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The roles of religiosity and perceived social support on risky sexual behaviour among undergraduates in Nigeria: implications for public policy administration

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ABSTRACT

This study examined the influence of religiosity and perceived social support on risky sexual behaviour among undergraduate students of Ekiti State University, Ado-Ekiti, Nigeria. Two hundred and fifty (250) students were randomly selected from among undergraduate students of Ekiti State University for the study. Six hypotheses were tested using the Santa Clara Strength of Religious Faith Questionnaire to measure Religiosity, the Multidimensional Scale for Perceived Social Support to measure Perceived Social Support, and the Sexual Risk Taking Questionnaire to measure Risky Sexual Behaviour. The results revealed that religiosity has a significant effect on risky sexual behaviour [F (246) = 22.13, P < 0.01]. It was also found that perceived social support has a significant effect on risky sexual behaviour [F (246) = 4.56, P < 0.05]. However, religiosity and perceived social support do not have any significant interaction effect on risky sexual behaviour [F (246) = 0.173, P > 0.05]. Findings from this study also revealed that males exhibit more risky sexual behaviour than females with significant difference in the mean scores of males (5.56) and females (2.70), [t (248) = 4.98, P < 0.01]. Nonetheless, females and males do not differ significantly on perceived social support [t (248) = -0.59, P > 0.05]. These findings were discussed in the light of available literature and it is recommended that to curtail risky sexual behaviour among Nigeria undergraduates, they should be encouraged to be highly religious, get involved in religious activities, and belief in God. Relevant authorities should also put in place measures to educate the citizenry, by embarking on a large scale enlightenment campaign against indiscriminate sexual involvements through the use of social networks and print and electronic media that would inform and enlighten young people about the consequences of indiscriminate sexual practices. Young people should also be provided with actual social support by friends, families, and significant others as findings revealed that young people who enjoy greater social support are less likely to engage in indiscriminate sexual practices.

Introduction

Casual sex is common on college campuses, and "hook-ups" are considered a common sexual transition at colleges (Grello, Welsh, and Harper, 2006). The consequences associated with risky sexual behaviours often have long-term detrimental effects. These outcomes can include damage to romantic relationships, family conflicts, financial concerns, damage to social reputations, legal disputes, reduction in labour size etc. However, the two negative outcomes which are most frequently addressed are unintended pregnancies and the contraction of sexually transmitted infections (STIs) with special focus on the Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS). Although most STIs are treatable, they carry long-term health risks such as increased risk for cancer, infertility, and HIV/AIDS (Cohen, 1998). People infected with STI are more likely to acquire HIV when they engage in sexual contact with an HIV positive individual (Holmberg, Stewart, Gerber, Byers, Lee, O'Malley, & Nahmias., 1988). Also, HIV-positive individuals with another STI are more likely to transmit HIV to others than someone without an additional STI.

According to the Centre for Diseases and Control (CDC, 1999), people under 24 years of age accounted for 15% of the reported HIV cases. It has been estimated that at least half of all new HIV infections in the United States are among people under age 25 years, and the majority of young people are infected through sexual activity (Rosenberg, Biggar, & Goedert, 1994). Once a person becomes HIV-positive, the infection may then lead to AIDS. Despite the popular myth that only homosexual men contract HIV, among adolescents, it is more likely that one will become infected through heterosexual activity than from intravenous drug use or homosexual activity (Hein, 1992). The CDC found that in December 2001, 51% of all HIV infections among adolescents and adults reported were sexually transmitted: 35% by male homosexual contact, 11% by heterosexual contact for females, 5% by heterosexual contact for males (CDC, 2001). Worldwide, heterosexual transmission is the most common route of HIV infection (de Vincenzi, 1994).

At a societal level, those with HIV are a burden on the national health care system, with HIV patients requiring huge amount of money for healthcare services every year. Attempts are being consistently made to reduce the scourge of HIV/AIDS

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and consequently save the world of financial burdens and health problems. One of such attempts is the exploration of the possible influence of moral suasion and social support on behavioural change. Scholars have investigated the influence of religiosity and perceived social support on risky sexual behaviour and have reported varying findings. This various researches were conducted elsewhere with different population constituting the study samples.

Researches examining sexual behaviour in college students have shown that relatively high and risky sexual behaviours are practiced often amongst students. For example, the inconsistent use of condoms during sexual intercourse, having multiple sexual partners (Ogunleye and Adebayo, 2005), and the failure to communicate about previous partners or communicating about risk of contracting sexually transmitted infections, previous or existing medical conditions, and the failure to be tested for HIV or any other sexually transmitted infections (Prince & Bernard, 1998) are all some forms of behaviours exhibited by many college students. The Centre for Disease Control (CDC, 2003) survey showed that seventy-five to ninety percent (75 – 90%) of college students are sexually active, having had vaginal or anal intercourse or both (Cline, Johnson, & Freeman, 1992; MacDonald et al., 1990; Reinisch, Hill, Sanders, & Ziemba-Davis, 1995). Some 14.4% of 18–24-year-old college students reported four or more sexual partners in their lifetimes. Compared to other age groups, adolescents who are 10 to 19 years of age and young adults 20 to 24 years of age are more likely to have multiple (sequential or concurrent) sexual partners rather than a single, long-term relationship (Centers for Disease Control; CDC, 1999). It was also found that these two groups may also be more likely to engage in unprotected intercourse and they may select partners who have more risk characteristics, such as partners with sexually transmitted infections (STIs).

Fehring, German, Cheever and Philpot (1998) while arguing that religiosity regulates unsafe sexual practices submitted that from a public-health angle, it is an important goal to devise ways of assisting young people to prevent unprotected sex. According to them, a way of driving this is to encourage their involvement in religious activities. This submission re-echoed the proposition that religion is a key factor in shaping sexual behaviour in society.

Onipede (2011) in a study of 1,026 adolescents between the ages of 12-19 in Nigeria found out that religiosity is likely to be a significant channel through which the menace of risky sexual behaviour could be confronted. Onipede's finding above suggests that to shape adolescent sexual behaviour, religiosity, in terms of regular attendance of religious activities, should be encouraged among adolescents. In a related study by Jill, Ram and Richard (2007) using 2,004 exclusive American samples, it was found that youths who perceive religion as important, and are active in religious worship and activities are less likely to engage in risky sexual behaviours.

Alison (2009) investigated the relationship between perceived social support and risky sexual behaviour among Midwest Homeless and Runaway Adolescent Projects (MHRAP) in the Midwestern United States. The study examined the hypothesis that youths with high social support will have low sexual risk behaviours. The study found that youths who had someone to turn to, a greater number of close friends, and someone they could count on were less likely to engage in risky sexual behaviours.

Based on the backdrop that most of these studies were conducted elsewhere and considering that such places are socio-culturally different from Nigeria, the present study is poised to:

- Investigate if there will be a significant influence of religiosity (religious practices and belief) on sexual behaviour among Nigeria undergraduate students,
- Investigate if there will be a significant influence of social support on risky sexual behaviour among Nigeria undergraduates,
- Find out whether religiosity and social support will interactively influence risky sexual behaviour of Nigeria undergraduates,
- Investigate if there will be a significant difference in the level of risky sexual behaviour of male and female students in Nigeria,
- Find out whether males and female undergraduates in Nigeria will differ significantly in their level of religiosity and perceived social support, and
- Investigate whether age will influence risky sexual behaviour of Nigeria undergraduates.

The following hypotheses are therefore generated.

i. There will be a significant influence of religiosity on risky sexual behaviour of undergraduates in Nigeria.
ii. There will be a significant difference in family, friends, and significant other undergraduates' influence of social support on risky sexual behaviour.
iii. There will be a significant interaction effect of religiosity and social support on risky sexual behaviourof undergraduates in Nigeria.
iv. There will be a significant difference in the level of risky sexual behaviour of male and female students.
v. Males and females will differ significantly in their levels of religiosity and perceived social support.
vi. There will be a significant influence of age on risky sexual behaviour.

Methods

Research Design:

This study is a survey research using the factorial design and independent groups' design. The factorial design makes it possible to examine both the main and interaction effects of the independent variables on the dependent variable. Also, the independent groups' design makes it possible to compare the groups on the variables of interest.

Participants for the Study:

A sample of two hundred and fifty (250) respondents aged 18 years and above was drawn from the students' population of the Ekiti State University, Ado-Ekiti. Out of these participants, one hundred and twenty-five (125) were female respondents and the remaining one hundred and twenty-five participants were males. The random sampling technique was used to select the respondents.

Measures:

The Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ) by Plante G. Thomas (2010) was used to measure Religiosity, the Multidimensional Scale For Perceived Social-Support, MSPSS, by Zimet, Dahlem, Zimet, and Farley (1988) was used to measure Perceived Social Support, and the Sexual Risk Taking Questionnaire by Oliver Dawn and Sweeney Rachel (2006) was used to measure Risky Sexual Behaviour. The Santa Clara Strength of Religious Faith Questionnaire is a brief 10-item measure designed by Plante G. Thomas (2010). It is a reliable and valid self-report measure assessing strength of

religious faith and engagement, suitable for use with multiple religious traditions, denominations, and perspectives. The internal consistency of the scale has found correlations ranging from 0.94 to 0.97 using Cronbach Alpha and split-half reliability scores ranging from 0.90 to 0.96. Thus, available research suggests that the SCSRFQ is a highly reliable instrument. Studies have also found that high scores on the SCSRFQ are modestly associated with perceived coping, hope, optimism, and hardiness while low scores are associated with low self- esteem, depression, and anxiety with correlation coefficient ranging from 0.20 to 0.40.

Scoring:

The scale is a 10-item instrument that includes a variety of brief statements about religious faith (e.g., "I pray daily", "My religious faith is extremely important to me", "I look to my faith as a source of inspiration") using a 4 point Likert-like scale ranging from strongly disagree to strongly agree. The 10 items are then scored from 1 to 4 such that total scores range from 10 (low strength of faith) to 40 (strong strength of faith).

In an attempt to measure social support, Zimet, Dahlem, Zimet and Farley (1988, 1990), developed the Multidimensional Scale of Perceived Social Support (MSPSS), which has been widely used in both clinical and non-clinical samples. It is meant to measure an individual's perception of how much social support he or she receives from others and has been tested on people from different age groups and cultural backgrounds and found to be a reliable and valid instrument.

MSPSS consists of three sub-scales: Family (FA), Friends (FR), and Significant Others (SO). Most investigations have revealed MSPSS to be a three-factor construct which demonstrates good to excellent internal consistency and test-retest reliability, with a Cronbach alpha of 0.81 to 0.98 in nonclinical samples, and 0.92 to 0.94 in clinical samples.

Scoring:

The scale was designed to measure the perceived social support from family, friends and significant others. It comprises of 12 items with response format ranging from very strongly disagree to very strongly agree. The 12-items are subdivided into three factors viz: family, friends and significant others. It is scored by adding all the twelve items together. It ranges from 1 – 7. A low score of 12 indicates a very low perceived social support and a high score of 84 showed a very high perceived social support.

The Sexual Risk Taking Questionnaire, consisting of a number of questions regarding different types of risky sexual behavior, designed by Oliver Dawn and Sweeney Rachel (2006) was used to measure risky sexual behaviour. Crucial sexual risk taking behaviours are: number of partners, unprotected sex and high risk sexual encounters (i.e. sex with strangers).The scale contains questions ranging from 'how many sexual partners have you had in the last twelve months?' and 'how many one night stands have you had in the last twelve months?' both of which had the options of, 0, 1, 2 to 4, 5 to 9, 10 to 14 and 15 and above. These were followed by questions relating to having been unfaithful in a relationship, having multiple partners, regretting a sexual encounter and having had unprotected sex with a one-time partner. The options given were simply; 'yes' and 'no'. The last 2 questions in this section refer to the regularity of condom use with casual sex partners (i.e. 'how often do you use a condom with casual partners?') and regular sex partners (i.e. 'how often do you use a condom with your regular partner?'), these questions were measured using a likert type response scale, ranging from always to never and with scores ranging from 0 to 4. The marks from all of these questions were then summated and used to produce a composite sexual risk score, the largest score possible was 22.

Scoring:

For Q1, In the last twelve months, approximately how many sexual partners have you had? 0 = 0, 1 = 1, 2 to 4 = 2, 5 to 9 = 3, 10 to 14 = 4, 15(& above) = 5

For Q2, In the last twelve months, how many one night stands have you had?

0 = 0, 1 = 1, 2 to 4 = 2, 5 to 9 = 3, 10 to 14 = 4, 15 (& above) = 5

For Q3, Q4, Q5 and Q6, Yes = 1, No = 0

For Q7 and Q8, Never = 4, Sometimes = 3, Often = 2, Almost always = 1, Always = 0

Composite score = total of Q1, Q2, Q3, Q4, Q5, Q6, Q7 and Q8 the largest score possible was 22.

Procedure for data collection:

Using a random sampling method, copies of the questionnaire was administered to two hundred and fifty (250) students of the Ekiti State University of or above eighteen (18) years of age individually using the above mentioned instruments personally by the researchers. The researchers also personally retrieved the questionnaires from the respondents after it has been filled and completed appropriately according to the direction and instructions there-in guaranteeing the confidentiality of the respondents.

Results

The results of this study are presented below:

Table 1: Summary of 2 x 2 Analysis of Variance (ANOVA) showing the main and interaction effects of religiosity and perceived social support on risky sexual behaviour

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	p
Religiosity (REL)	444.787	1	444.787	22.130	.000	< 0.01
Perceived Social Support (PSS)	91.737	1	91.737	4.564	.034	< 0.05
REL * PSS	3.483	1	3.483	.173	.678	>0.05
Error	4944.352	246	20.099			
Corrected Total	5629.904	249				

Table 1 above showed that religiosity has a significant main effect on risky sexual behaviour of Nigeria undergraduates at [F (1, 249) = 22.13, P < 0.01]. Therefore, hypothesis I is supported. Also, results on table one above revealed that perceived social support, in its holistic form, significantly influences risky sexual behaviour [F (1,249) = 4.56, p < 0.05].

However, no significant interaction effect of religiosity and perceived social support was found to influence risky sexual behaviour among undergraduates in Nigeria.

Table 2 above showed that there is a significant difference in the mean scores of participants with low (5.10) and high (3.26) scores on perceived social support at [t (248) = 3.14, P < 0.01]. This means that participants that are high in family support exhibit lower levels of risky sexual behaviours than those low in family support.

Also, participants that are high on friends' support exhibit lower levels of risky sexual behaviours than those low on friends' support [t (248) = 2.37, P < 0.05]. However, the

influence of significant others' perceived social support on mediating risky behaviour is not significant. Hypothesis two is therefore partially accepted.

Table 2: Independent t-test Summary table showing the influence of family, friends, and significant others' support on risky sexual behaviour.

Variables	Levels of Risky Behaviours	N	Mean	S.D	df	t	p
Family Support	Low	108	5.10	4.97	248	3.14	P < 0.01
	High	142	3.26	4.30			
Friends Support	Low	107	4.86	4.91	248	2.37	P < 0.05
	High	143	3.45	4.42			
Significant Other Support	Low	97	4.28	4.56	248	0.60	P > 0.05
	High	153	3.92	4.76			

Table 3: Independent t-test summary table showing the mean scores of males and females on levels of religiosity, perceived social support, and risky sexual behaviour

Variables	Gender	N	Mean	S.D	df	t	p
Religiosity	Males	125	33.28	4.87	248	-2.07	P < 0.05
	Females	125	34.49	4.33			
Perceived Social Support	Males	125	61.24	13.31	248	-0.59	P > 0.05
	Females	125	62.22	13.05			
Risky Sexual Behaviour	Males	125	5.56	5.01	248	4.98	P < 0.01
	Females	125	2.70	4.02			

Hypothesis Four: The fourth hypothesis stated that there will be a significant difference in the risky sexual behaviour of male and female students. Table 2

There is a significant difference in the mean scores of males (5.56) and females (2.70) on risky sexual behaviour at [t (248) = 4.98, P < 0.01]. This means that males exhibit more risky sexual behaviour than females. Therefore, hypothesis IV is accepted.

Hypothesis Five: The fifth hypothesis stated that males and females will differ significantly in their levels of religiosity and perceived social support.

Table 4 showed that there is a significant difference in the mean scores of males (33.28) and females (34.49) on levels of religiosity at [t (248) = -2.07, P < 0.05]. This means that females are more religious than males.

However, there is no significant difference in the mean scores of males (61.24) and females (62.22) on perceived social support [t (248) = -0.59, P > 0.05]. Hypothesis V is partially accepted. This means that females and males do not differ significantly on perceived social support.

Table 4: One Way ANOVA Table showing the influence of age on risky sexual behaviour

Variables	Level	N	X	S.D	Df	F	Sig.
Age	18-21yrs	110	3.13	4.69	2, 247	6.81	P<0.01
	22-25yrs	101	4.40	4.54			
	26-31yrs	39	6.26	4.82			

Hypothesis Six: The sixth hypothesis stated that age will have a significant influence on risky sexual behaviour.

Table 5 shows that age has a significant influence on risky sexual behaviour at [F (3, 247) = 6.81, P < 0.01]. Post Hoc Analysis (Scheffe) revealed that the observed mean differences (-3.13) was significant between risky sexual behaviour mean scores of ages 18-21yrs (3.13) and 26.31yrs (6.26). This means that older participants are prone to more risky sexual behaviours than younger participants.

Discussion

The first hypothesis predicted that religiosity will have a significant influence on risky sexual behaviour amongst undergraduate students in Ekiti State University, Ado-Ekiti, Nigeria. Results of data analysis showed that religiosity has a significant main effect on risky sexual behaviour.

Individuals with strong religious affiliations would show constrained risky sexual behaviours and are likely to delay first sexual experience and gratifications. This finding is consistent with the findings of Maury & Gregory (2005) who reported results that showed that religion and religiosity constrain risky sexual behaviour. Maury & Gregory (2005) results also suggests that risky sexual behaviour by individuals is constrained by religious beliefs and participation - at least for heterosexuals.

However, these findings contradicts the research findings of Onipede (2011) who reported that religious affiliation is not likely to play any significant role in shaping sexual behaviour of young people. The study indicated that simply identifying with a religion would not be sufficient to influence adolescents towards reducing risky sexual behaviour in the population.

Variations in findings of these studies may not be unconnected with some characteristics of the research participants. Whereas Maury & Gregory (2005) and this present study used subjects between 18 and 31years, Onipede (2011) used subjects between the ages of 12 and 19years of age. Since persons of 18years and above are much more inclined to understand and voluntarily participate in religious activities therefore constraining risky sexual behaviour than in much younger subjects.

The second hypothesis predicted that there will be a significant difference in family, friends and significant others' influence of social support on risky sexual behaviour amongst undergraduate students in Ekiti State University, Ado-Ekiti, Nigeria. Results of data analysis showed that perceived social support has a significant main effect on risky sexual behaviour.

This study examined the hypothesis that undergraduates who enjoy high social support will have low sexual risk behaviours. It was however revealed that undergraduates, who had someone to turn to, were less likely to engage in risky sexual behaviours. This finding is consistent with the findings of Alison (2009) and Ennet, Bailey & Federman (1999) who independently reported that perceived social support for adolescent buffers the number of sex partners. Young persons that have someone they can count on reported fewer numbers of lifetime sex partners than those who were completely on their own. This supports the hypothesis that higher social support leads to fewer risky sex behaviours. However, these findings contradicts previous research by Weinstock, Berman, & Cates (2004) in which it was found out that social support does not play a significant role on risky sexual behaviour and cases of sexually transmitted infections in African-Americans.

It may be apt, however, to suggest that a reduced risk in sexual behaviour might not be unconnected with more perceived social support received by the subjects.The third hypothesis tested if there is a significant interaction effect of religiosity and perceived social support on risky sexual behaviour amongst undergraduate students in Ekiti State University, Ado-Ekiti, Nigeria. Results of the data analysis showed that undergraduates who have low scores on social support have higher mean score (4.97) on risky sexual behaviour than adolescents (3.72) with

high scores on religiosity. However, religiosity and perceived social support do not have significant interaction effect on risky sexual behaviour.

The interaction effects of religiosity and perceived social support on risky sexual behaviour returned a not significant result which is consistent with the findings of Onipede (2011) who reported that religious affiliation is not likely to play any significant role in shaping sexual behaviour of young people. Also, supporting finding of this present study is the research outcome of Weinstock, Berman, & Cates (2004) who also found out that perceived social support does not play a significant role on risky sexual behaviour.

It need be noted that there seem to be a dearth of researches investigating the interactive influence of perceived social support and religiosity on risky sexual behaviour, however, the findings of the present study may serve as an eye opener in this line of research and also serve as impetus for further research.

The fourth hypothesis which stated that there will be a significant difference in the level of risky sexual behaviour of male and female students is confirmed amongst undergraduate students in Ekiti State University, Ado-Ekiti, Nigeria. Results of the present study showed that there is a significant difference in the mean scores of males (5.56) and females (2.70) on risky sexual behaviour.

The result of this hypothesis was supported by the findings of Jadack, Hyde, & Keller (1995) in which it was found out that more men engages in risky sexual behaviour than women, because more men reported engaging in sexual intercourse without using condom, while more women reported that intercourse without condoms occurred mostly in long-term relationships. The findings of this research may not be unconnected with the stigma attached to women, especially female teenagers, involvement in sexual practices.

The fifth hypothesis stated that males and females will differ significantly in their levels of religiosity and perceived social support.Results showed that there is a significant difference in the mean scores of males (33.28) and females (34.49) on levels of religiosity. This means that females are more religious than males. However, there is no significant difference in the mean scores of males (61.24) and females (62.22) on perceived social support. The result of the first part of this hypothesis is supported by the findings of Jill, Ram & Richard(2007) which found out that females were more active in religious groups and participated in a whole lot of religious activities such as singing, prayer groups etc much more than their male counterparts. However, the second part of this hypothesis is also supported by Alison (2009) who reported that overall, perceived social support received by males and females does not differ greatly. It however need be noted that Alison's research was concerned with actual social support while the present study investigated perceived social support which is a subjective construct.

The sixth hypothesis stated that age will have a significant influence on risky sexual behaviour. Results showed that age has a significant influence on risky sexual behaviour. Post Hoc Analysis (Scheffe) revealed that the observed mean differences (-3.13) was significant between risky sexual behaviour mean scores of ages 18 - 21yrs (3.13) and 26 - 31yrs (6.26). This means that older participants are prone to more risky sexual behaviours than younger participants.

The result of this hypothesis is supported by Alison (2009) who reported that the older the respondent, the higher the number of sexual partners and risky sexual behaviours.

Based on the findings, it is recommended that to curtail risky sexual behaviour among Nigerian undergraduates religious lifestyle should be encouraged by relevant authorities as young people has given as reasons for refraining from risky sexual behaviour their involvement in religious activities.

References

Alison, N. F. (2009). *The Effect of Social Support on Risky Sexual Behaviour in Homeless Adolescent Youth*.Thesis Prepared for the Degree of Master of Science. Texas: University of North Texas Press.

Centers for Disease Control and Prevention. (1999). *Young people at risk: HIV/AIDSamong America's youth.* Retrieved December 16, 2012, from http://www.cdc.gov/hiv/pubs/facts/youth.htm

Centers for Disease Control and Prevention (2001). *HIV/AIDS Surveillance Report 2001:U.S. HIV and AIDS cases reported through December 2001*. Year-end editionVol.13, No.2. Retrieved June, 1 2012 from http://www.cdc.gov/hiv/stats/hasr1302.htm

Centers for Disease Control. (2003). Youth online comprehensive results. *Youth RiskBehavior Surveillance System*. Retrieved from http://apps.nccd.cdc.gov/yrbss/QuestYearTable.asp?ByVar=CI&cat=4&quest=Q60&loc=XX&year=2003

Chesson H. W., Blandford, J. M., Gift, T. L., Tao, G., & Irwin, K. L. (2004). Theestimated direct medical cost of sexually transmitted diseases among Americanyouth, 2000. *Perspectives on Sexual and Reproductive Health, 36*, 11-19.

Cline, R. J. W., Johnson, S. J., & Freeman, K. E. (1992). Talk among sexual partners:Interpersonal communication as an AIDS-prevention strategy. *HealthCommunication*, *4*, 39-56.

de Vincenzi, I. (1994). A longitudinal study of human immunodeficiency virustransmission by heterosexual partners. European Study Group on HeterosexualTransmission of HIV. *New England Journal of Medicine*, *331*(6):341-346

Ennet, S.T., Bailey, S.T., & Federman, E. B. (1999). Social network characteristics associated with risky behaviors among homeless and runaway youth. *Journal of Health and Social Behavior, 40*, 63-78.

Fehring, R. J., German, K., Cheever, K. H., & Philpot, C. (1998). Religiosity and sexual behaviour among older adolescents. An e-publication of Marquette University, *http://cpublications.marquette.edu/nursing_fac/31*.

Grello, C. M., Welsh, D. P., & Harper, M. S. (2006). No strings attached: The nature of casual sex in college students. *Journal of Sex Research*, *43*, 255-267.

Hein, K. (1992). Adolescents at risk for HIV infection. In R. J. DiClemente (ed.) *Adolescent and AIDS: A Generation in Jeopardy*, Newbury Park, CA: Sage.

Holmberg, S. D., Stewart, J. A., Gerber, A. R., Byers, R. H., Lee, F. K., O'Malley, P. M., & Nahmias, A. J. (1988). Prior herpes simplex virus type 2 infection as a risk factor for HIV infection. *Journal of the American Medical Association*,*259*, 1048-1050.

Jadack, R. A., Hyde, J. S., & Keller, M. L. (1995). Gender and knowledge about HIV, risky sexual behaviour and safer sex. *Journal of Health Psychology, Vol 7*, No3, 253 – 267.

Jill, W. S., Ram, A. C., & Richard, W. G. (2007). Adolescent Risk Behaviours and Religion: Findings from a National Study.

Journal of Adolescence, *Vol 30,* No2, 231-249. Pennsylvania: University of Pennsylvania Press.

MacDonald, N. E., Wells, G. A., Fisher, W. A., Warren, W. K., King, M. A., Doherty, J.A., & Bowie, W. R. (1990). High-risk STD/HIV behaviour among collegestudents. *Journal of the American Medical Association, 263*, 3155–3159.

Maury, D. G & Gregory, N. P. (2005). Does Religion Constrain Risky Sexual Behavior Associated with HIV/AIDS. *Mississippi Urban Research Center Research Report Series 05* – 03. Jackson State University Press.

Oliver, D. & Sweeney, R. (2006). *An association between personality traits, alcohol consumption and sexual decision making in young adults*. England: Oxford University Press.

Onipede, W. (2011). *Religion, religiosity and adolescent risky sexual health behaviour in Lagos Metropolis, Nigeria*. Demography and Social Statistics, School of Social Sciences, College of Development Studies. Ota: Covenant University Press. Nigeria.

Plante, T. G. (2010). The Santa Clara Strength of Religious Faith Questionnaire: Assessing faith engagement in a brief and nondenominational manner. Psychology Department, Santa Clara University, Santa Clara, U.S.A. *Religion*, *1*, 3-8.

Prince, A., & Bernard, A. (1998). Sexual behaviours and safer sex practices of college students on a commuter campus. *Journal of American College Health, 47* (1), 11 - 21

Reinisch, J. M., Hill, C. A., Sanders, S. A., & Ziemba-Davis, M. (1995). High-risk sexual behavior at a mid-western university: A confirmatory survey. *Family Planning Perspectives, 27*, 79-82.

Rosenberg, P. S., Biggar, R. J., & Goedert, J. J. (1994). Declining age at HIV infection in the United States [letter]. *New England Journal of Medicine, 330*, 789-90.

Weinstock, H., Berman, S., & Cates, W. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health,* 36, 6-10.

Zimet, G. D., Dahlem, N. W., Zimet, S. G. & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, *52*, 30-41.