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Adolescents' Sexual Behaviour and Prevalence of HIV/AIDS in Okrika Local Government Area, Rivers State

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Abstract

Adolescence is a critical age in which people undergo sexual development, unfortunately, it is also a period when many uninformed and unsafe practices in terms of sexual behaviour are committed by young persons. Different studies have established that adolescents are slightly at an increased level of vulnerability for different health conditions including sexually transmitted diseases when compared to adult population, such as those between ages 45 – 60 years. The aim of this paper was to investigate how the sexual behaviour of youths contributes to the spread of HIV/AIDS in Nigeria, using Okirika Local Government Areas as a case study. The study relied on a cross-sectional survey method and a conveniently selected sample of 399. Data collected with questionnaires were analysed using simple percentages and charts. Findings show that whereas there is a high awareness of HIV/AIDs among young persons in Okrika LGA, many adolescents still engage in different risky sexual behaviour that expose them to risk of contracting HIV/AIDs. Part of the factors that encourage risky sexual behaviour as found in the study includes: poor family background, household size and presence of parents, social media, and music/videos as found in the entertainment industry. Many respondents also indicated that peer pressure is a major concern in the phenomenon of risky sexual behaviour among adolescents. These findings can be explained using the theory of Differential Association whose main assumption is that deviant behaviour is rooted in social organization and the nature of association people have.

Keywords: ***Adolescent behaviour; HIV/AIDS; sexual behaviour; Differential Association theory***

Introduction

The disease of HIV and AIDS has remained till date a public health concern in Nigeria, with many governments, Non-Governmental Organizations, and different non-state agencies trying relentlessly to find a lasting remedy to its viral spread, and the best way to manage the impact of the epidemic on the populace and the country as a whole. Previous estimates from the National Agency for the Control of AIDS (NACA) and the World Health Organization in 2019 had suggested that Nigeria had a national prevalence rate of 2.8% with a wide range of impacts on other health conditions, including tuberculosis, malaria, diabetes, hypertension, and mental illness. UNAIDS in 2019 also estimated that there are over 1.9 million documented persons currently living with HIV in Nigeria. The South-South region of the nation has the highest HIV prevalence rate, at 3.1% among adults aged 15 to 49. This is

followed by the North Central region with a prevalence rate of 2.0%, the South East region with a prevalence rate of 1.9%, the South West region with a prevalence rate of 1.1%, the North East region with a prevalence rate of 1.1%, and the North West region with a prevalence rate of 0.6%. (Avert, 2020; UNAIDS, 2019, and NACA, 2017).

For people living with HIV/AIDS (PLWHA), life has never been enjoyable, in part because, in addition to the high costs of surviving and having a normal life, many cultures and biases are not supportive of and tolerant of this group of people. Also, there is the concern of how living with HIV/AIDS impacts on productivity at work, social activities, family relationships, and the mental health of victims, their close relations and other family members; hence, the interest of researchers in the field of sociology and social works to understand the factors contributing to the increasing prevalence of HIV/AIDS in our society. In line with this, numerous studies have identified a number of risk factors connected to the spread of HIV/AIDS, including drug use and substance abuse, commercial sex work, engaging in unprotected anal or vaginal sex, traditional and contemporary body adornment lifestyles, as well as consecration practices like female genital mutilation (FGM), marking the body as a form of treatment, body piercings, among others.

Asides the above factors, recent studies, including Avert (2020); NACA (2017) and Coombe (2002), have shown that risky adolescent sexual behaviour is a major concern in the treatment and management of the spread of HIV/AIDs. For instance, findings from the National AIDS and reproductive Health Survey in 2017 shows that the median age of sexual debut among youths in Nigeria is 17 years in the females and 21 years in males. The National Population Commission (2017) have also noted that a common feature of young people in Nigeria is their potential vulnerability to sexually transmitted infections, including HIV.

Adolescents' involvement is risky sexual behaviour is quite prevalent in Nigeria. This expresses itself in the increasing number of young persons involved in commercial sex work, unprotected sexual relationships, having abortions, multiple sexual partners, and requesting for abortions. The IBBS (Integrated Biological Behavioural Surveillance Survey) of 2015 and Sentinel survey (2018) reported that many young persons of the adolescent age in Nigeria indulge in multiple sex partnerships, low condom utilization, and other forms of risky sexual behaviour including unprotected anal sex, forceful sexual activities, drug use during sex, etc. The IBBS (2015) noted that 59% of men and women aged between 15 to 49 years in their study population have multiple sexual partners with more of them being of the younger population; while 39% reported low condom utilization. In the same vein, the Sentinel survey of 2018 revealed that in Nigeria HIV prevalence has steadily increased from 1.8% in 1991 to 5.8% in 2001, and 3.1% in 2017, largely owing to changes in adolescent sexual behaviour.

A cursory examination of youth sexuality reveals that there are behaviours that are detrimental to their health. Behaviours such as drug use and alcoholism, promiscuity, unprotected premarital sex, and multiple sexual networking, prostitution, rape and other forms of forced sexual relationships, have been found to expose the adolescent population to various health risks including HIV/AIDS. The UNAIDS country report (2017) revealed that there is a HIV prevalence rate of 5.2% for the age group 15 – 24 years, with adolescent girls

being three times more vulnerable than boys. According to a SERO prevalence rating in Nigeria, people between the ages of 15 – 29 are the ones most affected by the HIV/AIDS pandemic (Sentinel Survey, 2015). These statistics forms the basis for this study, and drives the investigation to generate answers to the silent pandemic of HIV/AIDS in Nigeria.

The study of illnesses in pathology and epidemiology has revealed that the prevalence of any disease in the general population is generally high in particular groups, or that it is unevenly distributed among some groups in the population more than others. In terms of HIV/AIDS, certain populations have been found to have a considerably larger burden than the general population. In Nigeria, for example, although constituting just 3.4% of the population, sex workers, men who have sex with males, and persons who inject drugs account for around 32% of new HIV infections. Young people have also been shown to be more affected than other age groups in the country (WHO, 2019; UNICEF, 2017). In 2016, 240,000 adolescents (between the ages of 10-19) were living with HIV, which makes for up to 7% of the total number of people with HIV in Nigeria (UNICEF, 2017). Although HIV prevalence among this age group varies regionally, with 4.3% of 15 – 19-year old's living with HIV in the South-South, compared to 1.3% found in the South East, young women have a higher HIV prevalence and are infected earlier in life than men of the same age group (CIPHER, 2018). As shown by NACA reports of 2019, in 2016, more than 46,000 young women were infected with HIV compared to 33,900 young men in the same period, while the Global Summary of HIV epidemic among adolescents aged 10-19 show that in 2020 1.7million (UNAIDS, 2021).

There are a lot of variables that enhance HIV susceptibility among young people, which includes a lack of understanding on acceptable sexual reproductive health care. Reports from a 2017 National Health Survey found that just 29% of women and 27.9% of males between the ages of 15 to 24 could accurately identify measures of avoiding sexual transmission of HIV, and reject main myths about the illness. National Bureau of Statistics and UNICEF in 2017 also indicated that early sexual debut is widespread in Nigeria, with 15% of girls and 4% of males having sex before they are 15 years old. Inter-generational partnerships are very frequent in Nigeria. For instance, a 2017 survey found that 41.2% of women between the ages of 15 and 24 had had a sexual partner ten or more years older than them in the last 12 months (Avert, 2019; NACA, 2017). This further increases HIV risk among this group as in most cases the virus is passed from older men to younger women, or vice versa.

Despite their elevated risk, studies show that only few teenagers test for HIV on a regular basis, according to research. In 2017, just 2% of males aged 15 to 19, and 4% of girls aged 15 to 19, have tested positive for HIV in the previous 12 months (NACA, 2017). Furthermore, many young people identified poor sex education, restricted access to youth-friendly services, and stigma as major barriers to young people seeking HIV/AIDS sexual health treatments.

The problem of this study lies in the fact that, as highlighted in the Nigerian HIV/AIDs Indicator and Impact Survey (NAIIS) reports of 2019, Rivers State is currently ranked third among the States with the high prevalence of HIV/AIDS in Nigeria. Of this increasing population of PLWHA is the concern that adolescents are mostly affected. Unfortunately, the same adolescents are the potential labour force, and the future of the country; thus, creating a

situation which poses imminent threat to Nigeria's sustainable development. It is based on these highlighted problems that the study attempts to carefully investigate at the phenomenon of sexual behaviour of the youths in Nigeria, and its relationship to the prevalence of HIV/AIDS in Nigeria.

Theoretical framework

The theory of Differential Association is here employed as the framework for this study. This theory is a sub-cultural theory propounded by Edwin Sutherland in 1947. His main assumption is that deviant behaviour is rooted in social organization and the nature of association people have. In sociology, the *differential association theory* proposes that through interaction with others, individuals learn the values, attitudes, techniques, and motives for deviant behaviour (Haralambos and Holborn, 2014; Ekpenyong, 2003).

Differential association is a crime predictive theory. It can be defined as a process by which individuals come to have *differential access* to socially disapproved values through interaction with other people. The theory holds that, criminal behaviour and other forms of deviance is learned in the same way that law-abiding values are learned, and that, this learning activity is accomplished, in interactions with others. The theory can be summarized to the notion that, people become deviants because they associated with, and absorbed pro-criminal definitions.

This study applies the differential association theory to explain how the sexual behaviour of adolescents is largely influenced by peer pressure. The study believes that affiliation with antisocial peers and perceived peer norms favouring sex increased the odds of transition to first sex, unprotected sex, substance use and drug abuse, illicit sexual behaviour, commercial sex work, and forced sex. Scholars such as Sprecher, O'Sullivan, and Drouin (2019); Zupanick (2015), and Coombe (2002), have noted that adolescent sexual behaviour is largely influenced by their biological makeup, sociocultural background, family upbringing, level of exposure to sexual content, and extent of peer pressure. Having more negative friends is also believed to increase the odds of young person's acquiring multiple new sexual partners

Peer pressure explains the extent to which friends and peers can exert influence on the behaviour of an individual. Peer pressure is usually seen in the negative in that it defines pressure from peers on an individual to indulge in activities against their family upbringing. It is often assumed that during adolescence the family as context for socialization declines in importance and the peer group increases in importance. Included under peer group here are the values and attitudes of significant others outside the family setting such as play mates, class mates, close or best friends, as well as their actual behaviours and the extent of match between individuals' beliefs about friends' behaviour and attitudes and actual behaviour and attitudes. Peer pressure can make people engage in sex, abuse alcohol and other illicit substances, attempt abortion, among others.

Methods

Research design

A research design is simply the set of methods and procedures used in collecting, sorting and analysing data specified in scientific investigation. The research design adopted for this study is the descriptive survey research design.

Study Area

Okrika, also known and called Wakrike, Local Government Area is a port town in Rivers State of Nigeria, and a famous suburb in the Niger Delta region. The town is situated on an island south of Port Harcourt, making it a suburb of the much larger city of Port Harcourt. The town lies on the north of the Bonny River and on Okrika Island, 35 miles (56 km) upstream from the Bight of Bonny. The 2006 census put the population of Okrika Local Government Area at 222, 285. Though the town is growing rapidly at 3.5% annually and has been estimated to be around 400, 000 inhabitants today. Okrika is traditionally made up of nine traditional towns namely: 'Kirike', 'Ogoloma', 'Abuloma', 'Ogu', 'Bolo', 'Ogbogbo', 'Ibaka', 'Ele' and 'Isaka'. However, owing to political reforms of local government areas by the state government in 1995, the constituent towns of Okrika kingdom increased to thirteen towns, with 'Koni-ama', 'Amadi-ama', 'Tere-ama', and 'Okuru-ama', included as additional towns (Britannica, 2021; Brinkhoff, 2016).

Population of the Study

Table 3.1 Age distribution in Okrika LGA

Age Distribution	***Population***
0 – 9 years	54, 611
10 – 19 years	**53, 745**
20 – 29 years	**41, 241**
30 – 39 years	27, 584
40 – 49 years	20, 495
50 – 59 years	11, 918
60 – 69 years	7, 282
70 – 79 years	3, 168
80 – Above years	2, 241
Total	**222, 285**

Source: Brinkhoff (2016)

The population of the study is made up of all young persons between the ages of 13 – 24 years in the 13 major communities in Okrika Local Government Area of Rivers State of Nigeria. Estimates by the 2006 population census shows that Okrika LGA has an expansive population, with 94, 986 persons within the ages of 13 – 24 (see Table 3.1). Respondents will be drawn from this population as they are considered the target population for this study. It is important to note that for this study, the age of adolescence is put at 13 – 24 years old. This is

in line with scholarly definitions of who an adolescent is, for instance, UNICEF (2019), Solver (2018) and SAHR (2013) all agree that adolescent development begins early by 10 years old and grow into adulthood by 24 years old

Sampling technique

The sampling method adopted for the study is the *multi-stage technique* owing to the different levels of the sampling required for this nature of study. Firstly, the sample size was determined using the Taro Yamane sample size determiner. At 0.5 degree of expected error, **399** respondents were selected from the 94, 986 target population. Furthermore, after '*clustering'* the LGA into its different communities, the '*simple random sampling*' technique was employed to select three (3) major towns in Okrika LGA – namely: ***Abuloma***, ***Amadi-ama***, and ***Tere-ama*** towns, and thereafter the researcher used the '*convenience sampling technique*' to select proportionately the required sample size for the study from these towns. Thus, from each of the towns, 133 respondents were selected.

Method of Data Collection

Data for the study were collected using a questionnaire designed by the researchers. The questionnaire which is the primary source of data collection was structured to provide data to answer the research questions. The questionnaire was divided into four (4) sections: A, B, C and D. In the questionnaire, Section A contains items that requested the background information of the respondents; Section B surveyed the sexual profile of the respondents; Section C contained items that answered the research question on HIV awareness, while Section D investigated the nature and factors that encourage risky sexual behaviour among adolescents in the LGA.

Method of Data Analysis

Data collected for this study were processed and analysed using descriptive statistics. The study employed statistical methods such as simple percentage analysis, frequency tables, and charts as the major data analysis technique. A brief analytical discussion was made after each table and figures for further clarification on the findings of the study.

Results

Socio-Demographic data of respondents

Table 4.1: Bio-Data of Respondents

Categories	Variables	Frequency	Percent
Gender	Male	189	47.4
	Female	210	52.6
Age	13 ~ 16	87	21.8
	17 ~ 20	211	52.9
	21 ~ 24	101	25.3
Education level	Primary	56	14.0
	Secondary	107	26.8
	Tertiary	199	49.9
	None	37	9.3
No of Parents	Single	99	24.8
	Two-parent	201	50.4
	Blended	68	17.0
	Relative	31	7.8
Religion	Christian	231	57.9
	Moslem	120	30.1
	Others	48	12.0

NB: Percent may not total 100.0 owing to approximation

Source: Field work, 2021

Table 4.1 presents the bio-data of the respondents. As shown in the table, majority of the respondents are females consisting 52.6% of the sample population, while the males are 47.4%. Also, 21.8% of the respondents are within the ages of 13 – 16, 52.9% are within the ages of 17 – 20, while the remaining 25.3% are within the ages of 21 – 24.

Furthermore, as illustrated in Table 4.1 above, only 14.0% of the respondents were currently in Primary schools, 26.8% were at the time of the study in Secondary schools, another 49.9% indicated that they are in Tertiary institutions as at the time of the study, while the remaining 9.3% indicated that they are currently not in school. On the number of parents, 24.8% stated that they live with a single parent, another 17.0% indicated that they have a blended parent arrangement, 7.8% stated that they live with relatives; however, an overwhelming 50.4% stated that they live with two of their parents.

Most of the respondents, 57.9%, were Christians, while 30.1% of the respondents were Moslems. The remaining 12.0% stated that they belong to other religions such as African Traditional Worship, Jehovah's Witness, etc. (see Table 4.1). It is important to note that this bio-data information is very crucial for this study as it shows the level of social control, level of exposure, and family background of the respondents, and how it possibly influences their sexual choices as adolescents.

Sexual profile of Respondents

Table: 4.2: Sexual profile of the respondents

Variables	Response	Frequency	Per cent
Have sex?	Yes	252	63.2
	No	97	24.3
	Prefer not to say	50	12.5
Had unprotected sex	Yes	179	44.9
	No	89	22.3
	Prefer not to say	131	32.8
Group sex?	Yes	109	27.3
	No	271	67.9
	Prefer not to say	19	4.8
Drugs during sex?	Yes	89	22.3
	No	171	42.9
	Prefer not to say	139	34.8
No of Sex partners	None	97	24.3
	1	52	13.0
	2	34	8.5
	3	71	17.8
	Above 3	29	7.3
	Prefer not to say	116	29.1

NB: Percent may not total 100.0 owing to approximation

Source: Field Work (2021)

The study also investigated the sexual profile of the respondents. Here, the researcher attempted to evaluate the level of exposure to sex the respondents have had as adolescents. As shown in Table 4.2 and Figure 4.2 below, 63.2% of the respondents agreed that they have had sex as an adolescent, while12.5% preferred not to say if they have

Furthermore, 44.9% indicated that they have had unprotected sex as adolescents; however, 22.3% stated that they have not, while 22.3% of the respondents noted that they have used drugs during sex. Of the 399 respondents, 13.0% indicated that they have only 1 sex partner, 8.5% indicated that they have only 2, another 17.8% indicated that they have 3 sex partners, while 7.3% stated that they have more than 3 sex partners. Only 24.3% stated that they do not have, while 29.1% preferred not to say.

On whether the respondents have ever engaged in group sex as adolescents, whereas an overwhelming 67.9% of the respondents stated Non, 27.3% of the respondents agreed that they have sometime engaged in it. The remaining 4.8% preferred not to say.

What is the awareness level of HIV/AIDS among adolescents in Okirika LGA?

Table 4.3 HIV/AIDs awareness level of respondents

Indicators	Variables	Freq	Percent
Have you heard about HIV/AIDs?	Yes	370	92.7
	No	22	5.5
	Maybe	7	1.8
How often do you hear about it?	Regularly	47	11.8
	Occasionally	249	62.4
	Hardly	94	23.6
	Once	9	2.3
Source of Information	School	107	26.8
	Parents	39	9.8
	Media	182	45.6
	Peers	41	10.3
	Religious Institution	21	5.3
	None	9	2.3

Source: Field work, 2021

What aspects of adolescents' sexual behaviour exposes them to HIV/AIDS in Okirika LGA?

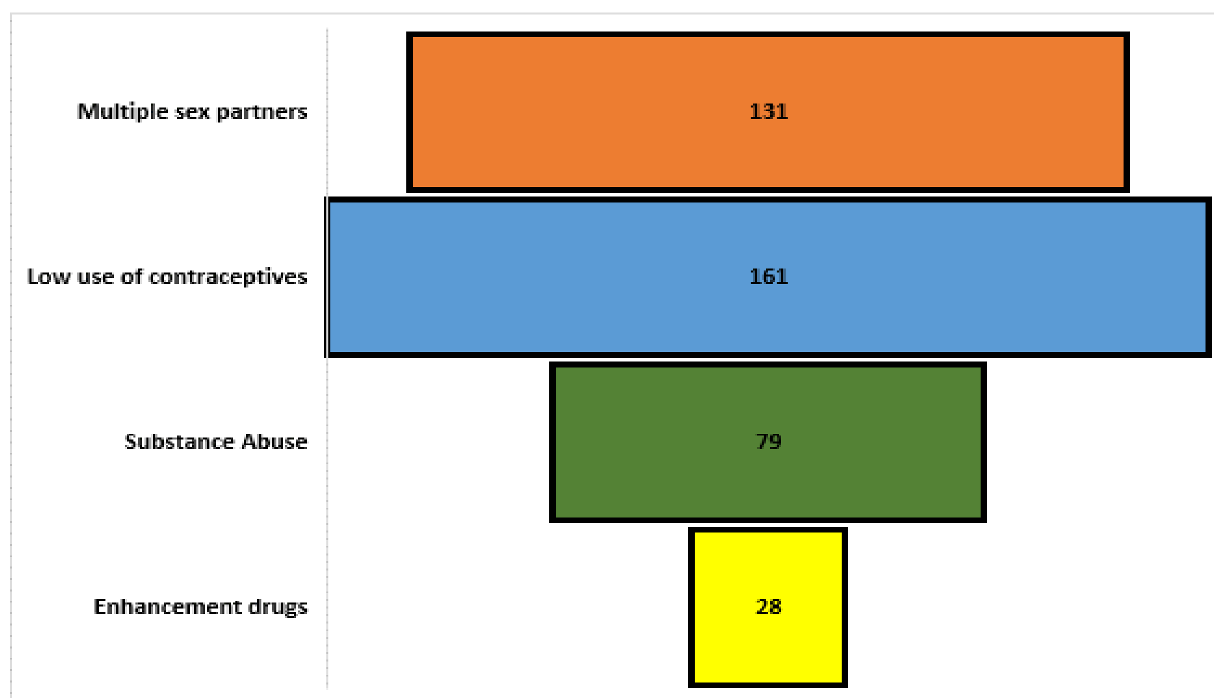

Figure 4.3 Risky Adolescent Behaviour and HIV/AIDs. Source: Field work, 2021

As shown in Table 4.3 above, a majority of the respondents, consisting of 92.7%, indicated that they have heard about HIV/AIDs which shows a very high level of awareness among adolescents. However, 11.8% stated that they hear about it regularly, 23.6% stated that they hardly hear about it, another 62.4% explained that they hear about HIV/AIDs occasionally. On the sources of information about HIV/AIDs, only 9.8% indicated that they heard about HIV/AIDs from their parents; 26.8% hear it in school, 10.3% hear it from their peers, 5.3%

hear it in their religious organizations including churches, mosques, and other places of worship, while 45.6% stated that the see information about HIV/AIDs mainly on the media, such as radio programmes, TV, newspapers, and even the social media.

The funnel chart in Figure 4.1 also shows that the risky adolescent behaviour that exposes them to the risk of HIV/AIDs. The 32.8% of the respondents agreed that multiple sex relations are a high-risk behaviour among adolescents and expose them to HIV/AIDs. Another 40.4% of the respondents noted that an alarming sexual behaviour among adolescents is the low use of contraceptives such as condoms.

Also, 19.8% mentioned that many adolescents in the Local government Area abuse substance such as alcohol, *shisha*, codeine, tramadol, rophynol, etc., in order to engage in sex. This for them exposes many adolescents to HIV/AIDs. of sex enhancement drugs were alarming among adolescents in Okrika Local Government Area. Connected to the use of drugs is the fact that many young persons also abuse sex enhancement drugs. 7.0% of the respondents explained that many adolescents use drugs such Viagra, Spanish fly, etc., to engage in sex, which exposes them to great risk of contracting HIV/AIDs.

What factors influence risky sexual behaviour among adolescents in Okirika LGA?

Table 4.4 Factors that encourage risky sexual behaviour

Variables	Male	Female	Total	Percent
Background (Family)	31	29	60	15.0
Peer Pressure	27	36	63	15.8
Social Media	96	89	185	46.4
Music/Videos	16	44	60	15.0
Poor Social control	19	12	31	7.8
Total	189	210	399	100.0

Source: Field work, 2021

The study also investigated the factors that influence risky sexual behaviour among adolescents in Okrika LGA. As shown in Table 4.4, majority of the respondents, 46.4%, indicated that social media is a significant influence. They noted that many young persons are influenced by the pictures and videos they see on social media. Also on social media, there are a lot of pornography and vulgarity that is accessible to everyone. Another 15.8% mentioned peer pressure as a major influence in risky sexual behaviour among adolescents; 15.0% stated that family background also influences risky sexual behaviour as many persons are from very poor homes and may engage in risky behaviours such as multiple sex partners, prostitution, and substance abuse to cope. Meanwhile, another 15.0% noted that the items and vulgarity displayed in music videos and lyrics also influence risky sexual behaviour among adolescents. However, the remaining 7.8% explained that poor social control constitutes a significant influence on adolescent sexual behaviour.

In summary, the study finds that:

1) There is a high level of awareness of HIV/AIDs among adolescents in Okrika local government. However, very few young person's get the enlightenment regularly.

2) Furthermore, like most of the respondents indicated, the study also revealed that many young person's access information about HIV/AIDs from the media such as the TV, Radio, Newspapers more than they from schools, or from their parents or family. This points to a concern that there very little sex education going on families.

3) The study also revealed that many young people engage in highly risky behaviour that increases their chances of contracting HIV/AIDs. For instance, the respondents revealed that many youths have multiple sexual relations that expose them to HIV/AIDs. Another sexual behaviour among adolescents identified by the research participants is the low use of contraceptives, including condoms. A study by the National HIV and AIDS and Reproductive Health Survey in 2013 equally revealed that the prevalence of condom use among adolescents and young people in Nigeria is very low. In Okrika LGA, it is revealed in the survey that many young people say they prefer skin-to-skin sex for greater pleasure. Some other young persons, owing to the limited access they have to contraceptives, also engage in unprotected sex which increases their chances of contracting HIV/AIDs.

4) Another risky sexual behaviour among many young people in Okrika local government area is also the abuse of drugs, including the use of Alcohol, *Shisha*, Codeine, Tramadol, Rophynol, Viagra, Spanish fly, etc., for sex, which exposes them to great risk of contracting HIV/AIDs.

Conclusion

The aim of this paper was to investigate how the sexual behaviour of youths contributes to the spread of HIV/AIDS in Nigeria, using Okirika Local Government Areas as a case study. In pursuance of this aim, the study evaluated the awareness level of HIV/AIDS among adolescents in Okirika LGA of Rivers State, investigated the sexual behaviour of adolescents in Okririka LGA that contribute to prevalence of HIV/AIDS, and also examined the factors that influence risky adolescents' sexual behaviour in Okirika LGA of Rivers State.

The study noted that the disease of HIV/AIDs has remained till date a public health concern in Nigeria, with many governments, Non-Governmental Organizations, and different non-state agencies trying relentlessly to find a lasting remedy to its viral spread, and the best way to manage the impact of the epidemic on the populace and the country as a whole. Previous estimates by National Agency for the Control of AIDS (NACA) and World Health Organization, in 2019, had indicated that Nigeria has a national prevalence rate of 2.8% with a wide range of impact on other health conditions, including tuberculosis, malaria, diabetes, hypertension, and mental illness. UNAIDS in 2019 also estimated that there are over 1.9 million documented persons currently living with HIV in Nigeria. Adolescents' involvement is risky sexual behaviour is quite prevalent in Nigeria. This expresses itself in the increasing number of young persons involved in commercial sex work, unprotected sexual relationships,

having abortions, multiple sexual partners, and requesting for abortions. Thus, relying on a cross-sectional survey method, and a conveniently selected sample of 399, the study found that whereas there is a high awareness of HIV/AIDs among young persons in Okrika LGA, many adolescents still engage in different risky sexual behaviour that expose them to risk of contracting HIV/AIDs.

Part of the factors that encourage risky sexual behaviour as found in the study includes: poor family background, household size and presence of parents, social media, and music/videos as found in the entertainment industry. Many respondents also indicated that peer pressure is a major concern in the phenomenon of risky sexual behaviour among adolescents. These findings can be explained using the theory of Differential Association. This theory is a sub-cultural theory propounded by Edwin Sutherland in 1947. His main assumption is that deviant behaviour is rooted in social organization and the nature of association people have. In sociology, the *differential association theory* proposes that through interaction with others, individuals learn the values, attitudes, techniques, and motives for deviant behaviour. The theory holds that, crime and other forms of deviance is learned in the same way that law-abiding values are learned, and that, this learning activity is accomplished, in interactions with others. The theory can be summarized to the notion that, young people engage in risky sexual behaviour following the pressure and impression they get from their association with the wrong peer, social media, poor social control, and poor parental background and upbringing.

Recommendations

Following the findings of the study, the following recommendations have been put forward for policy action and reducing the phenomena of risky adolescent sexual behaviour and HIV/AIDs pandemic in Okrika LGA.

a) Sex education should be made a compulsory exercise in schools, religious organizations, and especially in families. Sex education has rarely been a comfortable topic our society, even in parent–child communication. Many parents are either unwilling to talk about sex, or are uncomfortable doing so, or lack the knowledge themselves. Meanwhile, parents are expected to play an active role in providing information regarding sexual education to their children and wards. When this is lacking, young people rely on their peers, the internet which often times pass the wrong information about sexuality.

b) The State government, at all levels, should also recreate our social control mechanism to ensure that young people do not get unnecessary and indecent information. There should be serious control of movie and music content; there should also be a significant restriction on free access to drugs and substances over the counter or from pharmacies.

c) Creating a supportive environment is also essential for health in a society. Supportive environments cover the physical, social, economic, and political environment that

encourage people to be good citizens or follow social norms. Supportive environments, in this case, are ones that provide young people protection from threats to their health, resilience, and overall development. Such environments enhance their access to the supports, services, and other resources that foster resilience and promote health and well-being.

Also, in the area of creating a supportive environment for safe sexual practices among youths, governments and other stakeholders should institute laws and legislations against cultural practices that predispose young people to HIV transmission, laws against sexual violence and rape, and strategies aimed at reducing poverty and unemployment as well as promoting gender equity. Parents should be at the forefront of all of these.

d) The State should also create health centres where sex education, counselling, and care can be accessible to everyone irrespective of age, gender, and social status. This will help many young persons to be able to access quality and informative health care when they need such.

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