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Risky Sexuality among Youth and Practice of Social Work in Rivers State, Nigeria

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Abstract:

The research investigates the various aspects of risky sexual behavior among young people in Rivers State, considering its widespread occurrence and societal impact due to diseases. Four research questions were outlined. Secondary data sources were utilized, with thematic content analysis employed for data analysis. The study incorporates concepts related to the subject and adopts Rotter's Problem-Behavior Theory. It finds that risky sexual behaviors among youths include multiple partners, prostitution, and unprotected sex, among others. Consequences include high rates of sexually transmitted infections, HIV/AIDS, unintended pregnancies, unsafe abortions, and psychological effects. The study suggests that promoting condom use and adherence to safe sex practices among youths could mitigate the crisis of risky sexual behavior and its associated health issues, reducing rates of unwanted pregnancies, abortions, and infectious diseases.

Keywords: *Sexuality, Sex, Youth, Social Work.*

Introduction

Social Work covers various activities, in fact, it is seen as a helping profession. Eke (2023) defined social work as a profession which helps the individuals to help themselves. Also, Ekpe and Mamah (1997) posited that social work is work carried out by the practitioners mainly to improve the quality of life of those who cannot accomplish their life tasks, alleviate their distress, and realize their aspirations and values unaided. Accordingly, one of the numerous functions of social work is to ensure the improvement of health of individuals especially youths involved in risky sexual behavior. Risky sexual behavior presents a significant global public health challenge, with over a million people contracting sexually transmitted infections daily (WHO, 2013), primarily affecting young individuals. Understanding adolescent sexual behavior has been a focal point for over three decades (Martines, et al., 2011). However, positive sexual experiences are essential for good health

and well-being, providing opportunities for youths to learn about mutual satisfaction and prevent negative consequences. Monitoring the sexual behaviors of this vulnerable age group is crucial for controlling the HIV/AIDS pandemic. Risky behaviors include unprotected intercourse, early sexual initiation, multiple partners, and coercion (Kazaura & Masatu, 2009), exposing youths to STIs and unwanted pregnancies. Various factors influence risky sexual behaviors, such as inadequate information on HIV/AIDS transmission, economic status, gender, location, religion, age, and education level. Studies, like that by Fetene and Mekonnen (2018), have investigated the prevalence of risky sexual behaviors among youth, showing significant proportions engaging in behaviors predisposing them to STIs and unwanted pregnancies.

In Nigeria, issues related to sexual health, including high rates of teenage pregnancy and sexually transmitted diseases, contribute to social and economic burdens (Taiwo et al., 2014). Gender plays a crucial role in sexual risk-taking, with societal pressures influencing behavior. Additionally, substance abuse, such as alcohol and drugs like Tramadol, is common among youths in Rivers State, exacerbating risky sexual behaviors (Eaton, 2012; Tucker, 2012; Connell, 2011). Research indicates that substance use during sexual encounters increases the likelihood of unprotected sex and sexual violence (Center on Drug and Alcohol Research, 2014). These risky behaviors, combined with societal pressures and inadequate sexual education, pose significant health risks to youths. Understanding and addressing these factors are crucial for promoting safer sexual practices and mitigating the adverse consequences of risky sexual behavior.

Research conducted by Grave (1995) has indicated that drug abuse leads to illicit sexual behavior among youths, resulting in adverse effects. When under the influence of drugs, individuals are more likely to engage in inappropriate sexual activities. Consequently, such risky sexual behavior among youth increases their susceptibility to various sexually transmitted diseases and infections. This heightened risk is exacerbated by adolescents' tendency to engage in unprotected sex, often without the assurance of their partner's sexual health status, thus further elevating the likelihood of contracting serious infections. Grave's findings suggest that engaging in sexual intercourse at a very young age may be unwise, and if unavoidable, careful consideration of contraceptive methods is essential to mitigate adverse health outcomes. Furthermore, many teenagers resort to drug use to prolong sexual activity without fully understanding the potential consequences of these substances.

Evidently, there is a notable trend of unwanted and early pregnancies among females, leading to a significant increase in school dropout rates among girls in the studied area. Consequently, this phenomenon contributes to larger family sizes and early marriages among some individuals. Those unable to support their families often turn to criminal activities and armed robberies. Additionally, some individuals, unable to cope with the stigma associated with unwanted pregnancies, resort to abortion, which involves terminating the life of the fetus in the womb. Therefore, it is imperative for young people to refrain from engaging in risky sexual behavior to effectively manage their health and reduce unnecessary risks and expenses. The repercussions stemming from risky sexual behavior have prompted various research studies on the subject.

Similarly, numerous studies have focused on examining the prevalence of this issue. For example, Oliveira-Campos (2013) conducted research on the contextual elements influencing sexual behavior among adolescents in Brazil. The study aimed to explore whether factors related to family and school environments correlated with the sexual conduct of Brazilian adolescents. The findings indicated that factors within family and school contexts indeed had an association with sexual behavior, particularly concerning unprotected intercourse. It was emphasized that information regarding pregnancy prevention and the prevention of sexually transmitted diseases, including HIV/AIDS, should be disseminated early due to the early onset of sexual activity among youths. However, another study by Inyang et al., (2011) observed that many parents still lack awareness of

sexuality education and consequently do not endorse it for their children. This deficiency has resulted in a series of health-related issues among young individuals.

In Rivers State, what's particularly concerning is the apparent lack of concern among most youths regarding the consequences of engaging in risky sexual behavior. Many are involved in early sexual activity, abortion, oral and anal sex without protection, as well as instances of rape and unprotected intercourse, among other behaviors. All of these actions carry significant health implications for both individuals and society, thereby posing a substantial challenge for study. Although related research has been conducted by Fetene and Mekonnen (2018), Oliveira-Campos (2013), Inyang et al., (2011), and Grave (1995), none have specifically addressed or examined the health implications of risky sexual behaviors among youths in Rivers State. Even if such studies exist, they likely do not cover the various forms, implications, and potential solutions comprehensively. Therefore, this study aims to address this gap by thoroughly examining risky sexual behaviors among youths in Rivers State, including the practice social work.

This research will contribute valuable insights into the issue of risky sexuality and offer practical recommendations for addressing it. The study formulated specific questions to guide its investigation; (i). what types of risky sexual practices do youth engage in within the study area? (ii). what elements contribute to the escalation of risky sexual practices among youths in the study area? (iii). what are the health implications and consequences of engaging in risky sexual behavior among youths in the study area? (iv). what are the role of social workers towards risky sexual behavior among youths in Rivers State? Additionally, secondary data sources were utilized, with thematic content analysis serving as the method for analyzing the data.

Risky Sexual Behavior

To grasp the notion of risky sexual behavior, it's crucial to define sexual behavior itself. In essence, sexual behavior encompasses feelings, actions, and the developmental aspect of sexuality, representing a stage in human sexual development. Sexuality holds significant importance in the lives of teenagers. As Ponton (2000) suggests, cultural norms, sexual orientation, and societal regulations like age of consent laws often influence sexual behavior. He further notes that the onset of puberty typically marks the emergence of mature sexual desire in humans. Ajuwon (2005) asserts that adolescents may attain sexual maturity before emotional and mental maturity, lacking the social skills necessary to comprehend the consequences of their sexual activities. For many teenagers, particularly boys, sexual expression often manifests as a predominant aspect of their behavior.

Brian, Umeononihe et al., (2016) propose that sexual behavior encompasses the diverse ways individuals experience and express their sexuality, encompassing activities that induce sexual arousal between two individuals (solitary) or within a group. They suggest that an individual's sexual behavior is largely influenced by inherited sexual response patterns or the level of societal restraint. Sexual behaviors among children are prevalent, with studies indicating occurrences in 42 to 73 percent of children by the age of 13 (Kellogg, 2010). Common observed behaviors include attempts to view others' genitals or breasts, invading personal space, and self-touching. Kellogg also notes a decline in the frequency and overt nature of these behaviors after the age of five. Sexual behavior problems are described as developmentally inappropriate or intrusive sexual acts typically involving coercion or distress. Evaluating such behaviors necessitates considering other emotional and behavioral disorders, socialization challenges, and family issues like violence, abuse, and neglect.

Having established the concept of sexual behavior, risky sexual behavior can be defined as practices that heighten the risk of contracting sexually transmitted infections (STIs). These behaviors include engaging in extramarital sexual intercourse, having unprotected sex without oral or dental protection, having multiple sexual partners, being sexually involved with a partner who has a

history of STIs, and participating in sexual activities with a partner known to have a history of STIs (James, 1998). Additionally, approximately half of unintended pregnancies result in abortions. Drug and alcohol use during adolescence is often a socially influenced and learned behavior (Swaid, 1998). Previous research in Nigeria has linked youth involvement in various antisocial activities to substance use (Ekpo, 2001), with evidence suggesting its association with HIV/AIDS due to the reported mode of substance use serving as a risk factor for human immunodeficiency virus (HIV) infection

In Nigeria, research confirms that risky sexual behavior is prevalent among young people. These behaviors encompass engaging in sex with multiple partners, inconsistent or low condom usage, and substance abuse including drugs and alcohol, and participation in anal intercourse (Bankole, 2004). An analysis of a sizable natural sample of high school students revealed that sexually active adolescents who use alcohol and/or drugs are somewhat less inclined to have used a condom during their last sexual encounter compared to their peers who do not use substances. Among individuals aged 14-22, those who reported never using substances showed higher rates of condom usage, with 78 percent of boys and 67 percent of girls reporting condom use, contrasting with only 35 percent of boys and 23 percent of girls who reported using five or more substances. Furthermore, teenage girls and young women aged 14-22 who have recently used multiple substances are less likely to have used a condom during their last sexual encounter.

Risky sexual activities encompass behaviors such as inconsistent condom usage, engaging in intercourse with multiple sexual partners throughout one's lifetime, and having sexual encounters with casual partners (Graves, 1995). Notably, sexual risk-taking behavior, or unsafe sex, is a prevalent issue among youths. In essence, risky sexual behavior entails engaging in unprotected sex, having sexual encounters with unfamiliar partners, and having multiple partners. While the latter two behaviors may not inherently be risky, they fall under the umbrella of risky sexual behavior because when the partner is unfamiliar or when multiple partners are involved, the likelihood of infection transmission increases. In such cases, practices like condom use or abstinence serve as preventive measures against contracting sexually transmitted diseases (Laumann, 1994).

Youth

The concept of youth is dynamic and subject to change based on various factors such as demographics, finances, economics, and socio-cultural contexts. In Nigeria, the 2009 National Youth Policy defines youth as individuals aged 18–35 years, portraying them as ambitious, enthusiastic, energetic, and promising. However, other definitions may use a narrower age range, such as 15-24, to define youth. According to the United Nations, youth is characterized as a transitional phase from childhood dependence to adult independence, making it a more fluid category compared to fixed age groups. Age remains the primary means of defining youth, especially concerning education and employment, often referring to individuals between leaving compulsory education and securing their first job. Honwana and De Boeck (2005) offer their interpretation of youth as a socially constructed category shaped by societal expectations and responsibilities. Additionally, youth represents the period following puberty when childhood is left behind, and individuals are expected to rapidly mature and assume their roles in the adult world.

Social Work Practice

Social work practice encompasses a broad range of activities aimed at enhancing individual and community well-being. Various scholars have defined social work practice in different ways, emphasizing different aspects of the field. Each of these definitions highlights different facets of social work practice, reflecting the field's complexity and the diverse roles that social workers play. The common threads include a commitment to improving social functioning, addressing social problems, and promoting social justice. Biestek (1957) highlighted the importance of the

relationship between the social worker and the client, emphasizing the individuality of the client, the purposeful expression of feelings, and the controlled emotional involvement of the social worker.

Compton and Galaway (1994) defined social work practice as a professional service involving the assessment, planning, implementation, and evaluation of interventions with individuals, families, groups, and communities. Pincus and Minahan (1973) described social work practice as a system of activities aimed at helping individuals, families, groups, organizations, and communities to solve or ameliorate personal, group, and community problems. Payne (2005) saw social work practice as the application of knowledge, skills, and values to solve social problems and enhance social functioning. Also, Hepworth, Rooney, Dewberry Rooney, and Strom-Gottfried (2013) defined social work practice as a process of engagement, assessment, intervention, and evaluation with individuals, families, groups, and communities to enhance social functioning and well-being.

Sheafor and Horejsi (2015) described social work practice as the professional application of social work values, principles, and techniques to help people obtain tangible services, provide counseling and psychotherapy, help communities or groups provide or improve social and health services, and participate in legislative processes. International Federation of Social Workers (IFSW) (2014) defines social work as a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. It emphasizes principles of social justice, human rights, collective responsibility, and respect for diversity. In the aspect of risky sexuality, social work practice becomes imperative and that stands the basis for this study.

Theoretical Framework

The study is grounded in the Problem-Behavior theory, which offers a systematic, multivariate framework rooted in social psychology. Initially drawing from Rotter's (1954, 1982) social learning theory and Merton's (1957) concepts of anomie, this theory revolves around fundamental concepts of value and expectation. Its core premise suggests that behavior is a product of the interaction between individuals and their environment. Problem behavior, according to this theory, refers to behavior that society deems problematic, concerning, or undesirable based on the social and legal norms established by conventional societal institutions of authority.

Expanding further, the Problem Behavior Theory encompasses not only problem behavior but also pre-social behavior and health-related behavior, including health-enhancing actions. Within this framework, there are systems of explanatory variables, namely the perceived environment, the personality system, and the behavior system. Each system comprises variables that either trigger engagement in problem behavior or act as deterrents against such behavior. The balance between these instigations and controls dictates the extent of susceptibility to problem behavior across all three systems, indicating the level of psychosocial conventionality or unconventionality characterizing each adolescent

In the perceived environment system, proneness to problem behavior is characterized by factors such as low parental disapproval of problem behavior, high peer approval, low parental controls, high peer supports, low peer controls, and incongruity between parental and peer expectations. Regarding the personality system, it comprises a patterned and interconnected set of relatively enduring socio-cognitive variables, including values, expectations, beliefs, attitudes, and orientations toward oneself and society, shaped by social learning and developmental experiences. Proneness to problem behavior within the personality system is indicated by traits such as a diminished emphasis on independence, heightened social criticism, increased feelings of alienation, lower self-esteem, greater acceptance of deviant attitudes, and reduced religiosity.

The behavior system encompasses both problem and conventional behaviors. Problem behaviors include alcohol use, alcohol-related problems, cigarette smoking, marijuana use, other illicit drug use, general deviant behavior such as delinquency and norm abuse, risky driving, and precocious sexual intercourse. Engaging in these behaviors for the first time often signifies a transition in status from less mature to more mature, from younger to older, or from adolescent to youth or adult.

This theory can be applied to the study as it helps to elucidate the occurrence of risky sexual behavior among youths in Rivers State. Stemming from social learning principles, it posits that involvement in risky sexual behavior can be attributed to peer influence and environmental factors. Problem behaviors like alcohol and drug use, identified in the theory, contribute significantly to youths' involvement in indecent, risky, and unscrupulous sexual activities.

Types of Risky Sexual Behaviour of Youths in Rivers State

Analysis of various forms of risky sexual behavior amongst Youths in Rivers State include the following:

i**. Having multiple partners:** Having multiple partners is a prevalent behavior among some youths in Rivers State, with motivations varying, including economic factors. Fora (2011) defines multiple partners as having two or more partners concurrently, a phenomenon observed among adolescents of both genders, particularly with young women dating older men. Berry and Hall (2009) highlight the implications of this behavior, noting that having multiple sexual partners, especially when there is a concurrent partnership, poses a significant risk for HIV infection, especially if there is a considerable age gap between male and female partners. Historically, in Rivers State, dating back to the pre-colonial era, having multiple partners was often seen as a sign of affluence among men. This notion aligns with the findings of Maddock (1997), who observed that having multiple sexual partners was regarded as a status symbol and garnered admiration among peers of the same sex. However, such behavior increases the risk of HIV transmission within sexual networks (Berry & Hall, 2009; Robinson et al., 2005).

Morojele et al., (2005) argue that male adolescents are more likely to have multiple partners if they lack family support and engage in substance abuse, while Krauss (2013) suggests that drug use may amplify the likelihood of engaging in unsafe sex with multiple partners. Risky sexual behaviors, including anal intercourse and encounters with sex workers or individuals with sexually transmitted infections (STIs), further compound the risks (Rwenge, 2000). Additionally, Walker et al., (2004) note that societal norms and peer pressure may drive young men to seek multiple partners, often perceiving them as unable to exercise rationality or self-control in their sexual desires.

Prostitution: Prostitution among youths in Rivers State poses a significant concern, with many young individuals resorting to selling sex for survival. This phenomenon is often linked to factors such as poverty, orphanhood due to HIV/AIDS, and unemployment, as highlighted by Gould and Fick (2008). Empirical studies substantiate the existence of this issue. In specific areas of Rivers State, such as the Eagle Cement axis in Rumuolumeni, Azikiwe Street axis, and other parts of Port Harcourt known for commercial sex activities like brothels, a considerable number of youths are deeply involved in risky sexual behaviors. As a result, many of these youths find themselves living or working on the streets, with some engaging in sex work as a means to obtain money, goods, or protection. Gould and Fick (2008) note that while some individuals in this demographic may not have been coerced into prostitution, they are often compelled by factors such as drug addiction, financial hardships, or illness to engage in such activities.

Unprotected Sex: Engaging in unprotected intercourse involves vaginal or anal sex without using a condom, increasing the likelihood of contracting HIV and other sexually transmitted diseases (STDs). During intercourse, bodily fluids containing viruses or infections such as HIV and STDs can transfer from one partner to another. Even if a partner is unaware of their infection status, they

can still transmit the virus or infection. To mitigate these risks, consistently using condoms is essential, as emphasized by Felson (2022), which decreases the probability of acquiring certain STDs. However, it's important to note that even with condom use, there remains a possibility of contracting herpes or human papillomavirus (HPV) from a partner. Unless one abstains from sex entirely or is certain their partner has no STDs and only engages in sexual activity with them, condoms remain the most effective preventive measure.

Anal Sex: Engaging in any form of sexual activity involving the anal area poses the highest risk for both men and women in terms of contracting and transmitting HIV and other STDs. This heightened risk is primarily due to anatomical factors. Unlike the vagina, the lining of the anus is considerably thinner, making it more susceptible to damage and therefore more vulnerable to infection. To mitigate this risk, individuals should ensure they are using latex condoms correctly to minimize the chances of breakage due to friction. Additionally, ample use of water- or silicone-based lubricants can provide further protection. However, as highlighted by Felson (2022) it's important to recognize that even with these precautions, individuals remain susceptible to certain STDs, particularly when engaging in receptive anal sex.

ELEMENTS CONTRIBUTING TO THE ESCALATION OF RISKY SEXUAL PRACTICES AMONG YOUTHS IN RIVERS STATE

Various factors enhance risky sexuality behaviors in Rivers State and beyond. The few identified factors include:

Peer pressure: In Rivers State, peer pressure emerges as the predominant factor contributing to risky sexual behavior. Marsh (2013) defines peer pressure as the influence exerted by peer groups, observers, or individuals to compel others to conform to group norms by altering their attitudes, values, or behaviors. Selvan and Kurpad (2004) note that peer pressure significantly shapes the adoption of health-risky behaviors, both positively and negatively. However, empirical evidence indicates that youths tend to adhere more to negative group norms than positive ones, often driven by a desire for social acceptance or to fit in. Transitioning from childhood to adolescence, individuals undergo profound physiological changes during puberty, spending more time with peers and less under parental supervision, thus allowing peer influence to profoundly impact their lives, often without their awareness. Peers can sway each other towards engaging in premature sexual activity, associating with older individuals prematurely, or even dropping out of school to engage in prostitution.

Peer pressure exerts a compelling force on individuals to conform to group expectations (Morojele et al., 2006). Within the teenage demographic, peer group culture holds significant sway, with empirical evidence indicating that associating with friends who exhibit risky behaviors strongly predicts adolescents adopting similar behaviors (Keenan et al., 1995). Particularly among boys, there's often pressure from peers to lose their virginity as a means of proving their masculinity and gaining acceptance within the group (UNESCO, 2006; Burtney & Duffy, 2004). The desire to engage in sexual activity is frequently linked to the need to fit in with peers (Krauss, 2013), while some adolescents perceive sexual relationships as a marker of maturity (Marsh, 2013). These dynamics are observed among youths in Rivers State, reflecting the broader influence of peer pressure on risky sexual behavior.

Drug Use: Risky sexual behavior in Rivers State is influenced by various factors, including substance abuse among youths (Castrucci & Martin, 2002). Brook et al. (2003) found that individuals involved in risky sexual behaviors are more likely to have peers who consume alcohol and use drugs. This finding aligns with Mwamwenda's (2004) study, which estimated that 5.8% of South Africans over the age of 15 are alcohol-dependent, putting them at higher risk of engaging in early sexual activity. Additionally, Frasca (2003) observed that living with non-family members,

particularly drug users, significantly contributes to social risks associated with substance abuse and risky sexual behavior.

Drug use poses a significant challenge among young individuals in Rivers State, with accessibility being a primary factor (Mwamwenda, 2004). Addictive substances are often readily available through the informal economy, contributing to their widespread use. Research suggests that individuals under the influence of drugs exhibit impaired judgment and are less likely to negotiate the use of condoms during sexual encounters (Walters et al., 2002), thus increasing their susceptibility to risky sexual behavior. Alcohol, in particular, is widely consumed among adolescents, impairing judgment and leading to unplanned, unprotected, and casual sex (Stalls & Hart, 2008). Typical behaviors associated with excessive alcohol consumption include slurred speech, poor balance, impaired motor skills, and loss of consciousness. There is substantial evidence indicating that a significant number of young people engage in risky sexual behavior while under the influence of alcohol (Krauss, 2013).

Poverty-stricken home background: Risky sexual behavior is often intertwined with poverty, particularly in households experiencing economic hardship. Amadi's (2021) study on poverty and youth unrest in Rivers State highlights the correlation between poverty and negative attitudes among youths, leading many girls to engage in prostitution and relationships with older men. Similarly, research by Brook, et al., (2003) suggests that young individuals from disadvantaged families are more susceptible to risky behaviors due to their reluctance to negotiate safer sex, fearing potential relationship breakdowns. This demographic also tends to exhibit higher levels of behavioral, social, and emotional problems (Zimmer-Gembeck & Collins, 2007). Adolescents often find themselves entangled in sexual relationships with multiple partners, driven by the importance of money and rewards in these relationships (Krauss, 2013). Economic exchanges, such as gifts in exchange for various sexual activities, further perpetuate risky sexual behavior (Kaufman & Stavrou, 2002). Rural girls, in particular, are susceptible to being seduced by seemingly insignificant gifts, perpetuating the cycle of risky behavior (Kaufman & Stavrou, 2006; Pettifor et al., 2004). Young women frequently cite financial incentives as a significant motivator for engaging in sexual relationships (Deque, 2004). Thus, the perception of economic necessity becomes a driving force behind risky sexual behavior in these contexts.

Ignorance: Ignorance emerges as a significant factor contributing to risky sexual behavior, particularly among youths in Rivers State. Despite some level of awareness about AIDS, many individuals fail to use condoms because they underestimate the risk of contracting deadly infections and diseases. Some youths in Rivers State exhibit apathy towards condom use, perceiving it as unnecessary because they view sex as inherently enjoyable. This sentiment is echoed in studies by Zwane and Mngadi (2004) and Kaufman and Stavrou (2006), which suggest that individuals perceive sexual intercourse with a condom as less pleasurable, artificial, or too indirect, making it a difficult topic to discuss. Consequently, high rates of unprotected intercourse leave adolescents vulnerable to sexually transmitted infections (STIs) and unplanned pregnancies, as highlighted by Bryan and Stallings (2001).

Health Implications of Risky Sexual Behaviour among Youths in Rivers State

High Rate of Sexually Transmitted Infections and HIV/AIDS: In Rivers State, Nigeria, and across the globe, youths represent the most vulnerable demographic to risky sexual behavior due to their high level of sexual activity and propensity for multiple sexual partners (Okpani & Okpani, 2000; Ibe & Ibe, 2003; Juarez & Martin, 2006; Demilson, 2008). Numerous factors contribute to this trend, including a lack of communication between parents and children regarding sexuality, widespread illicit sexual activity, prevalent campus prostitution, and harsh economic conditions (Obinna, 2005; Uzokwe, 2008). Despite the widespread awareness of HIV/AIDS among tertiary institution students in Nigeria, evidenced by various campaigns (Omoregie, 2002; Adedimeji,

2003), there remains a concerning indifference towards the disease. This indifference raises questions about the effectiveness of HIV/AIDS awareness campaigns and the extent to which students prioritize their sexual health. The prevalence of sexually transmitted diseases (STDs) among adolescents is a concerning issue, as evidenced by studies conducted in Abia State and Niger State. In Abia State, Izugbara (2001) found that 19.3% of boys and 9.5% of girls reported being infected with gonorrhea and syphilis, while in Niger State, Odimegwu, Solanke, and Adedokun (2002) discovered that 15.4% of sexually active adolescents had contracted STDs. These findings underscore the importance of addressing risky sexual behavior among young people.

While positive sexual experiences can contribute to overall well-being and public health, negative or risky sexual behavior carries significant risks, including unintended pregnancy, sexually transmitted infections (STIs), and sexual coercion (Whipple, 2007). The emotional, medical, and financial costs associated with these risks emphasize the need to study sexual development and promote sexual health among young people (De Graaf, 2011). By understanding and addressing the factors contributing to risky sexual behavior, efforts can be made to mitigate these risks and improve the sexual health outcomes of adolescents. HIV/AIDS and other diseases remain significant public health challenges among young people in Rivers State and across Sub-Saharan Africa (SSA). According to the United Nations for AIDS (2019), Sub-Saharan Africa is home to two-thirds of all people living with HIV (PLHIV) worldwide. Furthermore, young people aged 15-24 years account for 42% of new HIV infections globally, with 37% of new HIV infections occurring among young people in SSA (UNAIDS, 2017).

Unprotected sexual behaviors significantly increase the risk of acquiring HIV infection (UNAIDS, 2017), and youths have been particularly central to engaging in such practices, leading to negative consequences (Mudhovozi, 2011). Efforts to address these challenges must prioritize comprehensive strategies aimed at promoting safe sexual practices, increasing awareness, and providing access to prevention and treatment services among young people in Rivers State and throughout SSA.

Unintended Pregnancy: The high prevalence of unintended pregnancy among youths in Rivers State is closely linked to risky sexual behavior, as supported by various studies. Jatau (2003) emphasizes that pregnancies among adolescent girls are not random events but are influenced by multiple factors. These factors include parental moral decline, the pursuit of wealth and material possessions, strong sexual urges among adolescents, lack of knowledge or awareness about contraception, false promises of marriage, permissive attitudes towards sex, boarding/day school systems, inadequate sex education, exposure to pornography, instances of rape, and broken family structures. These circumstances contribute to a culture where young people engage in sexual activity without fully understanding the consequences, leading to unintended pregnancies and associated challenges. Addressing these underlying factors through comprehensive education, support systems, and access to reproductive health services is essential in reducing the prevalence of unintended pregnancies among youths in Rivers State.

The repercussions of unintended pregnancy among young people in Rivers State are manifold and severe, as highlighted by Jatau (2003). These include various reproductive health complications such as first and third-trimester bleeding, severe anemia, prolonged and obstructed labor, cephalopelvic disproportion, abortion-related consequences leading to death, child abandonment, child abuse, school dropout, pelvic inflammatory diseases, pre-eclampsia, cervical damage, infertility, cervix perforation, and infections. The World Health Organization (2010) underscores the tragic reality that many pregnant girls and women around the world die during childbirth, often due to complications arising from immature pelvic bones, malnutrition during childhood, unsafe abortions, and inadequate medical care. Every year, approximately 20 million adolescent girls

undergo the dangers of unsafe abortions, further emphasizing the risks associated with unintended pregnancies.

Unintended pregnancies pose significant economic, psychological, social, and religious challenges for women of reproductive age, particularly in developing countries. WHO (2012) estimates that out of the 210 million pregnancies occurring worldwide annually, around 80 million (38%) are unplanned, and 46 million (22%) end in abortion. Addressing the root causes of unintended pregnancies and ensuring access to comprehensive reproductive health services are crucial steps in mitigating these devastating consequences among young people in Rivers State and beyond.

Unsafe Abortion: The issue of youth and adolescent abortion resulting from unwanted pregnancies is a significant concern in Rivers State and Nigeria as a whole. Due to restrictive abortion laws in Nigeria, most abortions are conducted illegally under unsanitary conditions, leading to serious health risks for young individuals (Okonofua et al., 2005). In Rivers State specifically, studies indicate that 24.8% of sexually active girls have undergone at least one abortion, with 7.3% having undergone more than three abortions. Alarmingly, abortion complications account for 72% of all deaths among young people under 19 years of age in Nigeria, including Rivers State. These complications contribute significantly to maternal mortality rates, with studies showing that over half of maternal deaths in some Nigerian hospitals are due to abortion-related complications (Akingba, 1971; Lettenmaier et al., 1988).

Similar trends are observed in other African countries. Studies conducted in Addis Ababa, Ethiopia, and Lusaka, Zambia, found that abortion accounted for a quarter of all maternal deaths (Lettenmaier et al., 1988, cited in the National Academy of Sciences, 2017). Additionally, Coeytaus (1998) highlighted shocking estimates of abortion rates among young unmarried women, particularly in urban areas like Accra, Ghana, where a significant proportion of women under 20 years of age had terminated their pregnancies through illegally induced abortions. These findings underscore the urgent need for comprehensive sexual and reproductive health education, access to contraception, and safe abortion services for young people in Rivers State and across Africa to prevent the dire consequences associated with unsafe abortions.

Psychological Implications: The implications of risky sexual behavior among youths in Rivers State are multifaceted and extend beyond physical health risks. Studies such as the one conducted by Agbaegbeu (2017) shed light on the mistreatment and abuse faced by girls who become pregnant, leading to stigmatization, neglect, abandonment, and rejection by their families. This mistreatment often compels young girls to resort to actions such as abortion, dropping out of school, engaging in forced or early marriages, and enduring a lifetime of poverty. Poor parental care and education, as highlighted in Rose's (2021) study in Andoni LGA, further exacerbate the issue by contributing to high dropout rates among girls.

In addition to these social and economic consequences, risky sexual behavior also takes a toll on the psychological well-being of young individuals. Agbaegbeu (2017) notes that a third of women with unwanted pregnancies suffer from depression or anxiety, regardless of whether they choose to undergo abortion or continue with the pregnancy. Moreover, risky sexual behavior can lead to a range of psychological symptoms, including persistent sadness, negative outlook, irritability, mood swings, impulsivity, anxiety, guilt, shame, anger, decreased self-esteem, and diminished self-confidence, and decreased concentration, feelings of helplessness, vulnerability, and alienation. These psychological symptoms not only affect the individual's mental health but also impact their overall quality of life and relationships. Addressing the root causes of risky sexual behavior and providing comprehensive support and education are crucial steps in mitigating these psychological and social consequences among youths in Rivers State.

THE ROLE OF SOCIAL WORKERS TOWARDS RISKY SEXUAL BEHAVIOR AMONG YOUTHS IN RIVERS STATE

Social workers play a crucial role in addressing and mitigating risky sexual behavior among youths in Rivers State. Their responsibilities are multifaceted and include prevention, education, support, and advocacy. Here are some key roles they perform:

1. **Education and Awareness:** Social workers provide comprehensive sexual education to youths, covering topics such as safe sex practices, contraception, sexually transmitted infections (STIs), and the importance of consent. This education can occur in schools, community centers, and through various outreach programs.

a. **Sex Education Curriculum Development**: Social workers help develop and implement sex education curricula that are age-appropriate and culturally sensitive. These curricula cover topics such as consent, sexual orientation, gender identity, and healthy relationships.

b. **Peer Education Programs:** Training youths as peer educators can be an effective strategy. These trained peers can then educate their classmates and friends, creating a ripple effect that spreads accurate information and encourages positive behavior changes.

c. **Public Awareness Campaigns**: Utilizing various media platforms, social workers can run public awareness campaigns that address myths and misconceptions about sex, promote safe sex practices, and highlight the importance of sexual health.

2. **Counseling and Support:** They offer counseling services to youths to help them understand their sexual health, make informed decisions, and cope with peer pressure or other influences that might lead to risky behaviors. This support is essential in helping youths develop healthy relationships and self-esteem.

a. **Counseling Services:** Providing confidential counseling services to youths helps address issues related to risky sexual behaviors. Social workers offer a safe space for youths to discuss their concerns, receive emotional support, and develop coping strategies.

b. **Support Groups:** Facilitating support groups for youths can help them share their experiences and learn from others in similar situations. These groups provide a sense of community and belonging, which can be crucial for individuals struggling with sexual health issues.

c. **Access to Health Services:** Social workers connect youths with health services, including sexual and reproductive health clinics. They ensure that these services are youth-friendly, accessible, and non-judgmental, encouraging more youths to seek the help they need.

3. **Prevention Programs:** Social workers design and implement prevention programs aimed at reducing risky sexual behaviors. These programs might include workshops, seminars, peer education, and distribution of educational materials. They often collaborate with schools, community organizations, and health services to maximize their reach and effectiveness.

a. **Community Outreach Programs:** Social workers engage in community outreach programs to raise awareness about the dangers of risky sexual behaviors. This includes organizing workshops, seminars, and community meetings where they provide information on safe sexual practices, the importance of regular health check-ups, and the availability of contraceptives.

b. **Collaboration with Schools:** By working closely with educational institutions, social workers can implement comprehensive sex education programs. These programs are designed to teach students about the physical and emotional aspects of sex, the risks associated with unprotected sex, and how to make informed decisions.

c. **Early Intervention:** Identifying at-risk youths through community and school networks allows social workers to intervene early. They provide counseling and support to these individuals, helping them understand the consequences of their behaviors and guiding them toward healthier choices

4. **Advocacy:** Advocacy is a critical component of social work, especially in addressing risky sexual behaviors among youths. Social workers in Rivers State engage in advocacy to create systemic changes, secure resources, and protect the rights of young people.

a. **Policy Advocacy:** Social workers advocate for policies that promote sexual health education and services. They work with government officials, NGOs, and other stakeholders to push for laws and regulations that protect the sexual health rights of youths.

b. **Resource Mobilization:** By advocating for more resources, social workers can enhance the capacity of organizations and institutions to provide comprehensive sexual health services. This includes securing funding for educational programs, healthcare services, and community outreach initiatives.

c. **Legal Support:** Social workers may also provide or facilitate access to legal support for youths facing issues such as sexual abuse or exploitation. They advocate for the enforcement of laws that protect young people from sexual violence and exploitation.

Conclusion

In conclusion, this study sheds light on the prevalence of risky sexual behaviors among youths in Port Harcourt Metropolis and the consequential health implications. Through a comprehensive analysis of survey data, several key findings have emerged: Firstly, the study revealed a concerning prevalence of risky sexual behaviors among youths, including early sexual debut, multiple sexual partners, and inconsistent condom use. These behaviors not only increase the likelihood of contracting sexually transmitted infections (STIs), including HIV/AIDS but also elevate the risk of unintended pregnancies. Secondly, the study highlighted the influence of socio-economic factors such as education level and family background on sexual behavior patterns. Youths from disadvantaged backgrounds were found to be more susceptible to engaging in risky sexual behaviors, indicating a need for targeted interventions addressing socio-economic disparities. Additionally, the study emphasizes the critical role of healthcare services in providing accessible and youth-friendly sexual health services, including STI testing and counseling, contraceptive services, and reproductive health education.

In light of these findings, it is evident that addressing risky sexual behaviors among youths in Port Harcourt Metropolis requires a multi-faceted approach involving collaboration between government agencies, healthcare providers, educational institutions, and community organizations. By implementing evidence-based interventions and policies, we can mitigate the health implications associated with risky sexuality and empower youths to make informed and healthy choices regarding their sexual health. However, it's important to note some limitations of this study, including the reliance on self-reported data, which may be subject to social desirability bias, and the cross-sectional design, which limits our ability to infer causality. Future research should employ longitudinal designs and mixed-methods approaches to further explore the complex interplay between socio-economic factors, sexual behaviors, and health outcomes among youths in Port Harcourt Metropolis. In conclusion, addressing risky sexuality among youths in Port Harcourt Metropolis is paramount for promoting their overall health and well-being. By implementing targeted interventions and fostering supportive environments, we can empower youths to make healthy choices and reduce the burden of sexually transmitted infections and unintended pregnancies in the community.

Recommendations

Given the crisis of risky sexual behavior, the study recommends the following:

1. There is need to promote condom use and adherence to safe sex practices among youths could mitigate the crisis of risky sexual behavior and its associated health issues, reducing rates of unwanted pregnancies, abortions, and infectious diseases. To effectively promote condom use among youths in Rivers State, it's essential to incorporate comprehensive sex education that includes information on condom use, accessibility to condoms through various channels, and destigmatization efforts to encourage their consistent use. Additionally, providing access to free or low-cost condoms through healthcare facilities, youth centers, and community outreach programs can further support this initiative.
2. **Comprehensive Sexual Education Programs:** Implement comprehensive sexual education programs tailored to the needs of youths in Port Harcourt Metropolis. These programs should cover topics such as contraceptive use, STI prevention, healthy relationships, and consent.
3. **Youth-Friendly Healthcare Services:** Establish youth-friendly healthcare services that provide confidential, non-judgmental, and accessible sexual health services. These services should include STI testing and treatment, contraceptive counseling and provision, and reproductive health education. Additionally, healthcare providers should receive training on how to effectively communicate with youths and address their unique needs and concerns.
4. **Community-Based Interventions:** Implement community-based interventions aimed at addressing the underlying socio-economic factors that contribute to risky sexual behaviors among youths. This may involve providing economic empowerment opportunities, promoting education and skill-building programs, and addressing social norms that perpetuate risky sexual behaviors. Collaborate with local community organizations, religious institutions, and youth groups to reach a wider audience and create sustainable change.
5. **Policy Advocacy and Implementation:** Advocate for policies and regulations that support the sexual and reproductive health rights of youths in Port Harcourt Metropolis. This may include advocating for comprehensive sex education to be integrated into school curricula, promoting access to affordable and youth-friendly contraceptive services, and ensuring that healthcare facilities have the resources and capacity to provide quality sexual health services. Collaborate with policymakers, government agencies, and civil society organizations to ensure the effective implementation of these policies.

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