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EDITORIAL

Advancing the Science of Human Development in a Changing World

Human development is neither linear nor isolated. It unfolds through continuous interactions among biological processes, psychological experiences, interpersonal relationships, cultural meanings, social structures, and the environments in which individuals live. The five contributions featured in this issue of *Optimal Development* collectively reinforce this understanding, demonstrating the importance of interdisciplinary scholarship in explaining behavior, promoting wellbeing, and addressing contemporary developmental challenges.

A major strength of this issue is its attention to behavior as both a product of development and a potential target for meaningful change. The paper traces the evolution of behavioral science from Pavlov and Thorndike to B.F. Skinner and Applied Behavior Analysis (ABA) provides an important historical and conceptual foundation for understanding how behavior can be systematically studied and modified. Its application to the acquisition of two-word phrasal minds in a Nigerian child with autism demonstrates the practical value of evidence-based behavioural intervention while drawing attention to the need for cultural validation and contemporary neuro-affirming ethical practices. The emphasis on assent, dissent, and technological integration is particularly relevant to the future development of behavioural science.

The issue also examines behaviour within broader social and developmental contexts. The systematic review of adolescent sexual health demonstrates that knowledge does not automatically translate into safe sexual practices. Peer pressure, socioeconomic circumstances, family communication, cultural norms, substance use, and media exposure interact to shape adolescent sexual behaviour. This knowledge–behaviour gap highlights the need for interventions that extend beyond information provision to address the environments within which young people make decisions.

Similarly, the review of gender differences in psychopathology illustrates the complex pathways through which psychological difficulties develop across the lifespan. Although females tend to demonstrate greater vulnerability to internalizing disorders and males higher rates of externalizing difficulties, the paper appropriately cautions against deterministic interpretations. Gender interacts with biological maturation, psychological processes, and sociocultural experiences, underscoring the need for an integrative biopsychosocial-developmental framework.

Culture emerges even more explicitly in the study of Nigerian youths' understanding of Koro syndrome. Limited awareness and the influence of spiritual interpretations on

help-seeking demonstrate how cultural beliefs can shape mental health experiences and decisions about professional care. These findings call for culturally responsive mental health education that neither dismisses indigenous belief systems nor permits misinformation to obstruct appropriate care.

Finally, the exploration of the baby mama phenomenon brings family structure, stigma, psychological well-being, and social change into the conversation. The paper highlights the stress experienced by mothers, the challenges associated with social stigma, and the potential developmental implications for children growing up in diverse family arrangements. Importantly, it invites a more nuanced examination of family diversity rather than simplistic assumptions about what constitutes a successful family.

Taken together, the five contributions demonstrate that **optimal development requires more than understanding individuals in isolation**. Behaviour, Mental Health, Sexuality, Family relationships, Disability, and Cultural beliefs are embedded within social systems that can either constrain or facilitate human flourishing. The scholarship presented in this issue therefore calls for interdisciplinary, culturally grounded, developmentally sensitive, and ethically responsible approaches to research and practice.

African Gender Studies Quarterly is committed to creating a scholarly platform where diverse perspectives converge to advance knowledge of gender and human development across the lifespan. We invite researchers, practitioners, educators, policymakers, and scholars across disciplines to continue generating evidence that does not merely explain human behaviour, but contributes meaningfully to the creation of conditions in which individuals, families, and communities can flourish.

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SEXUAL HEALTH KNOWLEDGE AND RISKY SEXUAL BEHAVIOUR AMONG ADOLESCENTS: A SYSTEMATIC REVIEW

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ABSTRACT

This systematic review explores the relationship between sexual health knowledge and risky sexual behaviour among adolescents between 10–19 years, guided by the PRISMA framework, important studies that were published between 2015 and 2026 were gotten from Google Scholar, PubMed, and ResearchGate. A total of 17 studies met the inclusion criteria and were analysed using a narrative synthesis approach. The findings showed a high prevalence of risky sexual behaviours among adolescents, including early sexual initiation, multiple sexual partners, inconsistency in condom use, and sexual activity influenced by the use of substances. Although many adolescents demonstrate moderate awareness of sexual and reproductive health issues, this knowledge does not necessarily translate into safe sexual practices, highlighting a significant knowledge and behaviour gap. The review identifies key influencing factors such as peer pressure, socioeconomic challenges, cultural and religious norms, limited parental communication, and exposure to sexual media. Additionally, evidence shows that structured sexual health education and peer-based interventions can help increase knowledge and promote safer behaviours, though their impact on long-term behavioural change remains constrained. Overall, the findings emphasise that risky sexual

behaviour among adolescents is shaped by complex individual, social, and environmental factors rather than knowledge alone. The study underscores the need for comprehensive and context-sensitive interventions that merge education, family involvement, and socioeconomic support to effectively lessen risky sexual practices and improve adolescent reproductive health outcomes.

Keywords: *Sexual Health Knowledge, Risky Sexual Behaviour, Adolescents, Systematic Review*

INTRODUCTION

Adolescence is the developmental period between childhood and adulthood characterised by rapid physical growth, hormonal changes and the onset of puberty (Santrock, 2018). It is a period of developing biological, social and psychological processes collectively preparing individuals for adult roles and independence (Steinberg, 2017). The World Health Organization (WHO) categorizes individuals aged 10–19 years as adolescents (WHO, 2022). Psychosocial theory in psychology views this stage as where individuals explore and form a coherent sense of self, including personal values, beliefs, and goals (Erikson, 1968). During this period, individuals begin to explore their sexual identity and behaviour, often influenced by family, friends, media, beliefs and culture. Sexual health knowledge is an individual understanding of sexuality, reproductive process, prevention of sexually transmitted infections and unintended pregnancy and the ability to make informed decisions regarding sexual behavior (World Health

Organization [WHO], 2015). Adolescents need to have adequate knowledge on things such as both gender reproductive systems, puberty, STI, safe sexual practices e.g condoms, morning-after pill and consent to intimate relationships to prevent risky sexual behaviours. Risky sexual behaviour refers to actions that increase the likelihood of negative sexual and reproductive health outcomes; these activities include early sexual initiation, having multiple sexual partners, sexual activity under the influence of substances; which compromise individuals' ability to make safe decisions and inconsistent or refusal to use condoms which increases the risk of STI and unintended pregnancy. (World Health Organization [WHO], 2011; Centers for Disease Control and Prevention [CDC], 2020; Adefuye et al., 2009).

Early sexual activities in adolescents remains a significant public health concern globally, particularly in developing countries where access to comprehensive sexual education is often limited. Although issues like the HIV/AIDS epidemic in the 1980s and

1990s rapidly spreading of HIV, especially among young people, and increase in teenage pregnancy in developed and developing countries have forced governments and health organisation to work together to promote, enlightened and campaign on sexual health knowledge with government putting sexual health education in school curriculum as early as primary school and especially focusing on secondary school working with non-governmental agencies and reproductive health companies to spread proper and safe sexual knowledge in schools and media because the engagement of risky sexual behaviour among adolescents have been linked to STI, unintended pregnancies and children, unsafe abortion, death, school dropout and long term reproductive health complications which affects not only the individual but also society development and healthcare facilities.

Despite increasing awareness initiatives, evidence suggests that many adolescents continue to engage in unsafe sexual practices, this raises concern about the effectiveness of existing sexual health education programmes and highlights a critical gap between knowledge acquisition and behavioural outcomes. Furthermore, factors like cultural norms, religious beliefs, peer influence, unsupervised access to sexual media and limited parental communication continue to shape adolescents' sexual decisions,

often undermining the impact of knowledge alone.

So, addressing the issue is important because adolescence is a critical period where lifelong behavior are built such proper and health sexual behaviors, so a comprehensive understanding of the relationship between sexual health knowledge and risky sexual behavior is crucial for developing effective interventions and policies, Improving sexual health knowledge and promoting safer sexual practices can contribute to better health outcomes, reduce disease transmission, and support overall social and economic development. Therefore, this Systematic review aims to examine sexual health knowledge and risky sexual behaviour amongst adolescents by comparing and contrasting empirical studies to identify patterns, relationships, and key influencing factors.

Objectives:

1. To assess the level of sexual health knowledge among adolescents.
2. To examine the prevalence of risky sexual behaviours among adolescents.
3. To identify factors influencing risky sexual behaviours among adolescents.
4. To evaluate the effectiveness of sexual health education interventions.

PROBLEM STATEMENT

Despite the global efforts in integrating sexual health education into school curricula, adolescents continue to engage in high levels of risky sexual behaviors, including early sexual initiation, inconsistent condom use, and sexual activity influenced by sexual activity. Evidence reveals a significant inconsistency between the acquisition of sexual health knowledge and actual behavioral change. While many adolescents demonstrate a high awareness of risks associated with STIs and unintended pregnancies, this knowledge is frequently undermined by external factors such as peer pressure, cultural norms, and a lack of parental communication.

There is a lack of combined evidence that explains why increased knowledge fails to translate into a safe practice. This systematic review addresses the gap by examining the relationship between sexual health knowledge and risky behaviour, aiming to identify the patterns and factors that prevent adolescents from making safe sexual decisions. Without this understanding, public health interventions may remain ineffective, leading to continued high rates of unintended pregnancies and long term reproductive health complications among youth.

METHODOLOGY

This study adopted a systematic review design guided by the Preferred Reporting Items for Systematic

Reviews and Meta-Analyses (PRISMA) framework. A narrative synthesis approach was used due to variation in study designs and outcomes across included studies.

The literature search was conducted using three electronic databases:

1. Google Scholar
2. PubMed
3. Research Gate

These databases were selected because they contain a wide range of peer-reviewed research in public health, psychology, and adolescent health.

Keywords/Search Terms

The following keywords and search terms were used in the search process:

“adolescents” AND “sexual health knowledge”

“adolescents” AND “risky sexual behaviour”

“sexual behaviour” AND “reproductive health”

“sexual education” AND “adolescents”

Additional terms such as “condom use,” “peer influence,” and “sexual risk behaviours” were also included to broaden the search.

Inclusion Criteria

Studies were included if they met the following criteria:

1. Focused on adolescents aged 10–19 years
2. Examined sexual health knowledge and/or risky sexual behaviour
3. Employed quantitative, qualitative, or mixed-methods designs
4. Were published in peer-reviewed journals
5. Were written in English
6. Provided sufficient data relevant to the study objectives
7. Are between the year 2015-2026

5. Anything below 2015
6. Were not written in English

Number of Articles Reviewed

PRISMA four-phase flow: identification, screening, eligibility, and inclusion.

During the identification phase, a total of over 30 articles were retrieved from the databases.

In the screening phase, duplicate records were removed, and titles and abstracts were reviewed for relevance.

In the eligibility phase, full-text articles were assessed against the inclusion and exclusion criteria.

Finally, in the inclusion phase, a total of 17 studies met the inclusion criteria and were included in the final synthesis. These studies were drawn from different geographical regions, including Africa, Asia, and other low- and middle-income settings. The studies were analyzed using thematic narrative synthesis in line with PRISMA guidelines.

A PRISMA flow diagram was used to visually represent this process

Exclusion Criteria

Studies were excluded if they:

1. Focused on adult populations only or did was beyond the 19 years limit
2. Were systematic reviews, meta-analyses, commentaries, editorials, commentaries or opinion articles
3. Did not focus on sexual health knowledge or risky sexual behaviour
4. Were not accessible in full text

Figure 1:



A standardized data extraction table was developed to systematically collect relevant information from each study. Extracted data included:

Author(s) and year of publication

Study location

Study focus/objectives

Sample size and characteristics

Research design and methodology

Key findings

This process ensured consistency and facilitated comparison across studies.

Table 1:

Summary of Included Studies on Sexual Health Knowledge and Risky Sexual Behaviour Among Adolescents

Article search

Author	Year	Study focus	Sample	Method	Key findings
Zhengyue Jing, Jie Li, Yi Wang, Chengchao Zhou.	2023	To assess sexual behaviors, condom use and multiple sexual relationships amongst adolescents in lower middle income countries	145,277 adolescents between ages 12-15 years	Survey method and chi square tests	Sexual activity was higher among boys and older adolescents (14–15). Many sexually active adolescents engaged in multiple sexual relationships, although condom use was moderate, it showed a declining trend, indicating an increasing sexual risk over time.
Kugbey N, Ayanore MA, Amu H, Oppong Asante K, Adam A.	2018	To assess risky sexual behaviors in adolescents in Ghana	1,648 school going adolescents	Used a school based health survey	A large number of adolescents engaged in risky sexual behaviours, including early sexual activity, multiple partners, and

					low condom use. They found risk to be higher among males and older adolescents,
Onigbanjo R.O., Olu-Abiodun O.	2026	To understand female adolescents' understanding of sexual knowledge.	100 female secondary school students from 13-19 years.	Cross-sectional descriptive survey using Likert-scale questionnaire	The adolescents showed high awareness and positive attitudes toward sex education but, barriers like poor parent-child communication, inadequate teacher training, and religious opposition, hinder effective sexual health education.
.Norkaew J., Homchampa P., Chanthamath S., Wongkongdech R. 2025	2025	To develop and evaluate system empowerment support social network (SESS) and sexuality education in adolescents	240 girl adolescents from ages 15-19 in Northeast Thailand	Data was collected using validated questionnaires and analyzed using ANCOVA, using a quasi experimental design.	A school-based sexual health intervention was done and it improved adolescents' perceptions and preventive practices, though changes in attitudes were small, indicating the

					effectiveness of structured programs in promoting safer sexual behaviour
Osadolor U.E. et al. L	2022	To assess the exposure of sex education and its effect on adolescents sexual behavior	362 adolescents (10–19 years), Rivers State, Nigeria	Self administered questionnaires , data was then analyzed using the SPSS statistics.	They found that sex education is important for helping adolescents protect themselves from sexual risks like STDs, pregnancies ,etc. They also found that frequent discussions about sexual matters encouraged safer behaviors showing the importance of providing accurate, and age-appropriate sex education, not excluding parental involvement as an important factor and guiding adolescents

					toward healthier sexual choices.
Lee I.S., Jeon J.H., Kim K.J.	2024	To investigate sexual knowledge, attitude and sex education of adolescents	102 North Korean refugee adolescents	Cross sectional descriptive survey	Adolescents showed very low sexual health knowledge and held conservative attitudes toward topics regarding sex and a positive relationship between sexual knowledge levels and the need for sex education.
Mukanga B., Dlamini S.B., Mwanabute N., Taylor M.	2024	To assess risky sexual behavior in adolescents	807 grade 12 school going adolescents in Kitwe, Zambia	Cross sectional study using structured questionnaires .	Nearly half of the respondents engaged in risky sexual behaviors like sex with alcohol use, pornography, etc.
Sserwanja Q. et al.	2022	To assess risky sexual behaviors in sexually active female	3,000 female adolescents (15–19 years), Zambia	Interviewer-administered health survey	Younger, unmarried adolescents with less than secondary education, no internet and

		adolescents			were residents of western Zambia were significantly engaged in risky sexual behaviors .
Maurya C., Muhammad T., Thakkar S.	2023	To examine risky sexual behaviors and suicidal thoughts in unmarried adolescents	4,221 unmarried male adolescents and 5,987 unmarried female adolescents ages 10-19 in India	Descriptive and regression analysis used to estimate a Suicidal thoughts of unmarried adolescents and risky sexual behaviors .	Risky sexual behaviours (multiple partners, pornography use) were associated with higher likelihood of suicidal thoughts. Contraceptive use increased over time among sexually active adolescents.
Srahbzu M., Tirfeneh E.	2020	To examine prevalence and factors associated with risky sexual behaviour	659 high school adolescents (15–19 years)Tigray,Ethiopia	Institution-based cross sectional study and face to face interview in collecting data, using a sexual risk behavior scale.	Many respondents to have engaged in risky sexual behaviors, like alcohol use, etc and found that it can significantly affect community and nation health quality.

Hatami M., Kazemi A., Mehrabi T.	2015	To evaluate peer influence on sexual education knowledge	282 teenage adolescent girls	Pre-test/post-test design; t-test analysis	Peer education significantly improved adolescents' sexual health knowledge, demonstrating its effectiveness in helping to understand and promote positive approaches to sexual behaviour
Mesele J. et al.	2023	To assess knowledge levels and risky sexual behavior in adolescents.	387 secondary school students, Eastern Ethiopia	Cross-sectional study; random sampling	Adolescents demonstrated moderate sexual health knowledge. However, early sexual initiation and multiple partnerships were common, especially among urban residents
Kemigisha E. et al.	2018	To assess sexual and reproductive health knowledge among very young adolescents	1,096 adolescents (10–14 years), Uganda	Cross-sectional study using descriptive statistics	Comprehensive sexual health knowledge among adolescents was low, with many relying on media as a

					primary source of information, while a significant ratio of sexually active adolescents practice unprotected sexual practices.
Aprilia M., Handayani S., Mulyanti S.	2025	To identify relationship between reproductive health knowledge and risky sexual behavior	69 adolescents in Indonesia	Cross sectional study, purposive sampling technique, data was collected using a questionnaire and analyzed using the spearman's rank test	A positive correlation was found between reproductive health knowledge and risky sexual behaviour in adolescents indicating that increased knowledge alone might not at all times reduce engagement in risky practices among adolescents
Adewuyi H., Dwarika V. 2023	2023	To assess peer influence , self-esteem as a factor influencing risky sexual	200 in-school adolescents in Nigeria.	Descriptive design, a purposive sampling and analyzed data with Pearson's correlation.	Risky sexual behaviors in adolescents are highly influenced by peers, sense of self and even

		behaviors in adolescents			family structure.
Zakaria M. et al.	2020	To assess level and knowledge of sexual reproductive health amongst adolescents	792 adolescents (16–17 years), Bangladesh	Descriptive statistics, multiple linear regression in analyzing data and self-administered questionnaires to collect data.	Adolescents' knowledge level of sexual reproductive health was not satisfactory and they were myths surrounding biological processes like menstruation.

Kassa, A. S., et al.	2025	Identifying the social and economic "determinants" (reasons) behind risky sex in the African context.	Adolescents across West, East, and Southern Africa.	Systematic review of 132 studies.	Lack of parental communication was the number one predictor of risk. It also highlighted a "Knowledge-Behavior Gap" which
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					include d high HIV awaren ess but low practic e of safe sex.
Akuiyibo S. et al.	2021	To assess peer influence on sexual education	8,930 adolescents (15–24 years), Northwesteri n Nigeria	Pre-test/post- test design	Peer influen ce on sexual health educati on to signific antly improv e adolesc ents' knowle dge on STIs, HIV, and condo m use, highlig hting the import ance of peer- based

					interve ntions in promot ing positiv e sexual health outcom es
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RESULTS

The findings from the systematic review revealed multiple studies examining sexual health knowledge and risky sexual behaviour among adolescents across different regions in the world. The studies included various research designs such as cross-sectional surveys, longitudinal studies, systematic reviews, and meta-analyses.

Overall, the findings indicate a high prevalence of risky sexual behaviors, including multiple sexual partners, inconsistent condom use, and early sexual debut.

The themes generated from these findings include:

1. Prevalence of Risky Sexual Behaviours:

Across the numerous studies, there is a considerable number of studies reporting multiple sexual partners and casual sex among adolescents.

A recent study by Jing et al. (2023) found that sexual activity was higher among boys and older adolescents (14–15). Many sexually active adolescents engaged in multiple sexual relationships, and although condom use was moderate, it showed a declining trend, indicating an increasing sexual risk over time.

Similarly, another study by Kugbey et al. (2018) found that a large number of adolescents engaged in risky sexual behaviours, including early sexual activity, multiple partners, and low condom use. They found risk to be higher among males and older adolescents.

A health survey in Zambia by Sserwanja et al. (2022) found that younger, unmarried adolescents with less than secondary education, no internet and were residents of western Zambia were significantly engaged in risky sexual behaviors.

2. Sexual Health Knowledge Among Adolescents: The findings revealed levels of sexual health knowledge among adolescents. While awareness of sexual and reproductive health issues is generally high, knowledge of other issues such as contraceptive use is quite limited.

A cross-sectional descriptive survey by Lee et al. (2024) revealed that adolescents showed very low sexual health knowledge and held conservative attitudes toward topics regarding sex and a positive relationship between sexual knowledge levels and the need for sex education.

Another study by Aprilia et al. (2025) revealed a positive correlation between reproductive health knowledge and risky sexual behaviour in adolescents indicating that increased knowledge alone might not at all times reduce engagement in risky practices among adolescents.

3. Peer Influence and Social Pressure: The review unveiled peer influence and peer pressure as one of the most significant predictors of risky sexual behaviour.

In school settings, peers were found to encourage behaviors such as having multiple sexual partners and engaging in unprotected sex. The desire to be liked and to fit into the society often overrides an individual's knowledge of risk.

A study by Adewuyi and Dwarika (2023) found that risky sexual behaviors

in adolescents is highly influenced by peers, sense of self and even family structure.

4. Socioeconomic and Environmental factors: Socioeconomic factors play a significant role in shaping sexual behaviour. Financial instability and hardship were identified as a key factor contributing to risky practices. For example, someone who has financial issues might delve into transactional sex to gain money.

Environmental factors were also identified as a key determinant of risky sexual behaviours; people who come from homes where having multiple sexual partners is a norm are likely to pick up on such behaviour.

A study by Srahbzu and Tirfeneh (2020) on high school adolescents in Ethiopia found that many of the respondents had engaged in risky sexual behaviours, like alcohol use, etc and found that it can significantly affect community and national health quality.

DISCUSSION

The systematic review examined sexual health knowledge and risky sexual behavior among adolescents. The findings revealed that the multidimensional nature of risky sexual behaviours among adolescents is a result of a lack of knowledge and is driven by a combination of individual, interpersonal and environmental factors. A cross-sectional study by Kemigisha et al. (2018) found that

Comprehensive sexual health knowledge among adolescents was low, with many relying on media as a primary source of information, while a significant proportion of sexually active adolescents practice unprotected sexual practices. Similarly, another study by Zakaria et al. (2020) found that adolescents' knowledge level of sexual and reproductive health was not satisfactory, and there were myths surrounding biological processes like menstruation.

A study by Akuiyibo et al. (2021) found that peer influence on sexual health education to significantly improved adolescents' knowledge on STIs, HIV, and condom use, highlighting the importance of peer-based interventions in promoting positive sexual health outcomes.

Though a significant number of adolescents demonstrated a high level of awareness regarding HIV and other sexual health risks, a lot of them still do not practice safe sexual behaviour. A descriptive cross-sectional study conducted by Onigbanjo and Olu-Abiodun (2026) on a hundred female secondary school students aged 13 to 19 found that adolescents showed high awareness and positive attitudes toward sex education, but, barriers like poor parent-child communication, inadequate teacher training, and religious opposition hinder effective sexual health education

Factors that influence adolescents' likelihood of engaging in risky sexual practices include Age, Attitude towards sex and engagement in substance use, among others.

Highlighted in the review were the influence of psychological and situational triggers such as pornography and sexual abuse on risky sexual behaviour and how detrimental it is on reproductive health outcomes.

A cross-sectional study by Mukanga et al. (2024) on 807 grade 12 school-going adolescents in Kitwe, Zambia, found that close to half of the respondents engaged in risky sexual behaviours like sex with alcohol use, pornography, etc.

In summary, the findings suggest that tackling risky sexual behaviours among adolescents is vital for improving their overall well-being. Addressing these issues would help adolescents understand the harmful effects of risky sexual behavior and how it can affect their reproductive and sexual health.

CONCLUSION

The systematic review aimed to examine sexual health knowledge and risky sexual behaviour among adolescents. The findings suggest that risky sexual behaviour has become prevalent among adolescents and it is influenced by various factors of which include, including individual, interpersonal, and environmental factors. Though a large number of

adolescents possess a moderate level of knowledge on sexual and reproductive health, particularly on HIV/AIDS, this knowledge does not consistently translate into safe sexual practices, thus showing that they do not entirely act based on their knowledge.

Key factors such as peer pressure, substance use, and socioeconomic challenges significantly contribute to involvement of adolescents in risky sexual activities. Likewise, environmental factors such as their neighbourhood and the kind of people they grew up with also plays a part in shaping these behaviours.

Overall, the review highlights that risky sexual behaviour is not solely a result of inadequate knowledge but is deeply embedded in broader social and contextual realities. Therefore, addressing this issue is essential for improving adolescents' overall well-being and reducing the risk of negative reproductive health outcomes, including sexually transmitted infections and unintended pregnancies.

RECOMMENDATIONS

Based on the findings from the systematic review. The following recommendations should be considered to tackle risky sexual behaviors among adolescents and improve their knowledge on the reproductive health challenges associated with it:

1. 1. Implementation of comprehensive sexual

education: Schools should adopt sexual education into their curriculums to educate students on what sexual health is, the types of infections of diseases that can disrupt it and how to prevent them.

2. 2. Promotion of parent child communication: Parents should learn to communicate with their children on matters of sexuality. They should not shy away from discussing these matters with their children as this might lead them to asking questions from others which could make them fall into the wrong hands.
3. 3. Socio economic support and Youth Empowerment: There should be a creation of policies and programs that address socioeconomic challenges such as poverty, unemployment which could drive people to partake in risky sexual behaviors. Empowerment initiatives like skill acquisition could help to reduce these risks.
4. 4. Further Research: Future studies should focus on longitudinal and intervention-based research to better understand causal relationships and evaluate the long-term effectiveness of different strategies in reducing risky sexual behaviour.

5.

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