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Risk Perception, Self- Efficacy and Gender as Predictors of Adolescents' Sexual Behaviour in Benue State, Nigeria

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Abstract:

Adolescents' sexual behaviour remains an interesting area of concern and study given the rates of Sexually Transmitted Diseases (STDs) and incidences of unintended pregnancies among adolescents in this present generation. As such, this research examined the relationship between risk perception, self – efficacy and gender as predictors of adolescents' sexual behaviour in Benue State, Nigeria using a cross –sectional survey design. A total of 1177 in – school adolescents comprising of 430(36.5%) males and females, 747(63.5%) within the age range of 15 – 24 participated in the study. They were all in senior secondary category (SSS 1 – 3) from 10 schools in Otukpo Local Government Area of Benue State. Instruments used to collect data were the Sexual Risk Perception Questionnaire (SRPQ) by Shah, Thornton & Burgess (1997), the General Self – efficacy Scale by Jerusalem & Schwarzer (1993) and the Sexual Behaviour Questionnaire adopted from the Youth Risk Behaviour Scale (YRBS). All these three standardised instruments were previously validated on a sample of 298 participants in senior secondary school (SSS) from two secondary schools in Makurdi. Four hypotheses were formulated and tested using Linear Regression Analysis. Relationships between the independent variables on the dependent variables were measured to test predictability. A moderator variable was used to test moderating effects between the independent variables and the dependent variable. Results of the study revealed a significant positive relationship between risk perception and adolescents' sexual behaviour; there was a statistically significant relationship between self – efficacy and adolescents' sexual behaviour; and self – efficacy significantly predicted adolescents' sexual behaviour. However, gender did not statistically predict adolescents' sexual behaviour. The moderator variable, age at first sex tested statistically significant on risk perception and adolescents' sexual behaviour. The findings were interpreted in line with literature earlier reviewed. It should be noted that adolescents' sexual behaviour deserves research attention because it serves not only the interest of adolescents' sexual and reproductive well – being but also it is a landmark in the appraisal of national and global development.

Keywords: Risk perception, self-efficacy, gender, sexual behaviour, in-school adolescents

1. Introduction

Adolescents' sexual behaviour remains an important area of study given the continually climbing and galloping rates of sexually transmitted diseases, incidences of unplanned pregnancies among adolescents and the failure of sexual health education programmes to positively impact individuals' sexual practices (Bankole, Singh, Woog & Wulf, 2004). Sexual behaviour can be termed more explicitly as sexual risk-taking behaviour or often seen in literature as risky sexual behaviour (e.g. Oluwatosin & Adediwura, 2010). Beginning in the 1970s, and with the increasing awareness of HIV and AIDS, there has been a growing body of research on sexual risk taking especially among adolescents. This behaviour has been defined as unprotected sexual intercourse, sexual intercourse with multiple partners and early onset of sexual activity (Raffaelli & Crockett, 2003; Baumeister, Flores & Marin, 1995; Caminis, Henrich, Ruchkin, Schwab-Stone & Martin, 2007; Rosenthal, Moore & Flynn, 1991). Specifically, sexual risk behaviour could be termed sexual intercourse without the use of condom, contraception, having lots of different sexual partners within a specified time – frame or with someone you just met. It is also unintended sexual intercourse or early sexual initiation (for example, under 16).

However, according to Ajayi & Okeke (2019), risky sexual behaviour must not be narrowed to the context of unplanned pregnancy as a result of non-condom use as this ignores the fact that people can prevent unplanned pregnancies after sex with the use of emergency contraception or may be using other contraceptive methods. In relating same to STIs, they opine that such a position overlooks the fact that faithfulness to one uninfected sexual partner could prevent such infections. In other words, not all adolescents or young adults who engage in unprotected sex could be said to involve in high-risk sexual behaviour since consistent and correct use of condoms with multiple sexual partners could mitigate the risk of STIs transmission (Ajayi & Okeke, 2019).

Sexual risk-taking behaviour expresses with it gender inequalities as human females are placed in subordinate positions, and men are viewed to have stronger sexual drives than women and the notion that men cannot do without sex (Reid, 1999; Kenya, Mulindi, Onsongo & Gatei, 1998; Cohen & Trussel, 1996; Ocholla – Ayayo & Schwarz, 1991). Adolescents are at high risk for number of negative health consequences associated with early and unsafe sexual activity, including infection with Human Immunodeficiency Virus (HIV), other sexually transmitted diseases, and unintended pregnancies (Kotchick, Shaffer, Forehand & Miller, 2001). Despite widespread knowledge of the dangers associated with

sexually transmitted diseases including AIDS and pregnancies at adolescent stage (especially early adolescence) on social life, individual adolescents still engage in risky sexual behaviour. Risky sexual behaviour encompasses a wide variety of behaviours ranging from engaging in unprotected sexual intercourse to maintaining multiple and concurrent sexual relationships. These sexual behavioural variants maintain known potential harm to the adolescents' physical health, emotional well-being and risk family relationships and reputations, operating in contrast to self-preservation.

The way in which adolescents perceive sexual risks may explain in part the reasons why such behaviours occur despite knowledge of harmful outcomes and previously learned experiences (Bankole, Singh, Woog & Wulf, 2004). It should be noted that adolescents are not a homogenous group. They vary not only by age, gender, religion, socioeconomic and cultural context but also in their sexual and reproductive health needs across the different groups, culture and religion where they may be found (Okonta, 2007). So largely, understanding adolescents' risk perception in this regard may provide insight into how adolescents who engage in risky sexual behaviours may be able to modify their behaviours. Increased knowledge on how adolescents perceive sexual risk will hopefully influence how sexual health information remains distributed and decrease the spread of sexually transmitted diseases and unplanned pregnancies.

One parameter through which adolescent risky sexual behaviour has been globally studied in recent times has been in the area of HIV/AIDS prevalence. Sub-Saharan Africa remains the world region with the highest HIV/AIDS burden (Wusu, 2011) with Nigeria sharing in this burden. Nigeria's birth rate for adolescents is high considering the ever-growing population which is estimated at close to 200 million, and also the prevalence rate of sexually transmitted infections especially among adolescents in Nigeria, including HIV, is rising rapidly (Durojaiye, 2009). Like in other parts of the world region, adolescents are the most affected in newly reported cases of the infection (Durojaiye, 2009). Up to sixty percent (60%) of new cases of infections occur among young people between 15 and 24 years of age (McManus and Dhar, 2008) with the main mode of transmission being through unprotected heterosexual intercourse with far-reaching effects. It may be reasoned to be a war of cultures between adolescents and adults. For example, in Nigerian context, sexuality is viewed as a realm requiring adult maturity so becoming sexually active at adolescence while yet unmarried is viewed abnormal and results in a culture of silence and restricts open discussion of sexuality issues involving young people which often results in teenage pregnancy, unsafe abortion, disproportionate HIV/AIDS infection or even death (UNAIDS, 2017; UNAIDS, 2018). This has a far-reaching effect considering that over 35 million Nigerians are aged 10-19 and 3% of 15-19 year-olds are positive with HIV (FMOH, 2011).

It is thus imperative to note ways of promoting individual behavioural adjustments required to prevent contact with the infection especially in the area of sexual behaviour among adolescents. This is most likely what has informed various studies that have been carried out on the relationship between risk perception and sexual behaviour (for example, Wusu, 2011). While it is expected that the reported high level of awareness would translate to high level of consciousness of risks and pro-action to promote preventive strategies, regrettably, it is far from being so. The parlance has been that knowledge of sexual consequences is high but behaviour is not changing. Many young persons who are most vulnerable are not apprehensive of the likelihood of being infected (Opt, Loffredo, Knowles & Fletcher, 2008; Bankole & Malcher, 2010). Earlier studies have reported that majority of young people do not perceive themselves as being at risk at all in spite of the fact that over seventy percent (70%) of them do engage in unprotected sexual relationship such as having multiple sexual partners (Durojaiye, 2009; Anderson, Beutel & Maughan - Brown, 2009). The implication being that behaviour change among adolescents may be difficult in view of the fact that a large proportion of them perceive they are not at risk in spite of their risky sexual behavioural context (Bankole & Malcher, 2010). This perceived invulnerability which motivates these behavioural outcomes could be a function of adolescents' levels of risk perception, their self-efficacy and gender dichotomy. Understanding these constructs may provide insightful revelations on why and how adolescents engage in risky sexual activities and what need to be done to modify such actions.

Self-efficacy beliefs determine how people feel, think and motivate themselves and behave. It is peoples' beliefs about their capacities to produce designated levels of performance that exercise influence over actions that affect their lives. A strong sense of self-efficacy enhances human accomplishment and personal well-being in many ways (Bandura, 1994). According to him, people with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep engagement in activities (Bandura, 1994). They set themselves challenging goals and maintaining strong commitment to them. In contrast, people who doubt their capabilities shy away from difficult tasks which they view as personal threats and do have low aspirations and weak commitment to the goals which they choose to pursue. The development of beliefs related to self-efficacy results from past experiences, witnessing the behaviours of others, talking with others as well as physiological states within the body that signal appropriate behavioural reactions.

In relation to risky behaviours, self-efficacy may be measured in a number of ways. It may be used to measure the extent to which individuals feel they can negotiate safe sex practices with potential partners or discuss the disclosure of sexually transmitted diseases with potential partners. It is opined that adolescents with high self-efficacy in tactics of sexual negotiation remain less likely to engage in risky sexual behaviours.

There is significant gender difference in the sexual behaviour of young people in Sub-Saharan Africa. The differentials in gender characteristics may likely influence perception of risk and sexual behaviour as gender is more of self-perceived and ascribed sexual features of maleness and femaleness. The individual's self-identity plays significant role in gender identity. During adolescence, there is accelerated physical growth and accompanying this, is sexual maturity. Fundamentally, sexual maturation in girls is distinguished by development of sexual characteristics such as menarche (first menstruation) accompanied ovulation while in boys, it is characterized by the first seminal emission. Sexual maturation in adolescents results in strong physical attraction between males and females. Adolescents become familiar

with their bodies and begin experimenting with interactions of physical intimacy in the search for a sense of sexual identity. This phase of sexual exploration may come with its dangers of high-risk sexual behaviour, placing the adolescent in a vulnerable position of early unplanned pregnancy (for females) and sexually transmitted diseases for both; among other possible undesired sexual outcomes. The HIV/AIDS pandemic has become a strong index for understanding gender disparity in sexual behaviour. There are important dimensions along gender boundaries in infection/disease and in social and economic consequences of the virus. These differences stem from biology, sexual behaviour and socially constructed gender differences between men and women in roles and responsibilities, access to resources and decision-making power. Gender discrepancies may result from poorly constructed social paradigm such as the socialization of young women to acquiesce to partners in sexual encounters which gives priority to male pleasure and control in sexual relationships. This can invariably contribute to females' inability to negotiate when sexual intercourse takes place. Many more women than men reported that they were at high risk of being infected with HIV, citing their partners' infidelity as a reason. Compounding the issue is the poor reception of sexually active adolescents to condom use. To derive maximum benefit, condoms must be used correctly and consistently. While available literature indicates a widespread knowledge of condoms among Nigerian adolescents, the 2003 Nigeria Demographic and Health Survey data reported a poor and skewed result in usage among adolescents of age 15-19 and 20-24 by gender (Adedimeji, Omololu and, Odutolu, 2007).

2. Statement of the Problem

Adolescents' sexual behaviour may change if they perceive risks associated with the sexual activities they undertake. While risk perception is cognitive; that is mental activities in acquiring and processing information - they can have impact on expressive behaviour. Recent studies on adolescents' sexual behaviour have focused on behavioural patterns, looking primarily at risk-taking rather than risk perception.

On the other hand, self-efficacy is the measure of one's own competence to complete tasks and reach set goals. Sexual risk taking can be a major distraction for adolescents. Therefore, adolescents' beliefs regarding his or her power to affect sexual situations strongly influences his or her power to face sexual challenges competently in view of choices most likely to be made. It is then assumed that the more efficacious the individual, the more the competence to deal with the sexual challenge.

Interest on gender as a construct in adolescents' sexual behaviour is age-long. Differences and similarities are often highlighted from male/female physical development to sexual maturation. It is also of research interest to note progression as far as sexual risk-taking behaviour among adolescents is concerned.

Specifically, this research was conducted in Otukpo Local Government Area of Benue State. The local government is made up of four districts with a history of beehive social activities that heighten adolescents' sexual behaviour. It was a remarkable area that witnessed the AIDS scourge in the early 90s and thus ranked as a veritable area to evaluate sexual risk perception and behaviour among adolescents. However, there seems to be a dearth of research concern on how adolescents perceive risks especially those around sexual activities, their self-efficacy and age at which they initiate sexual intercourse. A look or search in the area may provide answers or obvious reasons for vulnerability. It would then be worthy to explore risk perception, self - efficacy and gender as predictor variables in adolescents' sexual behaviour.

3. Hypotheses

In view of the statements of problem for the study, four hypotheses were postulated and tested in line with the research questions, aim and objectives:

- Risk perception will significantly predict adolescents' sexual behaviour
- Self - efficacy will significantly predict adolescents' sexual behaviour
- Gender will significantly predict adolescents' sexual behaviour
- There will be a statistically significant interaction effect of risk perception and self- efficacy on adolescents' sexual behaviour

4. Method

4.1. Design

The research adopted a cross-sectional survey research design. This design is useful in collecting data at a point in time and inferences about the population of interest are drawn based on such data. The design is deemed fit for this study as it allowed the researcher to access and assess data from a cross section of in-school adolescents across Otukpo Local Government of Benue State which could be used to determine risk perception, self-efficacy and gender on their sexual behaviour among the population of interest.

4.2. Setting

The research was conducted in Otukpo Local Government of Benue State, Nigeria. Otukpo Local Government Area comprises of four districts namely; Otukpo, Akpa, Ugboju and Adoka. The study's setting is essentially concerned with in-school adolescents in the four districts.

4.3. Participants

A total of 1177 adolescents aged 12 – 24 years (mean age = 15.86) participated in the study. They were drawn from three (3) of the four districts in Otukpo Local Government Area of Benue State. This age bracket (15 – 24 years) involves the globally acclaimed age of sexual vulnerability (National Demographic and Health Survey, 2003). Participants were students in the Senior Secondary School (SSS) categories 1, 2 and 3. A total of 430 males and 747 females from 10 schools were sampled.

4.4. Sampling and Sampling Technique

The stratified random sampling technique was used in selecting the participants for the study. This technique involves the division of a population into smaller groups known as strata. A random sample is then taken from each stratum proportionate to the size of the stratum. Applying this technique, in-school adolescents in the Senior Secondary School (SSS) classes 1-3 participated in the research. Simple random sampling was then applied in selecting the participants using random numbers. Choice of schools across the Local Government Area was to balance for rural-urban dichotomy.

4.5. Instruments

Three standardised instruments were used for data collection. The instruments were presented in a questionnaire. The first section (Section A), covered statements to elicit the participants' demographic data such as gender, age, marital status, religion, and class of study.

The subsequent sections (B, C and D) focused on measures of the variables of interest. Three instruments were used to measure the three variables in the study: risk perception and self-efficacy (predictor variables) and sexual behaviour (criterion variable).

The scales used were Sexual Risk Cognition Questionnaire (SRCQ), a 22-item questionnaire developed by Shah, Thornton and Burgess (1997) was used to measure sexual risk perception, 10-item General Perceived Self-efficacy (GSE) Scale by Jerusalem & Schwarzer (1993) was used to measure general perceived self-efficacy while Sexual Behaviour (sub-scale, YRBS) SB-YRBS was used to measure risky sexual behavior or sexual risk taking behaviour.

All three instruments were earlier on subjected to validity and reliability testing among 298 (131 males and 162 females) in-school adolescents in Makurdi.

4.6. Procedure

The validated instruments were used for the main study. Ten (10) schools in three (3) out of the four (4) districts in Otukpo Local Government Area of Benue State were randomly selected for the study. 7 of the 10 schools were from Otukpo urban and peri – urban areas (where there was the most concentration of schools and in-school adolescents' population) while the other three schools were from Akpa and Ugboju districts. With the aid of three assistant researchers, the students were administered copies of the questionnaire and explanations were made. Students filled the questionnaire either by ticking options or filling in responses they considered appropriate. The copies of the questionnaire were given to the students during school hours of between 10 a.m. to 2 p.m. A total of one thousand two hundred copies of the questionnaire were distributed but one thousand, one hundred and seventy-seven (1177) copies of the questionnaire were retrieved. The duration for administration of the instruments was ten (10) working days. Participation in the survey was voluntary and consent of participants was sought before being given a copy of the questionnaire. Biros were given free to participants to fill the questionnaire and also participating schools were each given a carton of chalk as remuneration.

4.7. Data Analysis

The variables were tested using descriptive statistics on the demographic variables. Multiple linear regression analyses and Pearson correlation (r) were used to test predictability and interaction effects of risk perception, self – efficacy and gender on adolescents' sexual behaviour.

5. Results

- Hypothesis 1: Risk Perception and Adolescents' Sexual Behaviour

Predictors	R	R ²	F	df	β	t	p
Constant	.59	.35	317.95	1, 1174		3.882	<.001
Risk perception					.569	24.139	<.001
Self-efficacy					.126	5.352	<.001

Table 1: Summary of Multiple Linear Regression Analyses for Risk Perception, Self-Efficacy on Adolescents' Sexual Behaviour
Dependent Variable: Respondents' Sexual Behaviour

- Hypothesis 1: Risk Perception and Adolescents' Sexual Behaviour

The result of the Regression Analysis in Table 1 indicates a positive relationship between Risk Perception and Adolescents' Sexual behaviour. Risk perception significantly predicted adolescents' sexual behaviour ($\beta = .57$, $F(1, 1174) =$

317.95, $P < .01$). Therefore, the first hypothesis that risk perception will significantly predict adolescents' sexual behaviour was confirmed. Risk perception contributed 35% variance in adolescents' sexual behaviour.

- **Hypothesis 2: Self-efficacy and Adolescents' Sexual Behavior**

The result of the regression analysis further showed a significant relationship between self – efficacy and adolescents' sexual behaviour ($\beta = .13$, $F(1, 1174) = 28.87$, $p < .01$). Self – efficacy significantly predicted adolescents' sexual behaviour. Therefore, the second hypothesis that self – efficacy will significantly predict adolescents' sexual behaviour was confirmed. Self – efficacy contributed 2% variance in adolescents' sexual behaviour

Source of Variation	SSq	df	MSq	F	Sig
Between Groups	210.46	1	210.46	2.78	.096
Within Groups	89116.81	1175	75.84		
Total	89327.26	1176			

Table 2: One-Way Analysis of Variance Showing Gender Difference on Adolescents' Sexual Behaviour

- **Hypothesis 3: Gender and Adolescents' Sexual Behaviour**

The analysis of variance (ANOVA) result on gender and adolescents' sexual behaviour was not statistically significant. There was no statistically significant gender difference on adolescents' sexual behaviour ($F(1, 1175) = 2.78$, $P > .05$). Therefore, the third hypothesis which stated that there will be statistically significant gender difference on adolescents' sexual behaviour was rejected.

- **Hypothesis 4: Interaction effect of risk perception and self-efficacy**

	Variables	1	2	3	4
1	Sexual Behaviour	1			
2	Risk Perception	.58**	1		
3	Self-efficacy	.17**	.08**	1	
4	Gender	.05	-.05	-.05	1

Table 3: Pearson Product Moment Correlation Showing the Relationship among Sexual Behaviour, Risk Perception, Self-Efficacy and Gender

** $P < .01$, * $P < .05$

Judging from Table 3, there is a statistically significant relationship between risk perception and self-efficacy ($r = .08$, $p < .01$). The result of the correlation coefficient using Pearson r further showed that risk perception significantly correlated with adolescents' sexual behaviour ($r = .58$, $p < .01$) and self-efficacy also significantly correlated with adolescents' sexual behaviour ($r = .17$, $p < .01$). However, as earlier revealed, gender did not correlate with adolescents' sexual behaviour.

6. Discussion

The main discussion is organised around the hypotheses formulated. Accordingly, the sub – headings corresponding to each hypothesis is given prior to the discussion of the hypothesis.

6.1. Risk perception and Adolescents' Sexual Behaviour

The results of the regression analysis showed that risk perception significantly predicted adolescents' sexual behaviour thereby confirming the first hypothesis. This is an indication that positive relationship exists between risk perception and adolescents' sexual behaviour. This implies that risk perception contributes significantly to adolescents' sexual behaviour. Semple, Patterson, & Grant (2009) had stated that there is a strong association between perception of risk and sexual behaviour. Earlier on, Cleland (1995), using data from the WHO/GPA survey have reiterated similar positive associations between perceptions of risk and risky sexual behaviour. The current study therefore supports the rationale for understanding why a relationship exists between adolescents' perception of risk and their risky sexual behaviour. From this study, it is known that adolescents in the study population associate risk with unprotected sexual intercourse. Also, it implies that adolescents predict the risk of being infected with STIs including HIV and becoming or making someone pregnant when they indulge in unprotected sexual intercourse.

6.2. Self – Efficacy and Adolescents' Sexual Behaviour

The results of the regression analysis showed statistically significant relationship between self – efficacy and adolescents' sexual behaviour. Self – efficacy significantly predicted adolescents' sexual behaviour. Therefore, the second hypothesis that self – efficacy will significantly predict adolescents' sexual behaviour was confirmed. The assumption was that self-efficacy is related to adolescents' sexual behaviour as change in behaviour is facilitated by a personal sense of control. If adolescents believe that they are in control of their action, they are empowered and feel more responsible in taking decision in carrying out the tasks. According to Seal, Minichiello and Omodei (1997), high sexual self - efficacy and high sexual self – esteem is expected to be associated with low levels of sexual risk-taking behaviour even though this may not hold true for some other research findings (Seal et al., 1997). This current study particularly confirms a positive

relationship between self-efficacy and adolescents' sexual behaviour. Social persuasions that are positive can further encourage the individual to persist in the face of adversity whereas persuasions that are negative weaken an individual's self – efficacy beliefs (Pajares, 2009). From this current study, it can be deduced that the significant relationship between self – efficacy and adolescents' sexual behaviour could have resulted from strong self – efficacy beliefs to practise personal control and high influence of peer pressure (psychosocial aspects) which increases the likelihood of the sexual behaviour. To further the positive trend, research on factors such as the role of sexuality education, parental involvement, evolving more strategies on safer sexual practices to promote delay in sexual initiation, education and so on, may have contributed.

6.3. Gender and Adolescent Sexual Behaviour

Difference in gender was investigated in this study to examine relationship between gender and adolescents' sexual behaviour. The result of the ANOVA on gender of adolescents' sexual behaviour showed was not statistically significant, so also, the result of the correlation coefficient showed no significant correlation between gender and adolescents' sexual behaviour. Therefore, the third hypothesis was rejected. This implies that being an adolescent boy or girl has no bearing on their sexual behaviour. This contradicts earlier literature positing that because of cultural factors, adolescent males are sexually active while females are passive. The variation in result in this research may further lend credence to earlier discrepancies of result regarding gender and adolescents' sexual behaviour. It can be explained to mean that there is inter-dependence in sexual relationships between males and females. Males' ability to be sexually active is dependent on females' availability to be used.

6.4. Interaction Effect of Risk Perception and Self-Efficacy

The interaction effect between risk perception and self-efficacy was statistically significant and thus the hypothesis was confirmed. If adolescents perceive risk and Pujaris believe that they can practise personal sexual control, it can increase positive sexual behaviour. This is in line with the Health Belief Model (HBM). Ability to refrain from or delay sexual intercourse, use condom and assert themselves over negative peer pressure to indulge in sex, acquire personal skills on positive sexual behaviour is facilitated if there is high positive interaction effect of how they perceive sexual risk and their level of self-efficacy.

7. Recommendation

The results of this study have implications for adolescents' sexual behaviour because adolescence constitutes an important landmark in human development. How sexual intercourse can be made safer for this virile segment of the nation's population so that they and the entire society can benefit maximally is a major concern for social psychologists, educationists, development programmers, policy makers, among others.

Structures that will aid adolescents in addressing their self – efficacy and self – esteem so as to give attention and direction to solving developmental challenges are vital. Sequel to this is a need for sustained efforts in addressing the ever evolving or emerging issues surrounding adolescents' sexual behaviour especially through research. This should be of interest to social psychologists and other researchers in the humanities and development world.

Sexual orientation and sexual scripts are fast changing with attendant sexual health challenges for both male and female adolescents. Evolving ways in participatory research on equipping them with effective risk reduction strategies or techniques will go a long way. Study concerns on adolescents' sexual behaviour by social psychologists should utilise the bottom – up research approach by engaging adolescent themselves to generate appropriate questions or statements that will give more insight into these challenges that are peculiar to them. Research energy should be redirected at promoting and portraying healthy adolescent sexuality as normal, positive and as a central part of growth toward maturity rather than ascribing this stage of growth as inherently problematic, dangerous and disturbing yet without compromising social, moral or ethical standards.

8. Limitations of the Study

Typical of research studies, there are limitations in this one. Cross-sectional design used was to determine predictability and data was collected within a short period. A longitudinal approach may have been more rewarding. However, this has no profound implication on the study.

Another possible limitation is that response bias. Sexual issues are very personal, private and sensitive. However, anonymity and assurance of confidentiality would have reduced if not eradicated this challenge.

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