

## Adolescents Risky Sexual Behaviour: The Role of Health Education

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### ABSTRACT

*Risky sexual behavior (RSB) among adolescents is a pressing public health concern globally with significant implications for adolescent's sexual health and overall well-being. While there are reports on RSB from different locations in Nigeria, there is dearth of information in the literature among Nigerian adolescents hence, the need for this paper. This paper delves into the risky sexual behavior (RSB) among adolescents. It focused on the adolescents' risky sexual behaviours like include early sexual debut, unprotected sex, having multiple sexual partners, and engaging in transactional sex. The paper further discussed the role of health education in mitigating adolescent's risky sexual haviours like increasing knowledge, developing Skills, addressing specific behaviors and comprehensive sexuality education (CSE) amongst others. The paper concluded that health education has a significant role to play to reduce and/ or eradicate sexual risky behaviours in the society. Thus, educating young people about their sexual health isn't about corrupting them it's about protecting them. Moreover, when we get it right, we don't just prevent problems in our society, we nurture a generation that is informed, confident, and equipped for a healthier future and contributing member of the society.*

**Keywords:** Adolescents, Debunking Myths, Risky sexual behavior.

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### 1. INTRODUCTION

Adolescents' population is estimated to be 1.2 billion globally, and the majority of them are sexually active (Aloysius, 2020). Adolescents often times practice sex in unsafe conditions that expose them to various sexual and reproductive health problems. The consequences of these are dire and sometimes contribute to premature deaths (Aloysius, 2020). Adolescence is a critical stage of human development a time when life feels like it's undergoing a full-body system update, complete with emotional pop-ups, hormonal glitches, and confusing social settings. According to the World Health Organization (WHO, 2021), an adolescent is any individual between the ages of 10 and 19 years, while adolescence itself is defined as the transitional phase from childhood to adulthood marked by accelerated biological, psychological, and social changes. This phase is not just about growing taller or sprouting body hair it's a period where identities are shaped, values are tested, and curiosity, especially about sex and relationships, takes center stage. It's also a time when young people start forming attitudes and habits that often last into adulthood (Chandra-Mouli et al., 2021).

Despite the intensity of these changes, adolescents are often left to navigate this complex season with minimal guidance. In many societies, conversations about sexual health are shrouded in silence, secrecy, or worse shame. Instead of accurate information, young people rely on rumors whispered by equally uninformed peers, or they turn to the internet, where misinformation runs rampant. In the absence of structured support, these young minds are left to

fumble through crucial life decisions with more guesswork than guidance. The result? An avoidable public health challenge that continues to grow louder by the day (UNESCO, 2021; United Nations Population Fund [UNFPA], 2022).

Adolescent sexual health goes far beyond knowing how babies are made or identifying changes in anatomy. It encompasses the understanding of relationships, consent, identity, self-respect, emotional regulation, and safety. When adolescents receive the right kind of education factual, age-appropriate, and culturally sensitive they are more likely to make informed decisions, delay risky behavior, and build healthy relationships (Mmari et al., 2020). This kind of support is especially important as they navigate increased exposure to sex-related content, peer influence, and the awkward messiness of bodily changes.

Why should this responsibility fall to health education? Because health education is more than classroom lectures it's a life-saving toolkit. It equips young people not just with facts, but with values, life skills, and the confidence to protect their mental, emotional, and physical well-being. Just as children are taught to brush their teeth or wash their hands, they must also learn how to understand their bodies, respect boundaries (theirs and others'), and safeguard their reproductive health (Chandra-Mouli et al., 2019). Health education makes health literacy part of everyday life—relatable, actionable, and empowering.

Across sub-Saharan Africa and Nigeria in particular adolescent sexual health is a growing concern. UNFPA (2022) reports that the region accounts for about 75% of global adolescent births. In Nigeria alone, the National Demographic and Health Survey (NDHS, 2018) found that approximately 19% of girls aged 15–19 were either pregnant or already mothers. These numbers are not just statistics they represent girls whose futures may be derailed, and whose opportunities for education, health, and economic stability are drastically reduced. And often behind these statistics lies a common thread: the lack of access to timely, quality sexual health education.

Adolescents are naturally inquisitive. They ask tough questions, explore boundaries, and challenge societal norms. But instead of honest answers, they are frequently met with moral panic or harsh silence. In school, the topic of sex may be sidestepped. At home, it's considered a taboo. And online, it's often glamorized or misrepresented without context. In this confusion, myths thrive. Some teens believe salt water can prevent pregnancy after sex. Others think HIV is visible to the naked eye. These misconceptions aren't just ridiculous they're dangerous (Hall et al., 2022; WHO, 2021).

That's where comprehensive health education becomes not just helpful, but essential. It provides adolescents with verified, culturally relevant information, debunking harmful myths and arming them with the confidence to make responsible decisions. But it must go beyond anatomy charts and reproductive cycles. Effective programs include communication skills, emotional intelligence, decision-making techniques, and self-esteem building. A girl who knows about condoms but lacks the voice to ask her partner to use one remains unprotected. A boy who understands the risks of unprotected sex but can't resist peer pressure is still vulnerable (UNICEF, 2023).

Health education must address both the head and the heart. And yes, it must also deal with cultural and religious sensitivities. In Nigeria's diverse and deeply traditional landscape, some parents, educators, and faith leaders resist sexual health discussions out of fear that it encourages promiscuity. But research says otherwise. Studies consistently show that comprehensive sexual education delays sexual initiation, reduces the number of sexual partners, and increases the use of contraception among sexually active youth (UNESCO, 2021; Chandra-Mouli et al., 2023).

In today's digital age, where a 12-year-old can stumble upon explicit content before finishing primary school, health education must evolve. It must incorporate digital literacy teaching young people how to differentiate between real information and clickbait nonsense. They need to understand the risks of sexting, online grooming, cyberbullying, and digital consent. The goal is not to terrify them, but to prepare them. If education does not keep up with technology, misinformation will gladly fill the gap (Gonsalves et al., 2021).

The ripple effect of good sexual health education is profound. It leads to fewer teen pregnancies, reduced STI transmission, lower school dropout rates, and healthier relationships. More importantly, it nurtures a generation that understands their rights, respects others, and can speak up for themselves. It empowers adolescents to envision a future beyond their current challenges and equips them with tools to get there (Plesons et al., 2019). Adolescence is not a phase that should be met with silence. It's a call to action. When we fail to provide adolescents with timely and comprehensive health education, we fail them in more ways than one. But when we rise to the occasion through honest dialogue, inclusive policies, and effective teaching we don't just inform minds; we shape futures.

## 2. ROLE OF HEALTH EDUCATION IN MITIGATING ADOLESCENTS RISKY SEXUAL BEHAVIOURS

Health education plays a crucial role in mitigating risky sexual behaviors among adolescents by providing them with the knowledge, skills, and attitudes necessary to make informed decisions about their sexual health. Comprehensive sexuality education, delivered through various platforms like schools and community programs, can empower young people to avoid unprotected sex, early pregnancy, and sexually transmitted infections. The role of health education in mitigating adolescents risky sexual behaviours shall be discussed in the succeeding sub-headings.

### 2.1 Increasing Knowledge:

- **Accurate Information:** Health education provides adolescents with accurate information about sexually transmitted infections (STIs), HIV/AIDS, contraception, and sexual and reproductive health.
- **Body Image and Healthy Relationships:** It can also address topics like body image, healthy relationships, and gender equality, fostering a more positive and informed view of sexuality.
- **Debunking Myths:** It helps dispel myths and misconceptions surrounding sexual health, which can lead to more responsible decision-making.

### 2.2 Developing Skills:

#### Communication Skills:

Health education can improve communication skills, enabling adolescents to discuss sexual health issues with their partners and healthcare providers.

- **Negotiation Skills:** It can equip them with the skills to negotiate safer sex practices, including condom use.
- **Decision-Making Skills:** Health education can enhance decision-making skills, allowing adolescents to assess risks and make informed choices about their sexual behavior.
- **Refusal Skills:** It can also help them develop skills to refuse unwanted sexual advances.

### 2.3 Promoting Positive Attitudes:

#### ➤ Self-Efficacy:

Health education can boost self-efficacy, empowering adolescents to believe in their ability to protect themselves from harm.

#### ➤ Responsibility:

It can promote a sense of responsibility for their sexual health and well-being.

#### ➤ Positive Attitudes Towards Condoms:

It can help create a positive attitude towards condom use as a means of protection.

#### ➤ Addressing Specific Behaviors:

➤ **Unprotected Sex:**

By providing information about the risks of unprotected sex and promoting condom use, health education can reduce the incidence of STIs and unintended pregnancies.

➤ **Early Sexual Activity:**

It can encourage adolescents to delay sexual activity, reducing the risk of early pregnancy and other associated health problems.

➤ **Multiple Partners:**

Health education can address the risks associated with having multiple sexual partners, emphasizing the importance of safer sex practices.

➤ **Substance Use:**

It can also address the link between substance use and risky sexual behavior, educating adolescents about the dangers of mixing drugs and alcohol with sexual activity.

## 2.4 Comprehensive Sexuality Education (CSE)

CSE programs that are age-appropriate, culturally relevant, and evidence-based are essential for effectively addressing risky sexual behaviors.

➤ **Parent-Adolescent Communication:**

Open and honest communication between parents and adolescents is crucial for promoting positive sexual health outcomes.

➤ **Community-Based Interventions:**

Community-based programs, often utilizing peer educators, can reach adolescents who may not be in traditional educational settings.

➤ **School-Based Programs:**

Schools are a key setting for delivering health education, providing a structured environment for reaching large numbers of adolescents.

➤ **Cognitive Restructuring:**

Interventions that help adolescents challenge and change risky thought patterns and beliefs related to sexuality can be particularly effective.

➤ **Peer Counseling:**

Peer-led interventions can be a powerful tool for promoting positive sexual health behaviors among adolescents.

By providing comprehensive health education, adolescents can develop the knowledge, skills, and attitudes necessary to make informed decisions about their sexual health, leading to healthier and more responsible sexual behaviors.

## 3 BARRIERS TO EFFECTIVE SEXUAL HEALTH EDUCATION

Despite the overwhelming benefits of comprehensive sexual health education, its implementation remains frustratingly uneven across many communities particularly in conservative or resource-limited settings like Nigeria. Adolescents are often the ones caught in the crossfire of silence, misinformation, underfunded programs, and cultural discomfort. Understanding these barriers is the first step to dismantling them.

### **3.1. Cultural and Religious Resistance**

One of the most significant challenges to delivering sexual health education is cultural and religious opposition. Many communities view discussions around sex as taboo or morally inappropriate, especially for unmarried adolescents. In these settings, sexual knowledge is often equated with sexual activity, and so any effort to educate young people is seen as encouraging immorality. Yet this notion has been disproven repeatedly. Studies show that when young people are taught scientifically accurate, age-appropriate sexual health content, they are more likely to delay sexual debut and make safer choices (UNESCO, 2021; Mmari et al., 2020). Still, deeply rooted cultural beliefs often override evidence. Parents and religious leaders may object to curricula that include topics like contraception, gender identity, or masturbation insisting instead on abstinence-only messaging.

### **3.2. Lack of Policy and Curriculum Support**

In many countries, including Nigeria, there is no unified national policy mandating comprehensive sexual education across all schools. Where guidelines exist, they are often vaguely worded or poorly enforced. This leads to wide disparities in how sexual health is taught from well-structured programs in some schools to complete absence in others. Moreover, educational policies are frequently influenced by political pressures, which can result in the exclusion of essential topics or the watering down of scientifically accurate content (Chandra-Mouli et al., 2023). In some cases, curricula are not updated to reflect current health challenges like HIV/AIDS, sextortion, or digital safety.

### **3.3. Inadequate Teacher Training**

Even where policies allow sexual health education, implementation often falters due to untrained or undertrained teachers. Many educators are themselves uncomfortable discussing topics related to sexuality and reproductive health. Some may lack the scientific knowledge, while others may bring their personal biases into the classroom. In a study by Gonsalves et al. (2021), teachers reported skipping topics like contraception or sexual orientation altogether, fearing backlash from parents or administrators. When educators feel ill-equipped or unsupported, they deliver vague, incomplete, or judgmental content defeating the purpose of education.

### **3.4. Fear of Promoting Promiscuity**

Another persistent myth is that teaching adolescents about sex will lead them to experiment recklessly. This fear causes many adults to avoid the subject entirely or adopt a scare-tactics approach focusing only on the dangers of STIs, unplanned pregnancy, or hellfire. But fear-based education is rarely effective. It creates shame, fosters silence, and leaves teens unprepared for real-life situations. Evidence supports the opposite approach: honest, inclusive education promotes thoughtful decision-making and greater self-respect (Hall et al., 2022).

### **3.5. Gender Bias and Inequality**

In many contexts, girls bear the brunt of restrictive sexual health norms. Conversations around chastity, shame, and "purity" are disproportionately directed at girls, while boys are socialized to be assertive or dominant. This gendered double standard shapes how information is delivered and who receives it. Boys may receive more lenient guidance or none at all, while girls are shamed into silence. Such bias leaves both sexes ill-prepared to navigate relationships in a respectful, equitable manner (UNFPA, 2022).

### **3.6. Limited Access to Youth-Friendly Services**

Even when adolescents receive information, they often lack access to safe, confidential services that support their sexual health like adolescent-friendly clinics, counseling, or contraception. Stigma and fear of exposure prevent many from seeking help. Health education without access to services creates a dangerous gap between knowledge and action. Adolescents may know what to do but have nowhere to go or no one to trust. Bridging this gap requires investment in infrastructure, training, and public awareness.

### **3.7. Misinformation and the Internet**

In the digital age, adolescents often turn to the internet for answers their parents or teachers avoid. While this can offer opportunities for learning, it also exposes them to a flood of misinformation, pornography, and predatory content.

Without media literacy training, adolescents may mistake entertainment for education. Health education must adapt by teaching young people how to verify sources, identify harmful content, and use online platforms safely (UNFPA, 2022).

### **3.8. Parental Silence and Discomfort**

Finally, parents are a major yet often neglected piece of the puzzle. Many caregivers are uncomfortable discussing sexuality with their children. Some avoid the conversation altogether, while others rely on vague warnings. This silence communicates that sex is shameful, not a subject for honest discussion. Adolescents are left feeling confused, guilty, or afraid to ask questions. Encouraging parent-child communication through training, materials, and support groups can dramatically improve outcomes (Gonsalves et al., 2021). The barriers to effective sexual health education are not just logistical they are emotional, ideological, and systemic. Overcoming them requires a multi-level approach that includes policy reform, teacher training, cultural dialogue, and the engagement of families and communities. Adolescents need more than scattered information they need consistency, compassion, and clarity. And that begins with breaking the silence.

## **4. CONCLUSION**

Adolescence is not just a phase it's a launchpad. It's the moment when curiosity blossoms, when identity takes shape, and when choices begin to carry weight. Yet, it is also the time when many young people are left in the dark, navigating critical aspects of their sexual health without the tools, guidance, or support they need. This paper has made it clear: ignoring adolescent sexual health is not a neutral act it is a risk. When we fail to educate, we don't preserve innocence; we endanger it. When we shy away from conversation, we don't protect our youth; we push them toward confusion, silence, and trial-by-error experiences that could have been avoided. Health education is not about corrupting morals or encouraging recklessness. It's about giving adolescents the information, confidence, and critical thinking skills to make informed decisions. It's about helping them understand their changing bodies, respect themselves and others, and navigate relationships with clarity and care. It's about preparing them not scaring them. If we truly care about our youth, we must give them more than vague warnings or whispered taboos. We must give them facts. We must give them perspective. We must give them a safe space to learn, ask questions, make mistakes, and grow. It takes courage to talk about sexual health, especially in societies where such conversations are met with raised eyebrows and stiff resistance. But it takes even greater courage to face the consequences of silence. Teenage pregnancy, unsafe abortions, STIs, sexual abuse, and mental health breakdowns are not just statistics—they are lived realities for many young people.

## **RECOMMENDATIONS**

Based on the issues explored throughout this paper the following recommendations were made:

### **1. Make Health Education a Standalone Subject in Schools**

Sexual health should not be treated as a side topic in biology or a vague paragraph in social studies. It deserves its own place in the school curriculum, taught with the seriousness and structure it requires. Giving it standalone recognition ensures continuity, proper evaluation, and accountability.

### **2. Train the Trainers, Start with Teachers**

We cannot give what we don't have. Teachers should be equipped with not only the scientific knowledge, but also the sensitivity and communication skills necessary to guide adolescents through these conversations. Periodic workshops and refresher trainings can build their confidence and competence.

### **3. Involve Teenagers in the Process**

Instead of always talking *at* adolescents, we should also listen *to* them. Peer education programs, interactive sessions, and feedback mechanisms should be put in place. Adolescents are more likely to open up and learn when they feel heard and respected.

### **4. Create Safe Spaces for Conversation**

Whether it's a corner in the classroom, a youth-friendly clinic, or a digital platform, adolescents need spaces where

they can ask honest questions without fear of judgment or punishment. These safe spaces foster openness and reduce the chances of misinformation spreading in secrecy.

#### 5. Normalize the Talk at Home

Parents should be encouraged and empowered to talk to their children about sex and relationships. This can start with community workshops, parent guides, and cultural reorientation. If the home remains silent, adolescents will turn to louder and often dangerous voices elsewhere.

#### 6. Address Myths with Facts, Not Fear

Instead of scaring adolescents into silence, we should debunk myths with accurate, age-appropriate, and relatable information. Teaching them that sex is a natural part of human development but one that must be approached with wisdom builds responsibility, not recklessness.

#### 7. Incorporate Digital Safety into Health Education

In today's world, teens are not just exploring their sexuality offline they're navigating it online, too. Health education must address sexting, online predators, cyberbullying, and the unrealistic portrayals of sex on social media. Digital literacy is now a sexual health issue.

#### 8. Make Health Education Inclusive

Sexual health education should reflect the diversity of adolescent experiences. That includes different gender identities, orientations, abilities, and cultural backgrounds. When all adolescents see themselves represented, they are more likely to engage and benefit. Because when we teach teens, we don't just inform minds we save futures

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