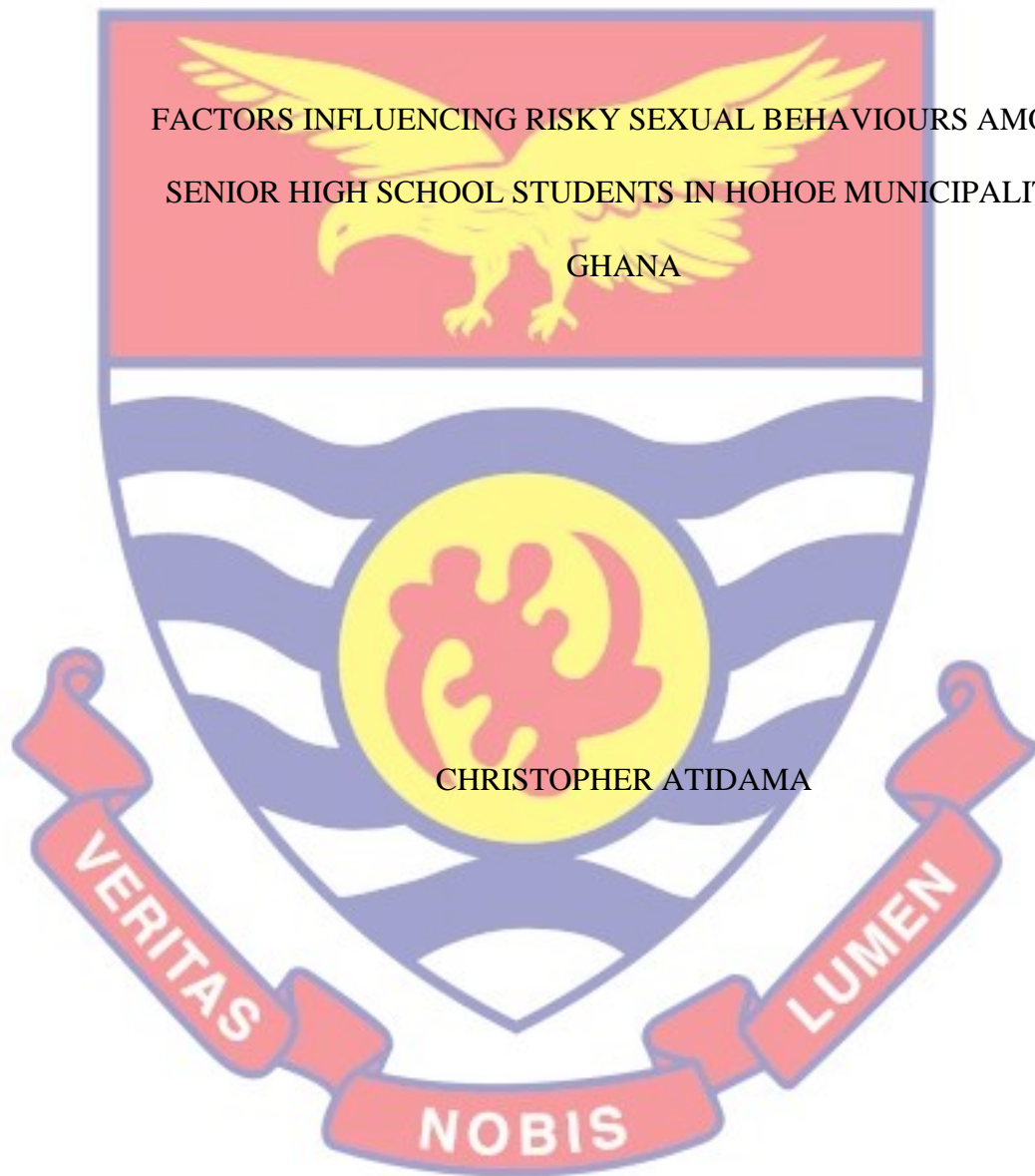


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FACTORS INFLUENCING RISKY SEXUAL BEHAVIOURS AMONG
SENIOR HIGH SCHOOL STUDENTS IN HOHOE MUNICIPALITY,
GHANA

BY
CHRISTOPHER ATIDAMA

This thesis submitted to the Department of Guidance and Counselling of the
Faculty of Educational Foundations, College of Education Studies, University
of Cape Coast, in partial fulfillment of the requirements for the award of
Master of Philosophy degree in Guidance and Counselling

JANUARY 2023

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date.....

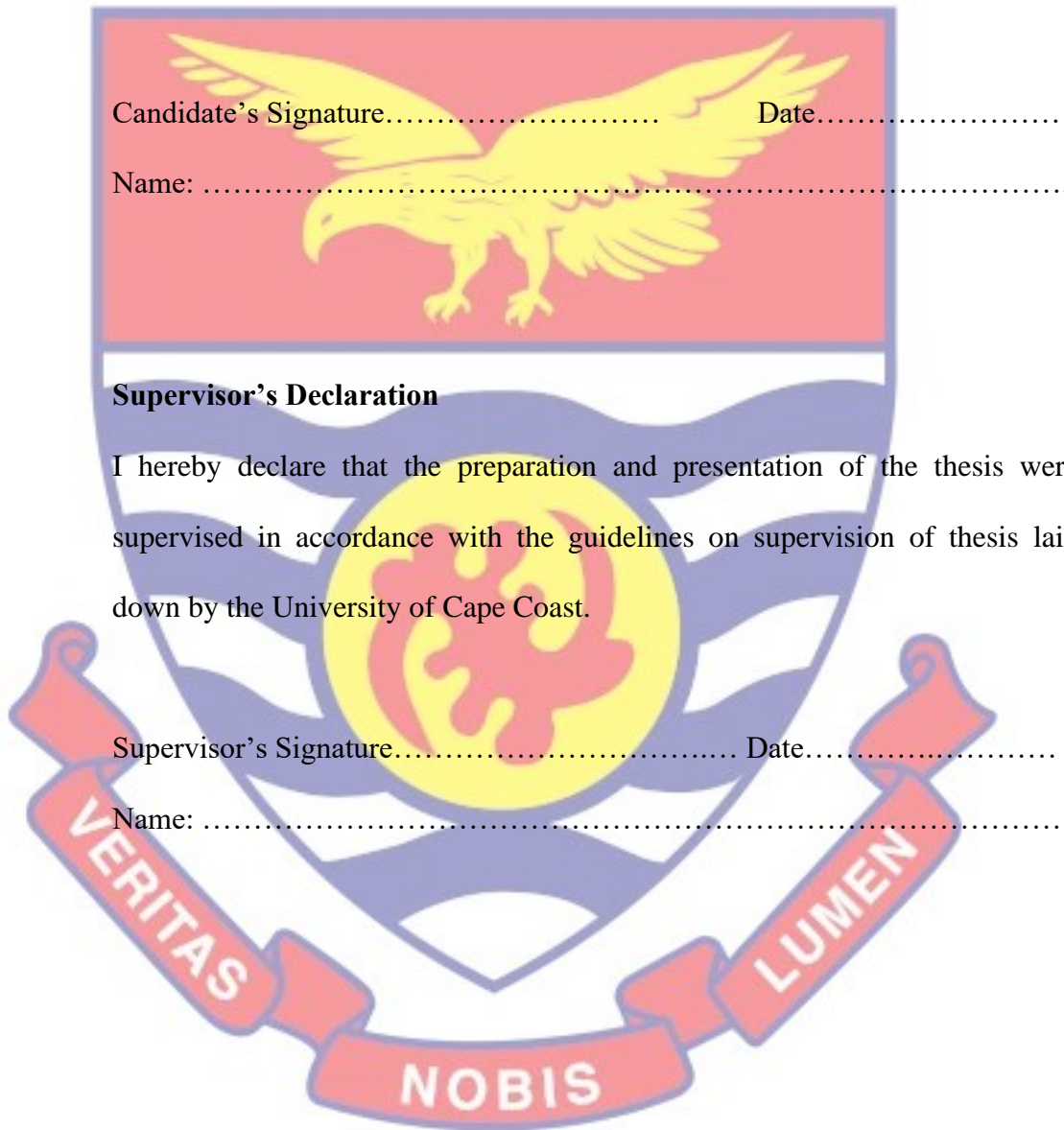
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Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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ABSTRACT

The study investigated the factors which influence risky sexual behaviours among students in Senior High Schools (SHSs) in the Hohoe Municipality. The descriptive survey design was adopted for the study. A sample of 354 students from a population of 4,380 was selected using the proportional stratified sampling technique. Data were collected using questionnaire adapted from the instruments of Asiedu (2016) and Mcharo, Olomi, Mayaud and Msuya (2020). The data were analysed using both descriptive and inferential statistics. The study found that 44.4% of the respondents had had sexual intercourse and the age of first sexual intercourse was between the ages of 16 and 19 years. More than a quarter of the respondents indicated that they had risky sexual behaviours. The study revealed that peer pressure, poor parental upbringing, social media and poor socio-economic background influenced risky sexual behaviours among students. Also, sex education, health education programmes, physical activities and counselling services were some major ways participants indicated for minimising risky sexual behaviours. Significant gender difference was found in risky sexual behaviours while no significant difference was found in risky sexual behaviours on the basis of age. Finally, no significant gender difference was found in the factors influencing risky sexual behaviours while significant age difference was found in the factors influencing risky sexual behaviours. The study recommended that senior high school authorities in the Hohoe Municipality collaborate with agencies responsible for sex education to organise outreach programmes for students in order for them to adopt less risky sexual behaviours.

KEYWORDS

Factors

Influencing

Risky Sexual Behaviours

Students



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DEDICATION

To my lovely wife, Blui Georgina and children, Zoe Sefa Atidama and

Joshua-Dag Atidama.



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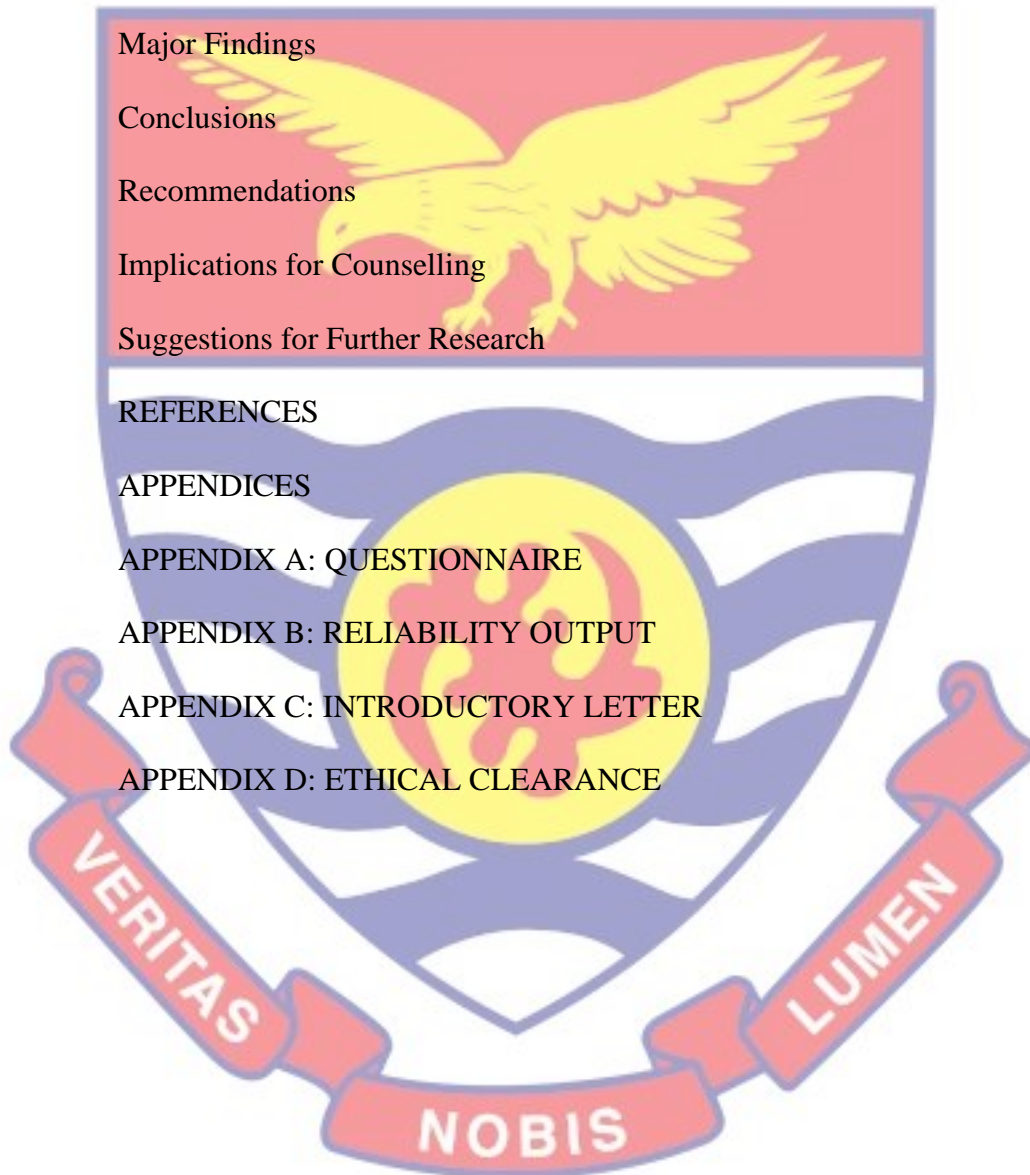
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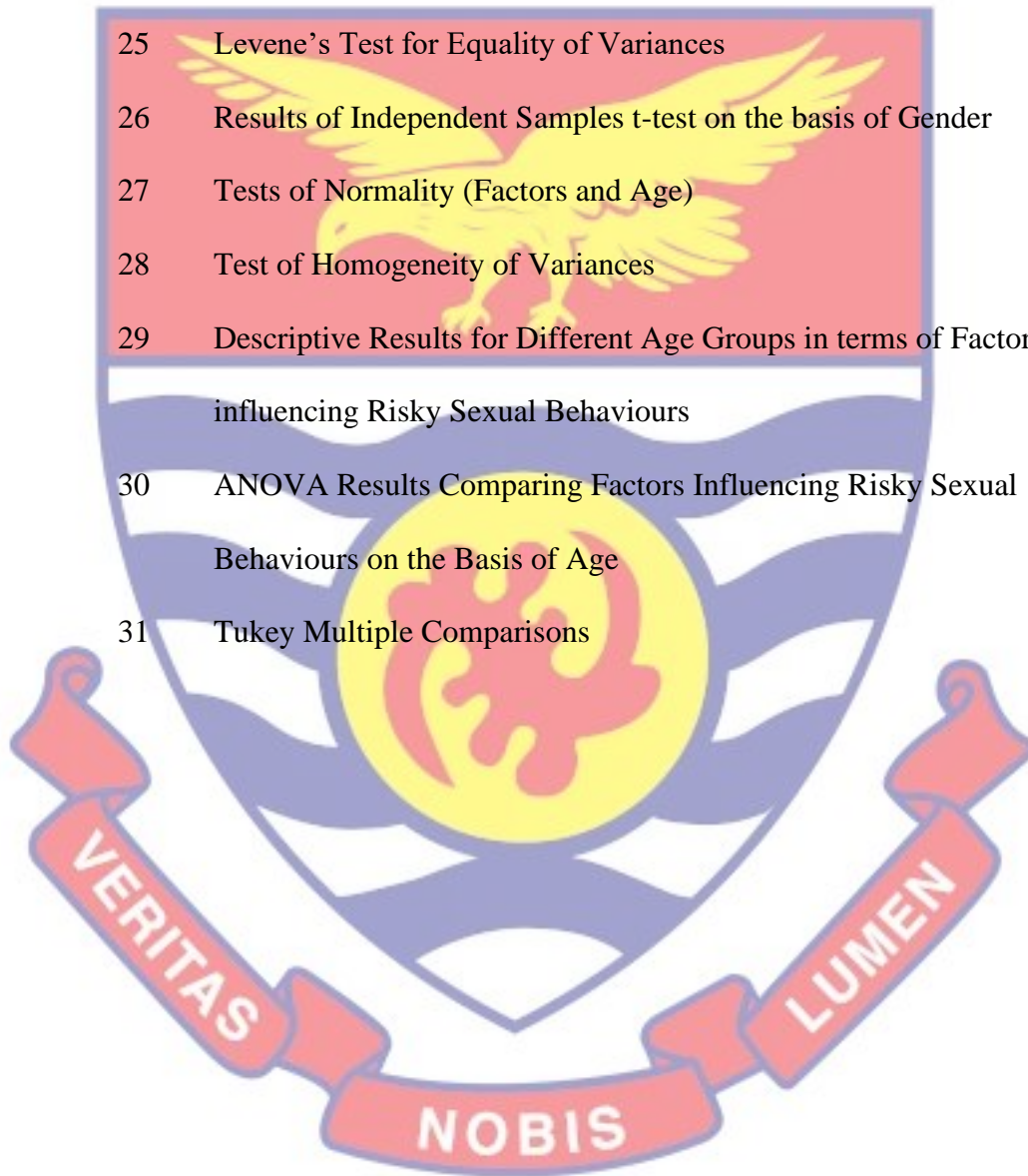
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CHAPTER ONE

INTRODUCTION

As they approach maturity, adolescents are faced with the dilemma of whether or not to begin engaging in sexual activities. This decision, according to Wusu (2013), could result in involvement in risky sexual acts like early commencement of sex, having several sexual companions, casual intercourse, having sex when influenced by alcohol and drugs, and sexual affair without condom. These can result in unwanted pregnancies and contracting sexually transmitted diseases. In the view of Mwale (2011), adolescents are categorized as people who need special attention because they are more probable to participate in a lot of risky behaviours because of their vulnerability and lack of access to appropriate information and professional help. Adolescents with inadequate knowledge on sexual issues may be more vulnerable and prone to engage in risky and unprotected sexual acts which may harm them. This study thus explores the sexual risk-taking behaviours of students in Senior High Schools in the Hohoe Municipality. This chapter focuses on the introduction to the study. The areas covered are the background to the study, statement of the problem, research questions, hypotheses, significance of the study, delimitation, limitations and organisation of the study.

Background to the Study

The period of adolescence is that of transition in a child's life and involves a lot gains such as achieving some sense of sexual maturity (WHO, 2012). This is a period of tremendous development, discovery, and risk-taking as they seek to find who they truly are by putting their talents and abilities to the test. Dating is usual among individuals at this point in their lives (Bailey,

Fleming, Henson, Catalano & Haggerty, 2008; Guilamos-Ramos & Jaccard, 2013). Several physiological changes such as reproductive growth occur during adolescence and this frequently acts as a motivator for teenagers to engage in sex experimentation. Some people are inherently curious and risk takers in many areas of their lives, including their sexual relations. Some of such individuals who participate in sexual activities may constant change their sexual companions, have several partners, and engage in unprotected sex. This population is disproportionately impacted by reproductive morbidities as a result of their unsafe sexual practices, they contract Sexually Transmitted Infections (STI) like Human Immuno-deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), unexpected pregnancies and other difficulties (Azuike, Iloghalu, Nwabueze, Emelumadu, Balogun, Azuike, Obi, Enwonwu, Ebulue, Obi & Chikezie, 2015).

Further, the period of adolescence puts individuals in a state where they endure physical and biological changes and are subjected to a variety of stressors such as peer pressure, pornographic exposure, and a desire for financial gain. Such pressures may encourage teenagers or adolescents to be involved in early and unsafe sex if they lack appropriate sexual awareness and parental guidance (Oljira, Berhane, & Worku, 2012).

Risky sexual behaviour has been viewed by the World Health Organisation (WHO) as behaviour that raises the risk of negative sexual and reproductive health outcomes like unplanned pregnancies, risky abortions and STIs such as HIV/AIDS (WHO, 2010). As posited by the WHO (2012), adolescents are particularly vulnerable to dangerous sexual behaviours. Accordingly, the Centers for Disease Control and Prevention (CDCP, 2012)

noted that, almost half of junior high and senior high school students have had sexual affairs and more than 60% would have had sexual affairs by their graduation. Pre-marital sexual behaviour was shown to be more prevalent in metropolitan regions than in rural locations (Nwankwo & Nwoke, 2016).

The literature on sexual and reproductive health have consistently shown that adolescents are the group of individuals with the most vulnerability to risky sexual acts because of the growth and development they experience at that period (Greene, Krcmar, Walters, Rubin, Hale & Hale, 2000; Rashid & Mwale, 2016). According to Annert, as cited in Greene et al. (2000), teenagers are statistically overrepresented in practically every risk classification. Sexual hazards are the most prevalent among the dangers incurred by teenagers. Dietrich (2003) also viewed risk behaviour as any action that has the potential to result in a loss. In this context, risk sexual behaviour includes inconsistency or no usage of condoms and contraceptives, as well as having several sexual companions. Sexually Transmitted Infections (STIs) such as HIV/AIDS and unintended pregnancies also happen more easily when people engage in unprotected intercourse and have several sexual partners, among other things. Given that teenagers make up the majority of the world's school-aged population, safer sex practices have been included into primary and secondary curriculum, multimedia, and a variety of other social activities in schools (Azuike et al., 2015).

There are over one billion adolescents aged 10 to 19, with 70% of them living in low-income countries (United Nations Education, Scientific and Cultural Organization [UNESCO], 2014; CDCP, 2012). On a worldwide scale, according to statistics from the CDC's (2011) Youth Risk Behaviour Survey,

47% of students at the high school level have had sexual affairs, with boys (49%) reporting it more frequently than girls (46%). The proportion of students who have had sexual affair also varied considerably by race/ethnicity, with non-Hispanic black students (60%) having the highest rate and Hispanic and non-Hispanic white students came in second and third, respectively (49% and 44%). These figures also fluctuated significantly depending on class level, ranging from 33% among 9th graders to 63 % among 12th graders (CDC, 2011). From all these data, it is vital for governments to interact with this large group of people and be able to meet their health requirements. To meet the whole spectrum of adolescents' health and developmental needs, health services must advance beyond adolescent pregnancy and HIV (United Nations Population Fund) [UNFPA], 2014).

Further, in some nations in Sub-Saharan Africa as in many other countries, many adolescents are faced with decisions concerning engaging in sexual intercourse or not and using condom and contraceptives or not, at some point during their adolescent years, especially since total sexual control of adolescents by families and teachers has proven nearly impossible (CDCP, 2012). Also, due to gender power disparities, sexually active teenagers are more at danger of undesired pregnancy, abortion, or developing and transmitting sexually transmitted illnesses because most premarital sexual affairs are without protection (WHO, 2012). Persons aged 15 to 24 years make up over 50% of those who get HIV infections in areas of Sub-Saharan Africa. For instance, about 2.1% of people in Ethiopia are HIV-positive, with women having a higher prevalence (Fatusi & Hindi, 2010; Akinyemi & Okpechi, 2011). These have been traced to involvement in risky sexual behaviours.

Adolescent sexual behaviour is greatly influenced by parental support through lowering risky sexual behaviour, STIs, and unintended pregnancy (WHO, 2012). Also, parents' values against teenage intercourse, parental monitoring or management of children's actions, and positive peer influence are all reported to reduce the risky sexual and reproductive health behaviours of adolescents (Kangmennaang, Mkandawire & Luginaah, 2019). This means that aside the influence of parents, peers can also influence adolescents, particularly when parental relationship with adolescents is not good (Wusu, 2013).

In Ghana, the data from the "Multiple Indicator Cluster Survey (MICS)" showed that sex among people of different ages was high in a group of 15-24 year old females (Ghana Statistical Service, 2011). Specifically, from the data, 12% of the females had had sex with males who were older than them for not less than 10 years. This circumstance might explain why there are so many new STIs among Ghana's youth, especially young women. For males, most of them engaged in sexual intercourse with people of their ages. However, the data showed that 10% of the ladies and 5% of the males had had sexual intercourse before they got to 15 years (Ghana Statistical Service, 2011).

Further, data from the Ghana Demographic and Health Survey (GDHS) showed that females were more likely than males have their first sexual encounter at a younger age (Ghana Statistical Service, Ghana Health Service & ICF International, 2011). In terms of specifics, females aged 25 to 49 on the average had their sex debut at 18.4 years in comparison to 20 years for males (GSS, GHS & ICF, 2009). Based on the same data, by the age of 25,

all males and females in the study were sexually active (GSS, GHS & ICF, 2009).

Further, the data showed that adolescents know a lot about condoms, yet they don't use them very often. For example, 92.5 % and 62% of female and male adolescents respectively aged 15 to 19 years know how to use condoms, respectively, while 97.1 % and 78.9 % of those aged 20 to 24 years know how to use condoms. Between the ages of 15 and 19, 1.5 % and 43.8 % of females and males respectively had utilised condom before, and between the ages of 20 and 24, 0.8 % and 48.8 % of females and males respectively have ever used a condom (GSS, GHS & ICF, 2009).

From all the Ghanaian data referenced, it is clear that despite the fact that teenagers are aware that sex without protection and many companions are dangerous, they tend to misjudge the implications of their actions. It is therefore critical to determine whether or not senior high school students are involved in unsafe sexual behaviours. This will assist to minimize the rate of unplanned pregnancies, unlawful abortions, and STIs such as HIV/AIDS among adolescents.

Statement of the Problem

Risky sexual behaviours among adolescents have been seen to be a significant global problem since it leads to the high rate of STIs such as HIV and AIDS and unintended births (UNAIDS, 2012). This is very particular in Africa which bears the brunt of the burden, with high rate of HIV and other STIs among young people in many areas of the continent (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2012; United Nations Children's Fund [UNICEF], 2012; Mash & Mash, 2012). According to the

UNAIDS study from 2012, 23%, 40% and 39% of births among teenage girls were unintended in Burkina Faso, Ghana and Uganda respectively (McFarlane, Younger, Francis, Gordon-Strachan & Wilks, 2014; UNAIDS, 2012; United Nations Population Fund [UNFPA] & UNAIDS, 2012).

Risky sexual behaviours are especially important at younger age given the rise in STIs on the one hand, and the rapid rate of over sexualizing issues globally (Sychareun, Hansana, Phengsavanh & Phongsavan, 2013; Hensel, Stupiansky, Orr & Fortenberry, 2011). Evidence of this is that adolescents make up over 50% of all new HIV infections globally in 2010 (Hipwell, Stepp, Chung, Durand, & Keenan, 2012).

According to studies, individuals who begin sexual acts at a young age have the likelihood of unwanted pregnancies because they have a lower likelihood to utilize appropriate contraceptive methods (Wellings, Collumbien, Slaymaker, Singh, Hodges, Patel & Bajos, 2016). Thus, the period between the ages of 15 and 24 is significant, as it has been identified as a time of heightened sexual desire, as well as alcohol and drug tryouts, putting adolescents at danger (Downing-Matibag & Geisinger, 2009).

In Ghana, there have been some studies conducted in relation to the sexual behaviours of students. For instance, Konadu (2010) discovered that many Ghanaian teenagers participate in sexual risk-taking behaviours include early sexual engagement, sex without protection, poor contraceptive usage, and several concurrent sexual partners. Amoah (2017) also revealed that about 50% of students sampled from the University of Ghana were engaged in risky sexual practices, with males having high likelihood to behave in ways that are considered risky sexually than females. Recently, Watsi and Tarkang (2020)

revealed that about 42% of students sampled from senior high schools in the Hohoe Municipality were engaged in risky sexual behaviours.

Even though all these studies have been conducted, there are some gaps. For instance, Konadu's (2010) study was a general survey across the country while Amoah's (2017) study focused on University of Ghana students.

Even though Watsi and Tarkang (2020) conducted the study in the Hohoe Municipality, their study was focused mainly on which demographic variables predicted risky sexual behaviours. The current study goes beyond the study of Watsi and Tarkang to explore risky sexual behaviours, factors influencing these behaviours and knowledge about these behaviours.

Hohoe is a fast rising Municipality in Ghana having HIV incidence rate of 4.8% (Hohoe Municipal Assembly, 2013). Also, anecdotal data suggests that a large number of sex workers are in Hohoe, where transactional sex issues are prevalent (Ghana News Agency [GNA], 2014). Dr. Ashinyo, a senior medical officer corroborated this by indicating that there is an emergence of sex markets in Ho and Hohoe, something he believed could contribute to the spread HIV/AIDS (GNA, 2014). In recent times, Watsi and Tarkang (2020) have found that knowledge regarding risky sexual behaviours among students in senior high schools (SHS) within the Hohoe Municipality is minimal. This, they believed could lead several young people to engage in sexual acts which may not be safe.

Understanding senior high school students' sexual experiences, as well as the variables that impact their sexual behaviours, are crucial in providing answers to any challenges they face. Some of the challenges include peer pressure, information overload about sex, and difficulty in accessing

contraceptives (Awusabo-Asare et al., 2017; Sumankuuro, Asuuri, Mikare, Ngmenkpieo, Crockett & Wulifan, 2020). In most situations, senior high school students go through some of these issues and as such adolescents are likely to engage in potentially unhealthy sexual behaviours. On this basis, the study aimed at examining the factors which influence risky sexual behaviours

of students in the SHSs in the Hohoe Municipality.

Purpose of the Study

The study investigated the factors which influence risky sexual behaviours among students in Senior High Schools (SHSs) in the Hohoe Municipality.

Objectives of the Study

The specific objectives of the study were to:

1. Explore the risky sexual behaviours of students in SHSs in Hohoe Municipality.
2. Identify factors influencing risky sexual behaviours of students in SHSs in the Hohoe Municipality.
3. Identify ways to minimise risky sexual behaviours among SHS students in the Hohoe Municipality.
4. Find out the gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.
5. Find out the age difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.
6. Find out the gender difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.
7. Find out the age difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

Research Questions

Some research questions were answered in the study. They include the following:

1. What are the risky sexual behaviours of students in SHSs in Hohoe Municipality?
2. What factors influence SHS students to engage in risky sexual behaviours in Hohoe Municipality?
3. What are the ways of minimizing risky sexual behaviours among SHS students in Hohoe Municipality?

Hypotheses

The hypotheses tested in this study are outlined below:

H_01 : There is no significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_11 : There is a significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_02 : There is no significant age difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_12 : There is a significant age difference in the risky sexual behaviours of students in SHSs in the Hohoe Municipality.

H_03 : There is no significant gender difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_13 : There is a significant gender difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H₀₄: There is no significant age difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H₁₄: There is a significant age difference in the factors influencing risky sexual behaviours of students in SHSs in the Hohoe Municipality.

Significance of the Study

The study is significant in a number of ways. For starters, the research would help policymakers make decisions about teenage health and development. The findings of the study would specifically benefit the Hohoe Municipality Health and Education Directorates, allowing them to gain a good insight into risky sexual behaviours among adolescents and, as a result, develop appropriate measures to improve adolescent health.

Secondly, the results of the study would benefit School Counsellors in that they would be equipped with the information about the sexual behaviours of students in senior high schools. This can help them provide adequate and appropriate guidance and counselling services for students. Teachers and other staff members in senior high schools would also get the enough knowledge to help minimise the frequency of risky sexual behaviours among students.

Further, the study would benefit parents since they would know the risky sexual behaviours of their children and how to provide assistance to their children to overcome these behaviours. Finally, the findings of the study would add to the existing literature on risky sexual behaviours among young people in Ghana.

Delimitations

In the first place, the study covered the sexual behaviours of students, the knowledge of students about HIV and STIs, and the factors influencing risky sexual behaviours among SHS students in Hohoe Municipality. Also, the study covered the ways of reducing or minimising risky sexual behaviours.

The variations in sexual behaviours and factors influencing sexual behaviours of students on the basis of gender were also covered in the study. Finally, the study focused on SHS students in Hohoe Municipality.

Limitations

In carrying out this study, the students were hesitant at first because of the delicate nature of the study. However, by making them aware that the study is academic in nature, the students opened up and were honest in their views. Also, the use of questionnaire in collecting the data for the study limited the study in terms of depth of information. This is because questionnaire did not give the respondents the opportunity to express themselves as would have been possible with interviews. Finally, since the study sampled only students in senior high schools in Hohoe Municipality, the results will be limited in terms of how the results will be generalized.

Definition of Terms

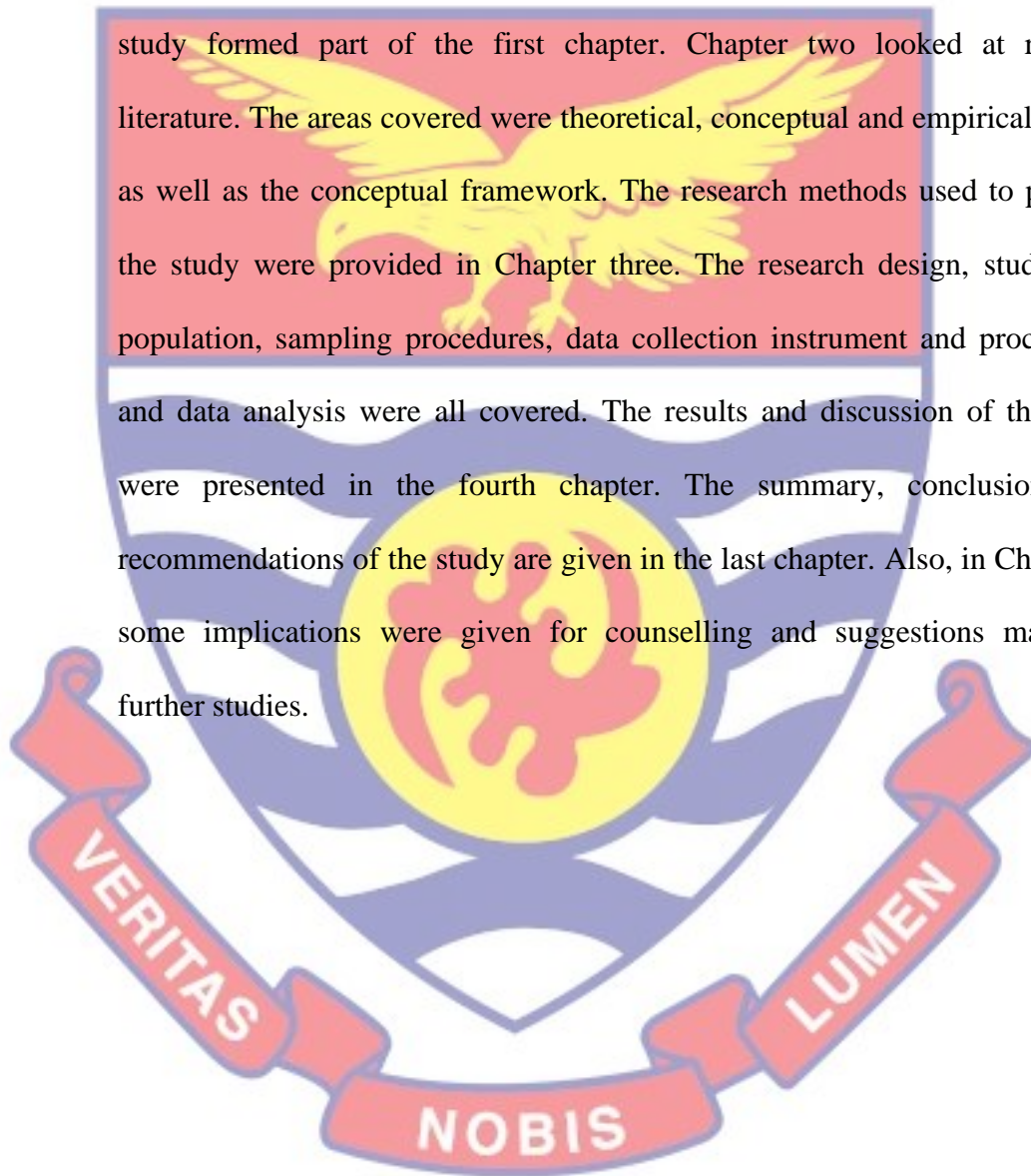
The main terms used in the study are defined in this section.

Sexual behaviours: This is used to refer to actions, conducts or communications between individuals which are of sexual nature.

Risky sexual behaviours: This is used to refer to sexual actions or conducts which predispose an individual to contracting sexually transmitted infections, unexpected pregnancies or any form of injury or damage.

Organisation of the Study

The study was reported in five chapters. Chapter one served as an introduction. It contained information on the background to the study, statement of the problem, purpose, research questions, hypotheses and significance of the study. Also, delimitations, limitations, organisation of the study formed part of the first chapter. Chapter two looked at relevant literature. The areas covered were theoretical, conceptual and empirical review as well as the conceptual framework. The research methods used to perform the study were provided in Chapter three. The research design, study area, population, sampling procedures, data collection instrument and procedures, and data analysis were all covered. The results and discussion of the study were presented in the fourth chapter. The summary, conclusions and recommendations of the study are given in the last chapter. Also, in Chapter 5, some implications were given for counselling and suggestions made for further studies.



CHAPTER TWO

LITERATURE REVIEW

Introduction

This study sought to investigate the factors which influence risky sexual behaviours among students in Senior High Schools (SHSs) in the Hohoe Municipality. The chapter reviewed literature connected to the study. The review was made to cover the theoretical framework, conceptual framework and empirical review.

Theoretical Framework

In this section, theories connected to the study were reviewed. These are “Biogenetic Universalism Theory”, “Psychoanalytic Theory”, “Theory of Reasoned Action” and “Social Cognitive Theory”.

Biogenetic Universalism Theory

Hall, a psychologist, is widely recognized with identifying adolescence as a phase of psychological and social growth. Adolescence, according to Hall's Biogenetic Universalism Theory (1904), is marked by selfishness, bitterness, and insubordination. Also, the period of adolescence involves heightened emotional reactions and regular irritability. These characteristics were attributed to the biological transition of puberty in the (Hall, 1904).

Hall (1904), who presented a biologically-based explanation of human development, viewed adolescence as a phase of “storm and stress”. He saw adolescence as a time of transitioning between childhood's “savagery” and adulthood's “civilization”. Personal growth, in his opinion, retraces the societal progression from primitive to civilization. As a result, adolescence depicts humanity's arduous journey to its civilized status. Adolescents are

therefore in a period of fluidity, fluctuating between tremendous excitement and complete despair, vitality and lethargy, compassion and self-centeredness. Also, adolescence is seen as a period of “storm” and “stress” due to the profound transformations that characterizes this period. For many years, Hall's viewpoint had a significant impact on the literature on adolescence as a period of human development.

Not all writers, however, believe that typical adolescence is a period of “storm” and “stress”. In his investigation, Bandura (1964) discovered that the majority of young individuals with whom he came into contact with were neither anxious nor stressed. The presumption of a turbulent youth, according to Bandura, was thus a massive exaggeration. Bandura's main idea was that society stands the risk of generating a self-fulfilling prophecy when it assumes adolescence to be a time of drastic conflict. The storm-and-stress notion has been revisited, with the conclusion that adolescence is not normally marked by turbulence (Oldham, 1978; Adelson, 1979).

Most authors have constantly discovered that the data just does not support Hall's misrepresentation of adolescence as being more chaotic than any other phase of life. The objections included the view that explaining behaviour to be due to biological genetic reasons leaves little possibility for the inclusion of the environment, despite the fact that human growth is always a combination of genetics and environment (Conger & Petersen, 1984). Despite the critiques, the theory of Hall continues to be used in some areas.

Rice (1996) claims that any overgeneralization concerning teenage growth will always be met with exceptions and qualifiers. The transition to adulthood will be hard and traumatic for some teenagers. Others will find the

change to be painless and enjoyable. Adolescents are not all the same. Adolescence is still viewed as chaotic, aberrant, or difficult, reinforcing Hall's beliefs (Rice, 1996). Because of the evidenced bodily changes that happen during the period of adolescence, as well as the expectations regarding leaving childhood life behind and adopting adulthood lifestyles, Hall regarded adolescence as a period of “storm” and “stress”. Also, since adolescents are in transition, they may require direction and leadership. On this basis, it is appropriate to examine the knowledge levels of adolescents and how the lack of appropriate guidance affects their engagement in risky behaviours.

The biogenetic theory gives a good perspective to the current study because it provides an explanation as to why adolescents' inability to cope with the challenges of adolescence can make them get involved in sexual acts which are risky. In relation to the current study, the theory of Hall gives the indication that adolescents are in a period of fluidity, fluctuating between tremendous excitement and complete despair and as such they are likely to be vulnerable to risky sexual behaviours. In some cases, periods of excitement can make young people forget the need for protection during sexual intercourse and as such engage in risky sexual behaviours. Also, during adolescent period, individuals are likely to navigate towards risky sexual behaviours because they will need their peers as support system to cope with the stress of adolescence and this can make young people engage in several risky behaviours due to influence of their friends.

Psychoanalytic Theory

Psychoanalytic theory proposes that the period of adolescence is mainly preoccupied by a fight to regulate sexual desires. The theory of

Sigmund Freud highlighted an individual's development through a succession of psychosexual stages which begins at birth and progresses through adult life. Throughout his research on psychosexual theory, Freud (1958) portrayed adolescence as a time of sexual excitation, anxiety, and, on rare occasions, personality disorder. This theory claims that adolescence is when sexual development reaches its pinnacle. The young individual begins to progress toward adult genital sexuality at puberty, when oedipal tensions are reawakened by the fast rise in sexual hormone release. Sexual desires are increasingly being channeled away from parents and onto members of the opposing sex. The frustration of these heightened sexual desires, according to Freud (1958), leads to delinquency and aggressiveness. To achieve a balance between the “Id’s” sexual impulses and the “Superego’s” excessive control, the individual develops an “Ego”, which acts as a buffer between the opposing forces. In this sense, the ego is the center of a person’s personality. The powers of dominance of one over the other are kept in check by a strong “Ego” (Freud, 1958).

To keep things managed, an adolescent employs a number of defense mechanisms to be able to manage or alleviate the worry. In the context of this study, it can be shown that someone who is preoccupied on the “id” urge is more likely to be overruled by others and not even demand their rights. This might indicate that there has been little or no effort made to learn about sexual and reproductive health issues and rights. An adolescent with a higher superego, on the other hand, would rarely allow other people to infringe on their rights and would instead push their own sexual values and principles on

other individuals. Individuals' attitudes about their sexual health issues are therefore influenced by such events.

Erikson (1968), like Freud (1958), believed that failing to settle conflicts satisfactorily at one stage of development can hinder or stifle adaptation at subsequent stages. He characterizes adolescence as a period marked by a desire for an identity or a sequence of identities. Adolescents must recognize themselves as distinct individuals with talents and flaws. Adolescents grow increasingly conscious of their ability to influence their own fates, develop self-discipline, assume adulthood duties, and develop a personal range of values and career objectives to pursue. The amount to which a teenager can submit to, or reject, any imposition of sexual judgments is determined on his or her strengths and weaknesses. Whether it comes to choosing time for sexual affair, the number of children and the gap in between them, contraceptive use, and child rearing, an individual's ego plays a vital role (Freud, 1958).

Also, psychoanalytic theory has as its core emphasis, the adaptive role of childhood and child rearing in creating a steady sexual relationship which would maintain the species and offer lasting child rearing practices. This necessitates a correct balance of power in mutually satisfying relationships, which would only be possible if individuals are aware of, understand, and respect their own and others' sexual and reproductive health rights. However, this is only likely when individuals are aware of their rights.

In this current study, this theory is relevant because adolescents are more probable to have appropriate sexual relationships if they are able to regulate and control their desires and respect each other. Freud's theory is

again relevant in this study because the period of adolescence in the view of Freud is a period of sexual tension and adolescents usually seek for ways to satisfy or meet the sexual tension. If proper measures are not put in place then adolescents may engage in risky sexual behaviours.

Theory of Reasoned Action (TRA)

Ajzen and Fishbein initially proposed the Theory of Reasoned Action (TRA) in 1973. The theory is founded on the hypothesis that individuals are logical while making decisions and engaging in certain behaviours and that they would engage in actions that they prefer. The theory posits that intention is a major basis for actions and hence activities that are not purposeful are not covered by TRA. The theory identifies two factors of intentions: personal beliefs that influence actions and the impact of societal pressure on whether or not to perform an action. Individuals' attitudes about safe sex have been studied using TRA (Kline & Van Landingham, 1994).

A study of adolescents' awareness of safer sex and risky sexual behaviour might be conducted using the theory of reasoned action. This is because behaviours are influenced by intentions and intentions are thoughts arising from knowledge available to an individual and such knowledge gives the individual confidence to act in some specific way. The main parts of the theory as follows:

Attitudes: This focuses on an individual's convictions concerning their rights to safer sexual lifestyle. This is represented by the association between behavioural belief, evaluation outcome, and normative views.

Behavioural belief: Adolescents' sensitivity to general SRH difficulties would be reduced if they had a behavioural conviction that knowing and claiming their rights will result in a specific outcome.

Outcome of evaluation: The outcome assessment of how pleasant or unpleasant it would be to be susceptible as a result of not exercising one's reproductive self-determination and independence.

Normative beliefs: The individual's normative ideas, or whether or not significant others believe assertiveness or utilizing an individual's rights to appropriate and safer sex is crucial for avoiding risky sexual behaviours (whether or not significant others believe assertiveness is critical for avoiding sexual risk-taking acts).

Motivation to comply with norms: The fourth critical component is the desire to follow the expected behaviours and norms of key and significant persons in their lives. In the event that the individual does not comply with safer sex acts, the costs and risks can be enormous and this serves as motivation for the individual. The Theory of Planned Behaviour (TPB) was rewritten by its developers to include Perceived Behavioural Control. Fishbein and Ajzen (1975) presented several TPB assumptions.

These are indicated below:

1. Humans are intelligent beings who make rational use of the knowledge at their disposal.
2. Individuals reflect on the costs of their behaviours before deciding to engage in particular actions.

The significance of this theory arises from the notion that the means of knowing and perception entails a deliberate attempt to close a gap in one's

knowledge. An individual will only seek information about a topic if it will aid in his or her decision-making process. The theory is relevant in the study because it emphasizes what happens before an individual takes decision to participate in activity. In this theory, it can be said that an adolescent is likely to engage in a risky sexual behaviour if the individual's convictions and attitudes towards sex are loose, believes that he or she is not vulnerable to sicknesses and sees sex to be common in his or her social group. All of these are reflection of the factors which the individual considers before he or she would engage in risky sexual behaviours.

Social Cognitive Theory (SCT)

Albert Bandura proposed the social cognitive theory, which was earlier referred to as the social learning theory, in 1977. The SCT is a common approach for understanding the human sexual behaviour based on a three-way reciprocal relationship which exists between behaviour, environmental variables, and cognitive or psychological components. Social effect, as well as external and internal social reinforcement, are all heavily emphasized. SCT considers how people learn and remember behaviour, as well as how the social environment within which they act affects what they pay attention to, perceive, and think about. This involves an individual's prior experiences, which influence whether or not they would act in a certain way (Bandura, 1986).

Bandura recognized that reinforcement plays an important role in learning, but he also emphasized that practically any type of behaviour may be taught without receiving direct reward. Bandura's technique is also known as observational learning, which emphasizes the value of seeing other people's

behaviour in the learning process. According to Rimer and Glanz (2005), human behaviour is dynamic and reciprocal under the social learning method, and as such, individual variables, environmental elements, and behaviour constantly interrelate.

The treatment of internal cognitive processes is a characteristic of Bandura's observational-learning approach. As a result, in 1986, Social learning theory was called social cognitive theory. Bandura (1986) believed that the relationship between what is learnt, the behaviour and the environment is triadic because he focused on the cognitive processes that govern learning. According to the social cognitive theory, humans learn through seeing the behaviour of others, or models. People may consciously and goal-directedly alter their own actions and the environment, according to a closely similar concept in social cognition theory (Bandura, 1977).

Two key concepts in the social cognitive theory are shown below:

- a. Self-efficacy: This is an individual's conviction in his or her capacity to carry out the required action ("I know I can insist on condom use with my partner").
- b. Outcome expectancies: This is an individual's belief concerning future consequences, such as the notion that properly using condoms would lessen the risk of getting infected with HIV and transmission.

Cognitive processes, according to Bandura, can impact observational learning. As a result, we do not automatically replicate the behaviours we observe in others; rather, we deliberately make intentional decision to behave in a similar manner. Bandura viewed learning to be mediated by cognitive processes and highlighted observation as a method of learning. Social

Learning theory thus considers how an individual's knowledge, skills, attitudes, interpersonal interactions, and environmental factors all influence sexual behaviour.

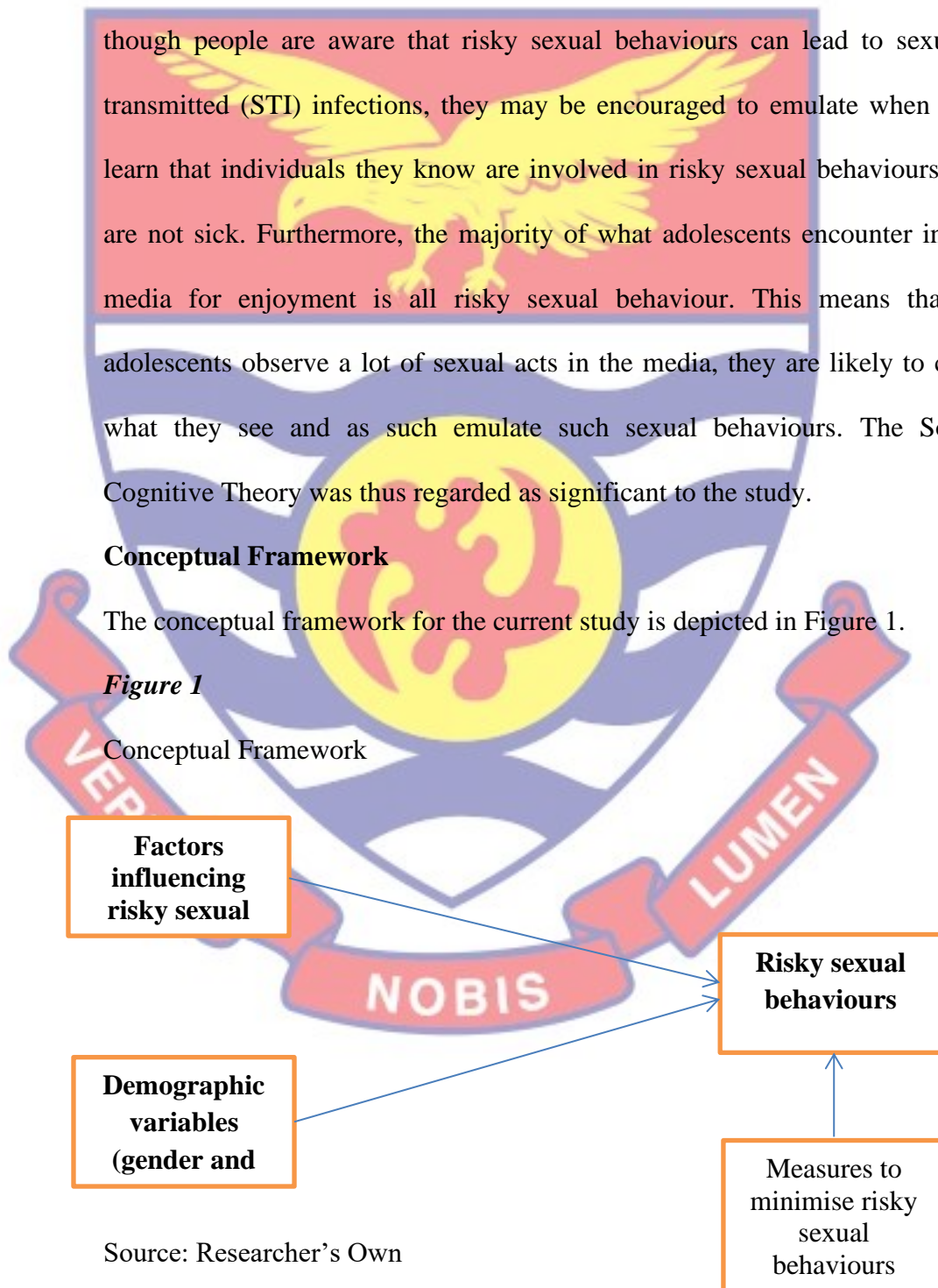
When this theory is applied to this study, it may be deduced that young individuals notice other people's behaviour and purposefully copy it. Even though people are aware that risky sexual behaviours can lead to sexually transmitted (STI) infections, they may be encouraged to emulate when they learn that individuals they know are involved in risky sexual behaviours and are not sick. Furthermore, the majority of what adolescents encounter in the media for enjoyment is all risky sexual behaviour. This means that as adolescents observe a lot of sexual acts in the media, they are likely to copy what they see and as such emulate such sexual behaviours. The Social Cognitive Theory was thus regarded as significant to the study.

Conceptual Framework

The conceptual framework for the current study is depicted in Figure 1.

Figure 1

Conceptual Framework



Source: Researcher's Own

It can be seen in the conceptual framework that risky sexual behaviours can be determined by several factors. Some of the factors can include peer influence, media influence and drug and substance abuse. These are the main elements that determine whether an adolescent would indulge in risky sexual behaviours or not. Aside this, the gender and age of adolescents could have some bearing on the sexual behaviours of adolescents. It is also shown that there are some measures which can help reduce the extent to which adolescents engage in sexually risky behaviours. Some of these can include improving the knowledge of adolescents about risky sexual behaviours and making contraceptives more accessible.

Conceptual Review

In this section, concepts within this study are discussed.

Concept of Risky Sexual Behaviours

Sexual behaviour involves sexual activities such as sexual intercourse, sexual touching, fetishism, exposure of sexual organs, voyeurism, viewing pornography, exhibitionism, indecent and explicit interactions and talking in a sexualised way (Calder, 2002). More explicit sexual behaviours such as oral or anal sex are very uncommon and are often called uncommon sexual behaviours (Kastbom, 2015). These unusual sexual behaviours are also considered dangerous sexual behaviours.

Risky sexual behaviour, according to Ahiataku (2016), is seen as behaviour that raises a person's chance of infections with sexually transmitted sicknesses and unintended pregnancies. Sexual affair at any age, particularly while young, having several sexual partners, and having intercourse when drunk or under the control of drugs are descriptions of sexual risk-taking

behaviours (Oluwatoyin & Oyetunde, 2014). Also, having sexual affair without protection, sexual acts with high-risk persons, and sexual affairs among people of different generations are some of these behaviours (Dingeta, Oljira, & Assefa, 2012). According to Ugoji (2014), the percentage of students participating in risky sexual behaviour during the previous three decades has seen considerably increase over and over.

Sexual behaviour is an individual's conduct that is heavily impacted by socio-cultural and ethical considerations. For instance, sex before marriage is common in Ghanaian culture, as it is in other Sub-Saharan African nations, particularly the young ones who are active in their sexual affairs (Doku et al., 2015). The conclusion is that, depending on the situation, sexual behaviours might be considered dangerous. Despite this, there are several common signs of high-risk sexual behaviour.

Indicators of Risky Sexual Behaviours

Those who ever had sex: The first sexual encounter is a significant event that has a significant influence on a person's life. According to the Alan Guttmacher Institute (2004), several young individuals indulge in sexual encounters at younger ages usually by the age of 20. For most adolescents, first sexual affair is a big issue and so most adolescents would love to delay sexual affairs. It has been seen in the literature that having sexual affair is an indicator of risky sexual behaviour (Ahiataku, 2016).

Sexual intercourse without condom or protection: Having sex with protection is considered safe sexual practice. In this sense, having sex without condom is considered a sexual risk-taking behaviour (Ahiataku, 2016). This is because such behaviour is dangerous and classified as unsafe. A sexual act is

considered unsafe if an individual engages in sexual contact with someone who has an existing STI without protection. Even though the person may not be infected, the act in itself is unsafe. But to ensure that an individual is protected from infections, the use of condom is highly advocated. Condoms may not be 100% safe but then it does a lot in sexuring an individual from infections and also against pregnancy.

Sexual intercourse with multiple sexual partners: Having several sexual companions and engaging them in sexual affairs without protection might potentially suggest risky sexual behaviour (Slaymaker, Walker & Zaba, 2004). A large number of young people have several sexual partners (Letamo, 2011; Ngoma & Himoonga, 2010). Engaging in such acts is deemed risky because it can put you at risk of sexually transmitted infections.

Age at sexual debut: The age during which individuals begin sexual intercourse is referred to as the sexual debut age. More young individuals throughout the world are beginning sexual behaviour while in basic school (Krauss et al., 2012). Age of sexual debut varies substantially among nations. The country's cultural and sexual standards, as well as the effects of sexual behaviours in one's community, influence one's sexual debut (Geary, Baumgartner, Tucker, Johnson, Wedderburn & Wagman, 2008).

Previously, age of first sexual intercourse was older compared to recent times, particularly in the African countries. For instance, in Ghana, most females began sexual affairs at the age of 20 years while males began sexual affairs at an average of 18.4 ears (Ghana Statistical Service (GSS), Ghana Health Service (GHS), & ICF International, 2015). Krauss et al. (2012) stressed that the explanation for sexual debut varied from individual to

individual with the common reasons being love, curiosity, accident and to sustain a relationship. Early sexual debut is a risky sexual behaviour because young people are usually less knowledgeable about sex and as such are likely to be coerced into sexual acts which may increase their chances of being infected with STIs.

Factors influencing Risky Sexual Behaviours

In the literature, there are various predictors of dangerous sexual behaviour. Heavy alcohol consumption (Cooper, 2002; Thompson, Kao, & Thomas, 2005), drug abuse (Hittner & Kennington, 2008; Hittner & Schachne, 2012), and condom usage (Baele, Dusseldorp, & Maes, 2001; Sterk, Klein & Elifson, 2003) have all been noted as predictors of sexually risky behaviours. Other factors include people's perceptions of their vulnerability to STIs and HIV (Gerrard, Gibbons & Bushman, 1996; Kershaw, Niccolai, Ethier, Lewis & Ickovics, 2003), and peer pressure (Bon, Hittner & Lawandales, 2001). These predictors are discussed in detail below:

Peer Pressure

Peer pressure, according to Ahiataku (2016), may be defined as social pressure from peers to do a given action, take a specific position, embrace some ideals, or in some sense comply so as to gain acceptance. Conforming or complying to a specific type of behaviour is crucial to young people because it gives them a feeling of belonging and acceptance among their peers. In most situations, individuals join a particular peer group, because they feel connected to the norms, standards or activities of the group.

Among young people, the influence of peers is very significant. In essence, if they have the belief that their friends participate in dangerous

sexual behaviours, they have the likelihood to indulge in such behaviours themselves, and if they feel their peers engage in healthy lifestyles and actions, they are more inclined to act in like manner (Black, Schmiede, & Bull, 2013). In modern times, several young people indulge in sexual acts as a means to follow the norm or trend so as to fit in among peers (Okereke, 2010). This suggests that the majority of young people's sexual activities stem from a desire to keep up with the times. Risky sexual behaviours are the norm among most young people, and as a result, the majority of them participate in behaviours like having many sexual companions, lack of consistency in condom usage, and alcohol consumption to engage in sexual acts (Lewis, Lee, & Patrick, 2007).

Influence of media

Technology has so much advanced that young people are exposed to variety of information with ease. The abundance of social media network such as Facebook, Instagram, Twitter, Snapchat, and WhatsApp have made information even more accessible. On most of these social media sites, there is a bulk of information on sexual issues. Since young individuals are those who mostly use social media, they are at the risk of being exposed to information that can affect their sexual behaviours negatively. The youth are very susceptible to the media's good and bad effect due to their easy access to all of these types of information (Lenhart, Ling, Campbell, & Purcell, 2010).

The influence of the media is connected to the social learning theory. Young individuals learn through observing, according to social learning theory, especially when these behaviours are judged desirable (Strasburger et al., 2010). The availability of sexual material in the media leads to early

initiation into sex by many teenagers, who naively mimic unpleasant sexual behaviours from television and the internet, resulting in undesired outcomes.

Religiosity

Among the significant factors that can predict risky sexual behaviours is religiosity. Religiosity depicts the extent to which people live by the standards of specific religious groups. Religious groups are bound by some rules or norms which regulate these behaviours of their members. Religious principles include the belief that sex should be saved for marriage and must occur only in the framework of a loving and committed relationship. Most faiths regard these principles to be divinely decreed, and any action that breaches them is deemed sinful (Farmer, Trapnell, & Meston, 2008; Manlove, Logan, Moore & Ikramulla, 2008). These have had major influence on the actions of individuals. For instance, through the literature, it has been claimed that religiously inclined people take part in sexual acts at an older age when compared to individuals who are less religious (Ahiataku, 2016).

Gender

Gender and age have both been seen as influential in the behaviours of young people. Regarding sexual behaviours, males were shown to be more likely than females to begin sexual affairs, have a higher rate of having sex, engage in sexual behaviours more frequently, and engage in much higher risk behaviour in western nations. (Li, Huang, Cai, Xu, Huang & Shen, 2009). Also, males have higher likelihood than females to have lost their virginity, begun sexual affairs at earlier age and had more sexual companions (Zhang, Liu & Zhang, 2007).

Socialisation within our societies has made some specific genders more susceptible to risky sexual behaviours than others. Females, for example, have been linked to more severe social and emotional consequences as a result of sexual involvement than males (Song, Zhang & Zhou, 2006). Furthermore, males receive higher societal permissiveness for premarital sexual behaviour than females (Chi, Yu & Winter, 2012).

Low self-esteem

Despite the fact that the data is still ambiguous, self-esteem has been proven to be significant in people's dangerous sexual behaviours (Mann, Hosman, Schaalma, & de Vries, 2004). Conceptually, self-esteem can be high or poor. Regarding sexual behaviours, low self-esteem has been linked to several dangerous sexual behaviours, including sexual relations at younger age and inconsistent contraceptives and condom use (Lejuez, Simmons, Aklin, Daughters & Dvir, 2004). In Peru, Magnani, Seiber, Gutierrez and Vereau (2001) stressed that poor self-esteem was linked to the initiation of sexual activity as well as unsafe sexual intercourse. The opposite of these viewpoints is correct. Overall, it is clear that having a high self-esteem is connected to having a lower level of sexual risk behaviour.

Alcohol and drug abuse

The use and misuse of alcohol and drugs have consistently been connected to the involvement of individuals in risky sexual acts. For university students, this is very common (Coleman & Cater, 2005; Dale, Watson, Adair, Moy, & Humphris, 2010; Gilchrist, Smith, Magee & Jones, 2012; Scott-Sheldon, Carey, & Carey, 2010). In an earlier research, Cooper (2002) found that after consuming alcohol, young people had higher likelihood to involve

themselves in unsafe sexual acts like having several sex partners, participating in sexual affairs unprotected, and having affairs with high-risk sexual partners.

Substance addiction among young people, according to Leigh and Stall (1993), is accountable for unsafe sexual activities that have been frequent among young individuals. Specifically, drinking alcohol before having intercourse has been linked to a reduced chance of condom use (Hernandez & DiClemente, 1992; CDC, 1997; Fergusson & Lynskey, 1996). This has been shown to be connected to the view that alcohol and drugs usage before a sexual act alters the users' risk perceptions and increases the possibility of positive expectations of risky sexual behaviours leading impaired judgment (Norris, Nurius, & Dimeff, 1996; Fromme, Katz, & Rivet, 1997). When both persons participating in the sexual affair are heavily inebriated, the effects of alcohol are magnified.

Adolescents and Risky Sexual Behaviours

Adolescents are young people with the age range of 10 and 19 years (World Health Organisation, 2012). Individuals aged 10 to 24 years amount to around a quarter of the global population (Ahiataku, 2016). In Ghana, the population of young individuals between the age range of 15 and 24 years are responsible for around 18.6% of the overall population (Ghana Statistical Service, 2021).

Adolescents face a variety of developmental obstacles, including growing independence, changing sexuality, moving through school and beginning work, solidifying higher cognitive abilities, and navigating instability in their relations with their families, friends, and larger social

groups (Hair, Park, Ling & Moore, 2009). Adolescence is also associated with an increase in risky behaviours which may make adolescents vulnerable to disastrous lasting consequences (Guttmacher Institute, 2012; Hipwell, Stepp, Keenan, Chung, & Loeber, 2011).

In recent years, adolescents have been more sexually active than in times gone (Wusu, 2013). Such sexual acts are often without protection, which can lead to unintended pregnancies and unsafe abortions, and the threat of getting sexually transmitted sicknesses such as genital herpes, syphilis, chlamydia, chancroid, trichomoniasis, gonorrhoea and candidiasis (Snoek et al., 2014). Also, the majority of African teenagers engage in unsafe sexual behaviours, which has negative consequences for their families, relationships, and health (Mirzaei, Ahmadi, Saadat, & Ramezani, 2016). Furthermore, a greater proportion of teenagers engages in sexual acts without protection, do have several sexual companions, and are active in sexual acts with older folks (Doku, 2012).

Adolescents in Sub-Saharan Africa are often hesitant to seek sexual and reproductive health services (Guttmacher Institute, 2012). This is due to health professionals' judgemental attitudes, a shortage of supplies and resources, inadequate health facilities, and health care practitioners' inadequacy of training and awareness of teenage reproductive issues (Gordon, 2007). As a result, it is vital for governments to interact with this large group of people and be able to meet their health requirements.

Empirical Review

In this section, some of the previous studies connected to the current study are reviewed. In reviewing the literature, categorisations of the literature are made in connection to the aims of the study.

Risky Sexual Behaviours among Students

Some research works have looked at how much unsafe sexual behaviour is practiced by students. For example, Hoque, Ntsipe, and Mokgatle-Nthabu (2012) used self-administered questionnaires to examine the sexual behaviours of 346 undergraduate students in Botswana University. They found in their study that more than two-thirds of their participants were active in terms of sexual activities. The risky acts they engaged in included having several sexual companions, inconsistency in condom usage and sexual affairs with older people. In terms of contraceptive usage, most of them used condoms.

Nascimento et al. (2016) were interested in learning about the socio-demographic features of students at a private tertiary institution, as well as their sexual activities and habits. They also intended to discuss sexual habits among students and their relevance to risky sexual behaviour. A quantitative analysis was conducted using data acquired from students at a private institution in Rio de Janeiro, Brazil, from a research database. The data was analyzed using descriptive statistics on a sample of 90 nursing students. In terms of sexual behaviour, 72 (80%) had active sexual life while 50 (69.44%) engaged in sexual affair with several sexual companions, however not all of them practiced safe sex. From the findings, it was discovered that a large proportion of young individuals did not use condoms in long-term or casual

relationships, putting themselves at risk of acquiring STDs. From these indications, it can be recommended that health education have to be timely to help in reducing risky behaviours.

Mcharo, Olomi, Mayaud, and Msuya (2020) looked at risky sexual behaviours and prevention measures among students in Mbeya, Tanzania's Higher Learning Institutions (HLIs). The study focused on individuals aged of 18 to 24 years. Data were gathered using questionnaire from 504 students. In all, 377 students (74.8%) were determined to have active sexual lives. The average age of initial sex contact was 18.4 years, with 11.6% reporting initial sex at an age less than 15 year old. When compared to female students (40.9%), a greater percentage of male students (59.7%) had initial sex act with unreliable partners. Also, 43.3% of the students who were active in their sexual lives said they did not wear a condom on their first sexual affair.

Mcharo et al. (2020) also discovered that 23.3% of males and 16.9% of women used condoms consistently in the previous four weeks. Almost one out of every ten students said they were pushed to have sex by someone they were dating. 25.5 % of students admitted to having sexual affair when influenced by alcohol. Nearly seven out of ten students (77%) had awareness of STIs, but only 15% had awareness that they might be without symptoms. Mcharo et al. suggested that STI prevention efforts must acknowledge young people in HLIs as an at-risk demographic based on the findings. HLIs must encourage condom usage and proper negotiation for safe sex, as well as deliver targeted messaging to minimize the risk of getting infected with STIs, provide counseling and support to people who have experienced sexual abuse.

Furthermore, *Derbie, Assefa, Mekonnen, and Biadlegne (2016)* studied risky sexual behaviours and their related variables among Debre Tabor University students in Ethiopia. Questionnaire was distributed to 394 university students. It was revealed that about 28% of the respondents had their initial sexual act at an average age of 18.9 years. The vast majority of these individuals had their sexual affair with their frequent acquaintances. Regarding gender, males had high likelihood to initiate sex before 18 years than females. Also, having several sexual partners was significantly predicted by not wearing a condom during initial and last sexual activity. Overall, *Derbie et al.* found that the students in Debre Tabor University indulged in several high risk sexual behaviours. From the findings, it was necessary that there be ongoing and expanded public health policies in relation to health education so as to minimize sexual behaviours.

Asiedu (2016) investigated the sexual behaviour of students in senior high schools (SHS) in the Cape Coast Metropolis. A sample of 400 students from three SHS took part in the study selected using a multi-stage sampling approach. According to the findings, 14% of the participants have ever had sexual affair. For most of these students, they did not use contraceptives, got involved in sexual acts with numerous sexual companions and have had sex more than twice.

Further, *Asiedu (2016)* revealed that most of those who used condoms obtained them from pharmaceutical shops. Also, students in the first year had a lower likelihood than those in Form two to be involved in sexual affairs. Students staying in intact homes with both parents had low likelihood than those living in single-parent homes to indulge in sexual intercourse. Students

who sought sexual and reproductive health care at health facilities were met with hostility from clinicians.

Moreover, Belay, Worku, Addisu, and Alemneh (2017) investigated the prevalence of sexual risk-taking behaviours of students in Mizan High School. Through the use of questionnaire, data were collected from 308 students using simple random sampling. The results showed that 51% of those in the study indulged in unsafe sexual behaviours. The majority of the people who had ever had sexual experience (54.94 %) had many sexual partners. During their first sexual exposure, most of the respondents, 77 (72.64 %), did not utilize any type of contraceptive. Also, 20 (18.87%) of the participants had sexual affairs with prostitutes. From the results, it was evident that most students were involved in sexual risk-taking behaviours.

The study of Gebresllasie, Tsadik, and Berhane (2017) was on risky sexual behaviours and the predictors with a focus on students at Mekelle City's Private Colleges. Six hundred and twenty-seven students from private institutions were randomly selected and subjected to a mixed design that included both quantitative and qualitative methodologies. Utilising questionnaire and focus-group discussions, data were collected. The survey discovered that 151 (29.1%) of the 590 respondents have ever had intercourse. 30.5 % of sexually active students said they had several sexual partners, and nearly % said they used condoms on a regular basis. Variables including sex, ages, and condom usage were shown to be substantially linked with high risk sexual behaviours. From the results, Gebresllasie et al. indicated that sexual risk-taking behaviours were high among students in private colleges and was

very much reflected in having several sexual companions and drug and alcohol abuse.

Shore and Shunu (2017) conducted a research on the rate and variables related with sexual behaviour risk among Haramaya School students. A sample of 394 people selected using a simple random selection procedure.

Questionnaire was utilised in gathering data. The results showed that 36.9% of the participants were active in their sexual lives while over one-fourth (25.3%) were involved in high risk sexual acts. The researchers revealed that risky sexual behaviour was prevalent in the population of the study. In this regard, there was the need to for all stakeholders to engage in changing behaviours.

In addition, risky sexual behaviours and related variables were assessed among students in Mizan, Bonga, and Tepi in South-Western Ethiopia by Ksahsay, Jejaw, and Mulatu (2017). A quantitative and qualitative data gathering strategy was used to perform a cross-sectional study based on an institution. Data were gathered through questionnaire and interview schedule from a systematically sampled participants. Overall, 25.2% of the people engage in unsafe sexual behaviour (119 out of 473). This meant that considerably a good proportion of the population engaged in sexual acts which were deemed to be risky.

In 2015, Abdu, Tesfaye, and FeKecha investigated harmful sexual behaviours and related variables among students Jimma University in Kitto Furdisa. By adopting stratified random sampling, questionnaire was administered to 407 students with an 87.5% response rate. The survey discovered that 85.4% of participants had awareness of sexual risk-taking behaviour. Also, 32.9% had their first sex act between the ages of 15 and 19

years while 23.4% were between the ages of 20 and 24 years. However, 42.1% had no remembrance of their sexual debut. The study indicated that there was unsafe sexual behaviour among JIT students based on the data. In this regard, the researchers suggested that health education programmes against STIs need to be provided for students and give continuous health information to raise knowledge about condom use and anticipate future dangers.

Kebede, Molla, and Gerensea (2017) assessed risk sexual behaviour among Aksum University students using a school-based survey of 287 randomly sampled individuals. They discovered that over 60% of the students had engaged in sexual behaviour at some point in their lives. Also, 86 (83.5%) and 112 (64.4%) of those surveyed said they used condoms inconsistently and had several sexual companions, respectively. Notwithstanding the fact that over half of initial sexual encounters (61.5%) were initiated out of desire, peer pressure and alcohol had a major impact on sexual encounters. Also, a greater number of students indulged in sexual acts considered risky, increasing their chances of contracting HIV and AIDS.

In order to investigate sexual behaviours among students, Menon, Mwaba, Thankian, and Lwatula (2016) utilised survey in studying 859 university students selected via stratified random sample technique. In a classroom setting, data was obtained via a self-administered questionnaire. According to the data, males had high likelihood than females to have had several sexual relationships. However, In comparison to female students, they were more consistent in their condom use. The survey also found that students who were level 400 year had high likelihood than those in their first year to have had sexually transmitted illnesses. As a result, the researchers indicated

that the likelihood of having numerous sexual companions grew as university years progressed. This was also common with male students than female students. Also, students in their final years reported having got a STI despite using condoms on a regular basis.

Idowu, Ayodele, Omotade, Anu, and Omolola (2017) investigated the variables that influence involvement in sex acts considered risky among students in high schools in Nigeria. Using survey, 375 students in Ogbomoso, Nigeria were sampled using a multi-stage sampling method. In all, it was shown that 23% of participants were involved in at least a single high risk sexual act, with students in unstable relationships being 5 times having high likelihood to do so. Furthermore, individuals who had an encouraging attitude toward risky sexual behaviour were 24% highly probable to be involved in sexual acts which were risky.

From the studies reviewed, it is evident that young people, particularly students were involved in several risky sexual acts. These acts identified through the literature were inconsistent condom use, having sexual companions and early initiation of sexual acts.

Knowledge about STIs, HIV and Pregnancy

Students' knowledge about sexually transmitted infections and pregnancy as they relate to risky sexual behaviours has consistently been researched. Trajman, Belo, Teixeira, Dantas, Salomo, and Cunha (2003) administered questionnaires to adolescents in both public and private high schools in Rio de Janeiro, Brazil. The results clearly indicated that 59% of 945 students aged 13 to 21 were active in their sexual life, with the average age of initial sexual contact being 15 years. Specifically, the age range for first sexual

affair was however 7 to 19. In spite of 94% of participants seen to have awareness of the importance of condom usage in having sex, only 34% said they always used condoms in their sexual affairs. Unsatisfactory knowledge and irregular condom usage were linked to low family income. Unsatisfactory knowledge, on the other hand, was not linked to inconsistency in condom usage. From the findings, it was necessary to ensure that educational programmes and activities emphasize appropriate sexual behaviour rather than just knowledge on STIs, with a focus on low-income students.

In 1987 and 1988, Sneddon and Kremer (1992) conducted two surveys of a sample of Northern Ireland students. The sample comprised 201 males and 419 females. The findings showed that individuals with low level of sexual experience usually got involved with few sexual partners. The quantity of sex education obtained by the subjects varied greatly while most students had little or no education at all. The people in the sample had conservative views on love, sex, and marriage, which was especially evident for female participants and the very religious. Furthermore, perceptions regarding homosexuality were unfavorable (specifically in relation to regular church goers). However, attitudes related to contraceptive usage among Catholics were more favourable than predicted, with few indicating that they would not utilize contraceptives because of their principles.

Sneddon and Kremer (1992) also noted that responses to AIDS-related topics were very consistent, suggesting that much of the public's knowledge has been assimilated. Regardless, the lack of consistency in responses to general questions about sexual and relationship based issues as well as contraceptive usage gave the indication that changing a narrowly defined set

of ideas regarding AIDS was unlikely to result in fundamental changes in sexual behaviour.

Pitts and Rahman (2001) compared a group of students in the United Kingdom to a group in the United States to see which behaviours were deemed to be sexual relations. In all, 314 students (124 boys and 190 girls) took part in the study through convenience sampling and responded to the questionnaire. The majority of people thought that having sex entailed penile–vaginal and penile–anal contact. Oral–genital contact was viewed by a third of the participants as having sex, while touching of genitals was considered by roughly 17% as sexual affair, and oral or the touch of the breasts and nipples was regarded by 6% as sexual act. There were substantial disparities in replies on the basis of gender and age. From the findings, it was apparent that British students have differing views on what constitutes having sex and what does not.

Glover, Bannerman, Pence, Jones, Miller, Weiss and Nerquaye-Tetteh (2003) examined the sexual behaviours among young people in Ghana. 704 never-married youngsters aged 12 to 24 were interviewed in person on sexual health issues. It was shown that 52% of the participants had ever had sexual affairs, with females having 1.6 times the odds of men and kids without affiliation or apprenticeship having 2.5-3.2 times the odds of young people in schools. Females (2.0) and apprentices had higher likelihood of having had sex in the preceding month (2.7). However, both males and females accepted violence against women, with those without affiliation accepting the most and in-school youth accepting the least.

Glover et al. (2003) revealed further that nearly all respondents (99%) understood what condoms were, but only half of them (48%) could name any of the four criteria of proper condom usage; females and sexually less-experienced teenagers were the least knowledgeable. Males who carried condoms were deemed inappropriate by two-thirds of respondents, while females were deemed unsuitable by three-quarters. A sexually transmitted infection was reported by 25% of males and 8% of females, respectively. One-third of the females with sexual experience said they have been pregnant before, with 70% of them saying they have attempted abortion before.

In a research conducted in India by Sachdeva, Malik, Sachdeva, and Sachdeva (2011), it was discovered that the majority of students had awareness of sexual acts which were risky. Students were particularly knowledgeable of sexual acts without protection (92%) and exchanging used and contaminated needles (94%) as constituting risky sexual acts. Similarly, Sallar (2009) discovered that Ghanaian young individuals had a satisfactory level of awareness regarding sexual behaviours. In terms of specifics, Sallar discovered that the most of the people studied were knowledgeable about abstaining from sex (78.1 %), using condom (72.7 %), staying faithful (72.5 %), avoiding sharing of sharp objects (76.4 %), and staying minimum number of sexual companions (56.7 %) were all appropriate sex acts which can prevent infections with STIs. This indicated that knowledge and awareness of acceptable sexual behaviour was high in the population.

Okpokumoku, Nwajei, and Nwose (2017) also did a study with the purpose of gathering information on sexual acts, knowledge and usage of contraceptives among Delta State undergraduate university students from a contextual standpoint. The findings of this inquiry indicated that there was a

lot of sexual health information available. However, the using of contraceptives appeared not to correlate with widely held beliefs leading to sexual acts deemed risky.

Jeckoniah (2013) also conducted a research among Tanzanian university students to determine their awareness of dangerous sexual behaviours, and noted that students had a good level of awareness of what acts of sex were of high risk. Jahanfar, Lye, and Rampal (2009) also found that students had greater awareness and positive attitude toward sexual acts in their study on sexual behaviours among young people.

From the findings of Awusabo-Asare, Biddlecom, Kumi-Kyereme, and Patterson (2006), after using the health survey of the young population in Ghana in 2004, most young individuals had awareness of at least one current contraceptive. However, apart from how male condoms were used, knowledge on other procedures was lacking. Furthermore, Somba, Mbonile, Obure, and Mahande (2014) investigated sexual activities, awareness of contraceptives and the usage, of female students pursuing degree courses in universities in Muhimbili and Dar es Salaam in Tanzania. It was found that these students had good level of awareness and about 58.5% had used contraceptives before.

Agyemang, Buor, and Tagoe-Darko (2012) carried out a research in Ghana's Ejura-Sekyedumase area to determine the amount of awareness regarding sexual behaviours and HIV and AIDS among young people. The electronic media like radio and television were identified to be the most prevalent means of information among the respondents about HIV and AIDS, as well as hazardous sexual behaviours. Young people, on the other hand, learnt more about sexuality from their peers than from their family members,

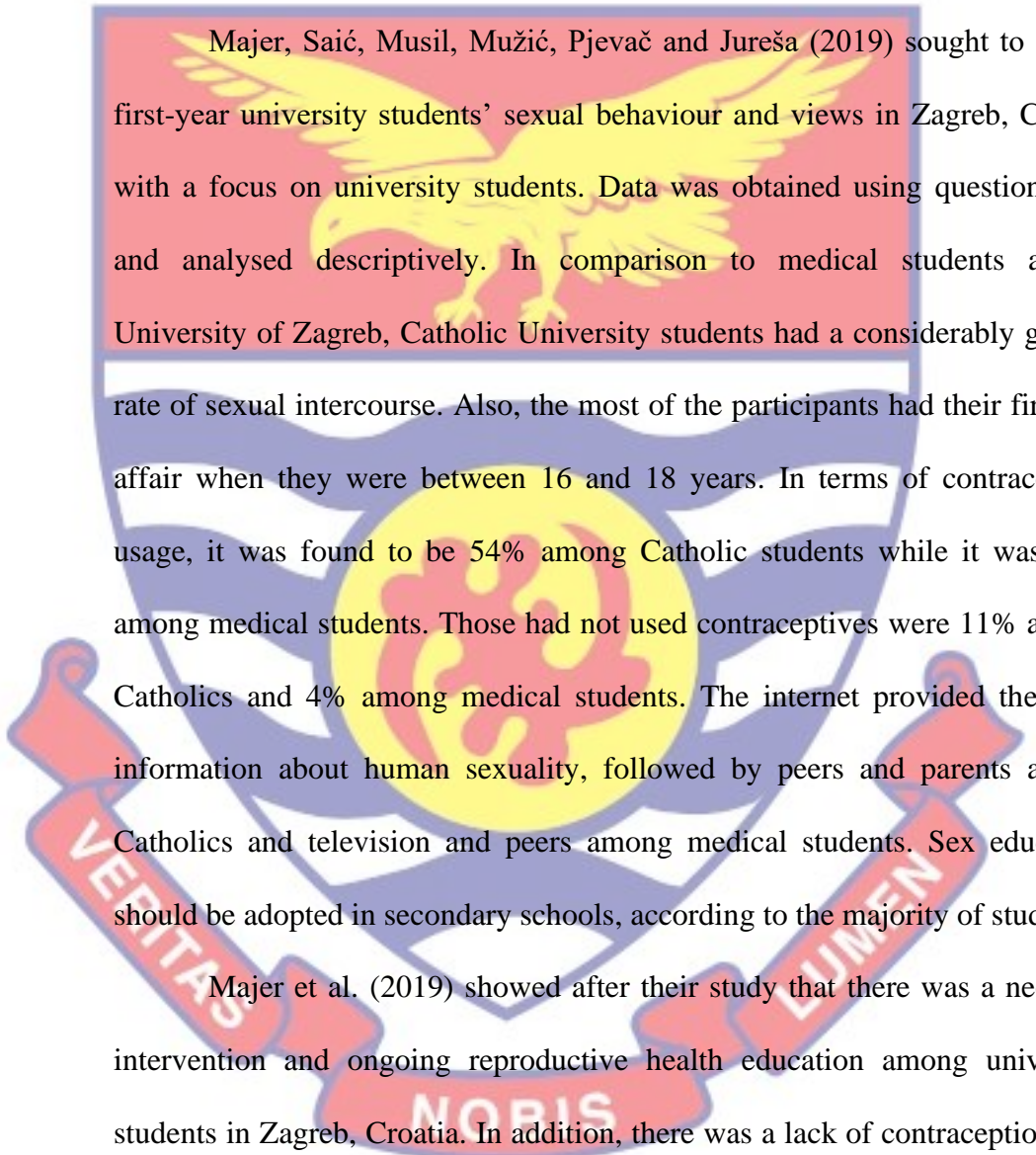
according to their findings. This was seen to be caused by Ghanaian norm of sexual issues and matters not being discussed in families in the presence of children.

The literature have shown that students do not have much knowledge in relation to sexually transmitted infections and sexual behaviours. For those who know, it even appears that they do not apply the knowledge in their behaviours.

Factors Influencing Sexual Risk-Taking Behaviours among Students

There are several factors influencing sexual risk-taking behaviours among students. These factors are seen in the studies that have been conducted over the years. For instance, Laddunuri (2013) aimed at understanding the nature and trends in the sexual acts of students in Tanzania. The sample comprised 550 students who were between the ages of 13 and 19 selected using a multistage sampling. Information were gathered using questionnaire. Findings discovered that 40.2% of the individuals in the study had sexual affairs at an average age of 17.5 years while 17.6% of those in the study had many sexual partners. When compared to sexual intercourse, hugging, kissing, and breast fondling were done at a much younger age. Although the majority of students (78.5%) had used contraceptives, less than half of them (48.6%) had done so “always”. Beyond sexual debut, the most common motives were “simply for pleasure” (37 %) and “peer pressure” (27.6%). Also, males were 1.46 times very likely than a female student to have had intercourse. The most significant association between parental education and teenage sexual debut was parental education, and the odds ratio suggests that as parental education grows, sexual intercourse among students declines.

Overall, Laddunuri (2013) concluded that there was a high rate of sexual affairs among the responders, as well as dangerous sexual behaviour. As a result, it was necessary to promote particular intervention programs based on the characteristics connected to an elevated risk of early sexual affair and risky sexual behaviour.



Majer, Saić, Musil, Mužić, Pjevač and Jureša (2019) sought to assess first-year university students' sexual behaviour and views in Zagreb, Croatia with a focus on university students. Data was obtained using questionnaire, and analysed descriptively. In comparison to medical students at the University of Zagreb, Catholic University students had a considerably greater rate of sexual intercourse. Also, the most of the participants had their first sex affair when they were between 16 and 18 years. In terms of contraceptive usage, it was found to be 54% among Catholic students while it was 67% among medical students. Those had not used contraceptives were 11% among Catholics and 4% among medical students. The internet provided the most information about human sexuality, followed by peers and parents among Catholics and television and peers among medical students. Sex education should be adopted in secondary schools, according to the majority of students.

Majer et al. (2019) showed after their study that there was a need for intervention and ongoing reproductive health education among university students in Zagreb, Croatia. In addition, there was a lack of contraception use, particularly among Catholic University students, showing that reproductive health education was needed for all manner of students.

Further, Makgale and Plattner (2017) looked at sexting habits among Botswana's college students numbering 309. The majority of participants

(84.8%) indicated that they had received sexts before while about 61.8% had sent sexual messages at least a single time in their lives. Flirting (42.9 %), having fun (24.6 %), and/or initiating sexual affair were the top three reasons for sending sexts (17.8%). Only 36.7% of those polled were concerned about their sexts being transmitted to others, while 30.2% admitted to forwarding sexts to others. Sexual activity, alcohol use, and having a mother with a tertiary degree were all found to be major predictors of sending sexts. In those who have some experience of having sex, sexting increased their chances of having sexual affair with multiple sex companions and engaging in sex being influenced by drugs. However, having sex without protection was not connected with sexting.

In Accra, Ghana, Adu-Mireku (2003) investigated the association between HIV/AIDS-related family communications, sexual activity, and condom usage among school-aged teenagers. A total of 894 students from two SHS in Accra responded to an adapted version of the “Centers for Disease Control and Prevention's Youth Risk Behaviour Survey (YRBS)”. Two of the analytical methods employed were logistic regression and chi-square. It was shown that 25% of the participants had had sexual experience, and 73.6 percent said they had discussed HIV/AIDS with parents or relations. Also, 64.7 percent of those with sexual experience had their sexual debut before reaching 16 years while 55.7 percent did not wear a condom in the act of their final sexual affair.

Adu-Mireku (2003) revealed further that in terms of sexual activity, condom usage, and interactions in the family regarding HIV/AIDS, that gender disparities existed. Also, whether HIV/AIDS issues were discussed in

the house influenced sexual acts. However, the likelihood of using condom was influenced by interactions between students and families on HIV/AIDS. According to the findings, preventative programs aimed at educating Ghanaian school-aged teenagers about sexual risk behaviour should significantly encourage HIV/AIDS communication between students and their families

In addition, Watsi and Tarkang (2020) investigated the demographic factors that influence risky sexual behaviour among students in SHS in Ghana's Hohoe municipality. Through the use of questionnaire, data were gathered from 270 students sampled using multistage approach. It was shown that 112 (41.5%) of the 270 people were partakers in risky sexual behaviour. Also, students who were not in relationships had low likelihood than married students to indulge in risky sexual behaviour. In terms of religion, Muslims had lower likelihood than Christians to behave in ways considered to be of risk sexually. According to the findings, religion and marital status were strongly linked with risky sexual behaviour. It was thus recommended that Christian and married students should be the focus of health promotion initiatives aimed at reducing risky sexual activities among SHS students.

Ahiataku (2016) examined the “influence of sexting on risky sexual behaviour among University of Ghana students”. The study was conducted utilizing structured questionnaires in a cross-sectional quantitative survey. The majority of students accessed internet using their smart phone. In terms of gender, females sexted more in comparison with males. Overall, 38% indicated that they had ever sent a sext while 69.1% mentioned receiving a sext. Two-way sexting was used by 51.2 % of the people. Also, the reasons for sexting involved getting noticed, gaining complimentary remarks and as a

seductive present for partner. About 160 people (24.9%) engaged in unsafe sexual behaviour. However, a multivariate analysis, revealed that a lack of a significant connection between sexting and sexual activities deemed risky.

Ways to Minimize Sexual Risk Taking Behaviours among Students

To be able to minimise sexual risky taking behaviours among students, some studies have sought to find which mechanisms can help. Reis, Ramiro, Matos and Diniz (2011) analysed what role sex education play in schools. There were 3278 students in the sample. Seeing from the results, students who were given education about sex issues had less likelihood to engage in acts of risk like many sexual companions, sex acts influenced by drugs and abortions. The majority of learners have appropriate contraceptive information, favorable attitudes regarding STIs, and condom-use abilities. Receiving sex education was linked to protective sexual behaviours, knowledge, drive, and abilities, according to the study.

Srahbzu and Tirfeneh (2020) investigated the prevalence of unsafe sexual behaviour and its related determinants among in-school adolescents who were 15 years to 19 years in Aksum town, Tigray, Ethiopia. The researchers sampled 659 adolescents randomly. After analysis, the findings revealed a 17.2 % frequency of risky sexual acts. Also, the determinants included inadequate social support, staying away from family, neglect from family and alcohol consumption.

The link between alcohol use and unsafe sexual behaviour was explored by the researchers Parry, Carney, and Williams (2017). Their study comprised individuals who were older than 16 years and had abused drugs or alcohol before. After the intervention, it was found that the participants had

reduced number of sexual companions. However, usage of condom did not see any difference even though drug use reduced.

Further, Rotheram-Borus, Desmond, Comulada, Arnold and Johnson (2009) investigated the “Healthy Living Programme’s” effectiveness in lowering sexual acts deemed risky with a focus on people living in substandard housing. It was shown that the marginally housed people in the intervention group had significantly lower rates of having sex without protection, taking on many sexual companions, engaging in sex acts with HIV persons, and using drugs before sex than the control group. The researchers came to the conclusion that intensive, skill-focused intervention programs might help marginally housed individuals living with HIV live better lives.

Difference in the Risky Sexual Behaviours of Male and Female Students

The place of gender in risky sexual behaviours of students has been established throughout the literature. For instance, Lyu, Shen and Hesketh (2020) examined “gender disparities in sexual knowledge, attitudes, and behaviours, as well as preferences for sex education among Chinese students”. The study used a cross-sectional approach and sampled 5965 students pursuing degree between the ages of 15 and 24 from nine institutions in the provinces of Zhejiang, Henan, and Yunnan. According to the data, 158 (2.6%) of the whole sample identified as gay and 287 (4.8%) indicated they were bisexual. However, 324 (5.4%) of the participants were not certain of their sexual orientation. More males were found to have had sex compared to females. Also, participants with urban residence as well as those who identified as homosexual or bisexual had high likelihood to engage in sexual activity. Most of the respondents (72.5%) noted that they would like to get

their sex information from online sources. Generally, it was concluded that females had conservative lifestyles sexually and knowledge level of sexual issues contributed to risky behaviours.

On a university campus, Mturi and Gaeawe (2014) looked at the differences in sexual activities between boys and girls. In all, 1,060 students were polled. The results indicated that, the ratio of virgin girls was double that of boys. Specifically, females had their initial sex at 18 years old while males had their initial sex at 16 years. Generally, gender as well as level of study significantly affected age of sexual debut. Furthermore, compared to their female counterparts, males had low likelihood to be involved in dangerous sexual activities.

Further, Hittner, Owens and Swickert (2016) examined “the relevance of social settings as predictors of risky sexual behaviour using a young adult sample of 324 people”. Greater attendance at fraternity/sorority activities, as well as frequently engaging in sex casually predicted the likelihood of females having sex under influence of drugs. Females who went to more huge private parties had more intercourse when they were not drunk or euphoric while for males, the likelihood was influenced by being at drinking spots. The significance of socializing practices in understanding high risk sexual behaviour is shown by these findings.

Menon, Mwaba, Thankian and Lwatula (2016) examined risky sexual activities of students using a cross-sectional quantitative survey. In all, 859 undergraduate students were polled in classes chosen using a stratified random sample approach. In a classroom setting, data was obtained via a self-administered questionnaire. The data showed that males had high likelihood of

having several sexual relationships. Regardless, there was consistency in their usage of condom when compared with females. In terms of level of study, participants in their last year had high likelihood than those in their first year to report having had sexually transmitted illnesses. According to the findings, the likelihood of having numerous sexual partners increased as university years progressed particularly for male students. Students in their final years reported having got a STI despite using condoms on a regular basis.

Gender variations in HIV awareness, the reported prevalence of hazardous sexual acts and comfortability in being safe sexually were investigated by Jadack, Hyde, and Keller (1995). A total of 141 females and 131 males in the university took part in the study. Overall, participants were identified to be high in their awareness on HIV/AIDS. Men, on the other hand, admitted to participating in considerably more dangerous behaviour than women particularly in terms of having sex without using a condom in unexpected, spontaneous circumstances when influenced by drugs. More women in long-term relationships reported having extramarital affairs without using a condom.

Further, Jadack et al. (1995) revealed that males had substantial comfortability in the purchase of condoms than females while also refraining from sexual acts and inquiring about their partners' sexual histories. Condoms usage was found to be comfortable by both men and women. Gender roles were found to assist explain why males are more inclined to take chances and in what scenarios risk taking is most likely to occur.

In China, Chi, Yu and Winter (2012) investigated "the prevalence and psychosocial correlates of the phenomenon" among students in universities in

Hefei, China. According to the findings, more males than females had premarital sex acts, oral sex, homosexual acts, masturbation, and pornography watching. Regarding communication about sex, females did so more than males particularly in relation to their parents. Also, more males said they pushed their partners to engage in sexual acts.

Chi et al. (2012) added that gender significantly predicted sexual behaviours of students in the university. They were more involved in sexual fantasizing, heterosexual acts, masturbating, pornography watching, and discussing sexual issues with peers. Male sexual behaviours were influenced by personal connections, education and awareness about sex, internet usage and living in an urban area while female students' sexual behaviours were predicted by romantic connections and living in an urban environment.

Amoah (2017) sought to “determine the association between mental health and risky sexual behaviour among University of Ghana students”. The study was conducted utilizing a quantitative technique. Participants' demographic parameters, degree of mental health awareness, and risky sexual behaviour were all collected via a questionnaire. In all, 682 students in the University of Ghana were chosen using a multi-stage stratified sampling approach. According to Amoah, 367 students (53.8%) had insufficient awareness about mental wellbeing. Further, students reported a variety of mental health issues: 159 (23.7%) were stressed, 62 (9.3%) were nervous, and 59 (8.8%) were depressed. About 338 students (49.6%) were involved in dangerous sexual behaviour, with males having a higher likelihood than female students to participate in such behaviour. Mental wellbeing was significantly connected with high risk behaviour. Basing on the findings, it

was suggested that mental health education among students be increased in order to enable early diagnosis and management.

Sun, Seloilwe, Magowe, Dithole, Miller, and St. Lawrence (2018) analysed gender differences in sexual and reproductive health among adolescents in Botswana. After studying 228 people, several parental factors influenced the sexual behaviours of adolescents. Both boys and girls were influenced by the same parental factors such as monitoring, communication and responsiveness in their sexual behaviours.

Also, Jahanfar and Pashaei (2022) investigated the sexual attitude and associated factors of risky sexual behaviours among girls and boys and the difference in sexual norms by gender among university students. The study was cross-sectional and 800 students were sampled. The results revealed that there was no significant difference in how male and female students were influenced in their sexual behaviours.

Further, Murray, Zabin, Toledo-Dreves and Luengo-Charath (1998) examined adolescent sexuality in Chile. After studying 4,248 adolescents, it was found that regardless of gender, risky sexual behaviours of students were influenced by some factors. The factors were not different for males and females.

From the studies, it can be seen that gender difference was clear in the involvement in sex acts deemed to be risky. Specifically, it appeared that male students had high likelihood to be involved in risky sexual behaviours in comparison with female students through the literature. However, in terms of the factors influencing risky sexual behaviours, most of the studies did not find significant gender difference.

Difference in the Risky Sexual Behaviours of Students on the Basis of Age

The difference in the sex acts of students deemed risky on the basis of age has also been a point of interest in the literature, albeit only in few studies. For instance, Kassa et al. (2016) assessed the prevalence of risky sexual acts and their related determinants among students in Jiga schools in Northwest Ethiopia. In all, 311 students took part in the research selected using random approach. To find parameters linked to risky sexual behaviour, researchers used descriptive analysis, as well as bivariate and multivariate analysis.

The results of Kassa et al. (2016) showed that 48 (16%) of the participants had had sexual affairs. About 14.7% of the sexually active were involved in sex acts considered risky. The average age and standard deviation of first sexual act were 17.2 and 1.35 years, respectively. Thus, sexual debut was before 18 years. Participants aged between 20 and 23 years, consuming alcohol, and little understanding of HIV/AIDS were all characteristics linked to risky sexual behaviour.

The study of Doku (2012) focused on the relationship between risky sexual acts and the abuse of drugs focusing on teenagers in Ghana between the ages of 12 and 18 years. Secondary data from 2008 was used in the study. Doku discovered that more males had sexual experience than females. Also, age of sexual debut was lower for males than for females (14.4 as against 15.1). For those who were active sexually, 31% were involved with multiple sexual partners. Older age and rural residency predicted age of onset of sex while being older predicted condom usage. Furthermore, smoking, tawa usage, tobacco and marijuana usage, and intoxication were all linked to initial sex acts with drug abuse specifically linked to sexual acts with several sex companions.

According to the findings, abusing or misusing drugs seems to be a doorway to unsafe sexual behaviour among Ghanaian teenagers. As a result, public health treatments for sexually experienced children should include the possibility of drug use.

Moreover, Mamoribo (2016) analysed the variables that affect sexual lifestyle in adolescents. The study was quantitative and used a descriptive approach. The results showed that the extent to which adolescents were influenced in their sexual behaviours differed by their ages.

Srijaiwong, Sindhu, Ratinthorn and Viwatwongkasem (2017) conducted a cross-sectional study to examine the factors influencing sexual behaviours, no-sex experience, safe sexual behaviours and unsafe sexual behaviours among adolescents, and the degree of sexual risk behaviours among sexually experienced adolescents by using web-based questionnaires. After examining 3192 Thai adolescents, it was found that risky sexual behaviours increased with age and that the factors which influenced adolescents to engage in risky sexual behaviours varied along with their ages.

Overall, age has been seen to significant in the sexual risk-taking behaviours of students. Regardless of this, there have not been enough studies that have focused solely on the age difference in involvement in sex acts considered risky.

Chapter Summary

This chapter focused on the literature review of this research. The review covered the theoretical framework, conceptual framework, conceptual review and empirical review. The theories reviewed were “Biogenetic Universalism Theory”, “Psychoanalytic Theory”, “Theory of Reasoned

Action” and “Social Cognitive Theory”. Concepts connected to sexual behaviours were also discussed. Previous empirical literature were also reviewed. From the review, it was realised that risky sexual behaviours were common among adolescents in different societies across the world. In Ghana, recent studies were not much and so this study was timely.



CHAPTER THREE

RESEARCH METHODS

Introduction

This study aimed at investigating the factors which influence risky sexual behaviours among students in Senior High Schools (SHSs) in the Hohoe Municipality. The methods used in conducting the research are discussed in this chapter. The research design, study area, population, sampling procedure, data collection instrument, data collection procedures and analysis are all covered in this chapter.

Research Approach

The quantitative approach was adopted for the study. According to Bhandari (2020, p. 1), “the process of gathering and evaluating numerical data is known as the quantitative approach in research”. The approach also searches for patterns and averages, predict, evaluate, infer and generalise results to an entire population. Babbie (2010) stressed that Quantitative approaches place a strong emphasis on objective system of measuring and providing statistical, mathematical, or numerical analysis of data obtained through surveys utilizing computer tools.

Quantitative approach therefore deals with numerical data and inferring the results to entire groups of people to be able to describe and provide meaning to specific phenomena. Since the study focused on gathering data from students using questionnaire to describe risky sexual behaviours in numerical form, the choice of quantitative approach was deemed suitable.

Research Design

The study employed a descriptive survey design. Descriptive survey design refers to the collection of standardized information from specific population perhaps about their characteristics, opinions, attitudes, or previous experiences by asking them questions and tabulating their answers (Leedy & Ormrod, 2005). Descriptive surveys, according to Osuala (2001), are diverse and useful, especially for researchers because they identify current requirements. Osuala went on to argue that descriptive research is necessary in order to appraise a situation and arrive at some findings and generalizations. Thus, descriptive research aims at observing, describing, and documenting characteristics of a phenomenon as it occurs naturally. The researcher picks the relevant variables for examination of their relationship when the events or circumstances being researched already exist or have occurred.

Descriptive research design is deemed advantageous because it can be effective in collecting data from a large group of people concerning a specific phenomenon (Osuala, 2005). However, Frankel and Wallen (2000) argued that there is a challenge in ensuring that the questionnaires sent out are fully answered and returned when dealing with descriptive survey designs. Osuala (2005) also indicated that this design is indeed not thorough enough to offer answers to queries, and it can't prove a cause-and-effect link.

Despite the flaws, the descriptive survey design was adopted because it provides offer a quantitative picture of the issue of hazardous sexual behaviour among teenagers in Hohoe Municipality's senior high schools. The quantitative nature of the study is such that the study collected numerical data to accurately describe the issue of risky sexual behaviours among the students.

This is appropriate because it is more objective and gives the situation as it is without any form of manipulation.

Study Area

This piece of work took place in the Hohoe Municipality, which is one of Ghana's 25 administrative districts and is located in the Volta Region.

Hohoe Municipality, with a population of 167,016 people, accounts for 7.9% of the overall number of people. It is made up of 52.1% females and 47.9% males. The municipality's population is primarily young, with children under the age of 15 accounting for 35.9% of the total (Ghana Statistical Service, 2014). This is used because there has not been any current population census.

The municipality contains a number of schools that follow Ghana's educational system. The system comprises basic schools, second cycle schools mainly senior high, technical and commercial and tertiary institutions such as university, college of education and nursing training institution.

The major economic activities in the district are farming, retail trade, carpentry, tailoring, hairdressing, among others. Agriculture in the district is subsistent with farmers relying on simple farm tools to till the land. The main crops cultivated in the district include cocoa, maize, cassava and ginger. In terms of the specific number of schools, the district has about 123 public and 87 private kindergartens, 127 public and 86 private primary schools, 117 public and 78 Private junior high schools and lastly 7 public senior high schools.

Population

According to Orodho (2004), population refers to all persons that are being studied. The target population of the study consists of students in the

seven public senior high schools in the Hohoe Municipality. The total number of students was 7,285.

The accessible population, on the other hand, consisted of students from four senior high schools. Hohoe E.P. Senior High School, Akpafu Senior High School, Afadjato Senior High School, and Alavanyo Technical High School are among the schools. These schools have a total of 4380 pupils enrolled. The breakdown of the population is shown in Table 1.

Table 1-*Population Breakdown of Schools*

School	Male	Female	Total
Afadjato Senior High School	352	158	510
Alavanyo Sec/Technical School	343	207	550
Hohoe E. P. Senior High School	1350	1384	2734
Akpafu Sec/Technical School	376	210	586
Total	2421	1959	4380

Source: Data from Schools

Sampling Procedures

Sampling relates to the act of selecting a number of individuals, objects and elements from a population to observe the uniqueness and features of the entire population (Osuala, 2005). A sample of 354 students was chosen for this study. This sample is based on Taherdoost's (2017) Sample Size Determination Table. In the table, a sample of 354 is fit for a population of 4380. Proportional stratified random sampling technique was used in obtaining the participants in this study.

Proportional stratified random sampling is the technique where the total number of subjects is grouped into strata or sub-groups, after which respondents are randomly selected from each of the sub-groups (Gibson, 2014). Proportional stratified sampling is relevant because it helps to reduce

chance variation between a sample and the population it represents (Grinnel, 1993). Stratified random sampling was utilised to categorize the population into groups based on the schools and gender, and then simple random sampling was utilised to choose students from the various schools for the study. This helped ensure that each group is adequately represented in the

sample. Therefore, the sample size for each group was computed based on the size of the group within the main population. The calculation is based on the formula below =

$$n / N \times S = s$$

where

n= population of the various sub-groups

N=Total population

S=Sample Size

s=Sample for the various sub-group.

The sample distribution is presented in Table 2.

Table 2- *Sample Distribution*

School	Population	Sample
Afadjato Senior High School	510	41
Alavanyo Sec/Technical School	550	45
Hohoe E. P. Senior High School	2734	221
Akpafu Sec/Technical School	586	47
Total	4380	354

Source: Researcher's Calculations

Data Collection Instrument

Questionnaire was adopted in order to obtain the data for this study. According to Amedahe (2002), questionnaires are commonly employed for data collecting in educational research because they are particularly successful for obtaining factual information regarding practices, as well as enquiring into the subject's thoughts and attitudes. The questionnaire was derived from Asiedu (2016) and Mcharo, Olomi, Mayaud, and Msuya's instruments (2020).

The adapted instrument comprised four main sections. The first section (A) covered the background data of the participants (five items). The second section (B) focused on the risky sexual behaviours of the participants made up of 14 items. The third section (C) comprised items that sought to know the factors which influence participants to engage sexual risk-taking behaviours by the use of six items. Finally, section (D) concentrated on the ways of minimizing sexual risk taking behaviour (five items). In all, the questionnaire had 38 items.

Section B was on a scale of "Yes" and "No". Sections C and D were both on a four-point Likert-type scale including: "Strongly Disagree", "Disagree", "Agree", and "Strongly Agree". The scoring was follows: "1=Strongly Disagree", "2=Disagree", "3=Agree", and "4=Strongly Agree".

Validity

Validity deals with the likelihood that the questionnaire is measuring what it was intended to measure. A comprehensive analysis of the items in the questionnaire to verify that all variables are effectively addressed was used to determine content validity. For more information, my supervisor's expertise was requested. The instrument's validity was improved as a result of this.

Reliability

The extent to which an instrument brings about consistent outcomes or data after multiple tests is described as reliability by Mugenda and Mugenda (2003). To increase the instrument's reliability, a pilot study was conducted. The device was pilot tested with 50 students at Kpandu Senior High School.

This school was chosen because its characteristics were comparable to those of the study's actual schools. To calculate the reliability co-efficient, the data from the pilot test were imported into the Statistical Package for Social Sciences (SPSS version 22). This was done by using the Crobach Co-efficient alpha. The reliability co-efficient obtained was 0.81 meaning that the questionnaire was reliable. The purpose of pre-testing was to assess the instrument's clarity and relevance, with the goal of discarding items that were determined to be insufficient for measuring variables and modifying others to improve the research instrument's quality.

Data Collection Procedure

Ethical clearance was obtained from the Institutional Review Board in the University of Cape Coast. After this, an introductory letter was obtained from the Department of Guidance and Counselling of the University of Cape Coast, which was presented to authorities of the four selected schools. This enabled the researcher to acquire approval from the selected schools to conduct the study.

After explaining the purpose of the study to the students, the questionnaires were distributed to the students who consented to participate in the study. The instrument was self-administered. The respondents were given the questionnaires to respond to, and the questionnaires were taken right after

completion. The data collection lasted about four weeks. The instrument took about 30 minutes for each respondent to complete.

Data collection took place in the absence of class teachers and efforts were made to ensure maximum comfort and privacy for the participants. Students sat apart from each other and discussion was not allowed when completing the questionnaires, both to ensure privacy and to avoid shared responses. When the students finished answering the questionnaire, they were asked to put their completed questionnaires into a sealed box instead of giving them to the researcher.

Data Management

Data collected were kept privately in the possession of the researcher. After entering the data, the softcopy was also kept safely by the researcher so that no third party gets their hand on it without the express consent of the respondents of the study.

Ethical Issues

Before they could take part in the study, respondents had to sign an informed consent form. The permission form provided information about the respondents' rights; such as the fact that they may leave the research at any moment or choose to ignore questions they did not want to answer. All of the data obtained from the participants was kept privately. In ensuring anonymity, the names of those who took part in the study were not linked to the responses they gave.

Data Processing and Analysis

After data collection, the data were entered into the Statistical Product for Service Solutions (SPSS) Version 22. The data were analysed as follows:

1. What are the risky sexual behaviours of students in SHSs in Hohoe Municipality?

This was analysed using frequencies and percentages because section of the questionnaire was on a “Yes” and “No” scale.

2. What factors influence SHS students to engage in risky sexual behaviours in Hohoe Municipality?

This was analysed using means and standard deviations because the section of the questionnaire was on a four point likert-type scale ranging from “Strongly Disagree”, “Disagree”, “Agree”, and “Strongly Agree”.

3. What are the ways of minimizing risky sexual behaviours among SHS students in Hohoe Municipality?

This was analysed using means and standard deviations because the section of the questionnaire was on a four point likert-type scale ranging from “Strongly Disagree”, “Disagree”, “Agree”, and “Strongly Agree”.

Hypotheses

The hypotheses tested in this study are outlined below:

H_0 1: There is no significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_1 1: There is a significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

This hypothesis was tested using Independent Samples t-Test. This was appropriate since two independent groups were being compared on a continuous dependent variable.

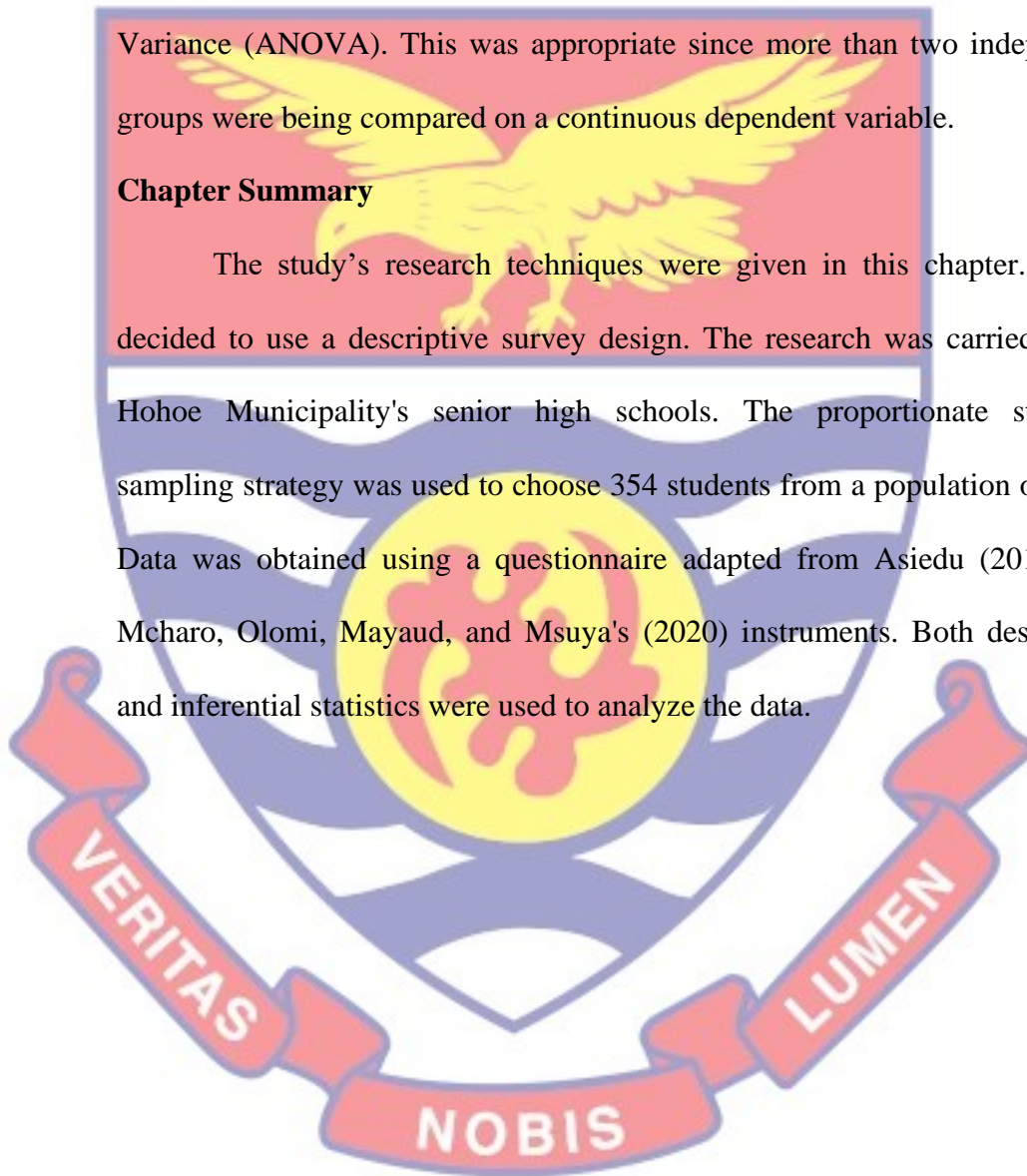
H₀₂: There is no significant age difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H₁₂: There is a significant age difference in the risky sexual behaviours of students in SHSs in the Hohoe Municipality.

The second hypothesis was tested using One-Way Analysis of Variance (ANOVA). This was appropriate since more than two independent groups were being compared on a continuous dependent variable.

Chapter Summary

The study's research techniques were given in this chapter. It was decided to use a descriptive survey design. The research was carried out in Hohoe Municipality's senior high schools. The proportionate stratified sampling strategy was used to choose 354 students from a population of 4380. Data was obtained using a questionnaire adapted from Asiedu (2016) and Mcharo, Olomi, Mayaud, and Msuya's (2020) instruments. Both descriptive and inferential statistics were used to analyze the data.



CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This study aimed at investigating the factors which influence risky sexual behaviours among students in Senior High Schools (SHSs) in the Hohoe Municipality. This chapter presented the results and discussion of the study.

Demographic Data of Respondents

The demographic data of those involved in the study are presented in Table 3.

Table 3-Distribution of Respondents on the basis of Gender, Age, Class and Religion

Item	Frequency (f)	Percentage (%)
Gender		
Male	196	55.4
Female	158	44.6
Total	354	100.0
Age (in years)		
13 – 15	32	9.0
16 – 18	267	75.4
19 and above	55	15.6
Total	354	100.0
Class level		
SHS 1	163	46.1
SHS 2	136	38.4
SHS 3	55	15.5
Total	354	100.0
Religion		
Christian	296	83.6
Islam	58	16.4
Total	354	100.0

Source: Field Survey (2021)

It was revealed in Table 3 that more than half of the participants (55.4%) were males while the rest of them (44.6%) were females. In relation to age, 75.4% of the respondents were between the ages of 16 and 18 years. The rest of the participants were over 19 years of age (15.5%) and 13 to 15 years (9%). Regarding the class levels, 46% of the respondents were in SHS 1, 38.4% were in SHS 2 while the remaining 15.5% were in SHS 3. Finally, in terms of religion, it can be seen that 83.6% were Christians while 16.4% were Muslims. The background data of the respondents are relevant in the study because engagement in risky sexual behaviours can be dependent on the background characteristics of students.

Answers to Research Questions

Research Question 1: What are the risky sexual behaviours of students in Senior High Schools in Hohoe Municipality?

This question was to find out the sexual behaviours of students in senior high schools (SHS) in Hohoe Municipality. In answering this question, the respondents were asked a number of questions. In the first place, the respondents were asked whether they have ever had sexual intercourse. The results are shown in Table 4.

Table 4-*Ever Had Sexual Intercourse*

Answer	Frequency (F)	Percentage (%)
Yes	157	44.4
No	197	55.6
Total	354	100.0

Source: Field Survey (2021)

Table 4 reveals that about 44.4% of the participants had ever had sexual intercourse. More than half of the respondents (55.6%) had never had sexual intercourse. The results mean that even though the proportion of the respondents who had not had sex was more than those who had sex, 44% was significantly high.

The respondents who had ever had sex were asked the number of people they have had sexual intercourse with. The answers are shown in Table 5.

Table 5-Number of People Respondents had had sex with

Answer	Frequency (F)	Percentage (%)
1 – 3	136	86.6
4 – 6	13	8.3
7 and above	8	5.1
Total	157	100.0

Source: Field Survey (2021)

Table 5 shows that out of the 157 respondents who had ever had sex, 86.6% had ever had sex with one to three people. Only 5% of the respondents had had sex with more than seven people in their entire lives.

The respondents who had ever had sex were also asked to indicate the age at which they had their first intercourse. The results are shown in Table 6.

Table 6-Age at First Intercourse

Age in years	Frequency (F)	Percentage (%)
12-15	42	26.8
16-19	100	63.7
20-22	15	9.5
Total	157	100.0

Source: Field Survey (2021)

It is shown in Table 6 that 63.7% of the participants who had ever had sex had their first intercourse between the ages of 16 and 19. However, over one-fourth of the participants (26.8%) had their first sexual intercourse between 12 and 15 years. It can be realized from the results that most of the participants had sexual intercourse at early ages just at the time when they were legally deemed to be matured (18 years).

Further, the respondents were asked to indicate the age of their partners at their first intercourse. The results are presented in Table 7.

Table 7-Age of Partner at First Intercourse

Age in years	Frequency (F)	Percentage (%)
12-15	22	14.0
16-19	87	55.4
20-25	25	15.9
26-35	23	14.7
Total	157	100.0

Source: Field Survey (2021)

It is seen from the results in Table 7, it was shown that 55.4% of the respondents indicated that their partners were aged 16 to 19 years at the time of their first intercourse. The results mean that most of those involved in the study had sexual intercourse with younger partners. However, about 30% of the participants had had sex with people over 20 years of age.

In addition, the participants were asked to specify how many times they have ever had sex in their entire lives. The results are shown in Table 8.

Table 8-Number of Times Respondents had had Sex

Answer	Frequency (F)	Percentage (%)
Once	54	34.4
Twice	53	33.8
Three times and above	50	31.8
Total	157	100.0

Source: Field Survey (2021)

Table 8 revealed that almost equal proportions of the respondents had had sex once (34.4%), twice (33.8%) and three times and above (31.8%). The results give the signal that most of the respondents had not had sex indiscriminately.

Moreover, the respondents who had ever had sexual intercourse were asked to indicate how they would consider their sexual behaviours. The results are presented in Table 9.

Table 9-*Consideration of Sexual Behaviour*

Answer	Frequency (F)	Percentage (%)
Safe	89	56.7
A little risky	47	29.9
Very Risky	21	13.4
Total	157	100.0

Source: Field Survey (2021)

The results in Table 9 depict how the respondents consider their sexual behaviours. The respondents were asked to indicate whether they view their sexual behaviours to be risky or not. After responding, the respondents were asked to give a reason for their answer.

From Table 9, it could be seen that more than half of the respondents (56.7%) considered their sexual behaviours to be safe. The reason given by the respondents was that they did not engage in indiscriminate sex and used protection during sexual intercourse.

Also, about 30% indicated that their sexual behaviours were a little risky. The reason given by these respondents was that they had sexual affairs with people they barely knew.

Finally, the remaining 13% of the respondents considered their sexual behaviours to be risky. The reason given by them was that they had sexual intercourse without protection.

Moreover, all the respondents (both those who had sex before and those who had not) were asked to indicate the number of sexual partners they

currently had. The results are shown in Table 10.

Table 10-*Number of Current Sexual Partners*

Answer	Frequency (F)	Percentage (%)
1 – 3	129	32.2
4 – 6	9	2.5
7 and above	8	2.3
None	208	58.8
Total	354	100.0

Source: Field Survey (2021)

It is seen in Table 10 that 32% of the respondents currently had one to three sexual partners. However, 58.8% had no current sexual partners. The results imply that a sizeable proportion of the respondents were currently in sexual relationships with one to about seven respondents.

The respondents who were currently in sexual relationships (146) were asked to indicate whether they have engaged in any sexual affair with their current partners. The results are shown in Table 11.

Table 11-*Sexual Affair with Current Partner*

Answer	Frequency (F)	Percentage (%)
Yes	114	78.1
No	32	21.9
Total	146	100.0

Source: Field Survey (2021)

From Table 11, it is shown that out of the 146 respondents, 78% had engaged in sexual affair with their current partners. This indicated high level of current sexual activity.

The respondents who have had sexual affair with current partner were then asked to indicate how long ago they had sexual affair with their current sexual partner. The results are shown in Table 12.

Table 12-*Last Time of Sexual Affair*

Answer	Frequency (F)	Percentage (%)
This week	4	3.5
Last week	15	13.2
Last month	18	15.8
More than a month ago	77	67.5
Total	114	100.0

Source: Field Survey (2021)

From Table 12, it is shown that 67.5% of the respondents' last sexual encounter with their current sexual partner was more than a month preceding the study. Only about 3.5% of the respondents had engaged in sexual affair within the same week of the study.

In their most recent sexual experience, the respondents were asked if they utilized any kind of birth control, such as withdrawal, rhythm (safe time), or birth control pills. The results are shown Table 13.

Table 13-*Use of Birth Control*

Answer	Frequency (F)	Percentage (%)
Yes	94	64.4
No	52	35.6
Total	146	100.0

Source: Field Survey (2021)

More than half of the respondents (64.4%) indicated in Table 13 that they used birth control methods during their last sexual encounter. The common birth control methods they used were condom, withdrawal and birth control pills.

Finally, the respondents who were in sexual relationship were asked whether they sent or received messages of sexual nature or pictures which were sexual from their partners. The results in Table 14 show that a 51.5% indicated that they did not while 48.6% indicated that they did.

Table 14- *Receive or Share Sexual Messages or Images*

Answer	Frequency (F)	Percentage (%)
Yes	71	48.6
No	75	51.4
Total	146	100.0

Source: Field Survey (2021)

Research Question 2: What factors influence SHS students to engage in risky sexual behaviours in Hohoe Municipality?

This question was developed to find out the factors which influence SHS students to engage in risky sexual behaviours in Hohoe Municipality. The data were scored on a scale of “1=Strongly Disagree”, “2=Disagree”, “3=Agree”, and “4=Strongly Agree”. In analyzing the data, mean and standard deviation were utilised. Mean scores above 2.5 showed that the participants were in agreement with the statement while mean scores below 2.5 showed that they were in disagreement. The obtained results are shown in Table 15.

Table 15-*Factors Influencing Risky Sexual Behaviours*

Statement	Mean	SD
Alcohol and drug abuse can lead to risky sexual behaviour	2.59	1.02
Peer pressure can influence students to get involved in risky sexual behaviours	3.07	0.93
Poor parental upbringing can influence students to get involved in risky sexual behaviours	3.00	0.93
Poor socio-economic background can influence students to get involved in risky sexual behaviours to survive	2.83	0.99
Influence of social media can influence students to get involved in risky sexual behaviours	2.99	0.99
Students can engage in risky sexual behaviours out of compulsion	2.59	0.97

Source: Field Survey (2021)

SD=Standard Deviation

It is shown in Table 15 that peer pressure was a major factor which influence students to be involved in risky sexual behaviours (M=3.07, SD=0.97). Next to this was, poor parental upbringing (M=3.00, SD=0.93). Influence of social media (M=2.99, SD=0.99) and poor socio-economic background (M=2.83, SD=0.99) were also identified as factors which influence engagement in risky sexual behaviours among students.

Research Question 3: What are the ways of minimizing risky sexual behaviours among SHS students in Hohoe Municipality?

This research question aimed at finding out ways of minimizing sexual risk taking behaviour among senior high school students. Data were scored on a scale of “1=Strongly Disagree”, “2=Disagree”, “3=Agree”, and “4=Strongly Agree”. In analyzing the data, mean and standard deviation were used. Mean scores above 2.5 indicated that the respondents agreed to the statement while

mean scores below 2.5 indicated that the respondents disagreed to the specific statement. The results are shown in Table 16.

Table 16-*Ways to Minimise Risky Sexual Behaviours*

Statement	Mean	SD
Schools should organise sex education programmes	3.43	0.89
Schools should make health education important in schools	3.06	1.01
Provision of counselling services in school	3.12	0.99
Organising physical and health activities to keep students physically active	3.01	0.99
Establishing and enforcing strong rules against any sexual activities	2.85	0.87

Source: Field Survey (Atidama, 2021) SD=Standard Deviation

Table 16 shows that organising sex education programmes could help in minimising risky sexual behaviours (M=3.43, SD=0.89). Also, the respondents indicated that provision of counselling services in schools can help schools reduce the students involvement in sexual acts deemed risky (M=3.12, SD=0.99). Aside these two, the respondents were of the view that health education programmes (M=3.06, SD=1.01), physical and health activities (M=3.01, SD=0.99) and establishment and enforcement of rules against sexual activities (M=3.06, SD=1.01) could all help to reduce the involvement of students in risky sexual behaviours.

Hypothesis One

H₀: There is no significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H₁: There is a significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

This hypothesis attempted to determine whether there was a significant gender difference in risky sexual behaviours among students in Hohoe Municipality senior high schools. The data were analysed using an independent samples t-test with a significance level of 0.05. In doing the comparison, only data for students who had ever had sex (157) was used. They were those who completed the section of the questionnaire on risky sexual behaviours. The assumptions of Normality and Equality of Variances were tested first.

Normality Test

A major assumption in doing independent samples t-test is that the data should be normally distributed. Normality was tested using the Kolmogorov-Smirnov and Shapiro-Wilk statistics. The results are shown in Table 17.

Table 17-Tests of Normality (Sexual Behaviour and Gender)

	Gender	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	Df	Sig.	Statistic	Df	Sig.
Sex. Beh.	Male	.199	84	.104	.904	84	.345
	Female	.243	73	.213	.778	73	.279

Source: Field Survey (2021)

It can be seen in Table 17 that the significant values are above .05. This implies that normality can be assumed for the data.

The Levene's test for homogeneity of variance was also assessed. The summary of the results are presented in Table 18.

Table 18-Levene's Test for Equality of Variances

	F	Sig
Equal variances assumed	0.94	.323
Equal variances not assumed		

Source: Field Survey (Atidama, 2021)

Table 18 shows that the p-value of .323 is greater than .05 level of significance. This means that homogeneity of variances can be assumed for the data.

The results of the independent samples t-test are presented in Table 19.

Table 19-Results of Independent Samples t-test on the basis of Gender

Gender	N	Mean	SD	Df	t-value	Sig (2-tailed)
Male	84	49.40	4.91	155	-3.050*	.003
Female	73	52.65	7.78			

Source: Field Survey (2021)

*Significant, $p < .05$

It can be seen in Table 19 that there was a significant difference between male and female students in terms of their risky sexual behaviours [$t(155) = -3.050, p < .05$]. Specifically, female students engaged in more risky sexual behaviours ($M=52.65$) compared to male students ($M=49.40$). In this regard, the null hypothesis no significant difference existed in the risky sexual behaviours of male and female students was rejected. This gives the implication that male and female students differed significantly in terms of their sexual behaviours.

Hypothesis Two

H_02 : There is no significant age difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_12 : There is a significant age difference in the risky sexual behaviours of students in SHSs in the Hohoe Municipality.

This hypothesis was meant to identify the significant difference in the risky sexual behaviours of students on the basis of age. The One-Way ANOVA was used to analyse the data at the 0.05 level of significance since

there were three different age groups involved in the study. In using One-Way ANOVA, there was the need to test the normality and homogeneity of variance among the groups. The results for the test for normality are presented in Table 20.

Table 20-Tests of Normality (Sexual Behaviour and Age)

Age	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
SexBe 13-15	.154	11	.213	.937	20	.216
16-18	.089	112	.127	.981	124	.192
19 above	.065	34	.085	.985	83	.512

Source: Field Survey (2021)

From the results in Table 20, it can be seen that significant values are above .05. This implies that the data is normally distributed. The results of the Levene’s test for homogeneity are also shown in Table 21.

Table 21-Test of Homogeneity of Variances

Levene Statistic	df1	df2	Sig.
1.874	2	143	.157

Source: Field Survey (2021)

It is shown in Table 21 that the significant level of .545 is greater than .05. By implication, homogeneity of variances can be assumed for the data.

The results of the ANOVA test are shown in Tables 22 and 23.

Table 22-Descriptive Results for Different Age Groups in terms of Risky Sexual Behaviours

Age (in years)	N	Mean	Std. Dev.
13-15	11	48.88	4.02
16-18	112	50.47	7.37
19 and above	34	52.94	3.47
Total	157	50.94	6.61

Source: Field Survey (2021)

The mean and standard deviations of the different age groups are shown in Table 22. It can be seen that the respondents aged between 13 and 15 years had a mean score of 48.88 and a standard deviation of 4.02. The mean score for respondents within 16 to 18 years group was 50.47 with a standard deviation of 7.37. Finally, the respondents aged 19 years and above had a mean score of 52.94 and a standard deviation of 3.47. From the mean scores, it is clear that there are differences in risky sexual behaviours of students among the different age groups. Specifically, it can be seen that students aged 19 years and above engaged in more risky sexual behaviours.

Table 23-ANOVA Results Comparing Risky Sexual Behaviours on the Basis of

Age	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	189.558	2	94.779	2.376	.114
Within Groups	6142.887	154	39.898		
Total	6332.445	156			

Source: Field Survey (2021)

It was observed in Table 23 that there is no significant age difference in the risky sexual behaviours of students [$F(2, 154) = 2.376, p > .05$]. The obtained p-value of 0.114 is greater than the .05 significant level. This means that statistically significant difference did not exist in the mean scores of the three different age groups. Therefore, the null hypothesis that no statistically significant age difference in the risky sexual behaviours of students was retained. The implication of the results is that even though there are differences in the mean scores of the different age groups, these differences are not statistically significant.

Hypothesis Three

H₀: There is no significant gender difference in the factors which influence risky sexual behaviours of students in SHSs in the Hohoe Municipality.

H₁: There is a significant gender difference in the factors which influence risky sexual behaviours of students in SHSs in the Hohoe Municipality.

This hypothesis attempted to determine whether there was a significant gender difference in the factors which influence risky sexual behaviours among students in senior high schools in Hohoe Municipality. The data were analysed using an independent samples t-test with a significance level of 0.05. The assumptions of Normality and Equality of Variances were tested first.

Normality Test

Normality was tested using the Kolmogorov-Smirnov and Shapiro-Wilk statistics. The results are shown in Table 24

Table 24-*Tests of Normality (Factors and Gender)*

Gender	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	Df	Sig.
Factors Male	.151	196	.117	.929	196	.201
Female	.130	158	.102	.951	158	.213

Source: Field Survey (2021)

From Table 24, it is clear that the significant values are higher than .05. This implies that normality can be assumed for the data.

The Levene's test for equality of variances was assessed. The results are shown in Table 25.

Table 25-*Levene's Test for Equality of Variances*

	F	Sig
Equal variances assumed	.010	.990
Equal variances not assumed		

Source: Field Survey (2021)

Table 25 shows that the p-value of .990 is higher than .05 level of significance. This means that equality of variances can be assumed for the data.

The results of the independent samples t-test are presented in Table 26.

Table 26-Results of Independent Samples t-test on the basis of Gender

Gender	N	Mean	SD	Df	t-value	Sig (2-tailed)
Male	196	16.92	4.40	352	-.714	.476
Female	158	17.26	4.39			

Source: Field Survey (2021)

It is shown in Table 26 that there is no statistically significant gender difference in the factors which influence risky sexual behaviours of students [$t(352) = -.714, p > .05$]. Even though difference can be observed in the mean scores of male and female students, the difference was not statistically significant. On the basis of this, the null hypothesis that there is no statistically significant gender difference in the factors which influence risky sexual behaviours of students was retained. The implication from the results is that male and female students did not differ significantly in terms of the factors which influence risky sexual behaviours.

Hypothesis Four

H_{02} : There is no significant age difference in the factors which influence risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_{12} : There is a significant age difference in the factors which influence risky sexual behaviours of students in SHSs in the Hohoe Municipality.

This hypothesis was meant to identify the significant difference in the factors which influence risky sexual behaviours of students on the basis of

age. The One-Way ANOVA was used to analyse the data at the 0.05 level of significance since there were three different age groups involved in the study. In using One-Way ANOVA, there was the need to test the normality and homogeneity of variance among the groups. The results for the test for normality are presented in Table 27.

Table 27-Tests of Normality (Factors and Age)

	Age	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	Df	Sig.	Statistic	df	Sig.
Factors	13-15	.186	32	.206	.890	32	.204
	16-18	.139	267	.101	.944	267	.302
	19 above	.196	55	.205	.895	55	.200

Source: Field Survey (2021)

From the results in Table 27, it can be seen that significant values are higher than .05. This implies that the data is normally distributed.

The results of the Levene's test for homogeneity of variances are shown in Table 28.

Table 28-Test of Homogeneity of Variances

Levene Statistic	df1	df2	Sig.
.200	2	351	.819

Source: Field Survey (2021)

It is shown in Table 28 that the significant level of .819 is higher than .05. This means that homogeneity of variances can be assumed for the data.

The results of the ANOVA test are shown in Tables 29 and 30.

Table 29-Descriptive Results for Different Age Groups in terms of Factors influencing Risky Sexual Behaviours

Age (in years)	N	Mean	Std. Dev.
13-15	32	19.31	4.01
16-18	267	16.86	4.37
19 and above	55	16.82	4.48
Total	354	17.07	4.39

Source: Field Survey (2021)

The mean and standard deviations of the different age groups are shown in Table 29. It can be seen that the respondents aged between 13 and 15 years had a mean score of 19.31 and a standard deviation of 4.01. The mean score for respondents within 16 to 18 years group was 16.86 with a standard deviation of 4.37. Finally, the respondents aged 19 years and above had a mean score of 16.82 and a standard deviation of 4.48.

From the mean scores, it is clear that there are differences in the factors which influence risky sexual behaviours of students among the different age groups. Specifically, it can be seen that students aged 13 to 15 years were influenced by a lot of factors than the other age groups.

Table 30-ANOVA Results Comparing Factors Influencing Risky Sexual Behaviours on the Basis of Age

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	176.442	2	88.221	4.655*	.010
Within Groups	6651.649	351	18.951		
Total	6828.090	353			

Source: Field Survey (2021)

*Significant, $p < .05$

It was observed in Table 30 that there is a statistically significant age difference in the factors which influence risky sexual behaviours of students [F (2, 351) = 4.656, $p < .05$]. The obtained p-value of 0.010 is less than the .05 significant level. This means that statistically significant difference exists in the mean scores of the three different age groups. Therefore, the null hypothesis that no statistically significant age difference in the factors which influence risky sexual behaviours of students was rejected. Since age difference was found, there was the need for a post-hoc test. Tukey post hoc was conducted and the results are shown in Table 31.

Table 31-Tukey Multiple Comparisons

					95% Confidence Interval	
Dependent Variable: FACTORS						
(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	Lower Bound	Upper Bound
13-15	16-18	2.45482*	.81436	.008	.5381	4.3716
	19 and above	2.49432*	.96786	.028	.2163	4.7724
16-18	13-15	-2.45482*	.81436	.008	-4.3716	-.5381
	19 and above	.03950	.64462	.998	-1.4777	1.5567
19 and above	13-15	-2.49432*	.96786	.028	-4.7724	-.2163
	16-18	-.03950	.64462	.998	-1.5567	1.4777

*. The mean difference is significant at the 0.05 level.

Source: Field Survey (2021)

Table 31 shows that a significant difference exists in the factors influencing risky sexual behaviours between the respondents within the ages of 13 and 15 years and those aged 16 to 18 years ($p=.008$). Similarly, significant difference exists in the factors influencing risky sexual behaviours between the respondents within the ages of 13 and 15 years and those aged 19 years and above ($p=.028$). However, there was no significant difference between the respondents aged 16 to 18 years and those aged 19 years and above. From the results, it is clear that the respondents in the 13 to 15 years group differed significantly from the other age groups in terms of the factors which influence risky sexual behaviours.

Discussion

Risky Sexual Behaviours among Students

The study brought to light that 44.4% of the participants had ever had sexual affair. This was a significant proportion of the 382 respondents. Out of the proportion of respondents who had ever had sex, majority of them had had sex with one to three people in their lives. In terms of age of first sexual

intercourse, majority of the students (64%) indicated that they were between the ages of 16 and 19 years while more than a quarter (27%) had their first sexual intercourse when they were between 12 and 15 years. The results imply that most of the participants had sexual intercourse at early and at younger ages. Majority of the partners (55.4%) with which they had the first sexual intercourse were 16 to 19 years.

These findings support the findings of Derby, Assefa, Mekonnen and Biadlegne (2016) that about 28% of the study participants had sexual experience. The result is also consistent with Belay, Worku, Addisu, and Alemneh (2017) investigated the prevalence of risky sexual activities among students in Mizan, Ethiopia and found that 51% of the respondents had sexual affairs.

The result also agrees with Shore and Shunu (2017) who revealed that about 37% were sexually active. Moreover, the results are consistent with that of Trajman, Belo, Teixeira, Dantas, Salomão and Cunha (2003) who revealed that in Rio de Janeiro, Brazil, the median age at initial sexual affair was 15 years. The results further agree with Majer, Saić, Musil, Mužić, Pjevač and Jureša (2019) who investigated the sexual behaviour among students in the university in Zagreb, Croatia, and discovered that the majority of them had their first sexual affair when they were between the ages of 16 and 18.

Further, the current study revealed that almost equal proportions of the participants had had sex once, twice, and three times and above. Over half of the participants considered their sexual behaviours to be safe because they did not engage in indiscriminate sex and used protection during sexual intercourse. However, 30% indicated that their sexual behaviours were a little

risky. The reason they gave was that they had sexual affairs with people they barely knew.

These findings additionally confirmed the findings of Asiedu (2016) who revealed that 53% of participants who had ever had sex were involved with several sexual companions and had sexual affair more than twice. Also, The findings matched those of Shore and Shunu (2017), who found that over 25% of the respondents (25.3%) had participated in unsafe sexual behaviour. Similarly, the findings support those of Idowu, Ayodele, Omotade, Anu, and Omolola (2017), who investigated the variables linked to risky sexual acts among Nigerian students and discovered that 23% of those surveyed engaged in risky sexual behaviour.

Moreover, in terms of current sexual partners, over 50% of the respondents (59%) in the current study indicated that they were currently not sexually partnered but 41% had sexual companions. For those with current sexual partners, majority of them had sexual affair with them with the last sexual affair being one more than a month preceding the data collection. The common birth control methods they used were condom, withdrawal and birth control pills. Finally, a significant portion of the respondents (49%) in sexual relationship engaged in sexting, thus, receiving or sharing sexual messages or images from their partners. These findings are supportive of the findings of Hoque, Ntsipe and Mokgatle-Nthabu (2012) that about two-thirds of students had active sexual lives and did use contraceptives, particularly condoms.

From the forgoing discussion, it has become evident that more students are having sexual affairs at young ages. Some of their sexual behaviours are

considered risky while other behaviours are less risky. Regardless, there is the need to pay attention to the sexual behaviours of students.

Factors Influencing Sexual Risk-Taking Behaviours among Students

The study revealed that several factors influence sexual risk-taking behaviours among students. These included peer pressure, poor parental upbringing, influence of social media and poor socio-economic background. For most students, the influence of peers is so obvious because young people usually do things to please their friends. Despite the knowledge they have about sexual behaviours, they usually just go along with what their friends are doing. Some people would go out with friends do everything their friends do.

Parental upbringing is also key in terms of the behaviours of young people. The respondents believed that poor parental upbringing can make students get involved in several misbehaviours such as risky sexual behaviours. Aside the upbringing, poor socio-economic background can make or force people to indulge in risky sexual acts as a way to make ends meet. This may be more particular for female students who come from poor families.

The influence of social media usage was also highlighted by the respondents. In this era of social media, several people are engaging in sexual misbehaviours. Students send and receive sexual messages and images while others engage in risky sexual behaviours like what is known currently in Ghana as “hook-up” on social media. Young ladies put out their social media handles and phone numbers that anyone who wants to have a sexual affair would contact. In essence, young people are engaging in prostitution through social media usage.

The findings of this current study are supportive of the findings of Laddunuri (2013) who sought to gain insight into sexual acts of adolescents in Tanzania and revealed that the major reasons cited for initiation of sexual acts were “just for fun” and “peer pressure”. Makgale and Plattner (2017) revealed that background characteristics particularly in terms of socio-economic status influenced sexual behaviours among students in Botswana.

In addition, the results of the current study agree with Watsi and Tarkang (2020) who revealed that peer pressure and influence a factor in risky sexual behaviours. The results are also consistent with Ahiataku (2016) who examined how sexting affected risky sexual behaviours among students in the University of Ghana and discovered that the majority of students used a smart phone for internet access, and that the internet and social media had a significant impact on their behaviour. Srahbzu and Tirfeneh (2020), who investigated the size of risky sexual behaviour and related determinants among teenagers in Ethiopia, found similar results. Risky sexual behaviour was statistically linked to factors like the absence of social support, living away from family, and enduring parental neglect.

Generally, several factors influence indulging in risky sexual behaviours. However, the main factors identified were peer pressure, poor upbringing and socio-economic background, and influence of social media. Sexual behaviours of students in this current study are thus determined by these factors.

Ways to Minimize Sexual Risk Taking Behaviours among Students

The study revealed that organising sex education programmes could help in minimising sexual risk taking behaviours. Also, the respondents

indicated that provision of counselling services in schools can help schools minimise the occurrence of risky sexual behaviours among students. Health education programmes, physical and health activities and establishment and enforcement of rules against sexual activities were all found to be ways by which could all help to reduce the involvement of students in risky sexual behaviours. Thus, overall, “sex education”, “health education programmes”, and “counselling services” are some major ways of minimising sexual risk-taking behaviours among students. Sex education is vital since it equips individuals with the needed knowledge and even skills that can help them manage their sexuality so that they do not engage in sexual misbehaviours.

Aside this, health education programmes which target behaviours that affect the health of individuals negatively can be put in place. For instance, schools can organise intermittent health education programmes that aim to equip students with healthy behaviours. Ultimately, health education programmes can help reduce or minimise sexual risk-taking behaviours among students.

Counselling was also mentioned by the respondents as a major means to minimising sexual risk-taking behaviours. Counsellors can organise outreach programmes on safety in sexual behaviours. Counsellors can also use one-to-one individual counselling to help students who are struggling with risky sexual behaviours. Engaging in physical activities could also help students become physically active thereby reducing the impact of any sexual urges.

The current study's findings are similar to those of Reis, Ramiro, Matos, and Diniz (2011), who investigated the benefits of sex education in

schools and indicated that people who were provided with sex education reported having lower sexual risk behaviours. These were demonstrated mainly in terms of having fewer sexual companions, not having sex when drunk and avoiding unintended pregnancies and unwanted abortions.

The findings are also consistent with Parry, Carney and Williams (2017) who revealed that through community outreach and providing risk-reduction information, individuals can be supported to reduce risky sexual behaviours and adopt more healthy and safe sexual behaviours. The results are also in line with Rotheram-Borus, Desmond, Comulada, Arnold and Johnson (2009) who showed that providing intense, skill-based education interventions can help make the lives of individuals better especially those who have been infected with HIV/AIDS.

Further, the results confirm the study of Mcharo et al. (2020) who concluded from their study that STI prevention programmes must acknowledge young adults as a vulnerable group, and institutions must promote targeted messages to minimise the risks of contracting STIs, provide counselling and support to individuals who have experienced sexual assault, and encourage condom usage and safer-sex negotiating skills. The findings of the study agree with those of Derby, Assefa, Mekonnen, and Biadlegne (2016), who found that in achieving the targets of sexual and reproductive health of students, ongoing and increased public health initiatives on health education and reproductive health services were necessary.

All the findings discussed have shown that different measures can be put in place to help reduce students' engagement in risky sexual behaviours.

However, the specific measures to be used depend on the context and the students for which the measures are meant for.

Difference in the Risky Sexual Behaviours of Male and Female Students

A significant variation was observed between male and female students regarding their sexual behaviours. Specifically, female students engaged in more risky sexual behaviours in comparison to male students. This implies that male and female students differed significantly in terms of their sexual behaviours.

The finding of this current study confirms the findings of Mturi and Gaeawe (2014) who explored the gender differences in the sexual acts of students in the university. The results showed that males had less likelihood to be involved in risky sexual acts than females. Also, the results are consistent with that of Hittner, Owens and Swickert (2016) who reported more frequent sexual intercourse for females when they attended parties. Similarly, the results are in line with the study of Ahiataku (2016) which revealed that the majority of students used a smart phone for internet access and that females sext and are more sexual than men.

Several other studies reported gender differences in sexual behaviours. However, for most of these studies, males were found to engage in risky sexual behaviours than females. For example, Lyu, Shen and Hesketh (2020) explored gender differences in the knowledge, attitude and behaviours in relation to sexual issues among university degree students in China. From the results, it was concluded that females had significantly conservative attitude towards their sexuality and sexual behaviours. The discoveries of this study corroborate those of Menon, Mwaba, Thankian, and Lwatula (2016), who

found that male students had high likelihood than females to have had several sexual partners. They were, nevertheless, consistent in their condom usage than females. The results also agree with a study in China by Chi, Yu and Winter (2012) which found that males reported engaging in sexual acts like fantasizing, viewing pornography, heterosexual acts, masturbating, and sexual discussions among pers.

The inconsistencies in the findings of this current study and the previous ones which found males to engage in risky sexual behaviours more than females could be due to some reasons. For instance, in the current study, peer pressure, poor background and social media usage influenced sexual behaviour more and females have high likelihood to be influenced by these factors than males. This could explain why in the current study females had risk-taking sexual behaviours more than males.

Difference in the Risky Sexual Behaviours of Students on the Basis of Age

Finally, the study found that no significant difference existed in the sexual behaviours of the students on the basis of their ages. The results suggest that even though there are differences in the mean scores of the different age groups, these differences are not statistically significant. The results mean that students of different ages had similar sexual behaviours. By implication there were no significant age differences in sexual behaviours.

The findings contradict Doku's (2012) findings there was age difference in sexual behaviours and that older age was associated with condom usage. Doku concluded that age was significant in risky sexual behaviours of students. Similarly, Pitts and Rahman (2001) sought to determine whether behaviours were perceived to be sexual among students in the United

Kingdom and discovered substantial gender and age-related disparities in findings.

These contradictions could be due to the fact in present times, age of sexual debut is very low and so regardless of the ages of students, they are likely to have the same or similar sexual behaviours. Regardless of this, none of these findings is in doubt.

Difference in Factors Influencing Risky Sexual Behaviours of Male and Female Students

The study revealed that there was no statistically significant gender difference in the factors which influence risky sexual behaviours of students.

On the basis of this, the null hypothesis that there is no statistically significant gender difference in the factors which influence risky sexual behaviours of students was retained. The results imply that male and female students did not differ significantly in terms of the factors which influence risky sexual behaviours.

The results support the results of Sun, Seloilwe, Magowe, Dithole, Miller and St. Lawrence (2018) in Botswana that both boys and girls were influenced by the same parental factors such as monitoring, communication and responsiveness in their sexual behaviours. Similarly, Jahanfar and Pashaei (2022) investigated the sexual attitude and associated factors of risky sexual behaviours among girls and boys and the difference in sexual norms by gender among university students. Their results revealed that there was no significant difference in how male and female students were influenced in their sexual behaviours.

The evidence from the curret study and the other studies is that the factors which influence risky sexual behaviours do not vary on the basis of gender. Thus, males and females are influenced by similar or same factors in their risky sexual behaviours.

Difference in Factors Influencing Risky Sexual Behaviours of Students on the Basis of Age

The study found that there was a statistically significant age difference in the factors which influence risky sexual behaviours of students. This means that statistically significant difference exists in the mean scores of the three different age groups in the factors which influence risky sexual behaviours. Therefore, the null hypothesis that no statistically significant age difference in the factors which influence risky sexual behaviours of students was rejected.

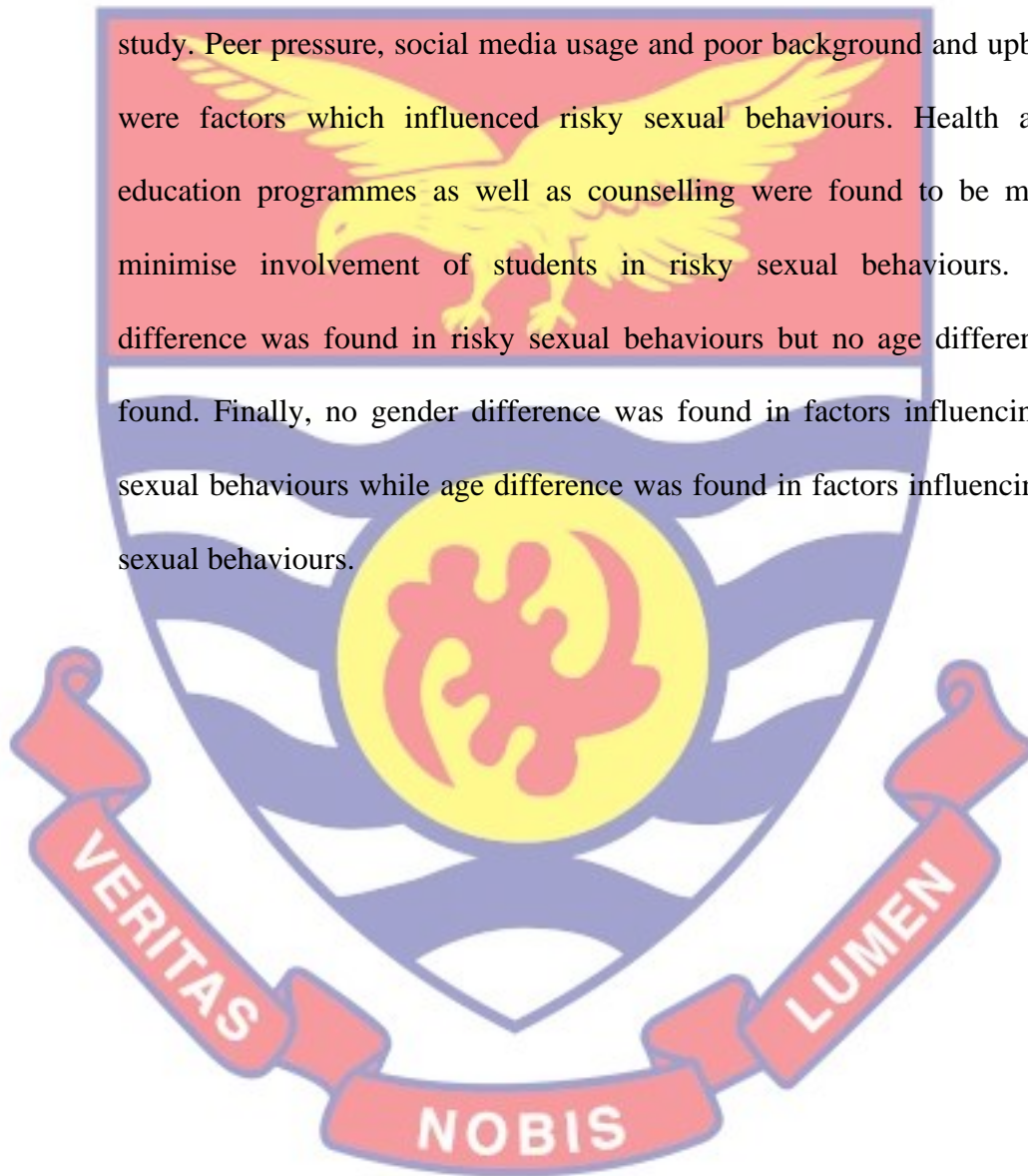
The post-hoc test showed that the respondents within the ages of 13 and 15 years differed from those aged 16 to 18 years and those aged 19 years and above. Thus, the respondents in the 13 to 15 years group differed significantly from the other age groups in terms of the factors which influence risky sexual behaviours. Specifically, they were influenced by a lot of factors than the other age groups.

The results support the results of Mamoribo (2016) that the extent to which adolescents were influenced in their sexual behaviours differed by their ages. In a similar vein Srijaiwong, Sindhu, Ratinthorn and Viwatwongkasem (2017) conducted a cross-sectional study to examine the factors influencing sexual behaviours and found that risky sexual behaviours increased with age and that the factors which influenced adolescents to engage in risky sexual behaviours varied along with their ages. Since individuals of different ages

have what influences them, it did not come as a surprise that significant age difference was found in the factors influencing risky sexual behaviours.

Chapter Summary

This chapter focused on the results and discussion after the data analyses. Four research questions and two hypotheses were answered in this study. Peer pressure, social media usage and poor background and upbringing were factors which influenced risky sexual behaviours. Health and sex education programmes as well as counselling were found to be means to minimise involvement of students in risky sexual behaviours. Gender difference was found in risky sexual behaviours but no age difference was found. Finally, no gender difference was found in factors influencing risky sexual behaviours while age difference was found in factors influencing risky sexual behaviours.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This study investigated the factors which influence risky sexual behaviours among students in Senior High Schools (SHSs) in the Hohoe Municipality. The previous chapter dealt with the results and discussion of the study. This chapter concentrated on the summary, conclusions and recommendations of the current study. Also, how the findings are connected to counselling and suggestions for later research are given in the chapter.

Summary of Study

The study investigated the factors which influence risky sexual behaviours among students in Senior High Schools (SHSs) in the Hohoe Municipality. In terms of the specifics, three research questions and four hypotheses were answered.

Research questions

1. What are the risky sexual behaviours of students in SHSs in Hohoe Municipality?
2. What factors influence SHS students to engage in risky sexual behaviours in Hohoe Municipality?
3. What are the ways of minimizing risky sexual behaviours among SHS students in Hohoe Municipality?

Hypotheses

H_01 : There is no significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_{11} : There is a significant gender difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_{02} : There is no significant age difference in the risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_{12} : There is a significant age difference in the risky sexual behaviours of students in SHSs in the Hohoe Municipality.

H_{03} : There is no significant gender difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_{13} : There is a significant gender difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_{04} : There is no significant age difference in the factors influencing risky sexual behaviours of the students in SHSs in the Hohoe Municipality.

H_{14} : There is a significant age difference in the factors influencing risky sexual behaviours of students in SHSs in the Hohoe Municipality.

The review of literature comprised the theoretical framework, conceptual framework, conceptual review and empirical review. Specifically, “Biogenetic Universalism Theory”, “Psychoanalytic Theory”, “Theory of Reasoned Action” and “Social Cognitive Theory” were reviewed. Concepts relating to sexual behaviours were also discussed. Previous empirical literature were also reviewed. From the review, it was realised that risky sexual

behaviours were common among adolescents in different societies across the world. In Ghana, recent studies were not much and so this study was timely.

The descriptive survey design was chosen for this study conducted in senior high schools in Hohoe Municipality. A sample of 354 students from a population of 4380 was selected using the proportional stratified sampling technique. Data were collected using questionnaire adapted from the instruments of Asiedu (2016) and Mcharo, Olomi, Mayaud and Msuya (2020). Data analyses were done with both descriptive and inferential statistics.

Major Findings

1. The study showed that 44.4% of the respondents had ever had sexual intercourse. This was a significant proportion of the 382 respondents. Out of the proportion of respondents who had ever had sex, majority of them had had sex with one to three people. In terms of age of first sexual intercourse, most of the students indicated that they were between the ages of 16 and 19 years and majority of the partners with which they had the first sexual intercourse were 16 to 19 years of age. Also, almost equal proportions of the respondents had had sex once, twice, and three times and above. More than 50% of the respondents considered their sexual behaviours to be safe because they did not engage in indiscriminate sex and used protection during sexual intercourse. More than 25% of the respondents indicated that their sexual behaviours were risky because they had sexual affairs with people they barely knew. Moreover, in terms of current sexual partners, a significant proportion of 41% indicated that they currently had sexual partners with majority of this proportion having had sexual

intercourse with them within the past month preceding the study. The common birth control methods they used were condom, withdrawal and birth control pills.

2. The study revealed that several factors influence sexual risk-taking behaviours among students. These included peer pressure, poor parental upbringing, influence of social media and poor socio-economic background.
3. The study found that “sex education”, “health education programmes”, “physical activities” and “counselling services” are some major ways of minimising sexual risk-taking behaviours among students.
4. Moreover, the study revealed that there was a significant difference between male and female students in terms of their sexual behaviours. Specifically, female students engaged in more risky sexual behaviours as compared to male students.
5. It was revealed that no significant difference existed in the sexual behaviours of the students on the basis of their ages. This means that even though some differences observed in the mean scores of the different age groups, these differences are not statistically significant. The results mean that students of different ages had similar sexual behaviours.
6. The study revealed that there was no statistically significant gender difference in the factors which influence risky sexual behaviours of students.
7. The study found that there was a statistically significant age difference in the factors which influence risky sexual behaviours of students. The

respondents in the 13 to 15 years group differed significantly from the other age groups in terms of the factors which influence risky sexual behaviours. Specifically, they were influenced by a lot of factors than the other age groups.

Conclusions

Some conclusions are drawn on the basis of the findings of the study. Firstly, it was concluded that senior high school students in the Hohoe Municipality engaged in several risky behaviours mostly at younger ages. It was evident from the responses of the students that their risky sexual behaviours had to do mainly with having sexual affair with strangers. To deal with these would require several health and educational measures as well as counselling.

Risky sexual behaviours of students were influenced by mainly peers and social media usage. Regarding demographic variables, female senior high school students in the Hohoe Municipality engaged in risky sexual behaviours than male students while age was not an issue in dealing with risky sexual behaviours of students. In terms of the factors influencing risky sexual behaviours, male students are influenced by similar factors like females while younger students are influenced by a lot of factors than older students.

Recommendations

The following are recommended with basis from the results:

1. Senior high school authorities in the Hohoe Municipality should collaborate with agencies which focus on sex education to organise outreach programmes for students in order for students to adopt safe sexual behaviours.

2. Senior high school authorities in Hohoe Municipality should collaborate with their school counsellors to organise guidance programmes for their students on how to resist pressures from peers and social media in order not to be involved in risky sexual behaviours even when they know the dangers.

3. Senior high school authorities in the Hohoe Municipality should collaborate with the Parent Teacher Associations (PTAs) to identify and put support systems in place for students from poor backgrounds and upbringing so as to discourage them from engaging risky sexual behaviours.

4. Counsellors in senior high schools in the Hohoe Municipality should be at the forefront of organising programmes and providing assistance to students to help them adopt healthy and safe sexual behaviours.

5. Since the study found female students to be involved in more risky sexual behaviours than male students, it is recommended that school authorities in planning intervention programmes for sexual behaviours should pay more attention to female students.

6. It was recommended that senior high authorities in the Hohoe Municipality should give attention to students of all ages in planning intervention programmes for risky sexual behaviours. This is because the study found no difference in sexual behaviours on account of age.

Implications for Counselling

Regarding counselling, the findings of the study have some implications. They are seen below:

1. School counsellors in senior high schools could take steps to enhance their skills in handling sexual misbehaviours of students since a lot more students are engaging in risky sexual misbehaviours.
2. School counsellors in senior high schools could provide group counselling services for students who are already engaging in risky sexual behaviours.
3. In planning guidance programmes for students, school counsellors in senior high schools should not shy away from sex-related topics as has been the case in the past because sex-related issues are the most pressing issues for students in present times.

Suggestions for Further Research

For further research, the researcher suggests the following:

1. Researchers can explore the dangers of engaging in risky sexual behaviours since this current study mainly focused on the behaviours and not the dangers.
2. Further studies can be conducted using a qualitative approach to find out the very reasons influencing the specific students who are sexually active and risky. This can help plan specific remedial measures for such students.

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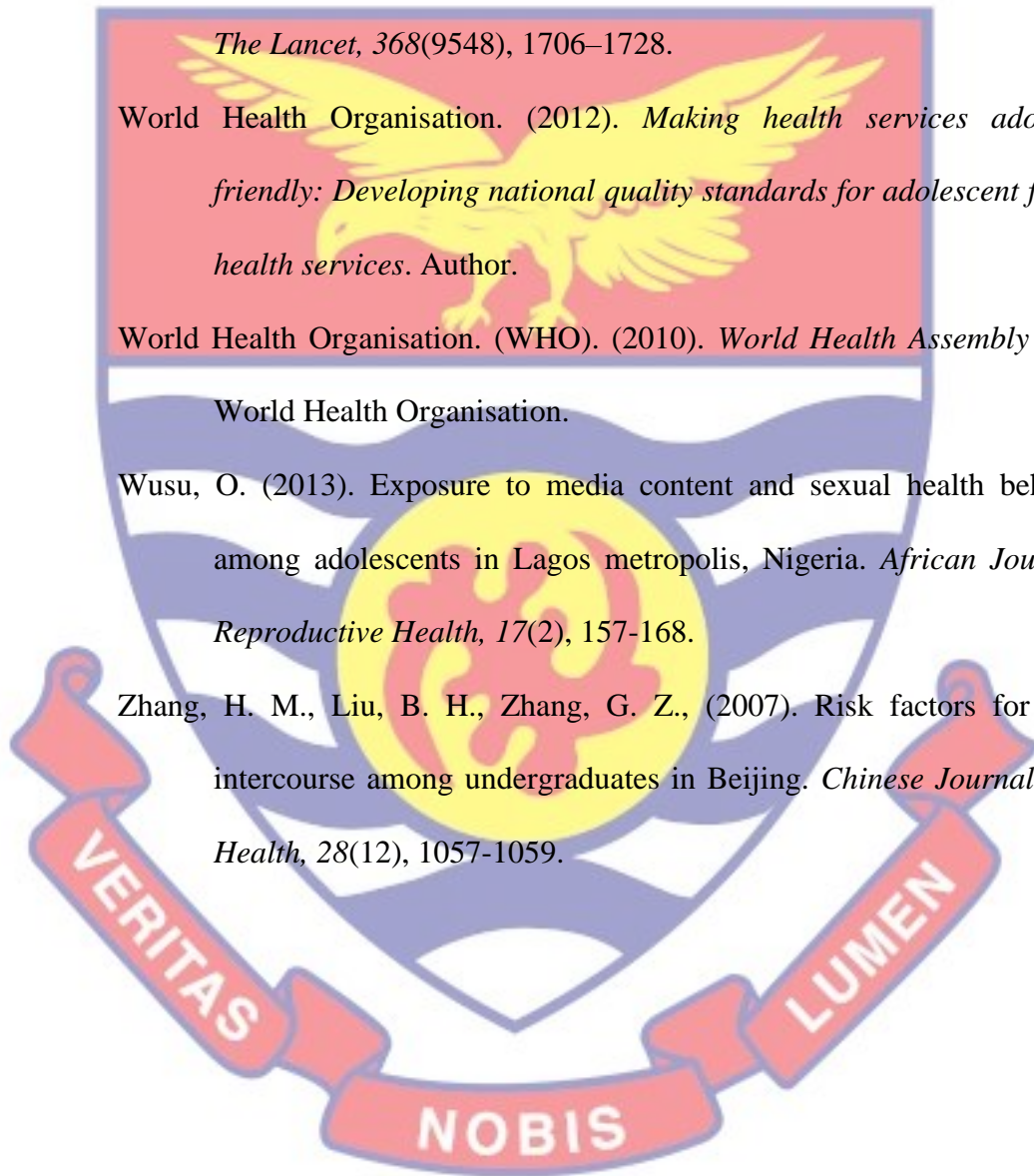
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APPENDICES

Section B: Sexual Behaviours of Students

1. Have you ever had sexual intercourse in your life?

Yes [] No []

If yes, proceed to answer the rest of the questions

2. In your life, how many people have you had sexual intercourse with?

1-3 [] 4-6 [] 7 and above []

3. How old were you at the time you first had sex?

4. How old was your partner at the time you first had sex with him/her?

5. In all, how many sexual affairs have you had in your entire life?

Once [] Twice [] Three times and above []

6. How would you consider your sexual behaviour?

Safe [] A little risky [] Very risky []

7. What is the reason for your answer in Question 6?

For only those who currently have a sexual partner

8. Currently, how many sex companions do you have?

1-3 [] 4-6 [] 7 and above []

9. Has there been any sexual contact (in the form of hand holding, hugs, kisses, touch of sex organs-penis/vagina) with your current partner?

Yes [] No []

10. When was your last sex affair?

This week [] Last week [] Last month [] More than
a month ago []

11. Do you engage in sexting (sending and receiving sexual pictures or
messages) with your partner?

Yes [] No []

12. Have you ever received payments for sex before?

Yes [] No []

13. Did you use contraception (withdrawing, safe-time, birth control drugs
etc.) in preventing pregnancy during your last sex act?

Yes [] No []

14. If yes, which method or contraceptive did you use?

**Section C: Factors which Influence Students to Engage in Risky Sexual
Behaviours**

Please indicate your level of agreement with the following statements. Use the
scale:

Strongly Disagree (1), Disagree (2), Agree (3) and Strongly Agree (4)

Statement	1	2	3	4
1. Alcoholism and drug use can lead to risky sexual behaviour				
2. Peer pressure can cause students to be involved in risky sexual behaviours				
3. Poor parental upbringing causes students				

to indulge in risky sexual behaviours				
4. Poor socio-economic background can make students partake in risky sexual behaviours to survive				
5. Influence of social media can lead to students partaking in risky sexual behaviours				
6. Students can be involved in risky sexual behaviours out of compulsion				

Section D: Ways of Minimizing Sexual Risk Taking Behaviours

Please show your level of agreement with the statements in this section. Use the scale:

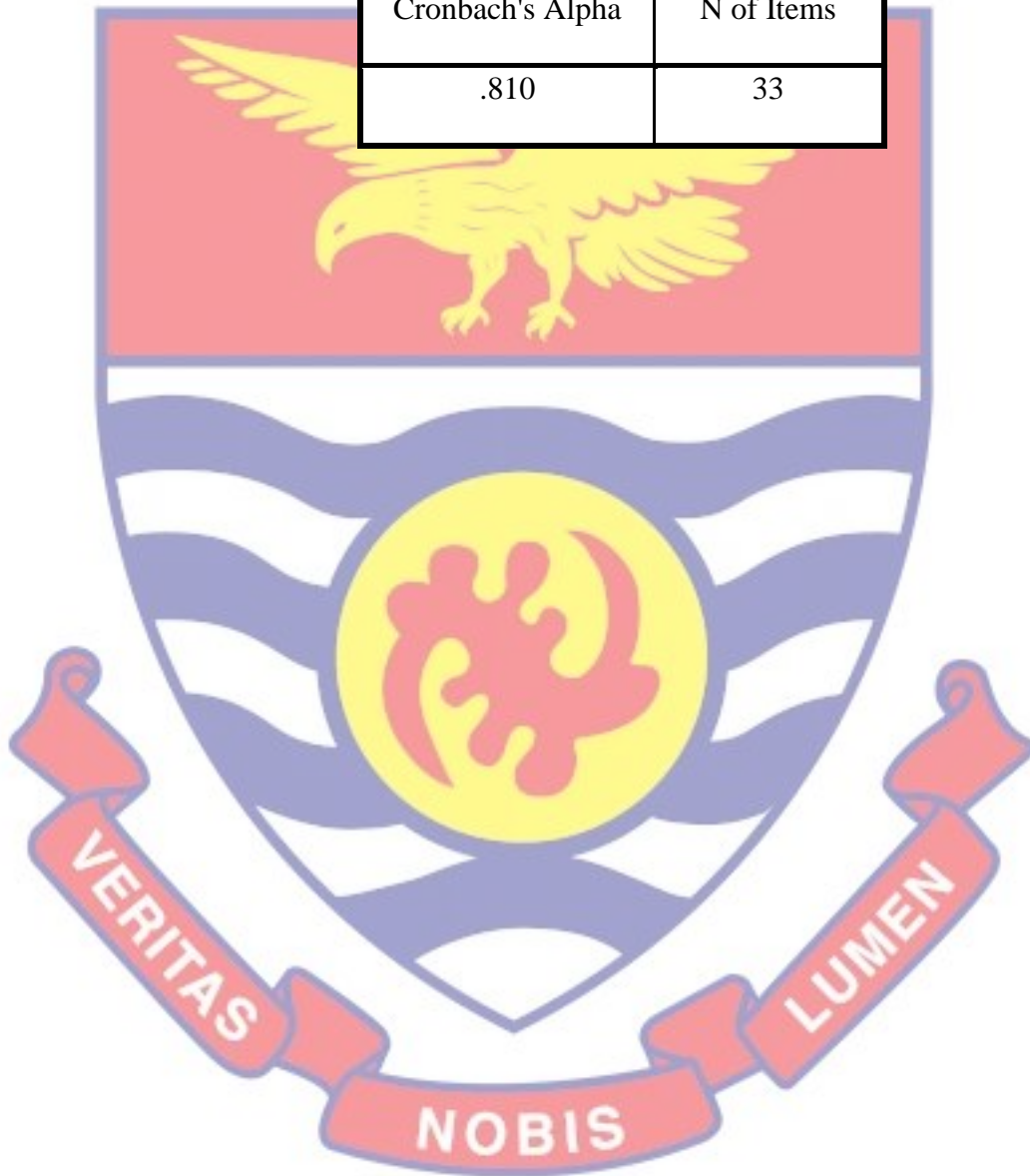
Strongly Disagree (1), Disagree (2), Agree (3) and Strongly Agree (4)

Statement	1	2	3	4
1. Schools should organise sex education programmes				
2. Schools should make health education important in schools				
3. Provision of counselling services in school				
4. Organising physical and health activities to keep students physically active				
5. Establishing and enforcing strong rules against any sexual activities				

APPENDIX B
RELIABILITY OUTPUT

Reliability Statistics

Cronbach's Alpha	N of Items
.810	33




APPENDIX C

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING

Telephone: 0332091854
Email: deci@ucc.edu.gh



UNIVERSITY POST OFFICE
CAPE COAST, GHANA

31st March, 2022

The Chairman
Institutional Review Board
U. C. C.
Cape Coast

LETTER OF INTRODUCTION

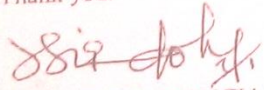
We introduce to you, Christopher Atidama a student from the Department of Guidance and Counselling, University of Cape Coast. He is pursuing M.Phil in Guidance and Counselling.

As part of her requirement, he is expected to work on a thesis titled:
Knowledge of Safer Sex Practices and Risky Sexual Behaviours Among Senior High School Students in Hohoe Municipality, Ghana.

He has successfully defended her proposal and is seeking for ethical clearance to collect data for the study.

We would be most grateful if you could provide him the necessary assistance for ethical clearance for his/her study.

Thank you.




DR. STEPHEN DOH FIA
HEAD OF DEPARTMENT

APPENDIX D

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref. CES-ERB/UCC-EDU/15/21-112  Date: 16th September, 2021
Your Ref.

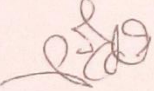
Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

The bearer, Christopher Abidang, Reg. No. FF/GCP/19/0012 is
M.Phil. / ~~Ph.D.~~ student in the Department of Guidance
and Counselling in the College of Education Studie
University of Cape Coast, Cape Coast, Ghana. He / ~~She~~ wishes to
undertake a research study on the topic:
Knowledge of safer sex practices and
risky sexual behaviours among senior
high school students in Hohe Municipality, Ghana.

The Ethical Review Board (ERB) of the College of Education Studies
(CES) has assessed his/~~her~~ proposal and confirm that the proposal
satisfies the College's ethical requirements for the conduct of the
study.

In view of the above, the researcher has been cleared and given approval
to commence his/~~her~~ study. The ERB would be grateful if you would
give him/~~her~~ the necessary assistance to facilitate the conduct of the said
research.

Thank you.
Yours faithfully,

Prof. Linda Dzama Forde
(Secretary, CES-ERB)

Chairman, CES-ERB
Prof. J. A. Omatosho
jomatosho@ucc.edu.gh
0243784739

Vice-Chairman, CES-ERB
Prof. K. Edjah
kedjah@ucc.edu.gh
0244742357

Secretary, CES-ERB
Prof. Linda Dzama Forde
lforde@ucc.edu.gh
0244786680