

## ORIGINAL RESEARCH ARTICLE

# Sexual Practices among Senior Students in Private Secondary Schools in Uyo, Southern Nigeria

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## Abstract

Sexual practices of adolescents have enormous consequences on their health and career outcome. The objective of this study was to assess the sexual practices among senior secondary students in private schools in Uyo, Nigeria. This was a descriptive cross-sectional study. Data were collected using structured, self administered questionnaire and analyzed with SPSS version 23 software. Level of significance was set at 0.05. A total of 353 respondents participated in the study. The mean age was 14.84±1.10 years with a male to female ratio of 1:1.17. The prevalence of sexual intercourse was 14.2%. The mean age of sexual debut was 11.7±2.60 years, being significantly lower in males, (10.83 ±2.64 years) than females, (12.67±2.42 years) (p=0.00). Risky sexual behaviour included low contraceptive use 15 (30.0%) and having multiple sexual partners 9(18%). A total of 25.8% males and 9.0% females engaged in pornography (p=0.00). Also, 8.6% of males and 2.6% females both masturbated and had sexually active friends respectively (p=0.01). In view of the early sexual debut and risky sexual practices reported among senior secondary students in private schools in Uyo, there is need for early integration of sexuality education into the curriculum of such schools to improve sexual behaviour among the students. (*Afr J Reprod Health 2019; 23[4]:46-53*).

**Keywords:** Sexual practices, senior secondary students, adolescents, sexuality education, Nigeria

## Résumé

Les pratiques sexuelles des adolescents ont d'énormes conséquences sur leur santé et leurs résultats professionnels. L'objectif de cette étude était d'évaluer les pratiques sexuelles parmi les étudiants des lycées privées à Uyo, au Nigeria. Il s'agissait d'une étude transversale descriptive. Les données ont été collectées à l'aide d'un questionnaire structuré et auto-administré et analysées avec le logiciel SPSS version 23. Le niveau de signification a été fixé à 0,05. Au total, 353 répondants ont participé à l'étude. L'âge moyen était de 14,84 ± 1,10 ans avec un rapport hommes / femmes de 1 : 1,17. La prévalence des rapports sexuels était de 14,2%. L'âge moyen des débuts sexuels était de 11,7 ± 2,60 ans, ce qui était significativement plus faible chez les hommes (10,83 ± 2,64 ans) que chez les femmes (12,67 ± 2,42 ans) (p = 0,00). Les comportements sexuels à risque comprenaient une faible utilisation de contraceptifs 15 (30,0%) et le fait d'avoir plusieurs partenaires sexuels 9 (18%). Au total, 25,8% d'hommes et 9,0% de femmes se livraient à la pornographie (p = 0,00). De plus, 8,6% des hommes et 2,6% des femmes se masturbaient et avaient des amis sexuellement actifs respectivement (p = 0,01). Compte tenu des débuts sexuels précoces et des pratiques sexuelles à risque signalées parmi les étudiants des lycées privées à Uyo, il est nécessaire d'intégrer tôt l'éducation sexuelle dans le programme de ces écoles afin d'améliorer le comportement sexuel des étudiants. (*Afr J Reprod Health 2019; 23[4]:46-53*).

**Mots-clés:** Pratiques sexuelles, lycéens, adolescents, éducation sexuelle, Nigeria

## Introduction

According to the World Health Organization, the adolescent period refers to the stage of development between 10-19 years<sup>1</sup>. It is a time of rapid growth, curiosity and experimentation often entered into with a lot of myths and

misinformation concerning sexuality<sup>2</sup>. Adolescents at this period are highly vulnerable and easily influenced by peers and people considered as role models such as parents and teachers<sup>3</sup>. They often engage in high risk behaviour such as smoking, drinking alcohol, sexual activities and drug-use<sup>4</sup>. Different studies have reported prevalence of

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sexual activities among adolescents of 21.9% - 59.6%<sup>2,5-11</sup>. The desire among adolescents to experiment with different sexual behaviour is fuelled by unhindered access to information through different means such as the media and peers. In a study among adolescents in Ilorin, Nigeria, 60% of information on sex and sexuality was by audio-visual means, with films being the single most important source for 25% of the respondents<sup>11</sup>.

A greater proportion of the sexually active adolescents practice unsafe sex which puts them at increased risk of sexually transmitted diseases and other consequences such as unwanted pregnancies and abortions<sup>6</sup>. A study carried out to determine risky sexual behaviour (RSB) among senior secondary school students in an urban community in South West Nigeria reported that 23.0% of the respondents had at least one RSB<sup>12</sup>, while a prevalence of RSB of 69.17 % was reported among private secondary school students in a study conducted in Addis Ababa<sup>13</sup>. Such risky behaviour includes having multiple sexual partners, having sex under influence of alcohol or marijuana, non-use of contraceptives, having sex with married partners, ignorance of the marital status of their partners and anal sex<sup>2,5,6,10</sup>. Regarding contraceptives, studies have reported condom use with each sexual encounter of 30-44% among the sexually active adolescents<sup>2,6</sup>.

Male adolescents are reported by many studies to be more sexually active than the females. Several studies have recorded a male to female ratio of sexual activity of approximately 2:1<sup>5, 9, 10</sup>. Studies in Uyo and Port Harcourt however reported approximately equal ratio of sexual activities among male and female students<sup>2,14</sup>.

Adolescents are becoming increasingly sexually active at earlier ages. The age of sexual initiation of as low as 10-12 years have been reported in some studies, with a mean age of initiation being 15 years<sup>5,6,10,15</sup>. Young people who initiate sex at early ages expose themselves to pregnancy and sexually transmitted infections (STI) compared to those who delay initiation of sexual activity. Several factors contribute to early

sexual debut among adolescents. Factors identified by a study in Lagos included friends' sexual behaviour, parents' marital status, type of person that the adolescent lives with, pornography and availability of funds to meet basic needs<sup>16</sup>. Some also indulge in sexual acts with strangers as a transaction for monetary gains. Studies conducted among secondary school students in Enugu and Anambra, Nigeria respectively reported monetary gains as the reason for sexual acts<sup>5,10</sup>. This may be due to poverty or a desire to live an affluent lifestyle. Other identified contributory factors to early sexual debut include cultural practices, drug abuse and poor religiosity<sup>17,18</sup>.

Findings from the Nigeria Demographic and Health Survey (NDHS) 2013 report showed that the proportion of young men initiating sexual intercourse by age 18 was highest in the South South (33 percent)<sup>19</sup>. Also, findings from a previous study carried out in Uyo in 2014 reported that more than half of the senior secondary school adolescents aged 13-19 years in public schools were sexually active<sup>2</sup>. This early sexual debut is worrisome. No study has documented sexual activities among senior secondary students in private schools in Uyo and many of the reviewed studies in other regions of Nigeria were on adolescents in both public and private secondary schools. The objective of the current study therefore was to assess the sexual practices among senior secondary students in private schools in Uyo.

## Methods

### Study area

This study took place in Uyo, the administrative and commercial capital of Akwa Ibom State which is the second largest oil-producing State in Nigeria and one of the six States in the South-South geopolitical zone of Nigeria. The city is centrally located with access to eight other local government areas, namely, Etinan, Uruan, Itu, Ibiono, Nsit Ibom, Nsit Atai, Nsit Ubium and Ibesikpo Asutan<sup>20</sup>.

Uyo had a projected population of 429,900 by 2016<sup>21</sup>. Uyo is a cosmopolitan city with people from diverse culture, ethnicity, religion and social class; it consists of 4 clans, namely, Ikono, Etoi, Oku and Offot clans and 11 wards. It is predominantly a civil service city with many small-scale business enterprises<sup>22</sup>. The indigenous people are Ibibio. The major social settings which could attract adolescents include eateries, restaurants, hotels and a large entertainment center called Tropicana. Other landmarks include 2 tertiary and one secondary health facilities. The city also has numerous pharmacies, patent medicine stores and private laboratories where treatment can be accessed by the populace, including adolescents. According to the Akwa Ibom State Secondary Education Board, there are 32 private and 15 public secondary schools in Uyo capital city. The educational system in Akwa Ibom State structures secondary schools into junior and senior classes, each lasting for 3 years.

### ***Study population***

The study was conducted among adolescent senior secondary school students in private secondary schools in Uyo local government area (LGA). All private secondary schools are of mixed sex.

### ***Study design***

This was a descriptive cross-sectional study among senior secondary school students in private schools in Uyo.

### ***Inclusion /exclusion criteria***

Students attending private secondary schools registered with the Akwa Ibom State Secondary Education Board were the ones included in the study as they could be easily identified. Students in the junior secondary cadre were excluded from the study.

### ***Sample size determination***

The sample size was calculated using the Fisher's formula for descriptive studies ( $n=z^2pq/d^2$ )<sup>23</sup> at significance level of 5% and a standard normal deviate of 1.96, corresponding to 95% confidence

interval and a prevalence of risky sexual behaviour of 69.17 % among private secondary school students in a previous study<sup>13</sup>. The calculated minimum sample size was 328. Addition of 10% provision for non-response increased the sample size to 361.

### ***Sampling technique***

The sampling frame used was a list of all private secondary schools registered with the Akwa Ibom State Secondary Education Board in Uyo LGA. Multistage sampling method was used in selecting the participants for the study. The 32 private secondary schools in Uyo capital city were grouped according to the clans in Uyo and one school was subsequently selected from each clan by simple random sampling. Information obtained from the principals of the selected schools showed that each school had an average of 250 senior secondary students and as such, 90 students were selected from each school. The students in each senior secondary class were stratified into male and female. A proportional number was selected from each stratum to achieve the desired number from each school.

### ***Data collection***

Data for the study was collected in July 2019 using pre-tested, self-administered questionnaire. The pre-test was conducted among private secondary school students in Abak, a town about 20km from Uyo. Six final year medical students were recruited as research assistants. Data collection lasted 2 weeks, from 1<sup>st</sup>-12<sup>th</sup> July 2019.

### ***Data analysis***

The data obtained were screened, cleaned and analyzed using SPSS version 23 statistical software package and presented as tables. Variables were summarized using frequencies and proportions, while the significance of association between two categorical variables was analyzed using chi square test. The level of significance was set at 0.05.

## **Results**

A total of 353 respondents participated in the study giving a response rate of 97.8%. The mean

**Table 1:** Socio-demographic characteristics of respondents

Variable	Frequency (%)n = 353
<b>Age in years</b>	
10 – 13 (Early adolescence)	35(9.9)
14 – 17 (Middle adolescence)	316(89.5)
>17 (Late adolescence)	2(0.6)
Mean age $\pm$ SD	14.84 $\pm$ 1.10
<b>Sex</b>	
Male	163(46.2)
Female	190(53.8)
<b>Class</b>	
SS1	132 (37.4)
SS2	158 (44.8)
SS3	63 (17.8)
<b>Parent Marital Status</b>	
Married	303(85.8)
Separated	23(6.5)
Widow	27(7.7)
<b>Who student lives with</b>	
Both parents	286(81.0)
Father only	9(2.6)
Mother only	46(13.0)
Guardian	12(3.4)

**Table 2:** Awareness and sources of sexual reproductive health information among respondents

Variable	Frequency (%) n = 353
<b>Heard of contraceptives</b>	
Yes	189(53.5)
No	164(46.5)
<b>HIV status known</b>	
Yes	106(30.1)
No	246(69.9)
<b>Ever had Sexuality Education</b>	
Yes	324(91.8)
No	29(8.2)
<b>Sources of Sexuality Education*</b>	
Teacher	202(57.2)
Family (Mother/siblings)	261(73.9)
TV/Radio	111(31.4)
Other (friends/internet/films)	145(41.1)

age of respondents was 14.84 $\pm$ 1.10 years with a male to female ratio of 1:1.17. The respondents comprised of students from the 3 senior secondary classes with those in SS2 constituting 44.8% of the study participants. Majority of the respondents, 286 (81.0%) lived with both parents. (Table 1)

One hundred and eighty nine (53.5%) had ever heard of contraceptives. Only 106 (30.1%) knew their HIV status. Majority (91.8%) ever had sexuality education with the commonest source being family members 261 (73.9%). (Table 2)

The prevalence of sexual intercourse among respondents was 14.2%, with a male: female distribution of 15.3% and 13.2% respectively. The mean age of sexual debut of the respondents was 11.7 $\pm$ 2.60 years. There was a statistically significant difference between the mean age of sexual debut of 10.83 $\pm$ 2.64 years for males and 12.67 $\pm$ 2.42 years for the female respondents ( $p=0.00$ ). Among the sexually active respondents, 18 (72.0%) of the males and 13(52.0%) females had intercourse within 12 months prior to the study. Majority, 35 (70.0%) did not use condom. Nine (18.0%) of the respondents had more than one sexual partner. There was a statistically significant difference in the commonest reason for sex among the sexually active respondents with the commonest reason being personal desires to have intercourse 32(64.0%). This was higher among males 19 (76.0%) than females 13 (52.0%) ( $p=0.02$ ). (Table 3)

Overall, 59 (16.7%) respondents admitted to engaging in pornography. This was significantly higher among males 42(25.8%) compared to females, 17(9.0%)( $p=0.00$ ). Similarly, a significantly higher proportion of males 14(8.6%) admitted to both masturbating and having sexually active friends compared to females 5(2.6%)( $p=0.01$ ).(Table 4).

## Discussion

This study assessed the sexual practices of senior secondary school students in Uyo. The mean age of respondents was 14.84 $\pm$ 1.10 years with a male to female ratio of 1:1.17. The overall prevalence of sexual intercourse among respondents was 14.2%. Different studies have reported higher prevalence of sexual activities among adolescents ranging from 21.9% - 59.6 %<sup>2,5-11</sup>. A previous study among senior secondary students in public schools in Uyo, reported a prevalence of 59.6% which is much higher than findings of the present study. A

possible explanation may be because more discipline is enforced in privately-owned schools compared to public schools.

**Table 3:** Distribution of sexual history and practices among respondents

Sexual practice	Male n = 163 Freq. (%)	Female n = 190 Freq. (%)	Total n=353 Freq. (%)	Statistics
<b>Ever had sex</b>				
Yes	25(15.3)	25(13.2)	50(14.2)	$\chi^2=0.18$
No	138(84.7)	165(86.8)	303(85.8)	p value=0.65
<b>Age of sexual debut</b>	<b>n = 25</b>	<b>n = 25</b>	<b>n=50</b>	
10 – 13 (Early adolescence)	2(8.0)	1(4.0)	3(6.0)	Fishers exact=0.61
14 – 17 (Middle adolescence)	22(88.0)	24(96.0)	46(92.0)	
18 – 21 (Late adolescence)	1(4.0)	0(0.0)	1(2.0)	
Mean $\pm$ SD	10.83 $\pm$ 2.64	12.67 $\pm$ 2.42		t test=77.08 p value= 0.001*
<b>Had sex</b>				
In the last 3 months	7(28.0)	2(8.0)	9(18.0)	Fishers exact= 0.44
In the last 12 months	18(72.0)	13(52.0)	31(62.0)	
<b>Condom use during last sex</b>				
Yes	7(28.0)	8(32.0)	15(30.0)	$\chi^2=0.10$
No	18(72.0)	17(68.0)	35(70.0)	p value=0.76
<b>Current number of sexual partners</b>				
One	20(80.0)	21(84.0)	41(82.0)	$\chi^2=0.14$
More than one	5(20.0)	4(16.0)	9 (18.0)	p value=0.71
<b>Commonest reason for sex</b>				
Monetary gains	0(0.0)	2(8.0)	2(4.0)	Fishers exact=0.02*
Peer pressure	3(12.0)	0(0.0)	3(6.0)	
Personal desire	19(76.0)	13(52.0)	32(64.0)	
Curiosity	1(4.0)	2(8.0)	3(6.0)	
Others	2(8.0)	8(32.0)	10(20.0)	

**Table 4:** Association between sex and selected characteristics among respondents

Variables	Male n = 163 Freq. (%)	Female n = 190 Freq. (%)	Chi square $\chi^2$	p-value
<b>Pornography</b>				
Yes	42(25.8)	17(9.0)	16.6	0.00*
No	121(74.2)	173(91.0)		
<b>Friends who have had sex</b>				
Yes	14(8.6)	5(2.6)	6.11	0.01*
No	149(91.4)	185(97.4)		
<b>Masturbation</b>				
Yes	14(8.6)	5(2.6)	6.11	0.01*
No	149(91.4)	185(97.4)		
<b>Ever had sexuality education</b>				
Yes	146(89.6)	22(88.0)	1.46	0.18
No	17(10.4)	12(6.3)		

Also, most of the private schools in the present study were faith-based and teachings on chastity may account for the lower prevalence of sexual activities in such schools. A South African study reported that adolescents who showed strong

religiosity were 54% less likely to report lifetime sex<sup>24</sup>. The prevalence of sexual intercourse in the present study was only slightly higher among males than females. This was similar to findings of a previous study among senior secondary school

students in Uyo in 2014 where the male: female ratio of sexually active students was almost the same<sup>2</sup>. A similar finding was reported in Port Harcourt<sup>14</sup>. Studies conducted among secondary school students in Enugu and Anambra, Nigeria, however recorded higher prevalence of 63.8% and 65% respectively among males, compared to 36.8% and 35% respectively among females<sup>5,10</sup>.

In the present study, the respondents commenced sexual activities at a rather early age with a mean age of sexual debut being 11.7 years. A similar finding was reported in a study conducted among secondary school students in Enugu, Nigeria where the age at first sexual intercourse was 12 years for both sexes<sup>5</sup>, while studies among in-school adolescents in Port Harcourt and Anambra State, Nigeria reported a mean age of 15 years<sup>10,15</sup>. Early age of sexual debut is likely to lead to a higher number of lifetime sexual partners among the adolescents with the attendant risks. Sexual intercourse was commenced at an earlier age among the males in the present study compared to females. A higher proportion of males (72%) also had sexual intercourse within 12 months prior to the study compared to females (52%). Similar pattern has been observed in other studies<sup>5,10</sup>. This may be due to a greater indulgence of males in sex arousing habits such as pornography and masturbation compared to the females. In the present study, a significantly higher proportion of male students reported engaging in pornography (25%) and masturbation (8.6%) compared to females, who 9.0% and 2.6% were involved in pornography and masturbation respectively.

One of the risky sexual activities identified in the present study was poor use of contraceptives as 70% of the sexually active did not use any contraceptive during the last intercourse. This was despite the sexuality education majority of them claimed to have received. Such education was unlikely to be detailed as there was still a knowledge gap as only about half had ever heard of contraceptives. A similar level of awareness was reported in a previous study<sup>10</sup>. This may be due to the fact that the source of sexuality education was mainly family members who may not have enough knowledge or may deliberately

not want to discuss about contraceptives as the adolescents are not expected to be sexually active at that age. The adolescents therefore remain naïve and ignorant and engage in unprotected sex, thereby exposing themselves to numerous risks such as unwanted pregnancies with all attendant consequences. Some may carry out abortions and those who carry the pregnancy to term may develop obstructed labor due to their poorly developed pelvis, leading to several complications such as vesico-vaginal fistula or even mortality. Such students may also be forced to drop out of school. Contraceptive uptake has been shown to improve as the adolescents get older. A study conducted in Bangladesh has shown that older adolescents are more likely to use contraceptives consistently at their first sexual encounter than younger adolescents<sup>25</sup>.

Another risk of unprotected sexual intercourse is sexually transmitted infections including HIV which is further heightened among those with multiple sexual partners as reported by close to one fifth of the sexually active respondents in the present study. Studies in Enugu and Anambra State recorded that 77(34.8%) and (40.8%) of the sexually active respectively, had multiple sexual partners<sup>5,10</sup>. There is therefore need to intensify sexuality education in all secondary school classes. This will possibly encourage a delay in sexual debut till the adolescents become more mature and this may reduce sexual experimentation with multiple partners.

Studies have identified monetary gains as a major reason for sexual activities among secondary school students. In studies in Enugu and Anambra State among students in public secondary schools, 61.1% and 27.5% of the sexually active students respectively engaged in sexual relationships for monetary gains<sup>5,10</sup>. In the present study however, only 4% of the respondents engaged in sexual activities for monetary gains. This lower occurrence of sexual activities for monetary gains in the private schools may be because the parents of such students who were able to afford the higher private school fees were also likely to be able to cater for the financial

needs of their wards compared to those in the public schools.

The reason however given by almost two thirds of the sexually active students in the present study for engaging in intercourse was personal desires to do so. This was significantly more among the males than females. This is not surprising as a higher proportion of the males were involved in pornography which could possibly arouse their sexual desires. An Ethiopian study reported that watching pornographic movies was significantly associated with premarital sex<sup>26</sup>. Pornographic materials can be easily accessed on social media platforms and this is quite detrimental to adolescents. This can be addressed by putting policies in place to ensure that such sites do not open to those in the adolescent age group in order to reduce their desire for experimentation. This may encourage a delay in sexual debut till they are old enough to take responsible decisions.

### Ethical considerations

Ethical approval for the study was obtained from the Ministry of Health, Akwa Ibom State. Also, permission was obtained from the principals of the selected schools in the different locations. In addition written consent was obtained from each respondent after explaining the purpose of the study, assuring of confidentiality and indicating that no names would be required. Participation was entirely voluntary.

### Conclusion

A number of senior secondary students in private schools in Uyo were sexually active at an early age. Risky sexual practices included low contraceptive use and multiple sexual partners. There is need for active integration of sexuality education into the curriculum of secondary schools in order to increase knowledge, target positive change in sexual behaviours and delay sexual debut among secondary school students. It is also important to establish adolescent friendly clinics where reproductive health services including counselling are offered in order to improve the

health status of the adolescent students in secondary schools.

### Limitation

A major limitation of this study is that it was entirely self-reported and the findings are therefore solely dependent on the feedbacks from the students. To encourage truthful responses to this sensitive topic, absolute confidentiality and anonymity were ensured.

### Contribution of Authors

The first author conceived, designed the study and prepared the manuscript, while the second author collected, analyzed the data and also contributed to the initial draft of the manuscript. Both authors approved the final manuscript.

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