

Psychosocial Predictors of Sexual Decision-Making among in-School Adolescents in Bayelsa State, Nigeria

Alakeme, Nestor Johnson¹ (PhD); Soreh, Wisdom C² (PhD);
Olaleye, Abisola Oluwaseun³ (PhD); Oni, Stephen Adeniran⁴ (PhD)

^{1&2} Department of Peace Studies & Business Administration, Ajayi Crowther University, Oyo, Oyo State, Nigeria

^{3&4} Department of Counselling and Human Development Studies, University of Ibadan, Ibadan, Nigeria

Corresponding Author:
Alakeme, Nestor Johnson (PhD)

Abstract

This study explored how Psychosocial Predictors of Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria. Adolescents is a pivotal developmental period marked by rapid physical, emotional, and social changes, during which external social contexts and internal psychological resources strongly shape sexual decision-making. A correlational survey design was adopted to examine these relationships without experimental manipulation. The population comprised Junior Secondary School II and III students aged 13–19 years attending public and private secondary schools in the study area. Using Cochran's sampling formula, 450 adolescents were selected through stratified random sampling to ensure proportional representation across gender, school type, and socio-economic status. Data were analysed using Pearson's product-moment correlation and multiple regression techniques. The results showed that sexual risk-taking behaviours had a significant negative relationship with parental practices ($r = -0.428$, $p < 0.01$) and self-esteem ($r = -0.366$, $p < 0.01$), indicating that stronger parental monitoring, guidance, and emotional support, as well as higher self-worth, were associated with

lower engagement in risky sexual activities. Conversely, peer influence demonstrated a

significant positive relationship with sexual risk-taking behaviours ($r = 0.472$, $p < 0.01$), suggesting increased vulnerability among adolescents who are highly susceptible to peer pressure. The multiple regression analysis further revealed that parental practices, peer influence, and self-esteem jointly explained 54.4% of the variance in adolescents' sexual risk-taking behaviours ($R^2 = 0.544$, Adjusted $R^2 = 0.541$, $F = 217.45$, $p < 0.01$). In terms of relative contribution, parental practices ($\beta = -0.388$, $p < 0.01$) and self-esteem ($\beta = -0.279$, $p < 0.01$) emerged as significant negative predictors, while peer influence ($\beta = 0.435$, $p < 0.01$) was a significant positive predictor. The study underscores the importance of addressing family dynamics, peer environments, and adolescents' psychological resources in efforts to curb sexual risk-taking behaviours. It recommends the integration of parent-focused guidance programmes, peer-based educational initiatives, and self-esteem enhancement strategies within school and community counselling interventions to promote healthier sexual decision-making among adolescents.

Keywords: Parental practices; Peer influence; Self-esteem; Sexual risk-taking behaviours; In-School Adolescents; Bayelsa State.

1.1 Introduction

Adolescent sexual risk-taking behaviour refers to the activities through which young people expose themselves to higher health and social

risks, such as the early onset of sex, having many sexual partners, inconsistent or non-use of contraceptives, and susceptibility to STIs and unintended pregnancy. This behaviour is mostly experienced in adolescence, which is a period marked by a fast biological maturation process; thus, teenagers and young adults are more likely to develop chronic diseases later in life. The neurological development also creates a preference for reward processing over impulse control during this period, so adolescents will be more likely to engage in risky sexual behaviours, especially if they are in socially stimulating environments. These developmental vulnerabilities are compounded by some environmental factors like lack of parental guidance, socio-economic stressors, dearth of comprehensive sexuality education on precautionary sexual practices, and extensive exposure to sexually objectified mass media content; hence there is great propensity for participation in risky sexual conduct among young individuals, (Alakeme, & Ofole, 2024). Consequently, the adolescent sexual risk-taking cannot simply be viewed as an individual's acting out but instead as a complex interplay of various factors that include developmental immaturity as well as social, cultural and structural influences. Sexuality among adolescents is therefore a major global public health issue because it is responsible for many reproductive health problems that can be prevented, yet they result in shame issues and other serious psychosocial problems as well as reducing their productivity, hence making it necessary to put up evidence-based preventive measures (WHO 2014).

It is important to note that social influences are at the centre of adolescent sexual risk-taking behaviours, and this influence cannot be overemphasised. On the home front, parental monitoring, emotional closeness, consistent supervision and open communication about sexuality are measures that have been shown to delay sexual initiation and promote safer sexual practices among adolescents, (Alakeme, & Ofole, 2024). Parents who openly discuss sexual health matters and set clear behavioural expectations provide cognitive and emotional defences for their children which help in

minimising susceptibility to peer pressure. In contrast, many studies have demonstrated that weak parental involvement, poor communication and inconsistent discipline were all factors linked to early sexual debut, multiple sexual partnerships as well as low condom use. Besides the family, peers also take on a great role as socialising agents during the adolescence period. Among adolescents, imitation of behaviours seen as normative in their peer networks is more common, especially if they are socially rewarded. Peer endorsement of sexual activity further escalates the chance of one experimenting with sex or escalation into risks. In doing so, digital media is enhanced by exposing adolescents to sexually explicit materials, reinforcing permissive norms, and providing forums for validation through likes, comments, and online status. The combination of peer dynamics, parental practices, and digital exposure results in a much more complex social environment that plays a much bigger role as far as shaping the sexuality life of adolescents is concerned (Li et al., 2024; WHO 2024).

In Nigeria, the behaviours of adolescents who engage in sexual relations continue to be a major concern in respect to public health and development and reflect the broader social, cultural and economic issues. Studies that have been done on high school-going students have consistently shown that there is a high prevalence of early sexual debut, multiple sexual partnerships, and inconsistent use of contraceptives. Peer pressure, poverty (poor economic conditions), limited access to age-appropriate comprehensive sexuality education and weak parental guidance are the key determinants. In some communities, it is part of their culture for young people to attain sexual maturity at an early age, although stereotyped roles increase the chances of adolescents, particularly girls, being sexually exploited and subjected to power imbalances. The fact that urban and rural young people have different backgrounds adds more complexity because while urban youth have a lot of exposure to explicit digital content through their peers, those in rural settings may experience pressure that leads them into having sex at very early

ages, considering they do not have adequate information about reproductive health. Despite increasing scholarly attention, most Nigerian studies are still mainly descriptive and fractured, focusing on how much rather than examining how parental practices, peer influence and digital media interact in shaping adolescent risk behaviours of engaging in sexual activities. The lack of this type of evidence-integrated into context-specific information-also at the sub-national level, such as Bayelsa State, prevents the creation of effective preventive intercessional solutions culturally tailored to Nigerians. These gaps should be filled with systematic research guided by theories that could contribute to the development of targeted interventions for minimising risks associated with adolescent sexual behaviour and promoting sound sexual health practices (Akanni, 2017; Eze et al., 2022).

2.1 Review of Literature

Bayelsa State is a very interesting case to examine the sexual risk-taking behaviour of adolescents because of its unique setting comprised of different cultural groups, rampant urbanisation and constant socio-economic disparities development. Despite these low representations, explanations on the underlying drivers are limited. The Niger Delta regions show notable adoption of early sexual debut, multiple sexual partners, and inconsistent condom use among secondary school adolescents, which also change with variations in school types and geographic locations (Akpobome, Moore & Anyiam 2018). Zonal studies have further shown that peer influence, economic vulnerability, parental monitoring, and exposure to media content have a significant impact on adolescents' sexual risk-taking behaviour (Olaleye et al., 2023). However, much remains to be done so far in these fields, as most of the existing literature is mainly descriptive, only focusing on prevalence rather than seeing how parental practices/peer networks/social media interaction, when combined, affect decision-making along sexuality lines. There is under-representation of rural Bayelsa State

adolescents; scarce longitudinal evidence exists, while the effectiveness of school-, NGO or government-led interventions in youth's reproductive health rarely undergoes systematic evaluation. These gaps should be addressed through evidence-based research tailored specifically to a given context area in order for the creation of interventions that would curb risky sexual behaviours and promote sound teenage growth to be possible. Since the types of parental practices are influential in the determination of adolescent behaviours in sexual risk-taking, it is important to understand that the behaviours being considered are early sexual intercourse, having multiple partners and inconsistent condom use. Adolescents who receive adequate parenting characterised by vigilant parents, emotional support, and casual talks on sexual values do not show any likelihood to engage in risky sexual behaviour (Akanni, 2017). Such a type of parent will help their adolescents to be self-regulated as well as being able to make wise decisions when it comes to engaging in sex. Decreased parental control measures and a lack of consistent disciplinary approaches, as well as marginal communication lines between parents and their children, have been associated with higher likelihoods of engaging in risky behaviours (Onyeonoro et al., 2025). In this regard there is also a difference according to geographical areas. The study finds that urban-based adolescents exposed to crowded peer networks and sexually explicit media should depend on their parents for protection, whereas rural-based adolescents rely on the culture providing greater autonomy for earlier sex-adulthood. Additionally, factors such as parental occupation, socio-economic status and gender roles moderate the efficaciousness of parenting practices, suggesting that protection provided by them is neither usual nor guaranteed.

Adolescents are likely to engage in early sexual debuts or high-risk sexual behaviour due to less supervision if they come from poor family backgrounds where parents work long hours (WHO, 2024). Parental practices do more than just play their roles directly in regard to shaping adolescent sexual risk-taking; they also come a

long way in determining that indirectly by moderating the peer and digital media influence. Adolescents who perceive higher parental involvement are empowered to reject the pressure from peers who advocate for early sex and to critically assess the online content with sexual undertones. On the other hand, poor supervision of parents causes peer groups that condone risky sexual behaviour to strongly control children and use online applications which promote sexual designs as well as experimentation (Ugoji, 2014). The interactive effects of these predictors may be even more pronounced among adolescents living in urban areas and having access to social networks, for they are exposed to such content on a daily basis. Besides, preventing this type of parenting is imperative because exposure is high and occurs using some unverified measures at times; thus, it requires informed actions (Eze et al., 2022). Sex role stereotypes, along with other factors like school setting and digital literacy, also mediate how parents' practices work on adolescents' sexual decision-making processes. There is scanty literature showing that permissive parenting style affects teenagers' sexually risky behaviours, though there has been sufficient research conducted on parental supervision vis-à-vis peer influence on teenagers within Bayelsa State's complex urban-rural context. Thus, it will be most beneficial if efforts are directed at studying how permissive parenting values impact teenagers' attitudes, especially when it comes to crossing societal boundaries generally considered taboo or immoral, in a bid to have meaningful interventions designed towards curbing teenagers' sexually risky behaviours within such a context.

Peers play an integral role in the life of adolescents who like to experiment with various behaviours, including the use of drugs, sexual behaviour and cyberbullying as well. Peers usually approve actions which are sometimes regarded as prestigious or respectable within their social networks, especially when the parental control is weak (Mogotsi, 2024, p. 520). In Bayelsa State, there has been an increase in the density and architecture of peer networks amongst urban

adolescents spread through schools, recreational environments, and online platforms that enhance exposure to alcohol abuse, premature sexual activity, and other risky behaviours. However, rural youths experience peer influence aligned with community values that may either hinder or support dangerous conduct depending on the dominant cultural perceptions. The influence of gender is further observed in such a way that male students are often involved with drug abuse and aggression, while females may become more susceptible to sexual behaviours within a peer-led context (describing relationships orientated towards others). From this it could be deduced that peer influence takes place within a broader setup coupled with family systems, cultural norms, and access to media (Kowalski et al., 2021).

Peer effects, as it stands out, are not independent but interact and evolve with other teenagers' peer networks and their parents' methods, as well as media impact, to form adolescent risk-taking behaviours. Within a scenario where teenagers perceive low levels of parental control in combination with advanced social interactions, they are likely to engage in risky sexual practices, substance use and conduct hazardous online activities (Li et al., 2024). Social media enhances peer influence by boosting its visibility, publishing/propagating dangerous behaviours and supporting adherence-inclined likes/favourites, shares and comments on the various platforms. Thus, while the urban settled adolescents in Bayelsa State may have better access to smartphones and internet connections, which may expose them more to digitally mediated peer pressure, the rural dwellers may come into contact with less technologically stimulated face-to-face peer pressure, which is essentially based on the cultural norms. It is also important to consider such factors as self-worth, parents' responsibilities and different types of social guidance that could direct the level at which adolescents will respond to their friends' expectations. Even though today most researchers acknowledge the importance of peer norms for adolescent risky behaviour, there is still a lack of comprehensive data on

how the parent-child interactional system combines with digital exposure within a particular socio-cultural environment. This knowledge deficit represents an urgent need if we are going to be able to design programmes intended for reducing involvement in negative forms of peer influence as well as enhancing propensity for healthy mimicry roles among adolescents, inspiring moral courage as well as reducing participation in deviant sexual behaviour (Willoughby et al., 2021).

Self-esteem is a primary psychological factor which determines the vulnerability of adolescents to sexual risk-taking behaviour and those maladaptive outcomes that accompany the transition into adulthood. Teens with low self-esteem often manifest a diminished sense of self-worth and heightened dependence on external validation along with a reduced capacity to assert personal boundaries, thereby being at higher risk for coercion, peer influence, and unsafe sexual practices (Rosenberg, 1965; Donnellan et al., 2011). In Bayelsa State, factors affecting adolescent self-esteem are socio-economic status, family stability, school climate and community norms. Urban adolescents may have more challenges in maintaining their self-confidence due to high levels of social comparison and performance pressure, while rural adolescents may not have enough avenues for self-expression and achievement; this may make the development of self-efficacy impossible (Akanni, 2017; Eze et al., 2022). Also, the gender affects these patterns greatly since female adolescents very often report low levels of body image dissatisfaction, and therefore, they suffer from lower self-esteem, which can lead to risky behaviours since they want to receive acceptance or affirmation (Orth & Robins, 2014).

Despite this increase in the worrying rate of adolescent sexual risk behaviours in Delta State, very little or almost no studies have been done on self-esteem as a major factor for explaining it. Most existing research depicts mainly the behavioural prevalence without including to an appreciable extent how adolescents' self-perception mediates and influences risk appraisal and the decision-making process

(Ugoji, 2014; WHO, 2024). The rural adolescents have continued to be neglected even when there is evidence that socio-economic disadvantage and limited psychosocial support, as well as traditional norms, could heighten the level of self-esteem vulnerabilities. There is a dearth of longitudinal studies focusing on how changes in self-esteem levels affect sexual behaviours over time, and systematic evaluation of interventions aimed at enhancing self-concept development is absent (Kowalski et al., 2021). Also, there has not been enough attention paid to how self-esteem boosts with gender, school environment and family support either minimise or magnify exposure to sexual risks by policymakers. These gaps hinder a full comprehension of the psychological basis for behaviour among teenagers as preventive strategies grow weak. Thus, there is an urgent need for case-specific studies in Bayelsa State that make high self-esteem one of the main determinants of negative adolescent risky behaviours, providing evidence-based interventions for promoting a healthy self-concept, autonomy and a safe developmental course.

The adolescents are known to be an age group that is highly prone to risk-taking behaviours, namely, unsafe sexual practices, substance use, aggression and online risks. These are the main culprits for morbidity and mortality in many parts of the world (WHO, 2024). In Nigeria as a whole and specifically in Delta State, adolescents face increased vulnerability for several reasons, among them cultural diversity, rapid urbanisation, economic disparities and access to supervision and resources. Even though there is empirical evidence that teenagers engage in alcohol use, early sexual activity, aggression, and digital dangers, most of the studies are still descriptive fragmented and do not take into consideration how social determinants of health interact with one another (Akanni, 2017; Eze et al., 2022). For example, parental practices, peer influence and self-concepts, particularly self-esteem, have not been adequately studied across rural-urban settings where supervision, cultural norms and personal development opportunities vary considerably. Thus, more light will be shed on

how adolescent risk behaviours unfold over time and how culturally relevant evidence-based solutions can be found if this gap is addressed. Therefore, the study being proposed seeks to establish relationships among the effects of parental monitoring/practice, peer networks, and self-esteem on adolescents' sexual risk behaviour so that policymakers will have the necessary information for effective intervention strategies.

2.2 Theoretical framework

Social Learning Theory (SLT)

Social learning theory, developed by Albert Bandura, explains how people learn new behaviours by observing others. This theory implies that behaviour is acquired by observing, imitating and modelling others in the social environment (Bandura, 1977). According to SLT, adolescents are more likely to engage in behaviours they observe through their influential models-parents, peers, and media figures-not only because they learn through direct experience but also by vicarious reinforcement (Bandura, 1986; Akers & Jennings, 2019). In the context of sexual risk-taking, SLT hints that when adolescents recurrently 'see' peers engaging in unsafe sexual practices or early sexual debut or multiple sexual partners, these behaviours can be learnt and internalised as normative and socially rewarding. Latest research underlines this fact as a major conduit for teenagers' adoption of expected behaviours and self-regulatory skills (Bowers et al., 2021). Suitable parental oversight, including open discussion about sexuality, besides reasonable yet solid disciplinary measures, offers adolescents thought processes preventing risky sexual conduct, whereas infrequent monitoring together with permissive attitudes can diminish internal controls, weaken safeguards and enhance vulnerability (Murray & Farrington, 2020).

According to SLT, peer influence plays a major role in this theory by stating that teenagers' behaviour is mainly influenced by the observed and reinforced norms within their social networks (Prinstein & Dodge, 2008; Laursen & Veenstra, 2021). Adolescents are encouraged to

adopt peer group behaviours which are perceived as socially rewarding, making peer norms very good predictors of risky sexual behaviour (Steinberg & Monahan, 2007). Today's peers, thanks to digital connectivity, are not shy to follow suit with their friends or even increase things to a new level, as shown by offline behaviours (Brown & Larson, 2020). In the Bayelsa State situational context, where young people have access to larger and heterogeneous peer networks, adolescents may be exposed to a broader range of normative cues and fashion sexually permissive attitudes, while rural adolescents will have more community-based normative expectations on what the peers expect from them in engaging in certain acts as well as being culturally bound when it comes to issues of sexuality. Since SLT focuses primarily on learning through observation, this implies that mutual networks among peers also result in repetition and exaggeration of sexual risk behaviours, especially at locations with restricted parental guidance (Dishion & Tipsord, 2011; Brechwald & Prinstein, 2011).

What stands out the most is the fact that SLT describes the principles of reciprocal determinism, which involves a complex mutual interaction between behaviour, cognition, and environment (Bandura, 1986). It falls within this framework that self-esteem assumes an essential individualistic variable so that adolescents can moderate their interpretations of social modelling and reinforcement. For example, there is empirical evidence to suggest that teenagers with low self-esteem are more likely to engage in risky sexual behaviour as a means of obtaining praise and/or increasing their self-worth (Orth & Robins, 2014; Marshall et al., 2014). A meta-analysis of extensive data on this subject concludes that low self-esteem influences young people's propensity to engage in precocious sex and renders them less capable of negotiating safe sex options, while high self-esteem has a direct influence on young people's ability to resist peers' negative pressure, which consequently emanates in reasoned health-protective decision-making by young people (Han et al., 2017; Du & King, 2022). This point enriches

SLT in the sense that it illustrates how individual psychological traits combine with social influences: teenagers do not only replicate observed behaviours, they also interpret and internalise them by way of assessing themselves socially. Consequently, the integration of self-constructs into SLT makes it possible to perceive how parental practices, peer influence, and psychosocial

factors activate teenagers' risk-taking behaviours sexually. The application of such an integrated theoretical lens appears significant for the explanation of behavioural diversity within Bayelsa State as well as for the development of adequate interventions targeted at social context as well as at individual psychological capacities towards positive health-related decision-making depicted below.

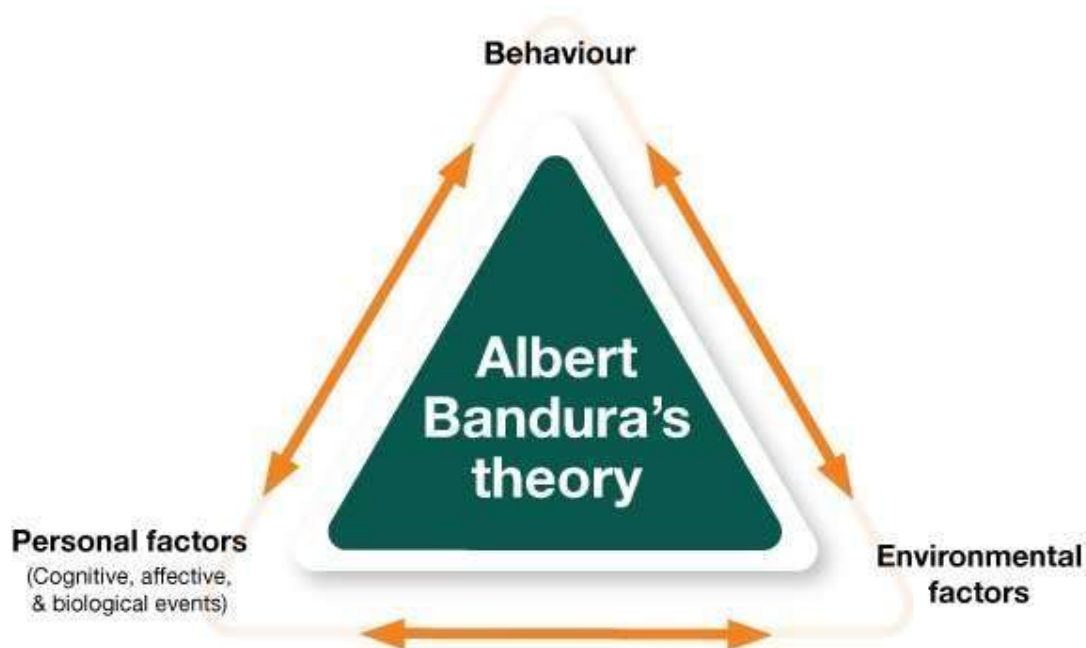


Figure 1: Theoretical Framework

2.3 Aim and Objectives of the Study

This study aims to examine the independent and combined effects of parental practices, peer influence, and self-esteem on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria. The study further seeks to generate evidence to inform parents, educators, counsellors, and policymakers in designing targeted interventions that mitigate risky sexual behaviours and foster positive psychosocial development among adolescents. The specific objectives of the study are to:

- i. Examine the relationship between parental practices, peer influence, and self-esteem, and Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria.
- ii. Evaluate the influence of parental practices, peer influence, and self-esteem on a Sexual

Decision-Making among In-School Adolescents in Bayelsa State, Nigeria.

- iii. Investigate the predictive role of parental practices, peer influence, and adolescents' self-esteem on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria.

Research Hypotheses

H₀₁: Parental practices, peer influence, and self-esteem have no significant joint effect on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria.

H₀₂: There is no significant interactive effect between parental practices, peer influence, and self-esteem on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria.

H₀₃: Parental practices, peer influence, and self-esteem do not individually have a significant

relative contribution to Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria.

3.0 Methodology

For this study, a correlational survey research design was used to gather data; it was effective in establishing relationships and predictive effects among variables without manipulating the experimental conditions (Creswell & Creswell, 2018). The researcher has chosen this design because the goal of the study is to examine how parental practices, peer influence, self-esteem and their joint impact on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria. The non-experimental quantitative technique made it possible to collect information on naturally occurring behaviours taking place within school settings, hence ensuring ecological validity. By so doing, it becomes easier to generate evidence on the context-based nature of adolescents' social and psychosocial patterns as well as make inferences from there to be applied in interventions in Bayelsa State, Nigeria.

The target population is specifically categorised as Junior Secondary School II and III (JSS2–JSS3) adolescents. They are in the age bracket of 13–19 years and are students of both public and private secondary schools in Southern Ijaw LGA. Adolescents within this age bracket are particularly vulnerable to sexual risk behaviours due to changes in their development, increased peer pressure and variability in self-esteem levels. By utilising Cochran's (1977) formula for finite populations, a sample size of 450 adolescents was calculated at a 95% confidence level and 5% marginal error. The stratified random sampling technique was employed to ensure proportional representation across gender, type of school (public/private), and socio-economic status. Ethical conduct was addressed through seeking approvals from school authorities and parental/guardian consent as well as adolescent assent with assurance on confidentiality and anonymity as per research ethics standards (Cohen et al., 2018).

Instruments that were standardised and validated, and then adjusted to the Nigerian context, were used to gather the data. Parental practices were rated by a 20-item Parenting Practices Questionnaire, which was based on Baumrind's framework (Wang & Kenny, 2023). Peer influences were evaluated using a 22-item Peer Influence Scale which covered both direct peer pressure and normative influence (Denham & Burton, 2003). The self-esteem of adolescents was determined using the 25-item Rosenberg Self-Esteem Scale (Rosenberg, 2015), whereas sexual risk-taking behaviours were measured through the Adolescent Risky Sexual Behaviour Inventory, which consisted of 20 questions (created from World Health Organization instruments). Construct validity was also achieved by Confirmatory Factor Analysis (CFA), in which items with factor loading ≥ 0.50 should be retained (Hair et al., 2019). Internal consistency reliability for all questionnaires exceeded the recommended threshold of 0.70 (Nunnally, 1978); therefore, it is possible to claim that they are valid for this adolescent population.

SPSS version 27 was used in analysing the data. Descriptive statistics were used to describe the demographic factors of respondents, and Pearson's correlation analysis mapped bivariate relationships between parental practices, peer influence, self-esteem, and sexual risk-taking behaviours. Multiple regression analysis was employed to find out the individual and joint predictive effects of the independent variables on sexual risk-taking behaviours at a confidence level of 0.5%. The linearity, normality, homoscedasticity and multicollinearity assumptions were checked to make sure that results are sound (Field, 2018). This methodological approach gives a disciplined structure for capturing the essence of interaction between family dynamics, peer relationships, and psychosocial factors as determining factors of influencing Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria. This provides an evidence base for the development of culturally appropriate interventions in Bayelsa State.

4.0 Results

4.1 Demographic Data Analysis

Demographic Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	230	51
	Female	220	49
Age (years)	13–14	140	31
	15–16	180	40
	17–19	130	29
Academic Level	JSS2	220	49
	JSS3	230	51
School Type	Public	250	56
	Private	200	44
Religion	Christianity	230	51
	Islam	185	41
	Traditional/Other	35	8
Family Type	Nuclear	275	61
	Extended	175	39
Socio-Economic Status	Low-income	130	29
	Middle-income	245	54
	High-income	75	17
Ethnic Group	Ijaw	230	51
	Nembe	95	21
	Epie-Atissa	70	16
	Others	55	12
Total		450	100

A survey conducted on students in the second and third years of junior secondary schools (JSS2 – JSS3) in the Southern Ijaw Local Government Area, Bayelsa State, in public and private schools, was carried out, and their demographic characteristics were examined as a prelude to delineating the prevalence of adolescent sexual risk-taking behaviours based on parental practices, peer influence, and self-esteem. Nearly the entire sample was distributed equally with males 230 (51%) and females 220 (49%), making it possible to make fair comparisons across sexes. Participants' ages were from 13 to 19 years, which are considered early or late stages of adolescence. Specifically, there were 140 adolescents (31%) who were aged between 13 and 14 years, 180 (40%) who fell within the age bracket of 15-16 years, and another 130 (29%) who fell within the age bracket of 17-19-year-old adolescents. With regard to their current academic levels, there were 220 adolescents (49 per cent) at

JSS2, while JSS3 had a total of 230 students, representing the other half to allow for comparison between second/first-year students and third-year students/second-year students. In terms of religious affiliation, the participants embodied the socio-cultural diversity of the area, with 230 adolescents (51%) who were Christians, 185 (41%) who were Muslims, and only 35 (8%) who practised traditional or other religions. Family structure also differed, as 275 participants (61%) belonged to nuclear families and 175 (39%) were from extended families, pointing to a wide range of household types that may affect adolescent socialisation and decision-making. Socioeconomic status was further subdivided to find out possible economic influence on adolescent behaviour, in which out of 450 adolescents, 130 (29%) fell under low-income households, middle-income households had 245 (54%) adolescents, while high-income had only 75 (17%) adolescents. Distribution in school type showed there were

more students in public schools and fewer in private schools: among the students who participated, there were about 250 adolescents (56%) attending public schools, while others were schooling privately. This can help us to examine how supervision, resources and peer interactions vary across the two school types. The work population was also based on ethnic background, with the largest proportion being Ijaws (230, 51%), followed by Nembe (95, 21%), Epie-Atissa (70, 16%) and other minority groups (55, 12%), just to highlight the positions of these major tribes in the local government area. A detailed description of the sample based on demographic characteristics reveals that it is not possible to come up with a specific profile of the average participant since

he or she is found in between several variables: gender, age, academic level, school type, religion, family type, socio-economic status and ethnicity. This diversity provides a solid basis for examining how parents' practices, along with peers' influence and adolescents' self-esteem, impact expected and observed Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria is a unique educational background system in Bayelsa State.

4.2 Testing of Hypotheses

H₀₁: Parental practices, peer influence, and self-esteem have no significant joint effect on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria

Table 1: Zero-Order Correlation Matrix of Parental Practices, Peer Influence, Self-Esteem, and Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria

Variables	N	Mean	SD	1	2	3	4
Sexual Risk-Taking Behaviours	450	57.46	8.15	1.00			
Parental Practices	450	62.18	7.91	-.428**	1.00		
Peer Influence	450	64.98	9.05	.472**	.276**	1.00	
Self-Esteem	450	61.92	8.07	-.366**	.349**	-.209**	1.00

Note: Correlation is significant at $p < 0.01$.

The results of correlation analysis have confirmable ties among the study variables. Sexual risk-taking behaviours were inversely correlated to parental practices ($r = -0.428$, $p < 0.01$) and self-esteem ($r = -0.366$, $p < 0.01$), which infers that adolescents who enjoy higher levels of parental support and depict stronger self-esteem are less likely to be involved in sexual risk-taking behaviours. Conversely, risk-taking sexual behaviours are positively correlated with peer influence ($r = 0.472$, $p < 0.01$); this means that greater peer

pressure or peer endorsement of risky behaviours makes adolescents' united nations for engaging in sexual risk-taking. This indicates that if parental practices, peer influence and self-esteem are related to the adolescents' sexual risk-taking behaviours, then it is not possible to accept the null hypothesis (H_{01}).

H₀₂: There is no significant interactive effect between parental practices, peer influence, and self-esteem on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria

Table 2: Multiple Regression Analysis of the Joint Effect of Parental Practices, Peer Influence, and Self-Esteem on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria

Multiple R = 0.738 ^a R-Square = .544 Adj. R-Square = .541 Standardized error of estimate = 5.03321
--

Model	Sum of Squares	Df	Mean Squares	F	Sig.
Regression	15312.48	3	5104.16	217.45	0.000
Residual	12840.57	446	28.78		
Total	28153.05	449			

a. Dependent Variable: Sexual Risk-taking Behaviours

b. Predictors: (Constant), Parental Practices, Peer Influence, and Self-Esteem
Results from multiple regression analysis indicate that a combination of parental practices, peer influence and self-esteem can explain 54.4% variability in the adolescents' sexual risk-taking behaviours ($R^2 = 0.544$, Adjusted $R^2 = 0.541$, $F = 217.45$, $p < 0.01$). It means that there is a statistically meaningful combined impact that leads us to the conclusion that these

three predictors together have an effect on adolescents' participation in risky sexual conduct in Bayelsa State. Therefore, null hypothesis H_{02} is rejected on the basis that the joint effect of parental practices, peer influence and self-esteem on sexual risk-taking behaviours is significant.

H_{03} : Parental practices, peer influence, and self-esteem do not individually have a significant relative contribution to Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria

Table 3: Relative Contributions of Parental Practices, Peer Influence, and Self-Esteem on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria

Model	Unstandardized coefficients	Standardized coefficients		t	Sig.
	B	Standard Error	Beta β		
Constant	6.12	2.86	–	2.14	0.033
Parental Practices	–0.301	0.028	–0.388	–10.75	0.000
Peer Influence	0.362	0.027	0.435	13.41	0.000
Self-Esteem	–0.245	0.031	–0.279	–7.90	0.000

Dependent Variable: Adolescents Sexual Decision-Making

The previous multiple regression analysis that focused on the contribution of each predictor individually regarding adolescents' sexual risk-taking behaviours showed that parental practices ($\beta = -0.388$, $p < 0.01$) and self-esteem ($\beta = -0.279$, $p < 0.01$) are the predictors of significance. From the above explanation it can be summarised that children/youths who have more attentive parents and possess self-esteemed personalities are likely to avoid engaging in risky sex behaviours. In contrast to this fact, peer influence comes out at a value of $\beta = 0.435$, $p < 0.01$, implying that high peer pressure or endorsement of risky behaviours pushes teenagers into engaging in risky sex behaviours. The value of every single independent predictor shows that independently parental practices, peer

influence, and self-esteem contribute uniquely and importantly to the dynamics of adolescents' sexual risk-taking behaviours, which in turn are influenced by public peer acceptance/non-acceptance of these behaviours, which is accepted as the null hypothesis. H_3

5.1 Discussion of Findings

This study seeks to disprove the null hypothesis H_{01} that parental practices, peer influence and self-esteem of adolescents do not jointly contribute significantly to Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria. The results of zero-order correlation of the analysis has shown that parent practices, peer influence and self-esteem are directly associated with sex risk behaviour among adolescents. Sexual risk-taking had a negative correlation with parent practices ($r = -0.428$, $p < 0.01$) and self-esteem ($r = -0.366$, p

< 0.01) but a positive correlation with peer influence ($r = 0.472$, $p < 0.01$). This assumption is clarified by the following results: those adolescents who have more parental guidance, emotional support and supervision, as well as better self-esteem, are less prone to get involved in risky sexual activities. In contrast, those adolescents who are inclined towards peer pressure and endorsement of peers when it comes to sex-related matters are likely to be involved in unsafe sexual practices.

This finding is supported by empirical evidence which indicates that supportive parenting, such as monitoring open communication on sexuality and clear behavioural expectations, prevents young people from having an early sexual debut, engaging in multiple sexual partnerships or using contraceptives inconsistently (Akanni, 2017; WHO, 2024). Parents' involvement prepares teenagers cognitively and emotionally against the negative influence of peers for making the right choices on matters pertaining to sex life, while peer groups exert a socialising effect, particularly when teenagers view behavioural risks as normative or socially acceptable (Mogotsi, 2024). As a result, self-esteem plays a very important role as a psychological resource so adolescents can establish personal limits and decline being coerced, while low self-esteem increases vulnerability to exploitation or high-risk behaviour (Orth & Robins, 2014). This implies that the three factors work together simultaneously in shaping the adolescent sexual decision-making system since they have strong relationships with one another.

H₀₂: There is no significant combined effect of parental practices, peer influence, and self-esteem on Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria. Multiple regressions show that parental practices, peer influence and self-esteem together account for 54.4% of the variance in adolescents' sexual risk-taking behaviours ($R^2 = 0.544$, Adjusted $R^2 = 0.541$, $F = 217.45$, $p < 0.01$). This forms a statistically significant multiple effect; hence, it can be concluded that these three predictors interconnect to determine adolescents' involvement in sexual risk

behaviours. The result points to the fact that parental monitoring and peer dynamics, as well as self-esteem, do not function individually, but rather, they intersect in influencing youth's engagement in making sexual decisions. It is the opinions of other authors who discover this fact.

Adolescents getting high levels of parental support as well as displaying elevated levels of confidence are enabled to avoid connection with peers as well as critically evaluate media content and seemingly unconvincing sexually suggestive messages, thus lowering risky sexual behaviours (Li et al., 2024; WHO, 2024). On the contrary, weak parental control combined with high peer status endorsement may increase vulnerability to unsafe sex, especially in urban centres where media penetration is very high (Eze et al., 2022). Thus, peer pressure acts by the multiplier effect, while self-esteem controls the rate at which teenagers will react under their influence, thus incorporating interaction dynamics into family peers and such personal psychological resource systems.

H₀₃: There is no significant relative contribution to Sexual Decision-Making among In-School Adolescents in Bayelsa State, Nigeria individually by parental practices, peer influence, and self-esteem. When we assess the contributions of the independent predictors with regression analysis, then we find that parenting practice ($\beta = -0.388$, $p < 0.01$) and self-esteem ($\beta = -0.279$, $p < 0.01$) are the negative significant predictors of adolescents' sexual risk-taking behaviours, and on the other hand, peer influence ($\beta = 0.435$, $p < 0.01$) is the positive significant predictor of it. Therefore, these results show that adolescents under strict and well-guided parents or guardians and those who have high self-esteem are in a good position not to indulge in unsafe sexual activities as opposed to when they are pressurised by their peers or rather by their peer influences. This implies that each predictor has an important role in influencing adolescents' sexuality decisions uniquely, just as this fact emphasises how family members and friends play separate but equally important parts in teens' lives. The same also emerges from

experience-based evidence; these effective strategies include adequate parental guidance, which encompasses observance of children's conduct at all times and open sexual health discussions between the parent/s and the child/children, as well as provision of emotional support, therefore enabling young people to refrain from indulging in risky conduct such as having unprotected sex (Akanni, 2017; WHO, 2024). Peer influence provides a powerful socialising impact, particularly so whereby teenagers regard initiation into sexual relations as a normative activity or one for which they gain respect within their reference groupings (Mogotsi, 2024). As a critical safeguarding characteristic self-esteem boosts young people's ability to set limits and resist manipulation or societal pressure, whereas those whose esteem is ruinously low are rendered vulnerable to exploitation as well as harmful sexual behaviours (Orth & Robins, 2014).

5.2 Conclusion

It was discovered from the study that in Bayelsa State factors which convey information on adolescents' readiness to engage in sexual risk behaviours include parents' practices, peer influence as well as self-esteem. The results show that teenagers are under the protection of strong family structures where they receive emotional and psychological support, which forces them to make right choices and stay away from social vices. Conversely, peer interaction might be very risky when teenagers perceive some actions as socially accepted or normal since they will emulate them also even without realising it is worthwhile for their health. Adolescents obtained real support of high personal evaluation so as to clearly define those borders efficiently or withstand these social pressures. Hence, the research highlights the mutual effect of home background, peer influence and personal traits in the course of adolescents' sexual reasoning.

5.3 Implications for Counselling Psychologists

One of the issues that stands out is the work of counselling psychologists with teenagers in

Bayelsa State. Parents' involvement may be enhanced through family therapy and parent training courses, which may lead to more regular supervision and discussions on sexual health, as well as setting clear behavioural expectations, thus decreasing adolescents' involvement in sexual risk-taking. Interferences geared towards dealing with peer influence, like peer-led education, social skills coaching, and mentorship, will help young adults to subjectively judge peer norms and stop getting involved in hazardous behaviours. Self-esteem acquisition among people and groups using guidance, workshop-in-line skills and making school environments will be proactive measures for empowering adolescents so that they define their personal boundaries, make informed choices and resist coercion. The above strategy must be employed during counselling whereby family, peers and individual factors are attended to together at one time.

5.4 Recommendations

1. Interventions solidly based on family structure and dynamics with the goals of improving parenting monitoring, giving emotional support, and developing open dialogues about their sexual health.
2. Peer-centred strategies which include mentoring and peer education, as well as incorporating programmes that encourage positive peer modelling.
3. These are the programmes aimed at enhancing the psychological empowerment to rejuvenate adolescents' self-esteem, resilience and decision-making strategies.
4. School and community projects that are orientated on schools help children to learn the social media and digital content which influence young people to follow peer groups even if it is not a good thing.
5. Effective cascades of actions in the multi-level and context-specific branches among which it is possible to recognise parent guidance, peer influence moderation, as well as promotion of self-esteem that work both in urban and rural settings to help decrease the level of any sexual risk-taking.

References

Adeniyi, S. O., Ahimie, B., & Deji-Oderinde, B. (2024). Peer influence, self-esteem and parental occupation as determinants of attitude to teenage pregnancy among secondary school adolescents in Lagos State. RIJESSU. Retrieved from <https://rijessu.com/volume-4/peer-influence-self-esteem-and-parental-occupation-as-determinants-of-attitude-to-teenage-pregnancy-among-secondary-schools-adolescents-in-lagos-state/>

Ajayi, A. I., & Okeke, S. R. (2019). Protective sexual behaviours among young adults in Nigeria: Influence of family support and living with both parents. BMC Public Health, 19, 983. <https://doi.org/10.1186/s12889-019-7310-3> <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7310-3>

Akanni, A. A., & colleagues. (2014). Influence of self-esteem, parental monitoring and parenting style on adolescents' risky sexual behaviour. Ife Centre for Psychological Studies/Services, University of Ibadan. Retrieved from <https://repository.ui.edu.ng/items/98155d55-e2ad-4a77-ae42-f7aac8b87b48>

Alakeme, N. J., & Ofole, N. M. (2024). Modification of sexual decision-making skills with metacognitive therapy and negotiation skills training among in-school adolescents in Bayelsa State, Nigeria. *International Journal of Educational Benchmark (IJEb)*. University of Uyo.

Badaki, O. L., & Adeola, M. F. (2017). Influence of peer pressure as a determinant of premarital sexual behaviour among senior secondary school students in Kaduna State, Nigeria. *Journal of Medical Research and Health Education*. Retrieved from <https://jmrh.chitkara.edu.in/2017/influence-of-peer-pressure-as-a-determinant-of-premarital-sexual-behaviour-among-senior-secondary-school-students-in-kaduna-state-nigeria/>

Ugwu, F. A., & Ohuakanwa, C. E. (2025). Adolescents' perceptions of peer influence on sexual behaviour in Nsukka Education Zone, Enugu State. *African Journal of Social and Behavioural Sciences*, 15(4). Retrieved from <https://journals.aphriapub.com/index.php/AJSBS/article/view/3202>

World Health Organization (WHO). (2024). Adolescent sexual and reproductive health facts and figures. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>