

Effects of Self- Efficacy Training Programmes on Adolescents' Sexual Risk- Taking Behaviour in Oyo State, Nigeria

Musa, Titilayo Monsurat
Educational Foundations and Counselling Department,
Olabisi Onabanjo University, Ago-iwoye, Ogun-State, Nigeria

Abstract

Adolescents' sexual risk-taking behavioural issues have generated concerns among parents, teachers and social workers. The study examined the effects of self-efficacy training programmes on adolescents' sexual risk – taking behaviour and also investigated whether socio-economic status and gender would moderate the effects of treatment on sexual risk-taking behaviour of adolescents. A 3x2x2 pre-test, post-test, randomized quasi experimental design was employed in the study. The population of the study comprised the entire public senior secondary school students in Oyo State, Nigeria. One hundred and twenty (120) participants were selected from Oyo State Central Senatorial District. Three public secondary schools that constituted the sample for the study were selected from the randomly selected three local government councils. The participants comprised 41 male and 79 female students in senior secondary class one (SS1). Their ages ranged between 14 and 19 years. Adolescent Sexual Behaviour Inventory that has four different sections was the major instrument used for the study. The study was carried out in three phases; pre-treatment phase, treatment phase and post-treatment phase, which included the evaluation of the treatment programme. Data were analysed using Analysis of Covariance (ANCOVA). The results of the findings revealed no significant effects of treatment ($F_{(2,107)} = 1.146$; $p > 0.05$), socio-economic status ($F_{(1,107)} = .001$; $p > 0.05$) and gender ($F_{(1,107)} = .003$; $p > 0.05$) on sexual risk-taking behaviour of adolescents. The results also revealed no significant two-way interaction effects of treatment and socio-economic status ($F_{(2,107)} = .011$; $p > 0.05$); treatment and gender ($F_{(2,107)} = 1.302$; $p > 0.05$); socio-economic status and gender ($F_{(1,107)} = .117$; $p > 0.05$) on sexual risk-taking behaviour of adolescents. Similarly, there was no significant difference in the effects of gender ($F_{(1,107)} = .003$; $p > 0.05$) on sexual risk-taking behaviour of adolescents. The null hypothesis, which stated that there is no significant main effect of gender on adolescent's sexual risk-taking behaviour, was accepted by this finding. There was also no significant two-way interaction effects of treatment and socio-economic status ($F_{(2,107)} = .011$; $p > 0.05$) on sexual risk-taking behaviour of adolescents. In addition, no three-way interaction effect of treatment, socio-economic status and gender ($F_{(2,107)} = .308$; $p > 0.05$) on sexual risk-taking behaviour of adolescents was obtained. It was recommended that pre-marital sexual behaviour should be discouraged among adolescents in order to avoid associated risks and dangers. Parents are to ensure proper upbringing of adolescents because nearly all participants have been exposed to sexual risk-taking behaviours in their youthful years for one reason or the other and mostly due to lack of proper sex education from the home. It was also recommended that there should be further research in this area to reduce sexual risk-taking behaviour of adolescents.

Keywords: Adolescents' sexual risk-taking behaviour, Self-efficacy training, Gender, socio-economic status.

Introduction

Adolescent's sexual risk-taking behavioural issues have become global concerns to parents as well as teachers and other social workers, Green, (2013). Adolescence stage can be a wonderful time of life. Adolescence stage is presumed to be a psychologically stressful and critical period which is characterised by a variety of special type of behaviours (Fayombo, 2004). Adolescence is described as a stage of life between childhood and adulthood. It is a transitional period of life (Falaye, 2012). It is a time when the individual undergoes dramatic changes physically, emotionally and socially. In one sense, entering adolescence is exciting and exhilarating. The period of adolescence occupies a unique stage in every person's life. It is a unique period of transition from childhood to adulthood (Esere, 2006).

The period 10-19 years in an individual's life may be very turbulent as young people go through a lot of changes physiologically, mentally, spiritually and psychologically (Adesina, 2013). Schultz was of the view that the young ones need to realise accurate, appropriate education and information about behavioural attitudes and conducive atmosphere to prepare them for development within the environment. Adolescence experience can be described as "walking a tight rope without a net". Indeed, this period of life is fraught with feelings of awkwardness, anxiety and confusion between childhood and adulthood (Solun-will, 2002). Adolescence occupies a unique stage in every person's life. Adolescence has been described as a stage among human beings where a lot of physiological as well as anatomical changes take place, resulting in reproductive maturity in the adolescents (Adegoke, 2006). Many adolescents manage this transformation successfully while others experience major stress and find themselves engaging in behaviours such as sexual experimentation, exploration and promiscuity, among others, that place their well-being at risk (Adegoke, 2006, Kirby 2006). Adegoke (2006), further opined

that “Adolescents display sexual behaviours and developmental characteristics that place them at risk for Sexually Transmitted Diseases (STDs)”. These behaviours are primary source of risk of HIV/AIDS which include unprotected and indiscriminate sexual activities (Esere, 2006). Similarly, Adegoke (2006), opined “that by the time the young individuals are 18 years; most adolescents in Nigeria are sexually active”. The general belief, thus, is that adolescence is the most difficult period of human life (Faroghe, 2007).

Adolescence, meaning 'to grow up' (Merien, 2012) is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later. For example, puberty now typically begins during preadolescence, particularly in females. Physical growth (particularly in males), and cognitive development can extend into the early twenties. Thus age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence.

A thorough understanding of adolescence in society depends on information from various perspectives, including psychology, biology, history, sociology, education, and anthropology. Within all of these perspectives, adolescence is viewed as a transitional period between childhood and adulthood, whose cultural purpose is the preparation of children for adult roles. It is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another (Larson & Wilson, 2004).

An infant is born with tactile qualities, and as the child grows, he is introduced to various aspects of life. He prefers to be in the company of peer group and avoids interacting with relatives and parents (Faroghe, 2007). The process of learning starts with childhood and ends with death and as learning progresses into adolescence the child faces the problems of searching for a unique identity and a role model. The search for identity within and outside the peer group by the adolescent is often characterised with life style developed and the extent of sexual risk-taking behaviours and practices.

Adolescent populations and health of adolescents are very special issues and they constitute focus of attention globally for various reasons. The world today is home to the largest generation of 10 – 19 year olds in human history. They number over one billion and their population is continuously increasing (Qidwai, Ishaque, Shah and Rahim, 2010). One in every five persons of the seven billion world population is an adolescent (Ajuwon, 2013). Adolescents and adulthood may differ by classification, culture and region. The Centre for Diseases Control (CDC, 2007), used the term “Adolescents and young adulthood for those between ages 10 and 24”. Basic data on education, employment, life style, risk-- taking and reproductive health among adolescents show that they are not receiving the adequate schooling and capability to equip them for the future (Qidwai et al, 2010). It also follows characterisation of adolescence that the period of transition to adulthood must equip young people with the education, skills, decision-making power and information to function as responsible adults in the society.

The Centre for Diseases Control (CDC, 2007) estimated that about one quarter of the adolescent population is at risk of bad living styles, risk sexuality and other problematic behaviours, with another quarter considered “moderately” at risk. School failure and the almost inevitable unemployment or under employment that follows are among the most serious of these problems. The costs to the community (society) and to the individual are high, (CDC, 2007). The adolescents’ sexual risk-taking life style is thus a real problem in contemporary societies. As such, it has attracted the attention of researchers in psychology, sociology, and education (CDC, 2007). In general, Solin-will, (2002) identified numerous factors that are associated with good living style as they affect good societal norms and values. These range from individual aspects of learning, such as behaviour problems or cognitive deficiencies, to family factors such as parenting techniques and social issues such as poverty and cultural differences. To this end, Eweniyi and Adenuga, (2006) identified the need for the school to teach adolescents sex education in order for them to know the consequences of most actions adolescents want to engage in at any point in time.

Self- efficacy refers to the individual belief or assessment of one’s capability to cope with a particular situation. It involves the ability of one to identify the self as “this is me” and this is what I am capable of doing, Musa (2015). The ability to identify self more or less centered on self- esteem which is the estimate or regard to the self. Adolescents, like other persons have the right to the individual self and take decisions without any hindrances but because of the peculiarities of their mostly negative life styles and risky behaviours, concerted efforts should be made to ensure maintenance of right attitudes and social responsibilities.

Bandura (1995) asserted that self-efficacy has to do with a person’s attitude, abilities and cognitive skills comprising of what is known as the self system. The self system plays a major role in how the individual perceives situations and behaves in response to different situations. He stated further that self-efficacy is the belief in one’s capability to organise and execute the causes of actions required to manage prospective situations. He described these beliefs as determinants of how the individual thinks, behaves and feels. It is on this assertion of Bandura that one can say that self- efficacy has an input in everything from psychological states to behaviours

and to motivation.

Self-efficacy helps to identify goals to accomplish things that the self will like to change, and achieve. Ross and Gray (2006) defined self-efficacy as a set of personal efficacy beliefs that refer to the specific domain of the individual behaviour. In other words, self-efficacy is a persons' belief in ability to perform a particular task. Self-efficacy is the extent or strength of one's belief in one's own ability to complete tasks and reach goals, (Seal, 2006). Psychologists have studied self-efficacy from several perspectives, noting various paths in the development of self-efficacy, the dynamics of self-efficacy in many different settings, interactions between self-efficacy and self-concept, and habits of attribution that contribute to, or detract from self-efficacy (Judge, 2008). Self-efficacy affects every area of human endeavour. By determining the beliefs a person holds regarding his or her power to affect situations, it strongly influences both the power a person actually has to face challenges competently and the choices a person is most likely to make. These effects are particularly apparent, and compelling, with regards to behaviour affecting the health of individuals. It involves analyzing one's life in general and in areas where control is lacking. After analyzing one's life, acting on such analysis and the ability to take actions are essential tools of self-control.

Sexual orientation has been defined as "an erotic inclination toward people of one or more genders, most often described as sexual or erotic attractions" (Dorn & Biro, 2011). In recent years, psychologists have sought to understand how sexual orientation develops during adolescence. Some theorists believe that there are many different possible developmental paths one could take, and that the specific path an individual follows may be determined by their sex, orientation, and when they reached the onset of puberty.

In terms of sexual identity, adolescence is when most gay/lesbian and transgender adolescents begin to recognize and make sense of their feelings. Many adolescents may choose to come out during this period of their life once an identity has been formed; many others may go through a period of questioning or denial, which can include experimentation with both homosexual and heterosexual experiences (Larson & Wilson, 2004). This research, therefore, examined the effects of self-efficacy and self-control training, on adolescents' sexual risk-taking behaviours in Oyo State, Nigeria.

Objectives of the Study

The main objective of the study was to examine the effects of self-efficacy training and self-control training on sexual risk – taking behaviours of adolescent students in some selected public senior secondary schools in Central Senatorial District of Oyo State, Nigeria. The study also examined the moderating effects of gender and parental socio-economic status on adolescents' attitude towards sexual risk-taking behaviours.

Statement of the Problem

Adolescents get exposed to sexual and pornographic materials much earlier than their counterparts' yesteryears. This is particularly true with internet access via cell phones, videos, CDs, magazines, cable network, films which has led teenagers or adolescents to engage in sexual activities to experiment what they have seen on the electronic, print and social media. Unfortunately, they do not take necessary precautions, rather they engage or put themselves at risks most of the time.

The recent globalization and technological development have become the instrument of change for adolescents' indecent dressing, night clubbing, drug abuse or misuse, multiple sex partnerships and gangsterism.

This research work therefore, used the two behavioural training programmes of self-efficacy skills to ameliorate the sexually risk taking behaviour of the adolescents.

Hypotheses

1. There is no significant main effect of treatment self-efficacy training on sexual risk- taking behaviour of adolescents'.
2. There is no significant main effect of gender on adolescents' sexual risk- taking behaviour.

Scope of the Study

This study was delimited to the usage of behavioural change strategies (self-efficacy training), environmentally based intervention (parental socio –economic status, gender). The sample was drawn from the adolescent students in public senior secondary schools in Oyo Central Senatorial District, Oyo State of Nigeria using SS1 students from three local government councils.

Oyo State is one of the largest of Nigeria's 36 states, bounded by Osun, Kwara and Ogun states. The State Agency for Control of HIV/AIDS in 2012, estimated overall HIV zero prevalence of 3.0% which rises as high as 4.3% in some communities. Without any doubt, the awareness of HIV is very high generally among Nigerians. In Oyo State, only 8.8% female and 5.8% male youths (15-24 years) were tested and received results (DHS, 2008).

Research Design

The research adopted the pre-test, post-test, control group quasi-experimental design with a 3 x 2 x 2 factorial matrix. The researcher adopted the factorial design because of the fact that the design accomplishes in one experiment what otherwise might require two or more studies.

Population of the Study

The population of the study consisted of the entire senior secondary school (SS1) students in public schools in Oyo Central Senatorial District, Oyo State of Nigeria, which has eleven (11) Local Government Councils (Lagelu, Akinyele, Egbeda, Oluyole, Lagelu, Ona-Ara, Afijio, Oyo West, Oyo East, Ogo-Oluwa and Surulere). There are 44 senior secondary schools in the LGAs with the total population of four thousand and fifty (450) senior secondary school 1(SS1) students.

Sample and Sampling Techniques

Sample for the study consisted of 120 randomly selected SS1 students in some public secondary schools in the eleven Local Government Councils in Oyo Central Senatorial District of Oyo State, Nigeria.

Sampling was done through a simple random sampling procedure for the selection of participants. The instrument on Adolescent Sexual Behaviour Inventory was administered to all SS1 students in the three schools chosen. The instrument was, however, used to sieve out students/adolescents that fell within the range of engaging in sexual risk-taking activities and those that had tendencies to engage in sexual practices. Participants were thus selected based on the result of the pre-test from each school making a total of a hundred and twenty (80) students in all. Participants that scored above the mean were selected and considered to have tendency or have engaged in sexual risk-taking behaviours. The participants were then randomly assigned to the two treatment groups and the control group through simple random sampling technique. The result of pre-tests on Adolescent Sexual Behaviour Inventory administered was also used to assign participants into low and high parental socio-economic status in the experimental groups respectively.

Research Instrumentation

This study made use of a standardised inventory named "Adolescent Sexual Behaviour Inventory". The adapted instrument was developed by Falaye in 2002. The instrument was found to be usable for the similar sample group by the author and several others such as Aremu 2008, Osiki 2007. The instrument was used for obtaining information concerning the dependent variable which is sexual risk-taking behaviour.

Validation and Reliability of the ASBI Instrument

Sections III and IV of the original scale was adapted for this study. A test-retest reliability coefficient of the sections was determined using 50 randomly selected SS1 students from two senior secondary schools in Ido Local Government Area of Oyo State. This Local Government Area Council was not part of the sample used for the study.

Administration of the instrument to the same set of respondents similar to the population after the second week of the initial administration produced reliability coefficients of 0.86 and 0.79 for sections III and IV respectively as used for the study.

Another set of fifty students in Ibarapa Central Local Government Council Area were sampled for the validation of the instrument. Sections III and IV of the instrument were compiled to a battery along with The Adolescent Sexual Activity Index (ASAI) developed by Hansen, Pasketti and Carter (1992) and Sexual Knowledge and Attitude Test For Adolescent (SKAT-A) by Fullard and Scheier (2005). Pearson Moment correlation indicated relationships between the study and instrument ASBI ($r = 0.67$), ASAI ($r = 0.72$), SKAT-A ($r = 0.63$).

Method of data analysis

The data collected were analysed using the Analysis of Covariance (ANCOVA) statistical analysis. ANCOVA was used to adjust the initial difference that existed between the experimental groups on the pre-test, and correlates the pre-test and post-test as covariates. All the hypotheses in this study were tested at 0.05 alpha levels.

General Description of Data

Eighty (80) senior secondary school students in public schools in Oyo State participated in this study. Participants were randomly selected and assigned into experimental group (self-efficacy training) and control group for Eight weeks of training on self efficacy. Descriptive statistics of data for the post-test adolescents' sexual risk-taking behaviour by experimental group, parental socio-economic status and gender are presented in Table 1.

Table 1:
 Descriptive Statistics of Posttest Adolescents' Sexual Risk-Taking Behaviour By Experimental Group, Parental Socio-economic Status And Gender

Treatment Group	Parental status	socio-economic	Gender	Mean	Std. Dev.	N
Self-efficacy Group	Training	High	Male	59.3750	10.94059	8
			Female	66.5000	11.27893	22
			Total	64.6000	11.45787	30
	Low	High	Male	54.0000	.	1
			Female	70.1111	18.45565	9
			Total	68.5000	18.13070	10
	Total	High	Male	58.7778	10.38963	9
			Female	67.5484	13.51503	31
			Total	65.5750	13.28174	40
Self-control Group	Training	High	Male	66.4000	9.57079	10
			Female	65.2000	12.05514	20
			Total	65.6000	11.13429	30
	Low	High	Male	70.6000	14.08190	5
			Female	61.2000	18.06101	5
			Total	65.9000	16.05165	10
	Total	High	Male	67.8000	10.94271	15
			Female	64.4000	13.11805	25
			Total	65.6750	12.31507	40
Control Group	High	High	Male	60.6667	22.81082	3
			Female	59.0000	17.14194	14
			Total	59.2941	17.44192	17
	Low	High	Male	65.5714	14.96002	14
			Female	55.4444	22.59486	9
			Total	61.6087	18.53189	23
	Total	High	Male	64.7059	15.83021	17
			Female	57.6087	19.03762	23
			Total	60.6250	17.88523	40
Total	High	High	Male	62.9048	12.12396	21
			Female	64.1607	13.32636	56
			Total	63.8182	12.94292	77
	Low	High	Male	66.2500	14.42540	20
			Female	62.4348	20.32872	23
			Total	64.2093	17.72885	43
	Total	High	Male	64.5366	13.23650	41
			Female	63.6582	15.56944	79
			Total	63.9583	14.76334	120

The results in Table 1 indicate the total mean sexual risk-taking behaviour of adolescents of 63.958 with a standard deviation of 14.763. However, mean adolescents' sexual risk-taking behaviour score of 65.575 and a standard deviation of 13.282 were observed for participants in the self-efficacy training group (n = 40). For participants in the control group (n = 40), a mean of 60.625 and a standard deviation of 17.885 were observed.

A mean score of 63.818 and a standard deviation of 12.943 were observed for sexual risk-taking behaviour of participants with high parental socio-economic status (n = 77). For participants with low parental socio-economic status (n = 43), mean risk-taking behaviour of adolescents' score of 64.209 and a standard deviation of 17.729 were recorded.

For male participants (n = 41), a mean sexual risk-taking behaviour score of 64.537 and a standard deviation of 13.237 were observed; also for female participants (n = 79), mean sexual risk-taking behaviour score of 63.658 and a standard deviation of 15.569 were observed.

Hypothesis Testing

Hypothesis 1

There is no significant main effect of treatment (self-efficacy training, self-control training and control) on sexual risk-taking behaviour of adolescents.

Table 2:
Tests of Between-Subjects Effects of Treatment, Parental Socio-economic Status and Gender on Sexual Risk-Taking Behaviour of Adolescents.

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	2695.617 ^a	12	224.635	1.034	.423
Intercept	11069.045	1	11069.045	50.961	.000
Pretest	531.006	1	531.006	2.445	.121
Treatgroup	497.657	2	248.829	1.146	.322
Ses	.181	1	.181	.001	.977
Gender	.673	1	.673	.003	.956
treatgroup * ses	4.846	2	2.423	.011	.989
treatgroup * gender	565.682	2	282.841	1.302	.276
ses * gender	25.395	1	25.395	.117	.733
treatgroup * ses * gender	133.920	2	66.960	.308	.735
Error	23241.175	107	217.207		
Total	516817.000	120			
Corrected Total	25936.792	119			

a R Squared = .124 (Adjusted R Squared = .025)

Table 2 revealed that there were no significant effects of treatment ($F_{(2,107)} = 1.146$; $p > 0.05$), parental socio-economic status ($F_{(1,107)} = .001$; $p > 0.05$) and gender ($F_{(1,107)} = .003$; $p > 0.05$) on sexual risk-taking behaviour of adolescents. Also, there were no significant two-way interaction effects of treatment and parental socio-economic status ($F_{(2,107)} = .011$; $p > 0.05$); treatment and gender ($F_{(2,107)} = 1.302$; $p > 0.05$); parental socio-economic status and gender ($F_{(1,107)} = .117$; $p > 0.05$) on sexual risk-taking behaviour of adolescents.

In addition, no three-way interaction of treatment, parental socio-economic status and gender ($F_{(2,107)} = .308$; $p > 0.05$) on sexual risk-taking behaviour of adolescents was observed.

Table 3: Estimates of Effects of Treatment on Sexual Risk-Taking Behaviour of Adolescents.

Treatment group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Self-efficacy training Group	62.707 ^a	4.173	54.434	70.980
Self-control training Group	66.081 ^a	2.736	60.656	71.506
Control Group	60.144 ^a	2.824	54.546	65.741

a Covariates appearing in the model are evaluated at the following values: pretest = 66.7000.

The results in Table 3 revealed that participants in the self-efficacy training group had a mean score of 62.707 and standard error of 4.173. In the self-control training group, the mean score was 66.081 and the standard error was 2.736. Also, participants in the control group had a mean score of 60.144 and standard error of 2.824. The results of analysis to test whether these mean scores were significantly different are shown in Table 4.

Table 4: Univariate Test of the Effects of Treatment on Sexual Risk-Taking Behaviour of Adolescents.

	Sum of Squares	Df	Mean Square	F	Sig.
Contrast	497.657	2	248.829	1.146	.322
Error	23241.175	107	217.207		

The F tests the effect of Treatment Group. This test is based on the linearly independent pair wise comparisons among the estimated marginal means.

Table 4 revealed that there was no significant effect of treatment (self-efficacy training, and control) on sexual risk-taking behaviour of adolescents ($F_{(2,107)} = 1.146$; $p > 0.05$). In effect, the null hypothesis was accepted by this finding. The implication of this finding is that adolescents' sexual risk-taking behaviour would not differ with regards to the treatment given to them.

Hypothesis 2

There is no significant main effect of gender on sexual risk-taking behaviour of adolescents.

Table 5: Estimates of Gender on Sexual Risk-Taking Behaviour of Adolescents

Gender	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Male	62.871 ^a	3.323	56.283	69.459
Female	63.083 ^a	1.889	59.340	66.827

a Covariates appearing in the model are evaluated at the following values: pretest = 66.7000.

Table 5 indicates that male participants had mean sexual risk-taking behaviour of adolescents' score of 62.871 and a standard error of 3.323 while female participants had a mean score of 63.083 and a standard error

of 1.889. To determine if these mean scores are significantly different, an Analysis of Covariance was conducted. Results are as presented in Table 6.

Table 6: Univariate Test of Gender on Sexual Risk-Taking Behaviour of Adolescents

	Sum of Squares	Df	Mean Square	F	Sig.
Contrast	.673	1	.673	.003	.956
Error	23241.175	107	217.207		

The F tests the effect of Gender. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

Table 6 revealed that there was no significant difference in the effect of gender ($F_{(1,107)} = .003$; $p > 0.05$) on sexual risk-taking behaviour of adolescents. The null hypothesis, which stated that there is no significant main effect of gender on adolescents' sexual risk-taking behaviour, was accepted by this study. The implication of this result is that male and female participants will not significantly differ in their sexual risk-taking behaviour.

Discussion of Findings

The first hypothesis which states that there is no significant main effect of treatment (self-efficacy training and self-control training) on sexual risk-taking behaviour of adolescents' shows that there was no significant treatment effect (self-efficacy and self-control skills) on sexual risk-taking behaviour of adolescents. The hypothesis was accepted. This is to say that self-efficacy skills, self-control skills did not affect sexual risk-taking behaviour of adolescents. This study affirmed the earlier views of Byrnes (2003) that self-control and adolescents' sexual risk-taking behaviours are not mutually related. This study also agreed with Rosenbamm and Kandel (1991) that self-control and self-efficacy variables are not significantly related to unhealthy adolescent sexual risk-taking behaviours. The finding of this study is an indication that adolescents in most cases are unable to neither control the self nor set the target for the self before they engage in sexual risk-taking behaviours or activities especially where peer influence dominates.

This result, however, does not agree with the findings of Lavery, Siegal, Cousins and Rubovist (1993) that involvement in high-risk activities are positively associated with personality factors which is a function of the self by the individual. In the study conducted by Pajares and Schunk, 2001, self-control was considered to possess the self-beliefs that enable the individual to exercise a measure of control over thoughts, feelings and actions. Pajares and Hackett, (1995) had it that self-efficacy beliefs influence the amount of stress and anxiety adolescents experience as they engage in activities. It was further argued that self-efficacy beliefs influence the choices people make and the courses of action they pursue. The behaviours of an individual is a dynamic phenomenon that requires time for adjustment, hence, this researcher holds the belief that over time the participants will show a significant effect of self-efficacy training and self-control training on sexual-risk taking behaviours.

The second hypothesis stated that there is no significant effect of gender on adolescents' unhealthy sexual risk-taking life style behaviour. The hypothesis was accepted even though there were observed differences in the mean scores of female and male, the mean differences was insignificant. The result indicated that female participants had higher mean of sexual risk-taking behaviour than their male counterparts but the difference is insignificant to the boys. The trends in sexual activities of adolescents at younger ages are increasing alarmingly in the world. The study conducted by Bankole and Haas (1999) confirmed that school girls are sexually active and at the same time, they are getting pregnant at higher rate. In the same vein, Magnani (2001) identified nine risk factors which have been shown to be significantly correlated with risky sexual attitudes and behaviours which included gender (males engage in sexual behaviours at an earlier age than females do. Magnani (2001), observed a positive significance in the study conducted on gender as predictors of adolescents' sexual behaviour. Ajuwon (2013) also affirmed gender differences among adolescents aged 15-19 years that have had sex. The results of Olapegba, Idemudia and Onuoha (2013) observed also that female adolescents were found to show significantly higher positive disposition to responsible sexual behaviour than males.

Ajayi (1991) conducted a study on gender and adolescents' unhealthy sexual behaviours and he concluded that premarital sexual experience was more common for young men than women which were corroborated by Magnani (2001), in his study on sexual behaviours. The study of Twa-Twa (1997) and Kimani, (2005) concluded that adolescent males experience risk-taking sexual behaviours than their female counterparts. Meanwhile, Rosenthal, Moore, and Irene (2006) had it that the predictors of sexual risk-taking among adolescents were the same for both sexes but differed according to type of partner. The reason for the differences could be attributed to many factors ranging from technological development and advancement that exposed the young ones to pornography to many others. The present study, however revealed that male and female adolescents engage in sexual risk-taking behaviours hence the conclusion was that there was no significant gender difference in adolescent sexual risk-taking behaviour.

Conclusion

Based on the findings of this study, the following conclusions were drawn:

1. Adolescents' sexual risk-taking behaviours did not differ with regards to the treatment given to them.
2. Male and female participants did not significantly differ in their sexual risk-taking behaviour.

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