

Family, Social, and Environmental Determinants of Risk-Taking Sexual Behaviours Among Senior Secondary School Students in Lagos State, Nigeria

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ABSTRACT	ARTICLE DETAILS
Adolescent risk-taking sexual behaviours remain a significant public health concern across sub-Saharan Africa, with the convergence of rapid urbanization, digital connectivity, and structural vulnerability creating environments where multiple risk factors operate simultaneously. This study examined the combined influence of parental supervision, family dynamics, socioeconomic status, environmental factors, peer influence, drug use, and social media usage on risk-taking sexual behaviours among Senior Secondary School students in Lagos State, Nigeria. It also investigated the interaction between parental supervision and environmental factors in shaping students' beliefs, attitudes, and sexual health knowledge. A quantitative correlational survey design was employed. Using a multi-stage sampling procedure, 1,440 SS II and SS III students were drawn from 24 public secondary schools across all six educational districts in Lagos State. A researcher-developed, validated questionnaire with a Cronbach alpha reliability coefficient of 0.84 served as the data collection instrument. Binary logistic regression and moderated multiple linear regression were employed to test the hypotheses. Across all five risk-taking sexual behaviour outcome dimensions, the predictor variables were collectively statistically significant ($\chi^2 = 134.144$ to 188.575, $p < .001$; Nagelkerke $R^2 = .119$ to $.180$), with parental supervision, peer influence, family dynamics, drug use, and environmental factors emerging as the most consistent predictors. The interaction between parental supervision and environmental factors accounted for 66.8% of the variance in students' beliefs, attitudes, and sexual health knowledge ($R^2 = .668$, $F(3, 1436) = 963.523$, $p < .001$), with the interaction term yielding a large standardized coefficient ($\beta = .860$). The findings confirm that risk-taking sexual behaviours among Lagos State secondary school students are shaped by a constellation of family, social, environmental, and behavioural influences that must be addressed jointly rather than in isolation. Effective intervention requires multi-level strategies that simultaneously strengthen parental capacity, reshape peer norms, improve community environments, and expand access to comprehensive sexuality education. KEYWORDS: Risk-Taking Sexual Behavior, Adolescents, Parental Supervision, Peer Influence, Environmental Factors, Family Dynamics, Beliefs, Attitudes, Sexual Health Knowledge, Lagos State, Nigeria.	Published On: 09 July 2026 Available on: https://ijiissh.com/

BACKGROUND TO THE STUDY

Adolescent risk-taking sexual behaviour (RSB) remains a major public health concern, particularly in low- and middle-income countries where young people face numerous social and environmental vulnerabilities. The United Nations Sustainable Development Goals underscore the importance of improving adolescent sexual and reproductive health due to its implications for individual well-being and national development. Risk-taking sexual behaviours, such as early sexual debut, unprotected sexual intercourse, multiple sexual partnerships, and impulsive sexual encounters, increase adolescents' vulnerability to sexually transmitted infections (STIs), unintended pregnancies, school dropout, and long-term reproductive health complications.

Family, Social, and Environmental Determinants of Risk-Taking Sexual Behaviours Among Senior Secondary School Students in Lagos State, Nigeria

Globally, studies have reported varying prevalence rates of adolescent RSB, with evidence suggesting that sub-Saharan Africa bears a disproportionate burden. Factors such as socioeconomic disadvantage, substance use, weak parental involvement, and limited access to accurate sexual health information have been consistently linked to these behaviours. In Nigeria, adolescents navigate a complex environment where conservative cultural norms often limit open discussions about sexuality, while increasing exposure to digital media and peer influences may encourage sexual experimentation. Existing Nigerian studies have identified peer pressure, poor parent-adolescent communication, and alcohol or drug use as important predictors of adolescent sexual risk-taking.

The determinants of adolescent RSB are multidimensional and operate across different ecological contexts. At the family level, parental supervision, effective communication, and positive family functioning have been shown to delay sexual initiation and promote safer sexual practices. Conversely, family conflict, poor monitoring, and economic hardship may increase adolescents' susceptibility to risky behaviours. Peer influence is another powerful determinant, as adolescents often adopt behaviours that align with perceived peer norms and expectations. Environmental conditions, including neighbourhood characteristics and community norms, also shape opportunities and attitudes towards sexual behaviour. Additionally, substance use may impair judgement and increase impulsive decision-making, while exposure to sexually explicit content through social media can influence adolescents' perceptions and behaviours regarding sex.

Despite growing evidence on the factors associated with adolescent RSB, studies in Nigeria have largely examined these determinants in isolation or within geographically limited settings. Few studies have investigated the combined influence of family, social, and environmental factors using a representative sample that reflects the diversity of Lagos State. Furthermore, limited attention has been given to understanding how parental supervision interacts with environmental contexts to shape adolescents' beliefs, attitudes, and sexual health knowledge.

Therefore, this study investigated the combined influence of parental supervision, family dynamics, socioeconomic status, environmental factors, peer influence, drug use, and social media usage on risk-taking sexual behaviours among Senior Secondary School students in Lagos State, Nigeria. It also examined the interaction between parental supervision and environmental factors in shaping students' beliefs, attitudes, and sexual health knowledge. The findings are expected to provide evidence for the development of comprehensive interventions aimed at promoting healthy sexual behaviours among adolescents.

THEORETICAL FRAMEWORK

This study was anchored on Ulrich Beck's Risk Society Theory (1992) and complemented by Erikson's Theory of Psychosocial Development (1968). Together, these theories provide a comprehensive explanation of why adolescents engage in risk-taking sexual behaviours within contemporary social environments.

Beck's Risk Society Theory argues that modern societies are increasingly characterised by risks created through social, economic, and technological changes. As traditional institutions such as the family, religion, and community structures lose some of their regulatory influence, individuals are left to navigate complex risks with limited guidance. Adolescents, therefore, make decisions within environments shaped by urbanisation, globalisation, digital media exposure, and changing social norms. In the context of Lagos State, adolescents are exposed to multiple influences, including peer pressure, neighbourhood conditions, social media content, and socioeconomic challenges, which may increase their vulnerability to risk-taking sexual behaviours. The theory suggests that such behaviours should not be viewed merely as individual irresponsibility or ignorance but as responses to broader social conditions that manufacture and normalise risk.

Risk Society Theory is particularly relevant because it highlights how environmental factors interact with family influences to shape adolescent behaviour. Adolescents growing up in disadvantaged or socially disorganised environments may experience weakened protective structures, making them more susceptible to unhealthy sexual practices. Similarly, increased exposure to digital platforms provides access to global sexual norms and behaviours that often operate beyond parental control. Consequently, interventions aimed at reducing adolescent sexual risk-taking should extend beyond improving knowledge to addressing the social and environmental contexts within which adolescents make decisions.

Erikson's Theory of Psychosocial Development complements Beck's perspective by focusing on the developmental characteristics of adolescence. According to Erikson, adolescence is marked by the psychosocial crisis of identity versus role confusion, during which young people actively seek to establish their identities, gain independence, and secure acceptance from peers. This developmental stage often involves experimentation and the testing of boundaries, which may include engagement in sexual activities. The desire for peer approval and social acceptance may influence adolescents to adopt behaviours that conform to perceived group norms, even when such behaviours pose health risks.

The integration of these theories provides a holistic framework for understanding adolescent risk-taking sexual behaviours. While Beck's theory explains the influence of structural, social, and environmental factors, Erikson's theory accounts for the developmental and psychological processes that predispose adolescents to experimentation and peer conformity. Together, they suggest that adolescent sexual risk-taking results from the interaction between developmental needs and the broader social environment.

Family, Social, and Environmental Determinants of Risk-Taking Sexual Behaviours Among Senior Secondary School Students in Lagos State, Nigeria

Therefore, effective interventions should address not only individual attitudes and knowledge but also family relationships, peer networks, and the environmental conditions that shape adolescent decision-making.

OBJECTIVES OF THE STUDY

This study was guided by the following objectives:

1. To assess the combined influence of parental supervision, family dynamics, drug use, socioeconomic status, environmental factors, peer influence, and social media usage on risk-taking sexual behaviours among Senior Secondary School students in Lagos State.
2. To explore how parental supervision and environmental contexts interact to shape students' beliefs, attitudes, and knowledge of sexual health.

HYPOTHESES

The following null hypotheses were formulated and tested at a 0.05 level of significance:

H₀₁: Parental supervision, family dynamics, drug use, socioeconomic status, environmental factors, peer influence, and social media usage do not significantly influence risk-taking sexual behaviours among Senior Secondary School students in Lagos State.

H₀₂: There is no significant interaction between parental supervision and environmental factors in shaping the beliefs, attitudes, and sexual health knowledge of students in Lagos State.

METHODOLOGY

Research Design

A quantitative correlational survey design was adopted for this study. This design is appropriate for investigating relationships among multiple socio-cultural variables and behavioural outcomes without the experimental manipulation of variables. The correlational approach enabled the simultaneous examination of several predictor variables in relation to multiple risk-taking sexual behaviour dimensions, which is consistent with the multi-factorial nature of the research problem.

Study Population

The target population comprised all Senior Secondary School II (SS II) and Senior Secondary School III (SS III) students enrolled in public secondary schools across Lagos State, Nigeria.

Sampling Procedure

A multi-stage sampling procedure was employed to ensure geographic representation across Lagos State's diverse educational landscape. In the first stage, all six educational districts in Lagos State were purposively selected because they collectively encompass the state's urban-rural socioeconomic diversity and are directly relevant to the study objectives. In the second stage, stratified sampling was used to classify schools within each district into urban and rural strata. Two schools were randomly selected from each stratum per district, yielding four schools per district and a total of 24 schools across the six districts.

In the third stage, purposive sampling was used to select SS II and SS III classes within three academic streams: Arts, Commercial, and Science. SS I classes were excluded because students at that stage had only recently transitioned to Senior Secondary level, and their inclusion would have compromised the contextual validity of the findings. In the fourth stage, the fish-bowl-without-replacement technique was used to randomly select 30 students from each of the SS II and SS III classes in each school. This procedure yielded 60 students per school, 240 students per educational district, and a total sample of 1,440 students across all six districts.

Research Instrument

A self-developed structured questionnaire served as the primary data collection instrument. The questionnaire comprised four sections. Section A gathered socio-demographic information. Section B assessed socio-cultural correlates of risk-taking sexual behaviour using a five-point Likert scale (Strongly Agree to Strongly Disagree). Section C measured risk-taking sexual behaviours using dichotomous (Yes/No) response items. Section D assessed students' beliefs, attitudes, and sexual health knowledge (BASH) using the same five-point Likert rating format.

Validity and Reliability

The instrument was subjected to face and content validity review by relevant subject matter experts. A pilot test was conducted with 30 students drawn from two secondary schools that were not part of the main study sample. Items demonstrating poor internal consistency were revised or excluded based on feedback from the pilot exercise. The final instrument yielded a Cronbach alpha reliability coefficient of 0.84, indicating acceptable internal consistency for the purposes of this study.

Family, Social, and Environmental Determinants of Risk-Taking Sexual Behaviours Among Senior Secondary School Students in Lagos State, Nigeria

Ethical Considerations

Ethical clearance was obtained from the University Ethical Review Committee, Lagos State University, Ojo, Lagos State. Institutional permission to conduct research in the selected schools was granted by the Lagos State Ministry of Basic and Secondary Education. Students below 18 years of age were provided with assent forms requiring parental or guardian endorsement; students aged 18 and above provided their own informed consent. All participants were assured of the confidentiality of their responses, and participation was entirely voluntary.

DATA ANALYSIS

Binary logistic regression was employed to test Hypothesis One (H_{01}), enabling the simultaneous examination of the extent to which the seven predictor variables, alongside age and students' baseline beliefs, attitudes, and sexual health knowledge, collectively and individually predicted five distinct RSB outcome variables: Engaged Sex, Unprotected Sex, Sexual Act Range, Unconsidered Sex, and Multiple Partners. Moderated multiple linear regression was employed to test Hypothesis Two (H_{02}), with the interaction term between parental supervision and environmental factors ($PS \times Env$) entered as a predictor of the BASH_Mean composite score. Two models were estimated: an initial model including only the interaction term, and a full moderated model incorporating the main effects of parental supervision and environmental factors alongside the interaction term. All statistical decisions were made at the $\alpha = .05$ significance threshold.

RESULTS

Hypothesis One: Combined Influence of Socio-Cultural Factors on Risk-Taking Sexual Behaviours

H_{01} posited that parental supervision, family dynamics, drug use, socioeconomic status, environmental factors, peer influence, and social media usage do not significantly influence risk-taking sexual behaviours among Senior Secondary School students in Lagos State. Binary logistic regression was conducted across five RSB outcome dimensions, with age and students' baseline BASH scores included as additional covariates to control for their potential confounding influence. The results are summarised in Table 1.

Table 1: Summary Decision Table for Binary Logistic Regression Predicting Five RSB Outcomes (H_{01})

RSB Outcome	Nagelkerke R^2	$\chi^2(9)$	p	Significant Predictors	Non-Significant Predictors	Decision on H_{01}
Engaged Sex	.165	188.575	< .001	ParSup**, FamDyn**, Peer**, Drug***, Env**	SM, BASH, SES, Age	Rejected
Unprotected Sex	.167	175.025	< .001	ParSup**, FamDyn***, Peer***, Drug***, BASH**, SES*, Age*	SM, Env	Rejected
Sexual Act Range	.119	134.144	< .001	ParSup***, FamDyn**, Peer***, Drug***, Env*	SM, BASH, SES, Age	Rejected
Unconsidered Sex	.163	184.067	< .001	ParSup***, FamDyn**, Peer***, Drug***, SM**, Env***	BASH, SES, Age	Rejected
Multiple Partners	.180	187.704	< .001	ParSup***, FamDyn***, Peer***, Drug***, Env*	SM, BASH, SES, Age	Rejected

Note. ParSup = Parental Supervision; FamDyn = Family Dynamics; Peer = Peer Influence; Drug = Drug Use; Env = Environmental Factors; SM = Social Media Usage; BASH = Beliefs, Attitudes, and Sexual Health Knowledge; SES = Socioeconomic Status. $\chi^2(9)$ = chi-square with 9 degrees of freedom. * $p < .05$. ** $p < .01$. *** $p < .001$.

Across all five RSB outcome models, the chi-square tests of model significance were statistically significant ($p < .001$), with χ^2 values ranging from 134.144 for the Sexual Act Range model to 188.575 for the Engaged Sex model. This confirms that, for each RSB outcome, the combined predictor set provides a significantly superior fit relative to a null model containing no predictors. The Nagelkerke R^2 values ranged from .119 for Sexual Act Range to .180 for Multiple Partners, indicating that the models explain between 11.9% and 18.0% of the variance in the respective outcome variables. While these values reflect modest explanatory power, they are characteristic of behavioural and social science research where outcomes are shaped by many factors beyond any single study's scope.

Family, Social, and Environmental Determinants of Risk-Taking Sexual Behaviours Among Senior Secondary School Students in Lagos State, Nigeria

Across the five models, a consistent pattern of significant predictors emerges. Parental supervision and peer influence appear as significant predictors in all five RSB outcome models, establishing them as the most stable and robust determinants of adolescent sexual risk-taking in this study. Family dynamics and drug use are significant in four of the five models. Environmental factors reach statistical significance in four models. Social media usage achieves significance only in the Unconsidered Sex model, while socioeconomic status and age attain significance exclusively in the Unprotected Sex model. The null hypothesis H_{01} is rejected across all five RSB outcome dimensions.

Hypothesis Two: Interaction Between Parental Supervision and Environmental Factors on BASH

H_{02} posited that there is no significant interaction between parental supervision and environmental factors in shaping students' beliefs, attitudes, and sexual health knowledge. This hypothesis was examined using moderated multiple linear regression in two stages. Table 2 presents the model summaries and regression coefficients for both the initial model (PS $\times$ Env only) and the full moderated model (PS + Env + PS $\times$ Env).

Table 2: Moderated Linear Regression Predicting Beliefs, Attitudes, and Sexual Health Knowledge (BASH_Mean) From Parental Supervision, Environmental Factors, and Their Interaction (H_{02})

Panel A. Model Summary

Model	R	R ²	Adjusted R ²	SE of Estimate	F(df)	p
Model 1 (PS $\times$ Env only)	.795	.632	.632	.81858	2467.060 (1, 1438)	< .001
Model 2 (PS + Env + PS $\times$ Env)	.817	.668	.667	.77768	963.523 (3, 1436)	< .001

Panel B. Regression Coefficients (Full Moderated Model 2)

Predictor	B	SE B	B	t	p
Constant	1.557	.117	—	13.306	< .001
Parental Supervision	−0.186	.036	−.186	−5.128	< .001
Environmental Factors	0.097	.036	.096	2.698	.007
PS $\times$ Env	0.186	.011	.860	17.118	< .001

Note. PS = Parental Supervision; Env = Environmental Factors; PS $\times$ Env = interaction term. BASH_Mean = composite mean of beliefs, attitudes, and sexual health knowledge scores. N = 1,440. Source: Field survey, 2025.

The initial regression model including only the interaction term (PS $\times$ Env) produced a strong and statistically significant fit ($R = .795$, $R^2 = .632$, $F(1, 1438) = 2467.060$, $p < .001$), with the interaction term emerging as a highly significant positive predictor of BASH_Mean ($B = 0.172$, $SE = 0.003$, $\beta = .795$, $t = 49.670$, $p < .001$). This indicates that the joint effect of parental supervision and environmental factors alone accounts for approximately 63.2% of the variance in students' sexual health beliefs, attitudes, and knowledge.

The full moderated regression model incorporating both main effects and the interaction term achieved a slightly improved fit ($R = .817$, $R^2 = .668$, $Adj. R^2 = .667$, $F(3, 1436) = 963.523$, $p < .001$), explaining 66.8% of the variance in BASH_Mean. Parental supervision as a main effect was a significant negative predictor ($B = -0.186$, $SE = 0.036$, $\beta = -.186$, $t = -5.128$, $p < .001$), a direction that is best interpreted within the context of the moderation framework rather than in isolation. Environmental factors showed a small but statistically significant positive main effect on BASH_Mean ($B = 0.097$, $SE = 0.036$, $\beta = .096$, $t = 2.698$, $p = .007$). Most critically, the PS $\times$ Env interaction term retained a highly significant and strongly positive effect ($B = 0.186$, $SE = 0.011$, $\beta = .860$, $t = 17.118$, $p < .001$), indicating that the combined effect of parental supervision and environmental quality on students' sexual health cognitions is substantially stronger than either factor's independent contribution. The null hypothesis H_{02} was therefore rejected.

DISCUSSION

The findings of this study provide strong evidence that risk-taking sexual behaviours (RSB) among Senior Secondary School students in Lagos State are influenced by a combination of family, social, environmental, and behavioural factors. The results

Family, Social, and Environmental Determinants of Risk-Taking Sexual Behaviours Among Senior Secondary School Students in Lagos State, Nigeria

support Beck's (1992) Risk Society Theory, which argues that adolescent risk behaviours are not merely the result of individual choices but are shaped by the broader social and environmental conditions in which young people live.

The study revealed that parental supervision and peer influence were the most consistent predictors of risk-taking sexual behaviours across all behavioural dimensions examined. Adolescents who received adequate parental monitoring were less likely to engage in risky sexual activities, while those exposed to negative peer influences were more likely to adopt unsafe sexual behaviours. This finding suggests that parents and peers play critical roles in shaping adolescents' attitudes, decisions, and actions regarding sexual behaviour. In many cases, peers become the primary source of sexual information, particularly when communication about sexuality within the family is limited.

Family dynamics also emerged as a significant determinant of adolescent sexual risk-taking. Students from unstable or dysfunctional family environments were more likely to engage in risky sexual practices than those from supportive family settings. This finding highlights the importance of healthy family relationships, effective communication, and emotional support in promoting positive adolescent development and reducing vulnerability to risky behaviours.

Drug use was another important predictor of risk-taking sexual behaviour. The findings indicate that adolescents who engage in substance use are more likely to participate in unsafe sexual activities. Substance use often impairs judgment, reduces self-control, and increases impulsive decision-making, thereby increasing the likelihood of risky sexual encounters. This result is consistent with previous studies that have linked alcohol and drug consumption to higher levels of sexual risk-taking among adolescents.

The study further found that social media usage had a more specific influence on adolescent sexual behaviour. While it did not significantly predict all forms of risk-taking sexual behaviour, it was associated with unconsidered or impulsive sexual encounters. This suggests that exposure to sexual content and peer norms on digital platforms may encourage spontaneous risk-taking rather than deliberate sexual decisions.

A particularly important finding was the significant interaction between parental supervision and environmental factors. The results showed that the effectiveness of parental supervision depends largely on the environment in which adolescents live. Positive and supportive environments strengthen the protective role of parental supervision, whereas disadvantaged environments can reduce its effectiveness. This demonstrates that parental efforts alone may not be sufficient to prevent risky sexual behaviours if adolescents are exposed to negative community influences.

Overall, the findings demonstrate that adolescent risk-taking sexual behaviours are shaped by multiple interconnected factors. Therefore, interventions aimed at reducing these behaviours should adopt a comprehensive approach that addresses family relationships, peer influences, substance use, social media exposure, and environmental conditions simultaneously rather than focusing on any single factor in isolation.

CONCLUSION

The study concluded that risk-taking sexual behaviours among adolescents in Lagos State are shaped by a combination of family, social, environmental, and behavioural factors. Parental supervision, peer influence, family dynamics, drug use, and environmental conditions consistently predict risky sexual behaviours, while social media mainly influences impulsive sexual decisions.

The study further revealed that parental supervision is most effective when supported by a positive environment. Therefore, reducing adolescent sexual risk behaviours requires a comprehensive approach involving families, schools, communities, and policymakers rather than focusing solely on individual behaviour change.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are offered:

1. The Lagos State Ministry of Basic and Secondary Education, in collaboration with the Ministry of Health, should develop and implement a comprehensive sexuality education curriculum that explicitly addresses the predictor domains identified in this study, including peer norms, digital media literacy, substance use prevention, and family communication skills. Such a curriculum should be integrated into the existing school health programme rather than treated as a supplementary activity.
2. School-based peer education programmes should be established or strengthened to redirect the normative power of peer groups from risk amplification toward risk reduction. Trained peer educators drawn from the student population can function as credible advocates for sexual health within adolescent subcultures in ways that adult educators often cannot.
3. Given the central and consistent role of parental supervision as an RSB predictor across all five outcome models, structured parent engagement programmes should be developed through school-community partnerships. These programmes should specifically build parents' capacity for open, non-judgmental communication with their adolescent children on sexual and reproductive health matters.
4. The strong interaction effect between parental supervision and environmental factors indicates that neighbourhood-level interventions are necessary complements to family-based programming. Government stakeholders and civil society

organisations should invest in improving the physical, social, and institutional quality of the environments in which Lagos State adolescents live, with particular attention to communities identified as high-risk on social disorganisation indicators.

5. Drug and alcohol prevention programmes targeting secondary school students should be integrated into the school health curriculum, given the demonstrated relationship between substance use and RSB across four of the five outcome models. These programmes should address both demand reduction and the social environments that normalize adolescent substance use.
6. Digital literacy programmes should be introduced at the secondary school level to develop students' capacity to critically evaluate sexual content encountered online, with specific attention to the relationship between impulsive decision-making and digital exposure that this study's findings suggest.
7. Future research should adopt longitudinal designs to establish the temporal ordering of relationships between the identified predictors and RSB outcomes, and to evaluate the effectiveness of interventions informed by the current findings. Studies that include mixed-sex comparisons and examine interaction effects between gender and the predictor variables would further enrich the evidence base for tailored programming in the Lagos context.

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