). Islam accounts for (48.5%) of the surveyed population, showcasing religious diversity within the sample. Ethnic group data revealed that the Yoruba ethnic group has the highest representation at (90.25%), followed by the Igbo and Hausa/Fulani ethnic groups with (5.75%) and (4%) respectively. This indicates a significant presence of the Yoruba ethnic group in the surveyed population. Marital status indicated that the majority of respondents are single, comprising (94.5%) of the total sample, while married individuals

represent only (5.5%). This suggests that the study predominantly consists of unmarried individuals, potentially indicating a younger demographic. Regarding usual place of residence, urban areas have the highest representation at (69.25%), followed by semi-urban areas at (17.25%) and rural areas at (13.5%). This highlights a higher concentration of respondents residing in urban settings within the surveyed population. In terms of academic disciplines, the Social Sciences faculty has the highest representation at (77.7%), followed by Management at (10.5%). Environmental Science, Education, and Law account for smaller percentages. Lastly, the majority of respondents are in the 400 level of their academic journey, constituting (75.2%), followed by the 300 level at (13.5%).

This indicates a concentration of respondents in the later stages of their academic studies.

VARIABLES	FREQUENCY	PERCENTAGE
Definition of risky sexual behavior		
Having sex before Marriage	46	11.5
Sexual practice with multiple partners	89	22.3
Unprotected sex (sex without contraceptive)	131	32.7
Sexual practice after taking alcohol, substance	43	10.7
Sexual practice with incomparable age partners	25	6.2
Unusual sexual practice like anal, oral sex	66	16.5
Total	400	100
Unprotected intercourse without condom use		
Yes	79	19.7
No	288	80.3
Total	367	100
Unprotected mouth-to-genital contact		
Yes	249	62.2
No	118	37.8
Total	367	100
Exposure to sexual intercourse at a young age		
Yes	78	19.5
No	289	80.5
Total	367	100

If yes, kindly signify the age range		
11 – 13 years	12	15.4
13 – 15 years	23	29.5
15 – 17 years	43	55.1
Total	78	100
Multiple sex partners		
Yes	56	14
No	311	86
Total	367	100
if yes, how many		
2	45	80.4
3	8	14.3
4	3	5.3
Total	56	100
Number of sexes in a month		
2 times	6	1.5
4 times	17	4.2
6 times	45	11.3
8 times and more	299	83
Total	367	100
Threesome involving the opposite sex		
Yes	23	5.7
No	344	94.3
Total	367	100
Threesome involving same sex		
Yes	25	6.2
No	342	93.8
Total	367	100
Caught partner with another sexual partner		
Yes	89	22.3
No	278	77.7
Total	367	100
Did you get pregnant		
Yes	45	11.2
No	322	88.8
Total	367	100
Possibility of remaining virgin until marriage		
Yes	23	5.7
No	377	89.3
Total	400	100
Condoms prevent HIV/AIDs		
Yes	314	78.5
No	86	21.5
Total	400	100
Talk with parent about sexual matters		
Yes	345	86.3
No	55	13.7
Total	400	100
Girls should use condom during sex		
Yes	358	89.5
No	42	10.5
Total	400	100

Adolescents are more vulnerable to RSBs		
Yes	381	95.3
No	19	4.7
Total	400	100
Masturbation is alternate to fulfil sexual urge		
Yes	388	97
No	12	3
Total	400	100

Table 2: Risky Sexual Behaviour

Table 2: According to the study, (19.7%) of respondents reported engaging in unprotected intercourse without condom use, while (80.3%) indicated using condoms during sexual intercourse. This finding highlights the importance of promoting safe sex practices and increasing awareness about the risks associated with unprotected intercourse. Unprotected intercourse increases the likelihood of unintended pregnancies and the transmission of sexually transmitted infections (STIs), emphasizing the need for comprehensive sexual education and access to contraception.

The study revealed that (62.2%) of respondents reported engaging in unprotected mouth-to-genital contact, while (37.8%) acknowledged using protective measures. Unprotected oral sex can lead to the transmission of STIs, including herpes, gonorrhoea, and syphilis. This finding underscores the importance of promoting safer oral sex practices, such as the use of dental dams or condoms, to reduce the risk of STI transmission. Also, (19.5%) of respondents reported exposure to sexual activity at a young age, while (80.5%) indicated no such exposure. Early exposure to sexual activity can have physical, emotional, and psychological consequences for young individuals. It is crucial to provide comprehensive sex education programs that address consent, healthy relationships, and the importance of waiting until one is ready for sexual activity. Early intervention and education can empower young people to make informed decisions and foster responsible sexual behavior.

The study indicated that (14%) of respondents reported having multiple sex partners, while (86%) reported having a single partner. Engaging in sexual activity with multiple partners increases the risk of STI transmission and underscores the need for regular STI testing and practicing safe sex. It is crucial to promote open communication, regular testing, and the use of barrier methods to minimize the spread of STIs. Regarding threesomes involving the opposite sex, (5.7%) of respondents reported participation, while (94.3%) did not. Additionally, (6.2%) of respondents reported involvement in threesomes with the same sex, while (93.8%) did not. Threesomes involve complex dynamics and require clear communication, consent, and an understanding of the potential risks involved. Individuals considering threesomes should prioritize open dialogue, respect for boundaries, and the use of protection to ensure the physical and emotional well-being of all parties involved.

The study shows that (22.3%) of respondents reported discovering their partner with another sexual partner, while (77.7%) did not. Discovering a partner's infidelity can have profound emotional consequences, including feelings of betrayal, trust issues, and potential exposure to STIs. Open and honest communication, mutual respect, and commitment to monogamy are essential for maintaining healthy and trusting relationships. According to the study, (11.2%) of respondents reported experiencing pregnancy, while (88.8%) did not. Unplanned pregnancies can have significant implications for individuals and their families. Effective use of contraception, including condoms, hormonal methods, or other forms of birth control, can help prevent unintended pregnancies and allow individuals to make informed decisions about their reproductive health.

Approximately (5.7%) of respondents expressed the possibility of remaining a virgin until marriage, while (89.3%) did not consider this option. Personal choices regarding virginity and abstinence should be respected and supported. Comprehensive sexual education should provide information about abstinence as well as the importance of consent, contraception, and responsible sexual behaviors for those who choose not to remain abstinent. A substantial majority of respondents (78.5%) acknowledged that condoms prevent HIV/AIDS transmission, while (21.5%) did not hold this belief. This finding highlights the need for accurate and comprehensive information about condom efficacy in preventing the transmission of STIs, including HIV/AIDS. Promoting condom use as a preventive measure is crucial for reducing the spread of STIs and protecting sexual health.

The study revealed that (86.3%) of respondents reported engaging in sexual discussions with their parents, while (13.7%) did not. Open communication between parents and their children about sexual matters plays a vital role in providing accurate information, clarifying misconceptions, and promoting responsible sexual behavior. Encouraging an open dialogue can foster healthy attitudes towards sex, consent, and relationships. The study also indicated that (89.5%) of respondents believed that girls should use condoms during sex, while (10.5%) did not share this belief. Recognizing the importance of condom use for both genders is essential for promoting safe sex practices and preventing STI transmission and unintended pregnancies. Empowering girls with knowledge about their sexual health and providing access to contraception is vital in supporting their autonomy and well-being.

A significant majority of respondents (95.3%) acknowledged that adolescents are more vulnerable to risky sexual behaviors, while only (4.7%) did not share this belief. Adolescents often face unique challenges in navigating their sexuality, including peer pressure, inadequate sex education, and a lack of access to healthcare services. Comprehensive sexual education programs should address the specific needs and vulnerabilities of adolescents, equipping them with the knowledge and skills to make informed decisions and practice safe sex. Regarding masturbation as an alternative for sexual urges, (97%) of respondents agreed, while (3%) did not. Masturbation is a normal and healthy aspect of human sexuality, providing a safe outlet for sexual desires and self-exploration. Promoting accurate information about masturbation can help individuals develop a positive relationship with their own bodies and sexual well-being.

6. Discussion

The majority of respondents are between the ages of 20-24, with Christianity and Islam being the most represented religions. The Yoruba ethnic group has the highest representation at 90.25%, followed by the Igbo and Hausa/Fulani groups. The majority of respondents are single, with 94.5% being single and 5.5% married. Urban areas have the highest representation at 69.25%, with a higher concentration of respondents residing in urban settings. Social Sciences has the highest representation at 77.7%, followed by Management at 10.5%. The majority of respondents are in the 400 level of their academic journey, with 75.2% in the 400 level and 13.5% in the 300 level. The majority of fathers have attained secondary education, while the majority of mothers have secondary education. Monogamous marriages are prevalent, with 345 respondents (82.3%) in this category. Fathers are employed, with 371 respondents (92.7%), while mothers are more diverse.

According to the study's findings, a vast majority of respondents admitted to participating in sexual intercourse. Notably, peer influence revealed as a key element in their first sexual experiences, showing that their peers impacted their decisions. Friends continued to have a significant influence on the respondents' following sexual actions, according to the study. Furthermore, the results showed that the majority of individuals had their first sexual encounter between the ages of 20 and 24. These findings offer insight on the impact of social interactions and age on the respondents' sexual activities and experiences.

According to the study findings, the majority of respondents preferred to use condoms during sexual intercourse. They mentioned pregnancy prevention and protection against sexually transmitted diseases as reasons for using condoms. In addition, when it came to STD treatment, respondents preferred surgical treatments above traditional approaches and drugs. Surprisingly, the study found that the rate of abortion remained relatively low, owing to respondents' understanding of the potential repercussions of abortion, such as infection, infertility, restricted childbearing, bodily changes, mortality, and emotional distress. These findings provide important insights into the beliefs and actions of the

questioned community regarding contraception, STD treatment, and abortion.

According to the study, few people participate in unprotected intercourse without using condoms, whereas the majority use condoms during sexual intercourse. Unprotected intercourse raises the risk of unwanted pregnancy and the spread of sexually transmitted diseases (STIs), stressing the importance of comprehensive sexual education and access to contraception. The majority of respondents admitted to unprotected mouth-to-genital contact, whereas only a minority admitted to employing preventive measures. Around 19.5% of respondents were exposed to sexual behavior at a young age, highlighting the importance of comprehensive sex education programs.

Individuals who have several sex partners are more likely to transmit STIs, according to the study, necessitating regular STI testing and practicing safe sex. Few people participate in threesomes because they involve complicated dynamics that necessitate open conversation, boundary respect, and protection to assure the physical and mental well-being of all parties involved. Unwanted pregnancies can have serious consequences for individuals and their families, and using contraception effectively, such as condoms, hormonal methods, or other kinds of birth control, can help avoid unplanned pregnancies and maintain sexual health.

The study also indicated that the majority of respondents believe they can communicate openly with their parents about sexual concerns, which is critical for developing healthy views toward sex, consent, and relationships. Girls should wear condoms during intercourse, according to 89.5% of respondents, underlining the need of condom use for all genders. Masturbation as a sexual urge substitute is also a healthy option.

7. Conclusion

The vast majority of students acknowledged having had sexual contact. Notably, peer influence emerged as a crucial component of their first sexual encounters, demonstrating the influence of their peers on their choices. Friends persisted in having a big impact on the respondents' subsequent sexual behavior. Based on research findings, government should implement comprehensive sex education programs that emphasize healthy relationships, consent, and responsible decision making, aiming to empower young individuals with accurate information and skills to resist negative peer pressure. Implement robust STD prevention and treatment programs that include regular testing, early diagnosis, and timely treatment of infections. These programs should also focus on destigmatizing STDs, promoting safe sexual practices, and providing education on the importance of regular check-ups. Government should strengthen comprehensive sex education programs that emphasize the importance of safe sex practices, including the consistent and correct use of condoms and other barrier methods. Government should implement targeted awareness campaigns and educational programs that address the risks associated with transactional and multiple sex partners. Provide

parents with age-appropriate information and communication strategies, enabling them to have ongoing and meaningful discussions with their children about responsible sexual behavior, consent, and the importance of protecting oneself and others. By implementing this recommendation, we can foster a healthier and more open approach to sexual health, promoting responsible behavior, informed choices, and positive communication within families.

8. Limitation

This study's limitation can be attributed to its mono-methodological approach, which relies solely on quantitative methods for data collection and analysis, omitting the need to delve deeper into the participants' inner motivations and subjective experiences regarding their reliance on social media messages for COVID-19 vaccine acceptance and uptake. Lack of funds and the perception that gathering qualitative data would be expensive and time-consuming in this region of the world are the reasons why a multi-method approach was not used in this study.

9. Declarations Ethics Approval Statement and Consent to Participate

The research received official approval from the Research Ethics Committee within the Department of Sociology at the University of Lagos. All procedures conducted during the study adhered strictly to the applicable guidelines and regulations. The data collection instrument underwent a thorough evaluation by the same Research Ethics Committee at the University of Lagos Department of Sociology, resulting in the granting of approval for the commencement of data collection. The researcher made sure that the respondents gave their verbal consent to participate in the process without feeling pressured. This was because the data collection tool used of the study was kobo toolbox. The participants did not include any minor, all the participants were 18 years above. The researcher informed the respondents that only the study assistants who worked on the data collection would see the questionnaires, and no one else, including the management, would be able to tell if they were the ones who responded.

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