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### Role of Personality, Religiosity and Psychoactive Drug Use on Risky Sexual Behaviour among Youth in Owerri

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**Helen I. Nnamdi-Annorzie**

Department of Psychology, Imo State University, Owerri  
[annorzie.ihuoma@gmail.com](mailto:annorzie.ihuoma@gmail.com)

#### **ABSTRACT**

*The study investigated Role of Personality, Religiosity and Psycho-active Drug Use on Risky Sexual Behavior among youths in Owerri. A total of three hundred participants were selected through convenience sampling technique. The participants are undergraduates in Imo State University and youths in Students' market Imo State University (IMSU) front gate. The study tested six hypotheses and utilized four instruments which results were gotten through participant's opinions that were used in this study. The instruments are; the Sexual Risk Behavior Scale (SRBS) developed by Lawal (2013), Mac-Andrew Alcoholism Scale (MAS) developed by Craig Mac Andrew, Religious Affiliation Scale (RAS) developed by P.F. Omoluabi and the Eysenck Personality Questionnaire (EPQ) (adult form) developed by Eysenck (1975). A cross sectional survey design was adopted; Hierarchical Multiple Regression statistics was used in analyzing the data. Results showed that psychoticism and extraversion significantly predicted risky sexual behavior. Result also showed that religiosity and Psycho-active drug use significantly predicted risky sexual behavior. The results were discussed in line with current theories. Thus, recommendations were made.*

**Keywords:** *Drug Abuse, Personality, Religiousness, Risky Behaviour, Sexual Abuse*

## INTRODUCTION

Youths are of age group 15 to 24 years, often described both as the wealth and pride of a nation, and with significant physiological, psychological and social changes that place their lives at high risk. The future of any nation therefore depends on the young ones who constitute the potential human resources needed for the community or the society (Austin, 2006).

Sex, being a universal term one would expect a great deal to be known about it. Incidentally this is not the case, partly because all societies regulate sexual activities. This control restricts both the observation of sexual behaviors and access to information about it. However, in Western societies it has been observed that sexual culture has changed from the repressive-restrictive kind to permissive- supportive kind and it has resulted in an increase in the frequency of extra- marital and pre-marital sexual intercourse as well as a decrease in the age of first intercourse (Ozeruz, 1999).

The incidence of adolescents and youths engaging in sexual intercourse is high and may constitute problem (Isiugo-Abanihe, 1993). These behaviors may be prevalent among Nigerian students especially those in secondary school and institution of higher learning (Isiugo-Abanihe, 1993). This may be due to erosion of various customs and observances as well as factors associated with rapid urbanization and other factors such as family background, age, peer pressure, media influence, economic situation, gender, educational background (Akinleye & Onifade, 1996).

Houghton (2009) defined behavior as the actions of a person or animal in response to external or internal stimuli. Ogbonnaya, (2000) viewed behaviours as the complex ways in which people think, feel and react in relation to joys and troubles of life. Ogbonnaya added that it is all activities of an individual that can be observed by someone else and those activities that may not be observed.

For the purpose of this study, behaviour is defined as a result of response to stimuli (observable and non-observable) that an adolescent presents. When these behaviours are related to sex, they are termed sexual behavior.

Hirschfield (2009) defined sexual behaviour as any behaviour that involves sexual response by the body. Wolman (1999) described sexual behaviour as the totality of normal and abnormal, conscious and unconscious, overt and covert sensations, thoughts, feelings and actions related to sexual organs and other erotic zones including masturbation, heterosexual, homosexual relations, goals and techniques. Sexual behaviours therefore, are all behaviours that individuals identify as disclosing themselves as male or female or that they consider as necessary part of their masculine or feminine role. These behaviours could range from, holding of hands to fondling, light embracing.

Wolman further identified them as all practices or activities performed that link to sexual organs involving stimulus and response. Examples are, sexual thoughts, holding of the hands, casual goodnight kissing, deep kissing up to petting, breast fondling, light embrace, hugging, touching of the genitalia, sexual intercourse, homosexual relations, oral sex and lesbianism. In this study, Wolman's definition will be adopted. They could be grouped into heterosexual and homosexual behaviors. Johnson (2005) defined heterosexual behaviour as romantic and or sexual attraction between members of opposite sex. Heterosexual behaviors, for the purpose of this study are those sexual behaviors that involve opposite sexes; it includes both normal and deviant forms of sexual activities. They include; holding a partner in a unique way denoting affiliation, light embrace (light body to body contact without really hugging), casual goodnight kiss, hugging, deep kissing which involves exchange of tongues in each other's mouth and sucking it, breast fondling where the female or the male partners breast is touched in a manner that it increases or arouses sexual urge, touching of the genitals with finger in a special manner, for example, in strokes to bring about orgasm, the introduction of the penis into the female vagina in an outward-inward movement to bring about orgasm, and lastly oral sex.

Risky sexual behaviour (RSB) refers to any behaviour that increases the probability of negative consequences associated with sexual contact, including AIDS, or other sexually transmitted diseases (STDs) and unplanned

pregnancy. (Fulton, Marcos & Payne, 2010). Young people are at high risk of practicing high risky sexual behaviors, because of the risk taking behavior during this age group (Alamrew, Bedimo & Azage, 2013).

In developing countries, the rate of risky sexual behaviors including unprotected sexual intercourse and early sexual initiation is increasing (Yi, Poudel, Yasuoka, Palmer & Jimba, 2010). Studies have showed that more than 50% of new sexually transmitted diseases (STDs) every year are due to young people's aged 5 to 24 (Trepka, Kim, Pekovic, Zamor, Velez & Gabaroni, 2008). Young people are engaged in high risky behaviors like smoking cigarettes, drinking alcohol, use of drugs, and gender based violence. These behaviors in turn lead them to engage in risky sexual behaviors (Tu, Lou, Gao, Li & Zabin, 2012).

Risky sexual behavior is a behavior related to sexuality which increases the susceptibility of an individual to problems related to sexuality and reproductive health like sexually transmitted disease (STIs), human immune deficiency virus (HIV), unwanted and unplanned pregnancy, abortion, and psychological distress (J. A. Imaledo, 2012). It includes having more than one sexual partner, early sexual initiation, inconsistent use of condom, and having sex with commercial sex workers (Cooper, 2002).

Recent studies on risky sexual behaviour have cited parental neglect, domicility, etc., as factors predicting risky sexual behaviour among youth. However, this study intends to investigate the role of some other factors such as Personality, Religiosity and Psycho-active drug use on Risky Sexual Behavior.

Personality as a word came from the latin word "persona" meaning mask, which means our appearance in behaviour before the public/others while enveloping our real self from them behind the mask. From time immemorial, a good number of people have made frantic efforts at interpreting other people's characters, behaviours, events and circumstances, so as to foster psychological wellbeing. But because of the fact that they lacked scientific backups and were buried in speculations, they were done away with. Personality has been defined as the unique and relatively stable behavioural pattern of an individual. It is a person's unique and enduring way of life that is consistent over a period of time and across situations. Ugokwe O. (2013) see personality as the consistency in who you are, have been, and will become. Personality is inclusive of all the enduring characteristics of an individual which enable him to adapt to his ever dynamic environment.

Gordon Allport (1961) defines personality as the dynamic organization within the individual, of those psychophysical systems that determines his characteristics, behaviour and thoughts. Allport explained these terms separately, the dynamic organizations means that personality changes over time, psychophysical systems refer to habits, attitudes, and traits. Characteristics are those uniqueness of an individual's behaviours. While behaviours and thoughts refer to anything an individual does and think. Personality is the psychological signature of an individual, (Ugokwe, 2010) just as no two persons can have the same signature, so can no two persons have exactly the same personality.

Therefore, personality is determined by heredity and environment. Those biological traits that are injected into offspring from parents at conception, like physical appearance, intelligence, temperament, aggressiveness, etc are referred to as hereditary factors. While those non-inheritable components of our environment that form or shape our personality characteristics like culture, home, psychological trauma, social institutions, situational factors and peer groups are referred to as environmental factors. The homes in which we grew up serve as the building blocks upon which our personalities are formed. Parental styles, care-giving styles, training, relationships with other siblings and general family upbringing combine to shape human personalities. The family is the first environment every child experiences and it is upon it that the first impression about the world is formed. Culture is the societal norms and values which are passed down from one generation to another. Culture determines our "dos" and don'ts, thus shapes what is acceptable within our societies. It guides our behaviours, thereby determining our personalities. Social institutions include schools, churches, clubs and other social organizations, which in one way or the other shape our actions, behaviours and personalities.

They are different personality traits, for the purpose of this study, psychoticism, neuroticism and extroversion, using Eysenck personality questionnaire (EPQ) will be measured.

Psychoticism is a personality trait, it is defined by Eysenck as a personality type that is prone to take risks, might engage in anti-social behaviors, impulsiveness, or non-conformist behavior. Psychoticism is related to the psychological qualities that one might find in a person who is psychotic or experiencing psychosis. This is much different than the friend who called another friend a psycho! Broadly, psychosis is a condition characterized by being very detached from reality. People who are psychotic might experience delusions or hallucinations and might hurt themselves or others. Psychosis is caused by certain diseases or things like brain tumors, but psychosis can also be induced through the use of certain drugs or alcohol.

Now, does everyone who exhibits some of the qualities that Eysenck identifies as psychoticism become a psychotic? Not necessarily. Rather, Eysenck suggested that these individuals might be more susceptible to becoming psychotic, but it was not a certain outcome.

According to Eysenck, psychoticism occurs on a scale, or continuum. In other words, there are varying degrees to which someone might exhibit characteristics of psychoticism. Only those who score very, very high on the scale might be considered as having some degree of psychosis.

Extroversion is typically described as being outgoing, fun-loving, friendly, talkative or very social behavior. Think of someone who is always the life of the party. This person is probably an extrovert.

Eysenck (Eysenck, 1976) was among the first to investigate the relationship between personality traits and indicators of risky sexuality. He found that extraverts tended to endorse more favorable attitudes than did introverts toward having multiple sex partners and trying out different sexual positions. Extraverts also engaged in sexual intercourse at younger ages than introverts, as well as having sex more frequently and with more partners than introverts did. Similar associations between extraversion and more promiscuous sexual desires have been found by others. (Snyder, Simpson & Gangestad, 1986).

Extraversion also has been linked to promiscuous sexual behaviour (Pinkerton & Abramson, 1996) and to unsafe sexual practices. Extraverts appear only somewhat more likely than introverts to be unfaithful with their marital or dating partners (Schmitt & Buss, 2000) the reasons why extraverts engage in more risky sex may include having a higher libido than introverts, or extraverts may need to raise their habitually low levels of cortical arousal to a more comfortable level by engaging in risky sexual behavior. (Eysenck, 1976). Regardless, the links between extraversion and promiscuous sexuality appear to be robust, at least among Western cultures.

Neuroticism is a personality trait that includes anxious and nervous behavior and a frequent feeling of fear or worry. This became known as the PEN model. Eysenck believed this to be the basis for all human personalities, and each person has varying degrees of each of these qualities.

The personality trait of neuroticism is rooted in negative emotionality, including anxiety, depression, and anger. (Costa & Widiger, 1994). Neuroticism has been associated with several features of problematic sexuality, including sexual dissatisfaction and marital distress. (Gottman, 1994).

Some studies have found that people who score high in neuroticism tend to have more permissive sexual attitudes (Lameiras & Rodriguez, 2003) and engage in more risky sexual behavior (Naff-Johnson, 1997) including the practice of unsafe sexual practices. Among a sample of pregnant and post-partum cocaine misusers, neuroticism was found to be the strongest personality influence of risky sexual activity. (Ball & Schottenfeld, 1997). Inconsistent results have also been reported for the relationship between neuroticism and risky sexual behavior. (Vollrath et al, 1991).

Religiosity is defined as an individual's belief, spirituality, and reverence towards a divinity. (Gallagher & Tierney 2013). We focus on the relationships between religiosity and abstinence because abstinence has been consistently referred to as the most effective way of avoiding STI's and unplanned pregnancies (Zhang, Jemmott & Heeren 2017).

Religiosity is a conservative force based upon a set of beliefs concerning the cause, nature and purpose of the universe. These beliefs are mainly based on traditions involving scriptures, prophecy and revelations that have been incorporated into the theories behind a particular religion. The difficulty with religiosity and traditional

beliefs is that they are slow to change; however, the world is ever-changing. Religion, along with peers, parents and the media, is a primary socialization agent for youth. Most conventional religions strongly discourage premarital sexual activity, permissiveness and adultery. Furthermore, the majority of religious teachings are based upon the assumptions that the major purpose of sex is procreation. (Bullough 2001) In contrast to these generally prohibitive sexual ideologies, popular culture and mass media often promote sexual ideals that are mainly characterized by sexual pleasure.

The dimensions of religiosity and sexuality have been shown to be closely associated. Religion plays a large role with regard to sexual decision making. Many studies have used reference group theory (Lefkowitz, Gillen, Shearer & Boone, 2004) to explain associations between religiosity and sexual behaviors and attitudes. The theory states that individuals' sexual behaviors and attitudes stem from their religious teachings. Thus, according to reference group theory, identifying with religious teachings will lead an individual to avoid certain types of sexual behavior. The stronger or more deeply held an adolescents religious beliefs, the more likely religiosity will influence his or her sexual behavior and attitudes. (Fehring, Cheever & German, 1998).

Smith claimed that those who attend church regularly are less likely to become sexually active or have multiple and casual partners because of the teachings in the church. Most world religions have sought to address issues that arise from people's sexuality in society and in human interactions. Each major religion has developed moral codes covering issues of sexuality, morality, ethics, which have sought to guide people's sexual activities and practices. Religious participation and belief in a spiritual power have been identified as protective factors in a number of adverse environments (Richardson & Stoneman, 2015). In addition to creating more space for youth to maintain close relationships and participate actively in a religious environment, some religions have promoted the dissemination of particular moral norms, as well as punitive sanctions, with respect to many aspects of their younger followers' lives, including encouraging delay in timing of sexual debut until marriage.

Different religious groups have different expectations and these expectations differ by religious sects. Some religious sects convey messages that promote "no sex before marriage" (Eggebeen & Dew, 2009). while some sects regard condoms as a contraceptive method alone as opposed to a method that can be used for both contraception and disease prevention (Lucea, Hindin, Gultiano, Kub & Rose, 2013). These different belief systems usually have varying effects on behaviour and health (Behere, Das & Yadav, 2013).

Religion has also been said to help young people survive difficult situations (Szaflarski, 2013). For instance, using a sample of youth in foster care (Jackson, White, O'brien, DiLorenzo, Cathcart & Wolf, 2010) found that majority of the youth sampled remained hopeful during hardships and were likely to pray when something bad happened to them. Another way in which young people could survive is the social capital that may be available and accessed through religious memberships. Members of religious associations may also serve as sources of support when members lose other close members (Gunnestad 2011). This becomes a source of support for young adults in single parent households or orphans. Although the influence of religious institutions on behavioural change among youth have been widely accepted, others have argued that these religious teachings restrict sexual discussions to sex alone and overlook socio-economic determinants of sexually transmitted infections (Parsitau, 2009).

Contributing to the literature on the relationship between religion and youth sexual behaviour, Olivier and Wodon (Olivier & Wodon, 2015) reviewed studies on religion and various health outcomes. They suggested the need for better understanding of how new religious traditions impact sexual behaviours. Additionally, Shaw and El-Bassel (Shaw & El-Bassel, 2014) mentioned that one of the major drawbacks of studies that have examined the association between religion and sexual behaviors is that the mechanisms through which religion influences sexual behavior has been Overlooked. Religiosity is a significant characteristic of religion, which focuses on the strength of religious beliefs and involvement. We focus on the relationships between religiosity and abstinence because abstinence has been consistently referred to as the most effective way of avoiding STI's and unplanned pregnancies (Zhang, Jemmott & Heeren 2017).

Psychoactive drug use includes the use of licit substances like alcohol and tobacco, as well as illicit substances like cocaine, codeine/tramadol, and cannabis. There is enough documented evidence on the dangers associated



with substance use. For instance, alcohol consumption is associated with alcohol dependence, accidents, diabetes, liver disease, and cancers (Rehm, 2011), while tobacco consumption is linked with tobacco dependence, lung disease, and cardiovascular diseases (Bartal, 2001). Codeine, marijuana and cocaine are addictive and can negatively affect mental health (Henry, 2000).

Among adolescents, the developmental changes occurring during adolescence lead to unique and differential effects among substance users. For example, cocaine has been reported to be more addictive among youths due to their neuro-chemical makeup (Izenwasser, 2005). Alcohol use among youths also leads to marked and deleterious changes in brain functioning like memory, attention, and speed in processing information. Marijuana has been linked with poor learning performances and reduced cognitive functioning (Squeglia, Jacobus & Tapert, 2009). Other effects of psychoactive drug use among youths include truancy, vandalism, poor academic performance, accidents and injuries, risky sexual behaviour, and life-long addiction (Center for Substance Abuse Treatment, 1999; Whyte, Torregrossa, Barker & Gourley, 2018).

Psychoactive drug use such as Alcohol use has also been proposed in some studies as a contributing factor to risky sexual behavior through impairment of individual judgment and decision making thereby increasing risky sexual behavior. (Grant & Macdonald 2005).

Some studies have cautioned that both behaviors could be caused by other influential individual-level, household-level or contextual factors. (Morrison, Gillmore, Hoppe, Gaylord, Leigh & Rainey 2003) The significance of psychoactive drugs use and risky sexual behavior has recently assumed a measure of interest among public health professionals in Africa. Psychoactive drug use such as Alcohol plays a prominent role in promoting risky sexual behaviour, accelerating progression to disease, reducing efficacy of HIV treatment, and reducing adherence to drug regimens. (Kresina, Flexner, Sinclair, Correia, Stapleton, Adeniyi-Jones, Cargil & Cheever 2002). More specifically, frequent episodes of alcohol intoxication were associated in a dose-response manner with an increased risk of having more (2+) sexual partners in the previous 12 months. (Thompson, Kao & Thomas 2005).

Castilla et al., (Castilla, Barrio & Belza 1999) found out that risky sexual behavior (i.e., more than one partner and failure to use a condom regularly) was more frequent among persons who had been drunk or used cannabis or cocaine, and concluded that excessive consumption of alcohol and cannabis and cocaine use were independently associated with sexual behavior involving greater risk of HIV infection or transmission. Early age of onset of psychoactive drug use has also been found to make the individual prone to sexual risk behavior like failure to use condom and multiple sexual partners. (Santelli, Robin, Brener & Lowry 2001) This shows the varied findings with regards to alcohol use and risky sexual behavior.

Anderson and Mueller, (Anderson & Mueller, 2008) found a very strong relationship between substance use and risky sexual behavior. They suggested that the risk behaviors are closely linked.

In Nigeria, a study done among naval officers, the study subjects revealed that risky sexual behavior is a direct consequence of psychoactive drug use such as alcohol. (Nwokoji & Ajuwon, 2004) Also, a recent rapid situation assessment of alcohol use in relation to sexual behaviour in Lagos, Nigeria revealed that individuals who use psychoactive drug are more prone to indulging in RSB. (Lawal, Adeyemi, Akinhanmi, Haruna, Bassey, Coker, Ogunsemi, Ekpo, Mwansa & Saxena, 2007) However the study focused mainly on individuals who drink alcohol, commercial sex workers and individuals attending sexually transmitted disease clinics in Lagos. Psycho-active drugs during sex may engage young peoples in risky sexual behaviors since it affects their judgment (Woof-King, Rice, Truong, Woods, Jerome & Carrico, 2013). It is cited by several studies as it is one of the common factors which increase the risk of HIV acquisition (Woof-King & Maisto, 2011).

### **Statement of the Problem**

In our society today, risky sexual behavior has become a norm for young adults mostly. It is risky because it has increase the susceptibility of an individual to problems related to sexuality and reproductive health like sexually transmitted disease (STIs), human immune deficiency virus (HIV), unwanted and unplanned pregnancy, abortion, and psychological distress. The link between personality and the tendency to indulge in risky health

behaviours such as risky sexual behaviour, smoking, excessive drinking, and drug use is currently a subject of intense research in the primary prevention of diseases (Vollrath & Torgersen, 2002).

Recent studies have shown that some individuals still persistently indulge in risky sexual behaviors. (Arowojolu, Ilesanmi, Roberts & Okunola, 2002). The question is why do these individuals take these risks despite the fact that they might be aware that the result of such behaviours could be fatal to them or others? It was recently reported that these behaviors provide them with immediate and intense psychological rewards (Vollrath & Torgersen, 2008). These psychological rewards tend to reinforce the repeated behaviours as the need to enjoy the psychological momentary and immediate rewards overrides the risks involved. Risky sexual behaviour among the other risky health behaviors is of utmost concern due to its devastating aftermaths: - unwanted pregnancies, sexually transmitted diseases and human immunodeficiency virus (HIV) infection. A World Health Report (WHO, 2002) suggested that more than 99% of the HIV infections prevalent in Africa were attributable to unsafe sex, and that globally, most of the 2.9 million deaths due to unsafe sex occurred in Africa. High-risky sexual behaviours (Beaver, Gold & Prisco, 1992) include failure to use condoms or other birth control methods, having a large number of lifetime sex partners, non-discriminating sex partner, recruiting patterns, participating in concurrent sex partnerships and having sex after heavy alcohol consumption (Aral, 2001).

Student populations are a highly mobile independent and inquisitive population. This makes them to be highly risk prone as their environment is conducive for all forms of risky health behaviours. Studies have also revealed that among the population of young people (between the ages of 19-24) attending sexually transmitted diseases clinics in Western Nigeria, a larger percentage are youths and students (Olasode, 2007).

### **Purpose of the Study**

This study aims at investigating if Personality traits, Religiosity and Psycho-active drug use will predict Risky Sexual Behavior among youths in Owerri.

### **Specifically the Objectives of the Study are as follows;**

1. To investigate if psychoticism will significantly predict risky sexual behavior among youths in Owerri.
2. To investigate if extroversion will significantly predict risky sexual behavior among youths in Owerri.
3. To investigate if neuroticism will significantly predict risky sexual behavior among youths in Owerri.
4. To investigate if religiosity will significantly predict risky sexual behavior among youths in Owerri.
5. To investigate if psycho-active drug use will significantly predict risky sexual behavior among youths in Owerri.
6. To investigate if personality (Psychoticism, Extroversion and Neuroticism), Religiosity and Psycho-active drug use will significantly predict risky sexual behavior among youths in Owerri.

### **Personality Traits and Risky Sexual Behavior**

Annette, Elizabeth and Ostergen (2012) carried out a study on youth, sexual risk taking behavior and mental health. A sample of 980 students was used. Self administered questionnaire assessing socio demographic and religious background factors, mental health, alcohol use and sexual behavior were used. The result showed that psychoticism was also significantly associated with high numbers of sexual partners. Female students were found to be at more risk of engaging in risky sexual behavior than their male counterparts. Whereas the above reviewed study focused on risky sex and mental health, the present study only focused on personality and how it is related to risky sexual behavior.

### **Personality Traits and Risky Sexual Behavior**

Schmitt (2010) carried out a research on the topic, big five related to risky sexual behavior across ten world regions, differential personality association of sexual promiscuity and relationship infidelity used 16,362 participants from 52 nations. The design used was a survey. It was found that high level of extroversion correlates to sexual promiscuity. The above reviewed study looked into the elements of risky sexual behavior

like promiscuity and relationship infidelity, neglecting the aspect of risk of HIV infection. The present study filled in the gap by considering risky sexual behavior as that which can lead into HIV infection.

Ondrej and Geckova (2010) conducted a research on psychological and behavioural factors associated with risky sexual behavior among Slovak students. A sample 832 students was used in the study. The psychological factors considered in the study were self-esteem, well being, extraversion, neuroticism and religiousness.

Extraversion was measured using an abbreviated form of the revised Eysenck personality questionnaire. Inconsistence condom use among extroverts stood at 73.5% and among neurotic personality at 75.8%. Multiple sexual partnerships stood at 40.6% among extroverts and 29% among neurotic personality type. The above reviewed study looked into psychological factors and behavioral factors associated with risky sexual behavior, considering only two personality dimensions. The present study bridged the gap by considering 3 personality traits of Eysenck personality (P.E.N).

Jeneice (2013) studied perceived susceptibility to negative consequences of risky sexual behavior among college students. The participants consisted of 170 undergraduate enrolled in counseling psychology courses at Boll state university in Muncie, Indiana, the research showed that college students understand the risk associated with risky sex, but make up to close 50% of new STI cases every year. Previous research suggested that lower perceived susceptibility to negative consequences; extraversion openness and neuroticism are all related to risky sex. While the above reviewed study consider perceived susceptibility to negative consequences of risky sexual behavior.

Mengesha, Srahbzu and Enguday (2020) carried out a study on the impact of risky sexual practice on the general health of adolescents is enormous; little attention has been given on identification and intervention plans. Therefore, the aim of the study was to find the magnitude of risky sexual behavior and associated factors among adolescents aged 15-19 years in high schools at Aksum town, Tigray, Ethiopia.

An institution-based cross-sectional study was conducted at governmental high schools of Aksum town. We recruited a total of 659 adolescents aged 15-19 years by using a systematic random sampling technique. Data was collected with a face-to-face interview. An Amharic version of the sexual risk behavior scale was used to measure risky sexual behaviors. The patient health questionnaire 9, the Oslo-3 social support scale, and an adverse childhood experience questionnaire were used to assess the factors. The coded data were entered into EpiData v.4.1 and analyzed using Statistical Package for the Social Sciences version 22. Bivariate and multivariate logistic regressions were done. An adjusted odds ratio at a p value < 0.05 with 95% confidence interval was taken to declare statistical significance. A total of 644 students have participated with a response rate of 97.7%. The prevalence of risky sexual behavior among adolescents aged 15-19 years was found to be 17.2%. Factors like poor social support (AOR = 5.59, 95% CI: 2.71-11.53), living out of family (AOR = 1.93, 95% CI: 1.21-3.07), experiencing parental neglect (AOR = 1.87, 95% CI: 1.18-2.94), and drinking alcohol (AOR = 2.55, 95% CI: 1.55-4.20) were statistically associated with risky sexual behavior. The prevalence of risky sexual behavior was found to be alarming among adolescents of high school aged 15-19 years. This can significantly affect health quality in the community and the country at large. We recommend setting strategies that are against the determining factors of risky sexual behavior; the control of alcoholic beverages among adolescents aged 15-19 years must be enhanced, and awareness creation must be made regarding its unpleasant consequences.

### **Personality Traits and Risky Sexual Behavior**

Krista, Jeffrey, Henry and Paul (2002) conducted a research on personality pathways to unsafe sex among 201 African participants. The results indicated that high neuroticism is associated with HIV risk behaviors. Neuroticism facet of impulsivity indicated an inability to resist cravings and urges. Since the above reviewed study was carried out in several African countries, the study did not consider the students perspective. The present study bridged the gap by considering the students perspective specifically in Nyakach Sub Country.

Risky sexual behavior is a common habit among youths in the world, and its relation with personality has not been explored exhaustively, especially in Kenya. The purpose of the study was to establish the relationship



between personality sub-types and involvement in risky sexual behavior among secondary school students in Nyakach Sub-county, Kisumu County, Kenya. The study was guided by the following research objectives; to establish the relationship between personality subtype and involvement in risky sexual behavior, to determine extroversion personality subtype and involvement in risky sexual behavior, to determine neuroticism personality subtype and involvement in risky sexual behavior. The study was informed by two theories that is, the Eysenck's theory of personality and the theory of planned behavior. The research design used in this study was the Correlational research design. The sample size of this study was 46 schools representing 88% of the target population. As for the students, 390 students were sampled from total target population 15,678. This study used multistage random sampling to select the schools and students. Quantitative data was collected using Eysenck's Personality Questionnaire (EPQ) and Risky Sexual Behavior Questionnaires. Quantitative data was analyzed using descriptive statistics (frequency, percentages and mean) as well as inferential statistics (Pearson Correlational and Multiple regressions). The major findings of the study showed relationship between personality subtypes and involvement in risky sexual behavior (for psychoticism  $r=0.025$ , extroversion  $r=0.786$ , neuroticism  $r=-0.410$ . Multiple regression at  $R^2=0.679$  showing that personality subtypes are significant predictors of involvement in risky sexual behavior at 67.9%. Reliability of questionnaires was obtained through internal consistency with cronbach's constant at 0.632.

### **Religiosity and Risky Sexual Behavior**

Garofalo, Lisa and Brian (2015) conducted a study in which they examined the impact of religious attendance and faithfulness on sexual risk among a community-based sample of 450 YMSM in Chicago ages 16 to 20. Participants were mostly racial/ethnic minorities, i.e., Black (53.4%) and Latino (19.9%). Multivariate logistic regression indicated that faithfulness in combination with frequent formal religious attendance was associated with a decrease in reported number of unprotected anal sex acts, including unprotected receptive anal sex with male partners. These association trends were also found for the Black YMSM in our sample suggesting that religious involvement and faithfulness is a potential protective factor for the acquisition of HIV among this high-risk population.

In multivariable logistic analysis regressing sexual risk indicators on these factors, neither binge drinking, regular marijuana use, nor hard drug use was associated with high-risk sexual behaviors; therefore, these variables were not included in the final models. As presented in adjusted for age and race/ethnicity, those who reported both frequent worship service attendance and being faithful were less likely to report unprotected anal sex acts with a male partner (OR = 0.58; 95% CI = 0.35, 0.97) and unprotected receptive anal sex acts with a male partner (OR = 0.57; 95% CI = 0.33, 0.98), compared to those who reported less frequent worship service attendance and not being faithful. Worship service attendance was not a significant factor in relationship to sexual risk behaviors, without faithfulness (attending/not faithful vs. not attending/not faithful). In sub-population analyses for Black participants, the association trends were consistent: attendance did not matter in sexual risk behaviors, without faithfulness (attending/not faithful vs. not attending/not faithful; age-adjusted OR of unprotected anal sex acts = 0.96 [95% CI = 0.39, 2.34], and age-adjusted OR of unprotected receptive anal sex acts = 1.17 [95% CI = 0.48, 2.86]). However, Black YMSM characterized as faithful and attending worship service once a month or more tended to report less sexual risk behavior, compared to those who were faithful but attending worship service less than once a month (age-adjusted OR of unprotected anal sex acts = 0.70 [95% CI = 0.37, 1.30], and age-adjusted OR of unprotected receptive anal sex acts = 0.66 [95% CI = 0.34, 1.30]).

### **Psychoactive drug use and Risky Sexual Behavior**

Tiarney, Haley and John (2015) explored the association between substance use and risky sexual behavior among adolescents. 87 studies fit the inclusion criteria, containing a total of 104 independent effect sizes that incorporated more than 120,000 participants. The overall effect size for the relationship between substance use and risky sexual behavior was in the small to moderate range ( $r = .22$ , CI = .18, .26). Further analyses indicated that the effect sizes did not substantially vary across the type of substance use, but did substantially vary across the type of risky sexual behavior being assessed. Specifically, mean effect sizes were smallest for studies examining unprotected sex ( $r = .15$ , CI = .10, .20), followed by studies examining number of sexual partners ( $r = .25$ , CI = .21, .30), those examining composite measures of risky sexual behavior ( $r = .38$ , CI = .27, .48), and

those examining sex with an intravenous drug user ( $r = .53$ ,  $CI = .45, .60$ ). Furthermore, our results revealed that the relationship between drug use and risky sexual behavior is moderated by several variables, including sex, ethnicity, sexuality, age, sample type, and level of measurement.

Luke (2010) carried out a study on the topic, risky sex. The bitter side of sugar daddy affair. Sugar daddy relationships are marked by large age and economic disparities between partners and are believed to be a major factor in speed of risky sexual behavior in Sub-Saharan Africa.

## Hypotheses

1. Psychoticism will not significantly predict risky sexual behavior among youths in Owerri.
2. Extroversion will not significantly predict risky sexual behavior among youths in Owerri.
3. Neuroticism will not significantly predict risky sexual behavior among youths in Owerri.
4. Religiosity will not significantly predict risky sexual behavior among youths in Owerri.
5. Psycho-active drug use will not significantly predict risky sexual behavior among youths in Owerri.
6. Personality (Psychoticism, Extroversion and Neuroticism), Religiosity and Psycho-active drug use will not significantly predict risky sexual behavior among youths in Owerri.

## METHOD

### Participants

Three hundred (300) youths participated in this study. The respondents comprised 132 males and 168 females selected Imo State University, Owerri and to youths in Student's Market in Imo State University (IMSU) front gate through convenience sampling technique. The respondent's age ranged from 15 to 29 years with a mean age of 25.15 and standard deviation of 2.42.

### Instruments

Four instruments were used in the study, they include; the Eysenck Personality Questionnaire (EPQ), (adult form), Religious Affiliation Scale (RAS), MacAndrew Alcoholism Scale and Sexual Risk Behavior Scale (SRBS).

*The Eysenck Personality Questionnaire was developed by H.J Eysenck & S.B.G Eysenck (1975).*

It is a 90-item questionnaire used to measure personality. It has four aspects of personality coded as PENL. Sample items are: P = Psychoticism, the extent of an individual's tough mindedness, E = extraversion-Introversion, the extent of an individual's social interaction with other people, N = Neuroticism, the extent of an individual's emotionality. For each of the items, a score of 1 point is given for the expected response. The following are the expected responses in the items for each of the scales. Coded as 1. P (a) 1 point for each YES marked in terms: 22,26, 30,33,43,46,50,65,67,74,76,79,83,87. (b) 1 point for each NO marked in terms: 2,6,9,11,18,37,53,57,61,71,90. 2. E (a) 1 point for each YES marked in terms: 14,17,25,29,32,36,40,45,49,52,56,60,64,70,82,86. (b) 1 point for each NO marked in terms: 21,42. 3. N (a) 1 point for each YES marked in terms: 3,7,12,15,19,23,27,31,34,38,41,47,54,58,62,66,68,72,75,77,80,84,88. (b) 1 point for each NO marked in terms: None of them. 4. L (a) 1 point for each YES marked in items: 13,20,35,55,78,79. (b) 1 point for each NO marked in terms: 4,8,16,24,28,39,44,48,51,59,63,69,73,81,85.

The above items accounted for Psychoticism, Extroversion and Neuroticism which the researcher needed data about the personality of his participants while the rest of the items were not scored.

*Religious Affiliation Scale (RAS) developed by P.F. Omoluabi (1995).*

It measures religious devotion. The instrument is made up of 21 items. The responses in each of the items are measured using True or False. An example of the item is; 'I believe in a supreme God/Allah', "True or False". The instrument was revalidated by Erinoso (1996), who provided the validity index of -.26 and reliability index

of .97 and the norm of M(n=100) 26.70, F(n=100) 35.04. Scores higher than the norms indicate high religious affiliation.

*Mac-Andrew Alcoholism Scale (MAS) developed by Craig Mac Andrew (1965).*

It is a 49-item questionnaire used to measure the degree of excessive alcohol consumption. The responses in each of the items are measured using True or False. Sample questions include; "I do many things which I regret afterwards (I regret things more or more often than others seems to)". It uses yes or no format to fill. Among samples of Nigerian secondary school students, the normative mean scores obtained by Selemono (1995) are: M(n= 90) 22.92 F(n= 90) 24.64 M&F (n=90) 23.79.

*Sexual Risk Behavior Scale (SRBS) developed by Lawal (2013).*

It measures sexual risk behavior for STDs, HIV, and AIDs preventions. The instrument is made up of 6-items. The SRBs taps items falling into sexual risk assessment and events that allow description of the level of risk and those that allow event level examination of the co-occurring of potential risk factor with risk behavior. Item 5 states that "I didn't use condom at my last sex in the last three months". Respondents were administered with a scale to indicate "always" "sometimes" "occasionally" or "never" with corresponding scores of 4, 3, 2 & 1 respectively. Higher scores indicate greater reported sexual risk behaviors. Respondents are required to make a mark on any response options that best describes that sexual experience during the past three months. This instrument has been re-validated in Nigeria using HIV victims. In their study, Uchegbu and Ngala, (2019) found an internal consistency of alpha .85.

## Procedure

On obtaining permission from the Department to conduct the study, the researcher issued questionnaires to participants to youths in student's Market in Imo State University (IMSU) front gate and students of Imo State University, using convenience sampling technique. The researcher first introduced herself to the participant, created rapport with the participants, and briefly informed them about the aim of the study. The researcher then gave each participant 20 minutes to complete the questionnaire, assured them that their responses would be kept confidential. The researcher started to youths in students' Market in Imo State University (IMSU) front gate looking for participants that were available to attend to the questionnaires. The researcher was able to issue questionnaires to 70 persons in the market place, on achieving that the researcher proceeded to Imo State University where the researcher was able to get much attention from the student in Imo State University about 130 persons were able to attend to the questionnaires both in the school premises and their hostels. At the end the researcher thanked the participants and collected the completed questionnaires for coding.

## Design and Statistics

Cross –sectional survey design was used in this study. This is because the study involved a large population of youths, drawn across various localities, age, and gender. Hierarchical Multiple Regression statistics was used for data analysis because the criterion variable was in continuous format and the study aimed to predict.

## RESULTS

The data obtained from respondents were analyzed with the use of the statistical package for the Social Sciences (SPSS) 21. Means, standard deviations, along with inter-correlations of the study variables are presented in Table 1. The results of hierarchical multiple regressions on influence of risky sexual behaviour are presented in Table 2.

Table 1: Means, Standard Deviations, and Correlations among the variables

NO.	VARIABLES	MEAN	SD	1	2	3	4	5	6	7	8
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1	Age	25.15	2.42								
2	Gender	.48	.50	.13*							
3	Psychoticism	14.28	6.76	-.05	.00						
4	Extraversion	14.17	5.08	.11	.05	.04	.04				
5	Neuroticism	10.18	5.62	.08	.05	-.09	-.06	.04			
6	Religiosity	32.9	17.39	.05	.05	.29**	.51**	.05	-.01		
7	Psycho-active drug use	20.68	12.08	.03	.13*	.03	.39**	.03	.02	.38*	
8	Risky Sexual behavior	11.20	5.11	.07	.03	.17**	.30**	.02	.07	.60*	.4**

Note: N = 289; \*\* =  $p < 0.001$  (two-tailed); \* =  $p < 0.05$  (two-tailed)

The results in Table 1 indicated that age and gender did not have a significant correlation with risky sexual behavior. Gender on the other hand, has a significant positive correlation with psycho-active drug use ( $r=.13$ ,  $p=.00$ ). Religiosity and psycho-active drug use positively and significantly correlated with risky sexual behavior,  $r=.38$ ,  $p=.00$ ;  $r=.44$ ,  $p=.00$  respectively. In the same vein, psycho-active drug use positively and significantly correlated with religiosity ( $r=.38$ ,  $p=.00$ ). The table further shows that extraversion positively correlated with risky sexual behavior ( $r=.39$ ,  $p=.00$ ) and religiosity ( $r=.51$ ,  $p=.00$ ). It can also be deduced from the table that psychoticism positively correlated with religiosity ( $r=.29$ ,  $p=.00$ ) and risky sexual behavior ( $r=.17$ ,  $p=.00$ ).

**Table 2: Hierarchical Multiple Regression on influence of Risky Sexual Behaviour**

Variable	Step 1 B	Step 2 β	Step 3 β	Sig
<i>Control</i>				
Age				.960
Gender				.592
<i>Predictors</i>				
Psychoticism		16		.005
Extraversion				.000
Neuroticism		.02		.704
Religiosity			.62	.000
Psych-active drug use			.02	.000
Adjusted R <sup>2</sup>	-.006	.106	.468	
ΔR <sup>2</sup>	.001	.123	.359	
ΔF	.151	9.910	97.200	

\*\* =  $p < .01$ , \*  $p < .005$ , DV = Risky Sexual Behaviour



The results of the Hierarchical Multiple Regression in Table 2 in which risky sexual behavior was the criterion variable indicated that the control variables (age and gender) entered in Step 1 accounted for 0% of variance in risky sexual behavior among youths in Owerri. Results indicated that psychoticism entered in Step 2 significantly predicted risky sexual behavior,  $\beta=.16$ ,  $t=(2.857)$ ,  $p<.005$ . Therefore, the  $H_1$  which states that psychoticism will not be a significant predictor of risky sexual behavior was not confirmed. Similarly, extraversion entered in Step 2 significantly predicted risky sexual behavior,  $\beta=.30$ ,  $t=(5.332)$ ,  $p<.01$ . Consequently the hypothesis which states that extraversion will not significantly predict risky sexual behavior was not confirmed. On the other hand, Neuroticism ( $\beta=.02$ ,  $t=.380$ ,  $p>.005$ ) did not predict risky sexual behavior. Hence  $H_3$  were upheld.

The hypothesis four,  $H_4$ , which states that religiosity will not significantly predict risky sexual behavior was not confirmed ( $\beta=.62$ ,  $t=11.42$ ,  $p<.01$ ). Therefore, religiosity positively and significantly predicted risky sexual behavior. The positive correlation was an indication that as scores on the religious affiliation scale increased, scores on risky sexual behavior scale also increased. Based on this, the  $H_4$  was not confirmed. From the table, psych-active drug use entered in Step 3 significantly influenced risky sexual behavior,  $\beta=.25$ ,  $t=5.113$ ,  $p<.01$ . Thus, the  $H_5$  was not confirmed. The table further revealed that religiosity and psych-active drug use jointly predicted risky sexual behavior among youths in Owerri. Therefore, the  $H_5$ , which states that the religiosity and psycho-active drug use will not significantly predict risky sexual behavior was not confirmed ( $R^2 = .34$ ,  $p<.005$ ). This shows that 34% of the variations in risky sexual behavior are explained by religiosity and psych-active drug use after statistically controlling other variables.

### Summary of the Findings

1. Psychoticism significantly predicted risky sexual behavior among youths in Owerri.
2. Extraversion significantly predicted risky sexual behavior among youths in Owerri.
3. Neuroticism did not predict risky sexual behavior among youths in Owerri.
4. Religiosity significantly predicted risky sexual behavior among youths in Owerri.
5. Psycho-active drug use significantly predicted risky sexual behavior among youths in Owerri.
6. Personality (Psychoticism, Extroversion, Neuroticism), Religiosity and psycho-active drug use jointly predicted risky sexual behavior among youths in Owerri.

### DISCUSSION

This study investigated Role of Personality, Religiosity and Psycho-active drug use on risky sexual behavior among youths in Owerri.

Hypothesis 1: Psychoticism will significantly predict risky sexual behavior among youths in Owerri. The result showed a positive relationship between psychoticism and risky sexual behaviour, indicating that as scores on psychoticism increases scores on risky sexual behavior decreases. This finding was significant. Therefore, the first null hypothesis that psychoticism will not predict risky sexual behaviour was rejected.

Hypothesis 2: Extraversion will significantly predict risky sexual behavior among youths in Owerri. The result showed a positive relationship between extraversion and risky sexual behavior, indicating that as scores on extraversion increases, scores on risky sexual behavior decreased. This finding was significant, therefore the second null hypothesis that extraversion will not influence risky sexual behavior was rejected. This result accepted the findings of Schmitt (2010) whose result showed that high level of extroversion correlates to sexual promiscuity and to unsafe sexual practices. Extraverts appear only somewhat more likely than introverts to be unfaithful with their marital or dating partners (Schmitt & Buss, 2000).

Accessing from my research so far, I can say the reasons why extraverts engage in more risky sex may include having a higher libido than introverts, or extraverts may need to raise their habitually low levels of cortical arousal to a more comfortable level by engaging in risky sexual behavior.

Hypothesis 3: Neuroticism will not significantly predict risky sexual behavior. The result showed a negative relationship between neuroticism and risky sexual behavior, indicating that as scores on neuroticism decreases,

scores on risky sexual behavior increased. This finding was not significant, therefore, the third null hypothesis that neuroticism will not predict risky sexual behavior was accepted which states that it will not significantly predict neuroticism on the prevalence of risky sexual behavior was accepted. This result contradicts the findings of Krista, Jeffrey, Henry and Paul (2002) the results indicated that high neuroticism is associated with HIV risk behaviors including the practice of unsafe sexual practices.

Hypothesis 4: Religiosity significantly predicted risky sexual behavior among youths in Owerri. The result showed a positive relationship between religiosity and risky sexual behaviour, indicating that as scores on religiosity increases scores on risky sexual behavior decreases. This finding was significant. Therefore, the fourth null hypothesis that religiosity will not predict risky sexual behaviour was rejected. However, this study is in line with the findings of Garofalo, Lisa and Brian (2015) whose result commented that faithfulness in combination with frequent formal religious attendance was associated with a decrease in reported number of unprotected anal sex acts, including unprotected receptive anal sex with male partners. This result accepts the findings of Jackson, (2010) who found out that majority of the youth sampled remained hopeful during hardships and were likely to pray when something bad happened to them, whose report reveals religiosity to be a significant predictor of risky sexual behavior.

Hypothesis 5: Psychoactive drug use significantly predicted risky sexual behavior of youths in Owerri. The result showed a positive relationship between psychoactive drug use and risky sexual behavior, indicating that as scores on psychoactive drug use increases, scores on risky sexual behavior also increases. This finding was significant; therefore the fifth null hypothesis that psychoactive drug use will not predict risky sexual behavior was rejected. This result accepted the findings of Tiarney, Haley and John (2015) whose results revealed that the relationship between drug use and risky sexual behavior is moderated by several variables, including sex, ethnicity, sexuality, age, sample type, and level of measurement.

Personality (P.E.N.), religiosity and psychoactive drug use will not significantly predict risky sexual behavior. The result showed that for every increase in personality (P.E.N.), youths' risky sexual behavior decreased. Therefore, the first null hypothesis that psychoticism will predict risky sexual behavior was rejected. While, the result showed that extraversion significantly predicted risky sexual behavior. Consequently the hypothesis which states that extraversion will not be a significant predictor of risky sexual behavior was not confirmed. On the other hand, Neuroticism did not predict risky sexual behavior. Hence  $H_3$  were upheld.

The hypothesis four,  $H_4$ , which states that religiosity will not significantly predict risky sexual behavior, was not confirmed. Therefore, religiosity positively and significantly predicted risky sexual behavior. The positive correlation was an indication that as scores on the religiosity increased, scores on risky sexual behavior scale also increased. Based on this, the  $H_4$  was not confirmed.

From the table, psycho-active drug use significantly predicted risky sexual behavior. Thus, the  $H_5$  was not confirmed.

The table further revealed that religiosity and psycho-active drug use jointly predicted risky sexual behavior among youths in Owerri. Therefore, the  $H_6$ , which states that the religiosity and psycho-active drug use will not be a significant predictor of risky sexual behavior, was not confirmed. This shows that 34% of the variations in risky sexual behavior are explained by religiosity and psych-active drug use after statistically controlling other variables.

Finally, the result of the overall model of PEN, religiosity and psychoactive drug use showed that together PEN, religiosity and psychoactive drug use significantly predicted risky sexual behavior. The result also showed that the predicted variables have a positive association with the criterion variable. Together, Psychoticism, extroversion, neuroticism, religiosity and psychoactive drug use accounted for (adjusted  $R^2$ ) 2% of risky sexual behavior among youths. Hence the hypothesis that Psychoticism, extroversion, neuroticism, religiosity and psychoactive drug use together will not significantly predict risky sexual behavior was rejected.

### Implications of the Study

1. As seen in the result, psychoticism and extraversion are significant influence of risky sexual behavior. Having psychoticism and being extraverted cannot withhold one from involving in risky sexual behavior.

2. Environmental factors and social influence might be responsible for the current study. Most undergraduates and youths in Owerri are in adolescence; a stage when peer influence may be predominant in male and females. Due to the fact that majority of the undergraduates who participated in this study lived off campus with less supervision from parents, guardians and the school authority, peer pressure might be a strong factor influencing risky sexual behavior.
3. Parent's attitude was also one factor that could influence risky sexual behavior in this study, where by the parents of adolescence modeled some of the scope associated in risky sexual behavior thereby making the adolescent to follow and in turn increases risky sexual behavior.

### **Limitations of the Study**

The study lasted more than the estimated time because the researcher had to source for questionnaires and also the researcher was not able to get a good amount of participants to fill the questionnaire at the student's market in Imo State University (IMSU) front gate as the persons were so busy with their daily businesses; selling clothes, sewing and selling of foods. The persons that were able to fill were distracted in the process due to demand and rendering of service to customers. The researcher was only opportune to issue the questionnaires to persons that has a seated and organized shops and the respondent were limited which made it very difficult for the researcher to get a reasonable amount of persons from the market place, thereby limiting the questionnaires to more of students in Imo State University to fill. However, it was quite easy for the researcher issuing questionnaires to students in Imo State University as they found the question to be a very lively one and gave it a high level of concentration. Another limitation was the participants getting to complain of the four questionnaires being too much for them to fill, some complained of having no time, some refusing to collect the questionnaire and some asking for me to exercise patient so I can collect the questionnaire which was very tiring at some point. Also previous and similar researches on study were very limited on the internet for accessibility, no much work done online thereby making the researcher sort for both articles online by paying and visiting the library.

### **Suggestions for other Study**

1. Potential researchers should try to study family relations and religiosity towards the prevalence of risky sexual behavior among youth in Imo state universities.
2. Potential researchers should also carry out the research using secondary school students as its participants; because I feel the age range in secondary schools are building age for the prevalence and factors responsible in risky sexual behavior. Thereby knowing how, the cause and ways risky sexual behavior can be stopped from that sector.
3. The participants found the questions interesting and also because of the friendly approach the researcher used in making the participant willing to answer the questions. This is saying friendly measures should be put in place in other not to curb the effectiveness of participant's response, thereby; creating a friendly atmosphere and positive appraisals towards participant. In this way, it can get the participant to freely and patiently feel the questionnaires, being a very sensitive question it requires truthful responses.

### **Recommendations**

In consideration of the findings, the following recommendations are made:

1. Parents/lecturers/teachers/school-authorities/and government should help young people develop self-discipline as a personal character.
2. Guidance and counseling services should be equipped in all school levels. Primary, secondary and tertiary institutions, and attention focused on helping young people understand the dangers of risky sexual behavior and how religiosity can help them overcome it, instead of indulging in it.
3. Sex education should be a mandatory aspect of the school's academic activities, churches and religious bodies should intensify their teaching against risky sexual behavior.

4. Parents should take responsibility of discussing sex related issues with their children in order to give them this firsthand information on the situation while the teacher/counselors/lecturers/authorities should develop a curriculum that will embrace the enlightenment on the risk of indulging in sexual behavior before and outside marriage.

## Conclusion

This study increases our understanding on the association between personality (P.E.N), religiosity and psychoactive drug use on risky sexual behavior among youths in Owerri.

The first null hypothesis which stated that psychoticism will not be a significant predictor of risky sexual behavior. The result showed a positive relationship between psychoticism and risky sexual behavior, indicating that as scores on psychoticism increases scores on risky sexual behavior decreases. This finding was significant. Therefore, the first null hypothesis that psychoticism will not predict risky sexual behavior was rejected.

Furthermore, the second hypothesis which states that extraversion will not significantly predict risky sexual behavior. The result showed a weak positive relationship between extraversion and risky sexual behavior, indicating that as scores on extraversion increases, scores on risky sexual behavior also increases. This finding was significant, therefore the second null hypothesis that extraversion will not predict risky sexual behavior was rejected. Similarly, the third hypothesis which states that neuroticism will not significantly predict risky sexual behavior. The result showed a negative relationship between neuroticism and risky sexual behavior, indicating that as scores on neuroticism decreases, scores on risky sexual behavior increases, the third null hypothesis that neuroticism will not predict risky sexual behavior was accepted. The fourth null hypothesis which stated that religiosity will not be a significant predictor of risky sexual behavior. The result showed a positive relationship between religiosity and risky sexual behavior, indicating that as scores on religiosity increases scores on risky sexual behavior decreases. This finding was significant. Therefore, the fourth null hypothesis that religiosity will not predict risky sexual behavior was rejected.

The fifth null hypothesis which stated that psychoactive drug use will not significantly predict risky sexual behavior. The result showed a positive relationship between psychoactive drug use and risky sexual behavior, indicating that as scores on psychoactive drug use increases scores on risky sexual behavior decreases. This finding was significant. Therefore, the fifth null hypothesis that psychoactive drug use will not predict risky sexual behavior was rejected.

Finally, the result showed that together personality, religiosity and psychoactive drug use significantly predicted risky sexual behavior. The result also showed that the predicted variables have a positive association with the criterion variable. Together, personality, religiosity and psychoactive drug use accounted for (adjusted  $R^2$ ) 2% of risky sexual behavior among youths. Hence the hypothesis that personality, religiosity and psychoactive drug use together will not predict risky sexual behavior was rejected.

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