

ROLE OF SELF-CONCEPT ON ATTITUDE TOWARDS SEXUAL HEALTH AMONG UNIVERSITY UNDERGRADUATES IN ANAMBRA STATE, NIGERIA

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ABSTRACT: *The study was on role of self-concept on attitude towards sexual health among university undergraduates in Anambra State, Nigeria. The objectives were to examine if self-concept would significantly predict condom use; and to find out if self-concept would significantly predict risky sexual behaviours. Measuring instruments were Risky Sex Scale, Condom Use Self-Efficacy, and Robson Self-Concept Questionnaire. With 200 participants, cluster sampling, and predictive design, two hypotheses were tested. Findings show that self-concept significantly predicted risky sexual behaviour, and condom use significantly predicted risky sexual behaviour. Recommendations were made for youths to embrace self-concept that is firm and devoid of sexual recklessness.*

KEYWORDS: Self-concept, Sexual Health

INTRODUCTION

Risky sexual behaviours among young people are a major public health concern all over the world. In third world countries like Nigeria, where poverty is endemic and corruption is systemic, it is even a more serious matter. In a report of United Nations cited in Odoemelam and Adibe (2012), nearly 800,000 young women aged 15-19 years get pregnant annually, with most of them happening unintentionally. It was further reported that half of over 19 million new Sexually Transmitted Infections (STIs) are diagnosed each year among young people between the ages of 15 and 24 years. A great deal of research attention has been paid world over towards understanding what puts young people at risk for these outcomes, given the enormous social, economic, and public health consequences (Sonaike, Abdullahi & Abdulqaudri, 2018; Agbodo, 2017).

It becomes very necessary to have an in-depth understanding of risky sexual behaviour and do more to address risky sexual behaviours among young people, especially undergraduates who are prematurely independent and the most vulnerable groups in the society (Arua, 2011). One route towards addressing this issue is to identify the contributing factors that predispose young people to those risks and identify preventive measures that can be used to ameliorate them (Adesemoye, 2010; Agbodo, 2017). Risky sexual behaviour is also defined by Mwale (2012) as “any behaviour that increases the probability of negative consequences associated with sexual contact, including AIDS

or other sexually transmitted diseases, as well as unplanned pregnancies”.

Self-concept has been defined as an individual’s positive and negative perceptions and feelings about him or herself (Rostovsky, Dekhtyar, Cupp & Anderman, 2018). Compared to other individual psychological developmental periods, adolescence is a critical period of transition for self-concept (Harter, 2016). A person’s self-concept may be an underlying factor leading to engagement in different types of behaviour, particularly sexual behaviour (Salazar, 2014). Rostovsky (2018) suggested that adolescents’ and youth’s positive self-concept may enhance their ability to translate their knowledge of sexual risk into self-confident action on behalf of their sexual health and well-being. However, researchers have rarely examined the role of self-concept on condom use and risky sexual behaviour among undergraduates. Hence, the need for this study.

Statement of Problem

Out of all the new HIV/AIDS infections, 60 percent occur among the adolescents with more girls being infected than boys (Youth Net, 2018). Cases of early pregnancies have also increased from 3 percent at the age of 15 years, to 45 percent at the age of 19 years. Only 20.4 percent of the sexually active adolescent female aged 15-19 years reported using modern contraceptives (Pak., 2010).

Increasing early childbearing is exposing young mothers to risks of maternal morbidity and mortality. Adolescent and youths’ mothers are more likely to drop out of schools (Karl, 2015). Despite the consequences

of engagement in early and unprotected sex, the rate of contraceptive use among the adolescents is low though its prevalence rate has increased overtime (Max, 2010).

Nigeria has the second largest HIV burden and the highest AIDS related deaths globally (UNAIDS, 2014). The prevalence among adolescents aged 15–19 is 3.5%, which is the highest of any West or Central African countries (UNAIDS, 2014). Limited knowledge of HIV prevention is thought to contribute to these high rates, and increasing HIV education among adolescents is often recommended as a major intervention. However, studies have shown that despite being well informed, some adolescents still engage in risky sexual behaviour (RSB) (Federal Ministry of Health, 2013). This has led to the re-thinking of factors that predicts risky sexual Behaviours and condom use (RSB) including self-concept. Hence, this study intends to investigate the role of self-concept on condom use and risky sexual behaviour among undergraduates.

Purpose of the Study

The main purpose of this study is to investigate the role of self-concept on condom use and risky sexual Behaviours among undergraduates. Specifically, this study intends to:

1. Examine the extent to which self-concept will significantly predict condom use among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus, Anambra State, Nigeria
2. Find out if self-concept will significantly predict risky sexual behaviours among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus.

Research Questions

1. To what extent will self-concept significantly predict condom use among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus, Anambra State, Nigeria?
2. In what ways will self-concept significantly predict risky sexual behaviours among undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus?

Significance of the Study

1. This study will help the governments and policy makers to make relevant policies

that will be of great benefits to the students as risky sexual behaviours.

2. Also, this study will be useful to the ministry of health in the area of educating the youths and the general public on how to manage their sexual life, and how to practice safe sex.
3. Furthermore, the study will provide relevant literature for further researchers that might also want to find out the role of self-concept on condom use and risky sexual behaviours using a different population of study.
4. Finally, this study will educate the students, youths and adolescents on the use of condom during sexual intercourse, and the need to practice safe sex.

Operational Definition of Terms

Self-Concept: This is an idea of self-construct which emanate from the belief that one holds about oneself and the responses of others as measured with Robson Self-Concept Questionnaire by Robson (1989)

Condom Use: This is an undergraduate's level of confidence and knowledge on the use of condoms as measured with Condom Use Self-Efficacy Scale by Brafford and Beck (1991).

Risky Sexual Behaviours: This involves reckless sexual activities with the attendant consequences as measured with Risky Sex Scale by O'Hare (2001)

LITERATURE REVIEW

Theoretical Review

On Self-Concept

Roger's Theory of Self by Carl Rogers (1954): Rogers' "self" theory is basically focused on the notion of self or self-concept. The self-concept is defined in a wide way as the individual's tendency to act in ways which actualize himself, lead to his differentiation and a group of experiences, accordingly, are differentiated and symbolized in conscious awareness as self-experiences, the sum of which establishes the individual's self-concept. In terms of his investigation on the concept of self, it is central to the client-centered theory of therapy and personality. A method which he frequently used for this purpose was the Q-technique (Stephenson, 1953) and Q-sort of self (Butler & Haigh, 1954) adapted for the study of self. To Rogers, healthy persons are individuals who can assimilate experiences into their self-structure (Cervone & Pervin, 2008). To some

extent, they explained that individuals are open to experiences congruence between self and experience. In contrast, the neurotic ones do not fit organismic experience. They are in apposition to deny awareness of significant sensory and emotional experiences. There are some following terms which Rogers exploited in his self-theory.

On Condom Use

Social Cognitive Theory of Condom Use by Bandura (1986): Social cognitive theory provides a useful framework for understanding how determinants of behavior operate together to explain actions (Bandura, 1986, 1997). According to the theory, self-efficacy, one's beliefs in capabilities to meet specific performance attainments, is part of the self-regulatory aspect of behavior. Behavior is dependent on one's efficacy beliefs, which determine which behaviors one chooses to perform, the degree of perseverance, and the quality of the performance (Bandura, 1986, 1997). In regard to HIV prevention, current trends in the literature support the utility of social cognitive theory in HIV prevention research (Bandura, 1992; Kasen, Vaughan, & Walter, 1992). In particular, a strong sense of efficacy has been shown to be an important variable in the prediction of condom use among college students (Basen-Engquist, 2014; Goldman & Harlow, 2013; O' Leary, Goodhart, Jemmott, & Boccher-Lattimore, 2012; Wulfert & Wan, 2013). For example, self-efficacious condom users are likely both to focus on positive outcomes such as STD and pregnancy prevention and to be successful in using condoms. In contrast, people who doubt their condom use abilities tend to focus on negative outcomes such as embarrassment and lack of spontaneity. These beliefs in turn undermine their attempts to use condoms. Empirical support for the role of expectancy in explaining condom use is often derived from studies in which positive and negative aspects of condom use have been found to predict condom use (Caron, Davis, Halteman, & Stickle, 2013; Helweg-Larsen & Collins, 2014; Jemmott & Jemmott, 2011; O' Leary, 2012; Orr & Langefeld, 2013).

On Risky Sexual Behaviour

Theory of Planned Behaviour of Risky Sexual Behaviour by Albarracín & Johnson (2001): The Theory Planned Behaviour theorizes that attitude, subjective norm and perceived

behavioral control are constructs related to intended condom use (Albarracín, Johnson, Fishbein, & Muellerleile, 2001). Subjective norm refers to the perception of approval or disapproval from significant others regarding the use of condoms. This perception of expectations of significant others is pulled together with the individual's motivation to comply with those expectations. Furthermore, the Theory of Planned Behavior postulates that the decision to engage in a particular behavior is the result of a rational process that is goal oriented; consequences are evaluated and a decision to act or not act is made. This decision is generally referred to as behavioral intention in terms of motivation of an individual to exert effort to perform a particular behavior. The Theory of Planned Behaviour, moreover, declares that the intention to engage in a particular behavior is a strong and proximal determinant of behavior, thus the intended condom use is a good predictor of the actual use of condoms (Armitage & Connor, 2011). The implication of this theory to this study is that the more positive the sex-related attitude, the stronger the individual's intention to use condoms while having sexual intercourse (Ajzen, 2011).

Empirical Review

Self-concept and risky sexual behaviour

The majority of past studies that have examined associations between the self and risky sexual behaviour have focused on self-concept as an antecedent to risky sexual behavior (Houlihan et al., 2008; Salazar et al., 2005; Townsend, 2002). Houlihan et al. (2008) investigated 733 African-American boys (n = 328) and girls (n = 405) to understand the effect of early sexual onset on self-concept and subsequent risky behaviour, revealing that adolescents' self-concepts about sex and risk cognitions toward sex are related to risky sexual behaviour. The researchers found that changes in risk assessment can be both a consequence and an antecedent of risky sexual behaviour.

Pei, Lee, and Yen (2012) investigated 534 female Taiwanese adolescent students aged 12–15 years and indicated that female adolescents' self-concepts and normative beliefs are predictors of their behavioural intention related to sexual health. These two factors accounted for 24.9% of the variance in girls' sexual health behavioural intentions. In addition, the moderating role of normative

beliefs between sexual self-concept and sexual health behaviour was supported. Also, results from the 2003 Nigeria Demographic and Health Survey revealed that 89.9% of women aged 15 years and above in the rural area and 84.8% of women aged 15 years and above in the urban area reported not using a condom during last sexual intercourse (Baiden, Rajulton, Baiden, & Rajulton, 2012). Furthermore, in a study conducted in Nigeria among sexually active youth (aged 15–19 years), only 28% reported using condoms the first time they had sex and 30% reported using condoms during their last sexual intercourse (GSS et al., 2014).

Condom self-efficacy has also been found to be a substantial predictor of engaging in safe sex behaviors (Basen-Engquist & Parcel, 2012; Brown, Danovsky, Lourie, DiClemente & Ponto, 2017; Jemmott & Jones, 2013). In addition, Basen-Engquist and Parcel (2012) discovered that after controlling for attitudes and perceptions of peer norms towards safer sex, condom self-efficacy predicted condom use.

Further, in another study that assessed a sample of 10th graders, students who believed they could use condoms effectively were more likely to report consistent use of condoms in comparison to their less confident counterparts (Kasen, Vaughan, & Walter, 2012).

In a separate study considering how well optimism about the future and self-esteem predict condom use self-efficacy, Bryan, Aiken, and West (2014) depicted self-efficacy as a multi-dimensional construct that comprise skills at condom use, social aspects of negotiating condom use with one's sexual partner as well as the ability to use condoms while under the influence of alcohol and drugs. They considered communication to be among the factors of the self-efficacy model. Communication factors therefore speak to the capability of one to be assertive in their discussion with their sexual partner about the intent to use a condom and the capability to negotiate condom use even when faced with dissatisfaction or objection from the partner (Bryan, Aiken, & West, 2014). The above observation supported the relationship of self-efficacy to condom-use intention noted before in other populations (Diiorio, 2010; Meekers & Klein, 2012; Taffa, 2012).

It thus seems apparent that one's belief in their ability to use condoms effectively may be an

important factor to take into account in designing HIV prevention measures for adolescents (Lescano, Brown, Miller & Puster, 2007). Even more so, when considering the fact that self-efficacy as a predictor of safe sex behavior continues to be reported in more recent studies (Buhi & Goodson, 2007; Hendrickx, Philips & Avonts, 2008; Heeren, Jemmott III, Mandeya & Tyler, 2007).

Condom use Self-Efficacy and Sexual behaviour

In a study conducted by Exavery and colleagues (2011), in Tanzania, found that the prevalence of condom use at the last sexual intercourse among the sexually active respondents between the ages of 10-19 years ranged from 14% to 56%, with an overall prevalence of 39% (Exavery et al., 2011). Also, results from the 2003 Nigeria Demographic and Health Survey revealed that 89.9% of women aged 15 years and above in the rural area and 84.8% of women aged 15 years and above in the urban area reported not using a condom during last sexual intercourse (Baiden, Rajulton, Baiden, & Rajulton, 2012).

Furthermore, in a study conducted in Nigeria among sexually active youth (aged 15–19 years), only 28% reported using condoms the first time they had sex and 30% reported using condoms during their last sexual intercourse (GSS et al., 2014). Condom self-efficacy has also been found to be a substantial predictor of engaging in safe sex behaviors (Basen-Engquist & Parcel, 2012; Brown, Danovsky, Lourie, DiClemente & Ponto, 2017; Jemmott & Jones, 2013). In addition, Basen-Engquist and Parcel (2012) discovered that after controlling for attitudes and perceptions of peer norms towards safer sex, condom self-efficacy predicted condom use.

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Furthermore, Hendrickx, (2018) also identified the self-efficacy variable as an important associate of safe sex intentions and behavior in their sample of Belgian adolescents in both native and ethnic minorities. In their case, self-efficacy entailed the ability to suggest that a condom be used in a sexual relationship, the capability to employ a condom properly, and the confidence to use a condom. Also noteworthy is the findings made by Heeren, Jemmott III, Mandeya & Tyler (2017)'s study of the predictive value of the theory of planned behavior in a sample of university students in South Africa and the United States. Heeren, (2017) study identified self-efficacy among other variables as an important predictor of both condom use and intention to use condoms. Further, it has been shown that young people with greater motivational readiness and self-efficacy for safer sex were more likely to utilize condoms (Outlaw, Naar-King, Janisse & Parsons, 2010).

Hypotheses

1. Self-concept will not significantly predict condom use among university undergraduates of Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus, Anambra State, Nigeria.
2. Condom use will not significantly predict risky sexual behaviour among the university undergraduates.

METHODS

Participants: The participants used for this research were undergraduate students selected from Chukwuemeka Odumegwu Ojukwu

University, Igbariam campus, Anambra State, Nigeria. The participants were selected using cluster and incidental sampling methods. The participants comprise of 120 (75.0%) females and 80 (25%) males, making a total of two hundred (200) undergraduates, whose ages ranged from 17-30 years, with a mean age of 30.36 years and a standard deviation of 7.03 years.

Instruments: Three instruments were utilized which are Risky Sex Scale by O'Hare (2001) to measure risky sexual behaviours, Condom Use Self-Efficacy Scale by Brafford and Beck (1991) to measure condom use, and Robson Self-Concept Questionnaire by Robson (1989) to measure self-concept.

Robson Self-Concept Questionnaire by Robson (1989): The Robson Self-Concept Questionnaire is a 30-items questionnaire that deals with attitudes and beliefs which people have about themselves. The scale is measured on 4-point Likert scale ranging from completely disagree (1) to completely agree (4). The scale has 14 'normal' items (Qu 1, 2, 3, 6, 9, 10, 12, 15, 16, 18, 24, 26, 29, 30) which have a full stop after the question number (e.g., 2.), and scoring for these is taken straight off the scale as printed. Also, the scale has 16 'reversed' items (Qu 4, 5, 7, 8, 11, 13, 14, 17, 19, 20, 21, 22, 23, 25, 27, 28) which have a colon after the question number (e.g. 4:) and the scoring is reversed for these (i.e. 0 = 7, 1 = 6 etc). In order to get the total score, the person administering the questionnaire is required to add up the numbers obtained to get the total score. The author reported and internal consistency of 0.96. and a content validity of is .85. In a study in Nigeria, by Chukwudi (2001), the scale reported a Cronbach alpha of 0.78. The researcher conducted a pilot study and obtained a Cronbach Alpha of .98.

Condom Use Self-Efficacy Scale by Brafford and Beck (1991): This scale was originally developed to assess the confidence of American college students towards condom use. It consisted of 28 items describing an individual's feelings of confidence about being able to purchase condoms, put them on and take them off, and negotiate their use with a new sexual partner. The later analysis resulted in four subscales: mechanics (items 1,27,14,22), partner disapproval (items 9,10,16, 17,18), assertive (items 4,5,6) and intoxicants (items 24, 25, 28), and left 13 items unassigned. The

subscales had high internal consistencies (Cronbach’s alpha) of 0.78, 0.81, 0.80 and 0.82 respectively. The original scale had adequate reliability (Cronbach’s alpha = 0.91 and a two-week test-retest correlation of 0.81). The items elicit responses using a five-point Likert scale that ranges from ‘strongly disagree’ to ‘strongly agree’. In this study, the responses for each item were scored as 0 = strongly disagree, 1 = disagree, 2 = undecided, 3 = agree and 4 = strongly agree. Before the analysis, 7 negatively worded items were reverse coded. Higher scores indicate greater condom use self-efficacy. Nigeria, Chukwudi (2001), the scale reported a Cronbach alpha of 0.78. The researcher conducted a pilot study and obtained a Cronbach Alpha of .98.

Risky Sex Scale by O’Hare (2001):

The Risky Sex Scale (RSS; O’Hare, 2001) is a brief screening tool developed for, and validated among, college students. It was designed to assess three domains of young adults’ participation in sexual risk behavior: (a) expectancies for sexual arousal and performance following alcohol use; (b) sexual risk behavior while intoxicated; and (c) perceptions of gender-related risk for sexual violence following alcohol use. The RSS overcomes some of the limitations of existing brief screening tools by using a 5-point Likert-type rating format and by establishing relations between alcohol use and risk behaviors in the wording of each item. The content validity of the scale was found to be 0.86 (O’Hare, 2001).

Table 1: Summary of the Mean scores and standard deviation for the demographic variables in the study.

Variables	Mean	Std. Deviation	N
Age	44.42	9.838	200
Gender	2.55	.510	200
Marital Status	1.64	.753	200
Qualifications	2.32	.992	200
Self-concept	15.53	2.921	200
Condom Use	28.12	2.711	200
Risky Sexual Behaviour	11.28	1.932	200

Table 1 shows the mean scores of each of the variable measured in the study, their standard deviation and number of participants.

Table 2: Summary Table of Pearson product-moment correlation coefficients on risky sexual behaviour, self-concept and condom use

Variables	1	2	3
Risky sexual behaviour	1		
Condom Use	.260**	1	
Self-Concept	.593**	.429**	1

Note: ** = $p < .01$, * = $p < .05$; ** means that the test is significant at .01 level of significance;

The result of the Pearson r revealed that self-concept, and internet addiction correlated with risky sexual behaviour among undergraduates ($r = -.26; -.53$ and $-.41, p < .01$) respectively. By

The observed internal consistency for this scale was found to be 0.75. A study by (Okon, 2004), obtained a Cronbach’s alpha of .83. Another study in Nigeria (Onugwu, 2014) obtained a Cronbach’s alpha of .70. The researcher conducted a pilot study and obtained a Cronbach alpha of .89.

Procedure: Before the process of data collection, informed consent was obtained from the participants who volunteered to participate in the study. Assurance of confidentiality was established and thereafter the research instruments were administered to the participants. A total of 200 copies of the questionnaire were distributed to those that were interested in the study. All the properly filled copies of the questionnaire were used for data analyses.

Design/Statistics: A predictive design was adopted for this study. According to Raj (2010), a predictive design reveals the predictive relationship that exists between two variables. On the statistical tools, multiple linear regression was used to test the hypothesis. This is because the researcher is interested in finding out the extent to which self-concept and condom use significantly predict risky sexual behaviour. Statistical Package for Social Sciences (SPSS) version 25 was used to do all the statistical analyses.

RESULTS

This chapter presents the results of the analyses carried out on the data collected from the field.

implication, the higher the self-concept and condom use the higher the tendency of undergraduates to engage in risky sexual behaviour.

Table 3: Multiple regression table showing the interaction self-concept, condom use and risky sexual behaviour

Variables	R ²	Δ R ²	DF	F	B (UC)	β (SC)	T	SE
Model 1	.37	.02	3(196)	35.23**				
SC					.01	.04**	3.27	.04
CU					-.02	.03**	2.16	.03
SC * CU					.10	.03**	2.28	0.2

Note: ** = $p < .01$, * = $p < .05$; ** means that the test is significant at .01 level of significance; Δ = increase on adjusted R² and F-ratio as a result of the interaction; B (UC) = Unstandardized coefficient; β (SC) = Standardized Coefficients Beta; SE= Std. Error; SC = self-concept; CU=condom use.

The result of the moderated regression showed that in model 1 self-concept and internet addiction contributed to 37% variation of the understanding of risky sexual behaviour among undergraduates $F(3,196) = 35.23$ at $p < .01$. Also, self-concept and condom use significantly predict risky sexual behaviour among undergraduates ($\beta = .04, t = 3.27, p < .05$; $\beta = .03, t = 2.16, p < .05$) respectively. Specifically, self-concept and condom use jointly predict risky sexual behaviour among undergraduates ($\beta = .03, t = 2.28, p < .05$).

Summary of findings

1. Condom use has significant relationship with risky sexual behaviour.
2. Self-concept has significant relationship with risky sexual behaviour
3. Self-concept significantly predicts risky sexual behaviour among undergraduates.
4. Condom use significantly predict risky sexual behaviour among undergraduates.

DISCUSSION

This study examines role of self-concept on attitude towards sexual health among university undergraduates in Anambra State, Nigeria. Two hypotheses were tested and the results showed that self-concept significantly predict risky sexual behaviour among undergraduates. Also, condom use significantly predicts risky sexual behaviour among undergraduates.

Hypothesis one which stated that self-concept would not significantly predict risky sexual behaviour among university undergraduates was rejected. The finding revealed that self-concept significantly predicts risky sexual behaviour. This finding supports the findings of Houlihan et al. (2008) that adolescents 'self-concepts about sex and risk cognitions toward sex are related to risky sexual

behaviour. The researchers specifically found that changes in risk assessment can be both a consequence and an antecedent of risky sexual behaviour.

Hypothesis two which stated that condom use would not significantly predict with risky sexual behaviour among university undergraduates was rejected. The finding revealed that condom use significantly predicted with risky sexual behaviour. This finding supports the finding of Exavery and colleagues (2011), in Tanzania, who found that the prevalence of condom use at the last sexual intercourse among the sexually active respondents between the ages of 10-19 years ranged from 14% to 56%, with an overall prevalence of 39% (Exavery et al., 2011), and (Shafii, Stovel, & Holmes, 2007).

Implication of the study

1. Students are advised to be careful as no one is above being entangled by the danger or risky sexual behaviour.
2. Also, the study revealed that lack of understanding on how to use a condom can predispose a student to engage in risky sexual behaviour.

Limitation of the study

The result of this study is limited by the following considerations:

1. Participants were sampled from Chukwuemeka Odumegwu Ojukwu University, Anambra State, Nigeria only. Thus, generalizability of the findings may be limited.
2. Another limitation was that this study was predictive in nature. A predictive design yields relationship rather than causal evidence.

Suggestions for Further Researchers

1. Find out if other variables such as personality, culture, optimism, and intelligence can influence risky sexual behaviour.

Recommendations

Based on the findings of the study, it is recommended that:

1. Positive self-concept and sexual health should be inculcated in Nigerian youths by parents and significant others. This will help check indulging in risky sexual behaviour.

Conclusions

The study was on the role of self-concept on attitude towards sexual health among university undergraduates in Anambra State, Nigeria. The outcome of the study revealed that self-concept significantly predicted risky sexual behaviour among undergraduates. The study also showed that condom use significantly predicted risky sexual behaviour among undergraduates. Reconditions were made for positive self-concept and sexual health to be inculcated in Nigerian youths by parents and significant others, as it will help check indulging in risky sexual behaviour.

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