

Sexual Behaviours and Reproductive Health Issues among Students in Tertiary Institutions in Delta State: Counselling Implications

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Abstract

The study investigated sexual behaviours and reproductive health issues among students in tertiary institutions in Delta State, and discussed their counselling implications. It addressed some relationship issues that confront students at the tertiary education level which include awareness about preventive measures against sexually transmitted infections among sexually active students; young girls resorting to unsafe abortion; high level of sexual abuse and rape; and some female students engaging in part-time prostitution, among others. The study's population consisted of 14,650 first-year students in higher educational institutions in Delta State of Nigeria. Based on willingness to participate, a purposeful sampling technique was used to select a sample size of 3,490 students. A questionnaire on Sexual Behaviour and Reproductive Health Issues (SEBARHI) was developed by the authors and used to collect

data on Sexual Behaviour and Reproductive Issues among the students. Data collected was analyzed with descriptive statistics and it was found that a considerable number of undergraduates in the area of study engage in risky sexual behaviour and also demonstrated ignorance of safe reproductive health practices. More female students reported indulging in homosexuality, bisexuality, anal sex, masturbation and threesome sex, amongst others. The counselling implications of the findings of the study were discussed for increasing appropriate awareness of the consequences of risky sexual behaviours, unsafe reproductive health practices and need to seek help from professional counselling practitioners.

Keywords: sexual behaviours, reproductive health, students, tertiary institutions, counselling

1. Introduction

The health and well-being of every individual of society are significantly influenced by sexual conduct and reproductive health. It helps to prevent the careless spread of different kinds of sexually transmitted diseases in the society. Nonetheless, it appears that young adults in society, especially those attending postsecondary institutions, are indifferent to sexual behaviour and reproductive health concerns. In terms of the reproductive system, its functions, and its processes, reproductive health is defined by World Health Organization (WHO 2023a) as a condition of whole physical, mental, and social well-being rather than just the absence of illness or infirmity. In order for students to make free and responsible decisions regarding sexuality and reproduction, it should be highlighted that they have a right to education and understanding regarding family planning and reproductive health issues. Students may, on the other hand, breach their rights, putting them at inevitable risk for STIs, Human Immune Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), unintended pregnancy, and complications from abortion.

The issue of the sexual behaviour and reproductive health is affecting Nigeria's resources, because of the growing need for health facility and services to meet the challenges cause by ignorance. The Federal Republic of Nigeria (2018) did not include reproductive health education in its framework, but it did give the background information needed to administer the policy governing family life education. Family Health Education as a social studies concept does not address sexual behaviours and reproductive health issues in its complexion rather it deals with the principle of family living.

Inadequate access to relevant information, education, and services to meet their unique needs during the transitional period puts students at serious risk. Students struggle to cope with the physical, emotional, and social changes associated with the period of transition from childhood to adulthood. In line with this, a concerted attention should be put in place to redirect their perception on sexual behaviour and reproductive health challenges, they remain nation building vital tool and also as future parents of tomorrow, so that they can attempt what step to take to satisfy their reproductive health demands without necessarily going through the ordeal of ignorance in the society. Some of the issues that attract attention of students at the tertiary education level include HIV and AIDS prevalence among sexually active students; young girls resort to unsafe abortion; high level of rape; and lack of reproductive health facilities among others.

Several attempts have been made to address health issues that have stressed the resources of the federal government such as Federal Government of Nigeria's collaboration with several partners over the past years has made significant efforts to ensure that access to sexual and reproductive health services and right is made available at all levels of health care to support vulnerable population. The fact is that reproductive health issues does not recognize able or disabled personality before it affect its victim. In line with this, Global Exchange on Religion In Society (GERIS, 2022) have advocated holistic approach to the sexual and reproductive health rights of Women With Disabilities (WWDS). They noted that legislation was aimed at minimizing discrimination and other harmful practices against People With Disabilities (PWD). The extent to which GERIS effort has impacted on the attitudes and perception of the students become an illusion because ministries, departments and agencies responsible for implementation of the law were not doing enough in this direction.

Nigeria tackled the crucial problem of unsafe abortion in order to achieve the Millennium Development Goal of a 75% reduction in maternal mortality from 1990 levels by 2015 (Friday et al, 2023). At the international level, donor agencies such as the United Nations Population Information Network (UNPIN), World Health Organization (WHO) and the World Bank in partnership with developing countries have made a lot of contributions towards the support of National Government initiative in tackling some of the health challenges especially in Africa's sub-Sahara region. Accordingly, the goal of Nigeria's population strategy is to enhance living standards by addressing health-related concerns (Nike, 2022). The knowledge acquired through the use of modern contraceptive and safe abortion has made death arising from maternal and infant mortality reduce, as a result, some state governments in Nigeria have introduced free health care service delivery.

The print and electronic media are raising awareness of health-related concerns. This is in an effort to stop the proliferation of fatal illnesses like HIV/AIDS and other STDs among young adults, especially among women and young girls who are often victims of reproductive health issues. It appears that the government's activities have not had an impact on students' attitudes about sexual conduct and reproductive health issues in higher education (Nike, 2022). Nigeria needs a holistic curriculum that is exclusively designed among school subjects that would enhance young people to learn about sexual behaviour and reproductive health rather than selective topics from some of the natural science such as biological studies, family life education, which is an aspect of social studies, because it seems not to have covered all the sexual behaviour in all its ramifications and reproductive health issues in its curriculum. In line with this, Adamu (2008) stated that for education to be complete, the individual beneficiary must have a good sense of self understanding, aptitude, interest, impact of environment on his choice and information of anti-social behaviour and inability to have a satisfying sexual relationship in future.

Sexual Behaviour and Reproductive health issues should be of great concern in the society, particularly among young adults in tertiary institution in Nigeria but this seems not to be the case. The difficulties students encounter in managing the physical, emotional, and social changes associated with the period of transition from childhood to adulthood put them in danger because they do not have adequate access to information, education, and services that

can meet their specific needs during this time. In line with this, concerted attention should be put in place to redirect their perception on sexual behaviour and reproductive health challenges so that they can take the right steps to satisfy their sexual urges without necessarily going through the ordeal of ignorance in issues of sexuality and reproductive health. Some of the issues that attract attention of students at the tertiary education level include HIV and AIDS prevalence among sexually active students; young girls resort to unsafe abortion; high level of sexual abuse and rape; and unsuitable access to reproductive health facilities among others.

1.1 Objectives

This study intends to investigate the sexual behaviours and reproductive health issues among students in tertiary institutions in Delta State and their counselling implications. The specific objectives of the study are to:

- determine the sexual behaviour patterns among students in tertiary institutions in Delta State;
- ascertain if there are variations in the sexual behaviour of students based on gender;
- determine the level of awareness of the students on reproductive health issues;
- find out if students views on reproductive health issues vary on the basis of gender;
- proffer counselling implications of the findings of the study towards better enlightenment of students and the general public on appropriate sexual behaviours and reproductive health awareness.

1.2 Research Questions

- I. What are the prevalent sexual behaviour patterns among students in tertiary institutions in Delta State?
- II. Are there variations in the sexual behaviour of students based on gender?
- III. What is the level of awareness of the students on reproductive health issues?
- IV. Do students views on reproductive health issues vary on the basis of gender?
- V. What are the counselling implications of sexual behaviour and reproductive health issues awareness among students in tertiary institutions in Delta State?

2. Literature Review

Sexual behaviours seem to be the concern of many scholars in the field of counselling psychology, biology, medical health science and social studies. This is because sexual behaviour and reproductive health values cannot be under estimated in the life of mankind. It is so much valued that it is attributed to wealth and health of human beings. The saying that “Health is Wealth” is very germane to human experience and existence. A healthy nation is a wealthy nation. The wealth of a nation lies totally on the health of the mother because only a strong and healthy parent can properly train and bring up healthy children to be possible

leaders of tomorrow and eventually take care of their own self.

The reproductive years are those years in a female life from the time she begins to menstruate till the time it stops. In both male and female, the reproductive stage starts at puberty. It is the period that the students should be aware and be closely guided towards the ordeal of reproductive health challenges in order to be able to manage their situations. This period of early adolescent include social studies students in the age bracket of 15-28 years which their reproductive health issue should be given prompt and maximum attention.

In terms of the reproductive system and all of its processes and functions, reproductive health is a condition of whole physical, mental, and social well-being for individuals, not just the absence of illness or infirmity. People in good reproductive health are capable of having a fulfilling and safe sexual life, as well as the choice to choose whether, when, and how frequently to have children (WHO, 2023b). The rights of both men and women, as well as students, to knowledge and access safe, efficient, reasonably priced, and socially acceptable reproductive technologies are implicit in this. A social studies goal is to help people to securely navigate the issues of reproductive health that affect individuals in society by regulating their choices and granting them access to adequate health care services.

It is needful that every student be abreast of deadly sexually transmitted infections and diseases such as Human Immune-deficiency Virus (HIV) and Acquired Immune- deficiency Syndrome (AIDS). According to Mayo Clinic (2022), HIV is the cause of AIDS, a chronic immune system disease that impairs immunity and interferes with the body's ability to fight off infections and illnesses. HIV is transferred from person to person through infected blood, semen, including vaginal fluid. So far there have been no cure to HIV/AIDS rather there are medications that control the infection, but if HIV is not treated it can develop to AIDS. It has been medically proven that with treatment, most people with HIV do not develop AIDS, the awareness of students towards the above fact becomes a problem itself. The presence of HIV/AIDS infection severely affect the student, family and the society in one way or the other, this is because HIV/AIDS has impacted on the socio-economic activities of the general public. Mayo Clinic (2022) further informed that HIV/AIDS patients need additional social interventions to improve their physical, emotional, and social well-being. This is to say that Individual stigmatisation and poverty are two consequences of HIV/AIDS. Individuals who contracted HIV/AIDS encounter many social challenges. In a study by Morayo (2012) among college students who were expected to be well-informed about their reproductive issues, they found that most of the respondents only learnt about HIV/AIDS from television news. It was extremely concerning, according to Marayo (2012) that 70% of his respondents (students) believed that HIV/AIDS was a Western invention. The respondents, who were university students, also believed that HIV/AIDS was a product of Western propaganda and development policies. It is disheartening to learn that students in Nigeria did not concur that HIV/AIDS exists, and this may be the reason why there are misconceptions among the students. From the researcher's interaction with some of them, response from the students indicated that most of them are yet to believe and have true knowledge of the consequences of HIV/AIDS. The students believe that sex with a virgin would cure them of AIDS, and that circumcision, spiritual cleansing, and bathing with lime water after sex would prevent infection.

The student's unsafe sexual attitude may have consequences on their reproductive health challenges which they may not be aware of. Students with reproductive health problem need access to health facilities that can meet their immediate health needs. The fact remains that most students with reproductive health challenges may not choose the public health centers to get help due to the reason best known to them. Most of the health centers are without adequate personnel. The poor quality of services, including poor treatment by health care providers also make some students reluctant to use the proper reproductive health facilities, this is capable of discouraging attendance of patients. In addition, this could also affect the initiative of government in their attempt to reduce or control reproductive health challenges in Nigeria. Therefore, how the low access to health facilities affect the perception of students with reproductive health challenges need to be addressed. Reproductive health in Nigeria seems to be directed towards adolescent protection against sexuality and reproductive health matters. This would assist them in addressing the issues of unwanted pregnancies and STDs, especially the epidemic of HIV/AIDS. Some of the ignorant practices include the use of everyday commodities such as lime, antacid, and other drugs that are learnt and passed on through peers. This type of practices that avoid professional advice is considered unhealthy practices engaged in by young people. This is because, observation shows that some of these young people involved in these practices prefer confidential treatment rather than going to the clinic or government hospitals where the secret may be exposed to danger. They lack accurate knowledge about abortion and the laws governing it. Poor reproductive health behaviour and practices can result in negative pregnancy and child birth outcome. WHO (2024) stated that the term "abortion" refers to the ending of a pregnancy for any cause before the unborn child is old enough to live outside the mother's womb. The abortion patient may die as a result of this act, or problems may arise, such as severe bleeding that may result in death or uterine perforation, which may be brought on by improper procedure. When this occurs, bleeding into the abdominal cavity or chronic infection may be the resultant effect. WHO (2024) further explains that sometimes if abortion was badly carried out it may lead wide range of consequences which may include adverse mental, emotional, psychological, social, economic and medical conditions. This may include injuring the cervix which may cause infertility or loss of future pregnancies, and this may lead the victim to become childless in the remaining years of her life. Most girls do not access authorized health centers provided for abortion that could successfully treat abortion as a straightforward medical intervention by employing pharmaceutical or surgical techniques. Another study conducted on the campus of a South African university by Jubulani and Sinoruyo (2014) found that a sizeable percentage of female students engage in abortion. They bemoaned the fact that they were ignorant of the dangers of abortion, which include harming the womb and fatalities. They suggested exposing female students to conversations about sexual behaviour so they may make informed decisions.

WHO (2022; 2024) report show that around the world there is high increase in unsafe abortion which accounts for 4.7 – 13.2% of all maternal deaths and it is mostly affecting people in the developing countries. Victims are treated in hospital facilities for complication from unsafe abortion. In line with above, Oyefabi et al. (2019), also reported that induced abortion raises maternal mortality in underdeveloped nations. Although abortion is illegal in

Nigeria, numerous studies have shown that unsafe abortion is common in the country. Abortion is one significant factor responsible for the prevalence of premarital sex among students (Idoko & Nympha, 2023). Abortion and other reproductive health issues are not peculiar to Nigeria but common to developing nations in Asia, Latin America and Africa (WHO, 2024; Karthik, 2023).

3. Method

3.1 Population and Sample

Survey research design was used. The population of the study consisted of 14,650 first year students in higher educational institutions in Delta State of Nigeria in the 2023/2024 academic session. The institutions comprised of 4 State-owned Universities; 3 Federal Universities; 4 Private Universities, 2 State-owned Polytechnics; 2 Federal Polytechnics; 2 State-owned Colleges of Education; 1 Federal College of Education; and 4 State-owned Schools of Nursing. The validated questionnaire was sent to the entire student population through their email addresses soliciting voluntary participation in view of the sensitive and personal nature of the information requested. 3,490 students consisted of 480 males and 3010 females responded to the questionnaire which constituted the sample size.

3.2 Informed Consent and Confidentiality

Informed consent and confidentiality was ensured through personal email message to the participants in which they were informed of the purpose of the study and their free will to participate or decline. The same email message contained the questionnaire for the study as an attachment to which those who are willing to participate were asked to complete the questionnaire and return through email.

3.3 Data Collection and Analysis

A 35-item questionnaire on Sexual Behaviour and Reproductive Health Issues (SEBARHI) was developed by the authors and used to collect data on Sexual Behaviour and Reproductive Issues among the students. Validation data for the questionnaire was generated from a pilot study of 100 undergraduates outside the area of the study. The Cronbach alpha validity indices for measure of internal consistency and stability for the entire instrument is 0.87; for the Sexual behaviours component is 0.89; and the Reproductive health Issues component is 0.85. The validated questionnaire was sent to the whole population at the beginning of the second semester of the 2023/2024 academic session through their emails and willing participants were instructed to respond to the items and return by email too. Collected data were analyzed using descriptive statistics.

4. Results

The research questions are answered in this section by presenting the data relevant to each question in tables and then providing a description of the the major highlights of each Table under it. Table 1 addressed the prevalent sexual behaviour patterns. Table 2 focused on variations in the sexual behaviour of students based on gender. Table 3 centered on the level of awareness of the students on reproductive health issues. Table 4 contained data on

reproductive health issues on the basis of gender. The following section addresses the counselling implications of sexual conduct and students' awareness of reproductive health issues in postsecondary institutions.

Table 1. Sexual Behaviour among Undergraduates in Tertiary Institutions

S/N	ITEMS	RESPONSES			
		YES	%	NO	%
1.	I practice heterosexuality (opposite gender relationship)	2230	63.9	1260	36.1
2.	I practice Homosexuality (same gender relationship)	20	.6	3470	99.4
3.	I practice Bisexuality (combination of heterosexual and homosexual relationship)	70	2.0	3420	98.0
4.	I practice Pan sexuality (any gender you find attractive)	100	2.9	3390	97.1
5.	I practice Bestiality (sex with animals)	150	4.3	3340	95.7
6.	I have just one sexual partner	2680	76.8	810	23.2
7.	I always make sure I use protection at all times (condoms)	1840	52.7	1650	47.3
8.	I enjoy having unprotected sex more than the use of condoms	1560	44.7	1930	55.3
9.	I have engaged in oral sex	670	19.2	2820	80.8
10.	I engaged in sexual intercourse with random individuals because of financial benefit	340	9.7	3150	90.3
11.	I have engaged in anal sex	90	2.6	3400	97.4
12.	I enjoy sex more when am high on alcohol or other drugs	760	21.8	2730	78.2
13.	I sometimes masturbate with my hands or sex toys	230	6.6	3260	93.4
14.	I sometimes engage in threesome sexual activity	140	4.0	3350	96.0
15.	I enjoy the use of sex toys such as dildos and vibrators	120	3.4	3370	96.6
16.	I have engaged in sexual activities with animals (dogs, etc)	60	1.7	3430	98.3
17.	I enjoy the fantasy in rough and hard sex, it gives me great pleasure	630	18.1	2860	81.9
18.	I have had sex in an uncomfortable environment such as open places, inside a car, e.t.c.	250	7.2	3240	92.8
19.	I enjoy watching pornography.	770	22.1	2720	77.9
20.	I sometimes practice what I watched in pornographic videos.	560	16.1	2930	84.0

Data in Table 1 show that the sexual behaviour of the undergraduate students is mixed. Whereas majority of the students practice heterosexuality (63.9%) and they also reported having one sexual partner (76.8%), the number that reported engaging in other forms of

sexual behaviour are considerable. For instance, 4.3% reported that they practice bestiality; 44.7% enjoy having unprotected sex more than the use of condoms; among others.

Table 2. Variations in the Sexual Behaviour of Students Based on Gender

ITEM	OPTION	SEX OF THE RESPONDENTS		Total
		MALE	FEMALE	
I practice heterosexuality (opposite gender relationship)	YES	370 (77.1%)	1860 (61.8%)	2230
	NO	110 (22.9%)	1150 (38.2%)	1260
I practice Homosexuality (same gender relationship)	YES	0	20 (0.7%)	20
	NO	480 (100%)	2990 (93%)	3470
I practice Bisexuality (combination of heterosexual and homosexual relationship)	YES	0	70 (2.3%)	70
	NO	480 (100%)	2940 (97.7%)	3420
I practice Pansexuality (any gender you find attractive)	YES	10 (2.1%)	90 (3%)	100
	NO	470 (97.9%)	2920 (97%)	3390
I practice Bestiality (sex with animals)	YES	20 (4.2%)	130 (4.3%)	150
	NO	460 (95.8%)	2880 (95.7%)	3340
I have just one sexual partner	YES	400 (83%)	2280 (75.7%)	2680
	NO	80 (17%)	730 (24.3%)	810
I always make sure I use protection at all times (condoms)	YES	350 (72.9%)	1490 (49.5%)	1840
	NO	130 (27.1%)	1520 (50.5%)	1650
I enjoy having unprotected sex more than the use of condoms	YES	240 (50%)	1320 (43.9%)	1560
	NO	240 (50%)	1690 (56.1%)	1930
I have engaged in oral sex	YES	100 (20.1%)	570 (18.9%)	670
	NO	380 (79.9%)	2440 (81.1%)	2820
I engage in sexual intercourse with random individuals because of financial benefits	YES	50 (10.4%)	290 (9.6%)	340
	NO	430 (89.6%)	2720 (90.4%)	3150
I have engaged in anal sex	YES	0	90 (3%)	90
	NO	480 (100%)	2920 (97%)	3400
I enjoy sex more when am high on alcohol or other drugs	YES	160 (33%)	600 (19.9%)	760
	NO	320 (67%)	2410 (80.1%)	2730
I sometimes masturbate with my hands or sex toys	YES	0	230 (7.6%)	230
	NO	480 (100%)	2780 (92.4%)	3270
I sometimes engage in threesome sexual activity	YES	0	140 (4.7%)	140
	NO	480 (100%)	2870 (95.3%)	3350
I enjoy the use of sex toys such as didos and vibrators	YES	0	120 (4%)	120
	NO	480 (100%)	2890 (96%)	3370
I have engaged in sexual activities with animals (dogs, etc)	YES	0	60 (2%)	60
	NO	480 (100%)	2950 (98%)	3430

I enjoy the fantasy in rough and hard sex, it gives me great pleasure	YES	80 (17%)	550 (18%)	630
	NO	400 (83%)	2460 (82%)	2860
I have had sex in an uncomfortable environment such as open laces, inside a car, etc	YES	50 (10.4%)	200 (6.6%)	250
	NO	430 (89.6%)	2810 (93.4%)	3240
I enjoy watching pornography	YES	170 (35.4%)	600 (19.9%)	770
	NO	320 (64.6%)	2400 (80.1%)	2720
I sometimes practice what I watched in pornographic videos	YES	80 (16.7%)	480 (15.9%)	560
	NO	400 (83.3%)	2530 (84.1%)	2930

Table 2 show that there are variations in the sexual behaviour of students on the basis of gender. Only female students reported that they practice homosexuality (20 [0.7%]); bisexuality (70 [2.3%]); anal sex (90 [18.9%]); masturbation (220 [7.6%]); threesome (120 [4.7%]); amongst others.

Table 3. Students' Awareness of Reproductive Health Issues

S/N	ITEMS	RESPONSES			
		YES	%	NO	%
21	It is better to abort an unwanted pregnancy.	810	23.2	2680	76.8
22	I have done abortion before/ encouraged my girlfriend to do abortion.	440	13.6	3050	87.4
23	Abortion can lead to damage of the womb/barreness.	3120	89.4	370	10.6
24	I make sure I am in my safe period before engaging in sexual activities to avoid unwanted pregnancy.	2130	61.0	1360	39.0
25	Unsafe sex can lead to sexually transmitted infections (STIs) such as Gonorrhea, Syphilis, etc.	3090	88.5	400	11.5
26	I have been treated for STIs in the past.	480	13.8	3010	86.2
27	Improperly treated STIs can cause male/female sterility.	2840	81.4	650	18.6
28	Untreated STIs can lead to untimely death.	2450	70.2	1040	29.8
29	I know a friend who has been raped or raped someone	930	26.6	2560	73.4
30	HIV/AIDS patients can never give birth to un-infected children.	1650	47.3	1840	52.7
31	Abstinence from sex until marriage is the best policy.	2790	79.9	700	20.1
32	Virgins experience more pains during childbirth.	2090	59.9	1400	40.1
33	Circumcised women give birth more easily.	1050	30.1	2440	69.9
34	Female circumcision is dangerous to reproductive health of women.	2640	75.6	850	24.4
35	Miraculous healing is the only solution to reproductive health problems.	840	24.1	2650	75.9

Data in Table 3 show that the undergraduates are generally aware of reproductive health issues especially the dangers of risky sexual behaviours but a good number of them still need

counselling on the risks associated with unsafe reproductive health practices. For instance, 39% responded with a ‘NO’ to the item on “I make sure I am in my safe period before engaging in sexual activities to avoid unwanted pregnancy”. Similarly, 29.8% said ‘NO’ to the item on “Untreated STIs can lead to untimely death” and 30.1% said that circumcised women give birth more easily. Furthermore, 47.3% said ‘YES’ to the item on “HIV/AIDS patients can never give birth to un-infected children” and 30.1% said that circumcised women give birth more easily while 24.4% said that female circumcision is not dangerous to reproductive health of women and 24.1% believes that miraculous healing is the only solution to reproductive health problems.

Table 4. Students’ Views on Reproductive Health Issues on the Basis of Gender

	SEX OF THE RESPONDENTS		Total	
	MALE	FEMALE		
It is better to abort an unwanted pregnancy	YES	160 (33%)	650 (21.6%)	810
	NO	320 (67%)	2360 (78.4%)	2680
I have done abortion before/encouraged my girlfriend to do abortion	YES	40 (8.3%)	400 (13.3%)	440
	NO	440 (91.7%)	2610 (86.7%)	3050
Abortion can lead to damage of the womb/barreness	YES	440 (91%)	2680 (89%)	3120
	NO	40 (9%)	330 (11%)	370
I make sure I am in my safe period before engaging in sexual activities to avoid unwanted pregnancy	YES	260 (54.1%)	1870 (62.1%)	2130
	NO	220 (45.9%)	1140 (37.9%)	1360
Unsafe sex can lead to sexually transmitted infections (STIs) such as Gonorrhea, Syphilis, etc	YES	440 (91.7%)	2650 (88%)	3090
	NO	40 (9.3%)	360 (12%)	400
I have been treated STIs in the past	YES	20 (4.2%)	460 (15.3%)	480
	NO	460 (95.8%)	2550 (84.7%)	3010
Improperly treated STIs can cause male/female sterility	YES	420 (87.5%)	2420 (80.4%)	2840
	NO	60 (12.5%)	590 (19.6%)	650
Untreated STIs can lead to untimely death	YES	410 (82.9%)	2050 (68.1%)	2450
	NO	70 (17.1%)	960 (31.9%)	1030
I know a friend who has been raped or raped someone	YES	150 (31.3%)	780 (25.9%)	930
	NO	330 (68.7%)	2230 (75%)	2560
HIV/AIDS patients can never give birth to un-infected children	YES	220 (45.8%)	1430 (47.5%)	1650
	NO	260 (54.2%)	1580 (52.5%)	1840
Abstinence from sex until marriage is the best policy	YES	290 (60.4%)	2500 (83.1%)	2790
	NO	190 (59.6%)	510 (26.9%)	700
Virgins experience more pains during child birth	YES	360 (75%)	1730 (57.5%)	2090
	NO	120 (25%)	1280 (42.5%)	1400
Circumcised women give birth more	YES	240 (50%)	810 (26.9%)	1050

easily	NO	240 (50%)	2180 (73.1%)	2440
Female circumcision is dangerous to reproductive health of women	YES	330 (68.8%)	2310 (76.7%)	2640
	NO	150 (31.2%)	700 (23.3%)	850
Miraculous healing is the only solution to reproductive health problems	YES	120 (25%)	720 (23.9%)	840
	NO	360 (75%)	2290 (76.1%)	2650

Data in Table 4 show that there are differences in male and female students views on reproductive health issues. For instance, 17.1% of the males said ‘NO’ to the item on “Untreated STIs can lead to untimely death” whereas 31.8% of the females responded with a ‘NO’ to the same item. Similarly 50% of the males said that circumcised women give birth more easily compared to 26.9% females who have the same view.

4.5 Summary of Findings

- Numerous undergraduates in the field of study participate in dangerous sexual behaviours, including multiple sex partners and unprotected sex (Table 1);
- There are variations in the sexual behaviour of students on the basis of gender. Only female students reported that they practice homosexuality; bisexuality, anal sex; masturbation; and, threesome.
- A good number of undergraduate males and females reported preference for abortion (Table 4, items 1,2,3).
- The number of male and female students that reported ignorance about HIV/AIDS and childbirth; and, female circumcision and reproductive health, are considerable (Table 4).

5. Discussion of Findings and Implications for Counselling

5.1 Risky Sexual Behaviours among Undergraduates

According to this study, undergrads participate in a variety of dangerous sexual behaviours, such as unprotected sex, having several sexual partners, anal sex, sex while intoxicated, and bestiality. Wehmeier (2000) referred to the aforementioned sexual behaviours as “sexual promiscuity” which was defined as having many sexual partners. In some cases, sexual promiscuity include the indulgence in sex for gratifications either in cash or kind. Some people refer to it as prostitution. This covers the kind of sex that men and women who are in need of money or who are prepared to engage in such sex in an attempt to reach particular financial or academic success levels. According to Olugbile et al. (2008), sexual promiscuity is quite prevalent in Nigerian universities. Some students wait for sexual patrons by sitting or standing at the doorways and hallways of their dorms and halls. University and College students ought to have knowledge of risks involved in unsafe sexual practices. Gebresllasie et al. (2017) accurately warned that risky sexual behaviours increases the chances of sexually transmitted infections (STIs) and diseases (STDs). These reckless sexual behaviours engender health risks such as depression, low self esteem, suicidality, unwanted pregnancy and school drop out (WHO, 2006; Malhotra, 2008). Even though students understand that consistent use of condom can reduce chances of STIs and unwanted pregnancy they still

practice unprotected sex (Masoda & Govender, 2013). Some of the reasons adduced in literature for engaging in unprotected sex include claiming that it has an abrasive effect to sexual pleasure and that they trusted their partners (Nesoff et al. 2016). However such reasonings are faulty and exposes those who engage in risky sexual practices to danger of contracting sexually transmitted infections and diseases.

5.2 Gender Variations in Sexual Behaviours and Attitudes towards Reproductive Health Practices

Variation in sexual behaviours and attitude towards reproductive health issues on gender basis found in this study in literature. Some recent studies have identified several variables associated with sexually risky behaviours among undergraduates. For instance, Ha, et al (2021) conducted a sociodemographic traits and drug use were shown to be strongly linked with sexual behaviours in a cross-sectional study conducted in five Vietnamese provinces to evaluate current views and practices about sexual behaviours among youths. Urban participants had greater rates of unintended pregnancies and were more likely than their rural counterparts to not use condoms. Likewise, there was a favourable correlation between age and not wanting to use or utilising condoms. Participants who used drugs had a worse propensity to use condoms. Unwanted pregnancy was more likely to occur in those who used alcohol or other stimulants before to intercourse. The study found that unsafe sexual behaviours were prevalent among Vietnamese youth, despite their high level of sexual awareness. In order to ascertain the prevalence of risky sexual activity and the contributing factors, Mbuthia et al. (2019) studied first-year university students in the coastal region of Kenya. 473 first-year undergraduate students from two public universities in Kenya's coastal area participated in a cross-sectional study. A questionnaire that participants self-administered was used to gather data. The findings indicated that the male gender was more closely linked to having sex in the past, making one's sexual debut early, having several partners, using condoms inconsistently, and having sex while intoxicated. A significant portion of the respondents (17.9%) had two to five sex partners in the previous year, and 13.7% had at least six sex partners in the past year, according to Ifeanyi et al. (2016), who examined the sexuality patterns of 276 students from a tertiary educational institution in Anambra state, south-eastern Nigeria, to identify patterns of risk-behavior. The majority of the respondents (68.8%) were sexually active, and the majority of those who were unmarried (82.1%) were unmarried. Additionally, just 7.4% of respondents had sex for financial gain, whereas 73.7% had sex for enjoyment. They came to the conclusion that the majority of the undergraduates in their study engaged in sexual activity before marriage, frequently with several partners.

In another study by Lubis et al. (2023) in Indonesia, they found that gender is a significant factor in the determination of adolescent sexual behaviour. However, contrary to the theory that males are more adventurous in their sexual risky behaviour, the present study found that only female undergraduates reported engaging in daring sexual behaviours such as homosexuality (20 [0.7%]); bisexuality (70 [2.3%]); anal sex (90 [18.9%]); masturbation (220 [7.6%]); threesome (120 [4.7%]). The greater number of female volunteers for the study (3010 females) compared to 480 males may have accounted for this difference in gender variation sexual behaviours practices covered in this study. Furthermore, in Nigerian higher

educational institutions, female students are more prone to risky sexual behaviours in their efforts to fend for themselves in the midst of the harsh economic realities in the country (Idoko & Nympha, 2023).

5.3 Abortion and Female Circumcision Issues

This study found that a good number of undergraduate (33% males and 21.6% females) reported preference for abortion of unwanted pregnancies. Furthermore 9% of males and 11% of females reported ignorance of the dangers of abortion with regards to possibility of damage to the womb. These findings agree with WHO (2024) report of wide spread ignorance on the dangers of unsafe abortion in Asia, Latin America and Africa. The WHO research states that approximately half of unsafe abortions took place in Africa, and over half took place in South and Central Asia. The WHO report further identified the dangers associated with unsafe abortions to include damages to the uterus and genital tract; heavy bleeding; and infections. It was reported that in the developed countries only 3% of abortions are unsafe whereas in the developing countries there are 55% unsafe abortions.

Female Circumcision which is popularly known in literature as Female Genital Mutilation (FGM) is another aspect of unsafe reproductive health practice in Africa. This study found that 31.2% males and 23.3% females said that FGM is not dangerous to reproductive health of women. These views of the undergraduates about FGM are contrary to the reported dangers of FGM practices. For instance, WHO (2024) stated that “FGM has no health benefits, and it harms girls and women in many ways”. Rather than facilitate childbirth, FGM is associated with childbirth complications such as prolonged labour, excessive haemorrhage, resort to episiotomy, caesarean section, amongst others (WHO [SRH], 2024). Therefore, this level of ignorance among the undergraduates on the dangers of FGM requires urgent action by stakeholders in education and the the health sectors.

5.4 Implications for Counselling

Guidance and counselling services are relevant tools for reducing students’ risky sexual behaviour. There is need for Counsellors to channel efforts to help students understand problems of safe sexual behaviour as a first source of sex education for adolescents (Saripah, & Nadhirah, 2020). Counsellors should be able to harmonize their responsibilities in implementing sexuality education. These responsibilities include creation of new values for students; the awareness of parents on the need for growing adolescents to be informed on their developmental changes; publicity on the benefits that are associated with sexuality education; and the dissemination of the objectives of sexuality education through lectures, seminars, workshops, and conferences among others.

Some of the relevant counselling strategies that can be used to counsel students for sexual behavioural patterns adjustment are discussed. Person Centred Approach is a strategy that can be used by the counsellor to counsel students for sexual behaviour patterns adjustment thereby creating a safe space for students to explore their feelings and experiences without fear of judgment, fostering a strong therapeutic relationships built on trust, empathy, and understanding, thus, helping the students to develop a greater sense of self-awareness,

self-adjustment, and self-esteem. Cognitive Behavioural Technique (CBT) can effectively be used by counsellors to help students address negative thoughts, beliefs and technique with potency to help students develop more acceptable relationships with others. Interpersonal techniques could be used by a counsellor to help students by providing a safe and non-judgmental space to explore relationships and sexuality, helping students identify and challenge negative self-talk and internalized expression, thereby encouraging self-reflection and self-adjustment; teaching effective communication skills, such as active listening and role-playing exercises to practice boundary-setting, conflict resolution, exploring and addressing past trauma or negative experiences that may impact current relationships. Also, supporting the development of a positive sense of identity, and providing education on healthy relationship dynamics and sexual health which will enable students gain the skills and confidence to build and maintain healthy, fulfilling relationships that are acceptable to the society. A counsellor can also help individuals develop healthy sexual behaviours by using Gestalt therapy principles which includes exploring current thoughts, feelings, and experiences related to their sexuality and relationships; raising awareness of their thoughts, feelings, and bodily sensations, and how these may be connected to past experiences; identifying unresolved issues or unexpressed emotions related to past experiences, and working through them in a safe and supportive environment; improving contact through helping students develop more authentic and meaningful connections with others; and, exploring polarities by helping students understand and integrate opposing forces within themselves, such as the desire for intimacy outside societal norms and control undesirable sexual behaviour.

6. Conclusion

This study has established that a considerable number of undergraduates in the area of study engage in risky sexual behaviour and also demonstrated ignorance of safe reproductive health practices. More female students reported indulging in homosexuality, bisexuality, anal sex, masturbation and threesome, amongst others. Also, more female students reported ignorance of the manitude of dangers associated with untreated or improperly treated STIs while more males showed ignorance on the consequential relationship between female genital mutilation (female circumcision) and child delivery. These findings have implications for the counselling profession as discussed in the preceding section. School counsellors should be aware of students' sexual behaviour and reproductive health in order to provide appropriate counselling therapies to lessen or avoid the negative effects of risky sexual behaviour and detrimental reproductive health practices.

7. Recommendations

The findings from this study have necessitated the following recommendations:

- i. Stakeholders in education and the health sector should embark on intensive enlightenment programmes on the dangers of sexual behavior risks especially in Africa where poverty, ignorance and high cost of living are forcing students to engage in such risky sexual behaviours in exchange for gratifications in cash or kind.

- ii. Governments and the authorities or owners of higher educational institutions in developing countries should make provisions for alternative sources of income for students as done in the developed countries such as through work-study-programmes and students loan. This will help to cushion the impact of harsh economic conditions which students in higher educational institutions face that propel some of them to engage in promiscuous sexual behaviours in an effort to make ends meet.
- iii. Particular attention should be paid to the female students since the result of this study showed that they are more prone to risky sexual behaviours (RSB). It appears that they (female undergraduates) are more vulnerable to the harsh economic conditions because they require more resources to take care of themselves which their sponsors may not be able to provide.
- iv. More efforts are required by appropriate agencies to keep the youths especially undergraduates aware of the dangers of unsafe abortion and FGM. The UNICEF (2024) model of “*Collective Abandonment*” should be adopted by which FGM should be seen as an entire community project. The entire community should be made to forgo the practice so that there will be no backlashes or stigmatization of any family who disengages from FGM practices. FGM is a violation of human right (Human Right, 2023).
- v. Professional counselling services should be strengthened in higher educational institutions in the developing countries by provision of vital counselling equipment such as audio-visual aids (projectors, video players, posters, simulators and the like) to foster more impactful enlightenment of the student population on the dangers of RSB and unsafe reproductive health practices.
- vi. There is need for a holistic school curriculum that is exclusively designed to enhance young people’s knowledge and awareness of appropriate sexual behaviour and reproductive health practices rather than selective topics from some of the natural sciences such as biological studies, family life education, and social studies, because it seems not to have covered RSB and reproductive health issues in all its ramifications.

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Authors’ contributions

Dr. Augusta O. Iwelu and Dr. Moses C. Ossai were responsible for study design and revising. The two authors were responsible for data collection. Dr. Augusta O. Iwelu drafted the manuscript and Dr. Moses C. Ossai revised it. All authors read and approved the final manuscript. The two authors contributed equally to the study.

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Competing interests

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