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Risk behavior of sexual health and related factors among adolescent students in Maldives

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Abstract

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A cross-sectional descriptive study was conducted to reveal the risk behavior of sexual health among adolescents in Maldives. A questionnaire was administered to 285 students from three main private colleges in the capital city of the Maldives, Male'. The students were interviewed by an anonymous self-administered questionnaire from February to March 2012. Analysis was done by frequency analysis, Chi-square tests and multiple logistic regressions to examine the relationship between personal characteristics, knowledge, attitudes and risk behaviors of sexual health among adolescents.

The result showed that 42% of the students had high risk behaviors regarding sexual health. 51% of the students had low knowledge level. Risk behaviors of sexual health were found to have a significant association with gender, allowance, educational level of the mothers, source of information and attitudes. Using multiple logistic regression analysis, attitude was found to be strongest predictor of risk behaviors of sexual health when adjusted for other factors. Students who had negative attitude towards sexual health were nearly three times to have high risk behavior than those with positive attitude (Adj OR 2.73, CI 95%, p-value <0.001).

It is recommended that knowledge be improved and positive attitudes encouraged among the adolescents. Moreover, relationships between parents and adolescents should be improved. In addition, promotion of heath education via mass media by providing age appropriate information is highly needed.

Keywords: knowledge, attitude, risk behavior, sexual health, adolescents

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บทคัดย่อ

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การศึกษาวิจัยเชิงพรรณนาตัดขวางนี้เป็นการค้นหาพฤติกรรมเสี่ยงด้านสุขภาพทางเพศของวัยรุ่นในประเทศมัลดีฟ กลุ่มตัวอย่างของการศึกษาคือนักศึกษาจำนวน 285 คน จากมหาวิทยาลัยเอกชนสามแห่งในเมืองหลวงของประเทศมัลดีฟ วิธีการเก็บข้อมูลใช้แบบสอบถามที่สร้างขึ้นของการวิจัยครั้งนี้และให้นักศึกษากรอกข้อมูล ระยะเวลาการเก็บข้อมูลอยู่ระหว่างเดือนกุมภาพันธ์ถึงมีนาคม 2555 วิธีการวิเคราะห์ข้อมูลการวิจัยขั้นต้นเป็นการเสนอความถี่และร้อยละของตัวแปรในกรอบการศึกษา ส่วนการวิเคราะห์ไค-สแควร์ใช้ในการพิจารณาคู่ความสัมพันธ์ระหว่างลักษณะส่วนบุคคล ความรู้ ทัศนคติ กับพฤติกรรมเสี่ยงสุขภาพทางเพศ

ผลการศึกษาพบว่า ร้อยละ 42 ของนักศึกษามีพฤติกรรมเสี่ยงสุขภาพทางเพศ และร้อยละ 51 มีความรู้ด้านสุขภาพทางเพศในระดับต่ำ สำหรับปัจจัยที่มีความสัมพันธ์กับพฤติกรรมเสี่ยงสุขภาพทางเพศคือ ปัจจัยด้านเพศวิถี จำนวนเงินที่ได้รับเป็นรายเดือน ระดับการศึกษาของมารดา แหล่งข้อมูลในเรื่องสุขภาพทางเพศและทัศนคติ ข้อค้นพบหลักคือนักศึกษาที่มีทัศนคติต่ำค่อนข้างมีพฤติกรรมเสี่ยงฯและมักเป็นนักศึกษาชาย ข้อเสนอแนะการศึกษานี้คือ วัยรุ่นมีความจำเป็นต้องได้รับการสร้างและการพัฒนาทัศนคติสุขภาพทางเพศ ในด้านการพัฒนาหลักสูตรเพศศึกษา การสร้างความสัมพันธ์ระหว่างวัยรุ่นกับครอบครัว จะเป็นแนวทางสำคัญ นอกจากนี้การพัฒนาเนื้อหาเรื่องเพศศึกษาควรดำเนินการผ่านสื่อที่เหมาะสมและมีเนื้อหาสำหรับวัยรุ่นอายุต่างๆ ที่มีความต้องการต่างกัน

คำสำคัญ พฤติกรรมเสี่ยง วัยรุ่น ความรู้ ทัศนคติ ประเทศมัลดีฟ

Introduction

Adolescence is the period of transition from childhood to adulthood, during which young people go through many physical, intellectual and social changes. During this stage of life, a young persons' social, economic, legal and political status is transformed and they become the society's most valuable resources.[1-2] More than a quarter of the world's population is between the ages of 10 and 24 years. Amongst the world population, 1.7 billion young people live in developing countries, where they make up 30% or more of the population.[3]

Adolescents are facing a range of health and social challenges. Early initiation of sexual activity and lack of adequate knowledge and skills to avoid risky behaviors are placing adolescents at a higher risk of negative consequences of sexual health. Like, unwanted pregnancies, unsafe abortions and sexually transmitted infections (STIs) including Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).[4] Pregnancy-related death and disability and other reproductive health conditions such as HIV/AIDS and other STIs are among the leading causes of Disability-Adjusted Life Years (DALYs) that are lost among adolescents and young people aged 10–24 years living in developing regions.[3] Adolescents face serious health challenges which account for 15% of the disease and injury burden worldwide, and more than 1 million die each year mainly from preventable causes. In particular, adolescents are affected by the serious health challenges such as, about half of all HIV infections occur in people under the age of 25years, among which girls are disproportionately affected. On average, one-third of women in developing countries give birth before the age 20 years, by which a large proportion of these pregnancies are unplanned. As a result of unplanned and unwanted pregnancies, most of these adolescents end up with unsafe abortions. Each year, between 2 million and 4 million adolescents undergo unsafe abortions.[3]

One in four Maldivians belongs to the 15-24 age groups. In number, they have increased from 45,000 in 1995 to more than 75,000 in 2006.[6] The number of adolescents and youth in the Maldives has increased substantially in recent years, and is rapidly approaching 40% of the country's total population. The percentage of adolescents and young people between the ages of 15 and 24 have peaked in 2004, and now constitute to approximately 25% of the country's total population, while the 10 to14 years age group is increasing and has peaked in 2011.[6, 7]

Furthermore, with emerging globalization and westernization, there is growing concern about sexual promiscuity and changing attitudes toward sexuality in many countries.[8] In the Maldives, unsafe sexual relations among adolescents are increasing. It is noted that 14% of males and 5% of females under the age of 18 years admitted to being sexually active many of them did not use condoms.[9] This situation exposes adolescents to unwanted pregnancies, induced unsafe abortions and STDs. Since, abortions and sexual activity outside marriage are illegal in the country, there is no information on deaths occurring as a result of unsafe abortions.[10] Though, data on abortions are difficult to obtain as people are not willing to discuss openly and due to religious and societal constraints, the results found from the Reproductive Health Survey (2004) and Biological and Behavioral Survey (2008) have pointed that unwanted pregnancies and voluntary abortions do happen in the Maldives.[11, 12]

Sexual behaviors are influenced by many factors such as the cultural structures, traditions and customs of society. Sexual issues are still regarded as taboo in the Maldives and sexuality cannot be discussed freely within families. Moreover, within the education system, students are not informed about sexuality adequately. Sexual relationships among adolescents has increasingly become a more severe social and public health issue, because of the risk of unwanted pregnancies, unsafe abortions, and STDs, especially HIV infection, which have great impact on families and societies as whole.

The adolescent and youth demographic in the Maldives is the highest, and this fact combined with all above mentioned situation adds emphasis to the need to explore the problematic sexual reproductive health in the country.

This main objective of this study was to reveal the risk behavior of sexual health and to examine the relationship between adolescent characteristics on knowledge and attitude towards risk behaviors of sexual health among adolescents in the Maldives. Adolescent risk behaviors of sexual health is a public health issue and needs urgent intervention to provide better information and boost the knowledge to reduce these risk behaviors among adolescents.

Methods

This study was a cross-sectional descriptive study, conducted among unmarried adolescent students aged between 18 to 24 years in the capital city Male', Maldives. Formal approval to collect data was obtained from ethics committees at Mahidol University Institutional Review Board of Social Science, Thailand (COA. No. MU-SSIRB 2012/095.2203), and the National Health Research Committee in the Maldives. The number was estimated using confidence interval of 95% with the precision error set at 0.05 and a proportion of sexual active adolescents in the Maldives of 0.19. Thus, the required sample size was at least 237 participants. The 3 main colleges in the capital city were selected purposively and simple random sampling was used to select the participants. Two hundreds and eighty five self- administered questionnaires were distributed to students in the selected private colleges. Anonymous data collection was conducted during February to March 2012.

The questionnaire was divided into six parts: socio-demographic included such as age, sex, year of studying, level of studying, monthly allowance, source of allowance and living place. Family relation factor was categorized into 2 parts; family characteristics and parental relationship. In parental relationship part, detailed statements were asked to identify the relationship and communication between students and their parents about sexual health. Answers to statements were classified into three parts, always, sometimes, and never

The knowledge section comprised information about adolescents' knowledge regarding sexual health. Total knowledge score of the respondents was calculated from 11 items. In each statement, the respondents were given one point for correct answer and no points for incorrect answer scores ranged from 2 to 11. The total score was classified into three categories: "low": if the score was <60% of the total score; "moderate" if the score between 60% to 80%; and "high" if the score was >80% of the total score.

The questionnaire regarding sources of media comprised of multiple choice questions such as radio, television, internet, magazine, books etc. Furthermore it even includes parents, father/mother, boyfriend/girlfriend, teacher and health service provider

The attitude section addressed adolescents' thoughts, feelings, beliefs and intention to act on premarital sex. The attitude section had 18 statements and scoring for each statement was 5, 4, 3, 2, and 1 corresponding to "strongly agree", "agree", "not sure", "disagree" and "strongly disagree" respectively. The score was reversed for negative statements and categorized into two groups, "positive attitudes", (equal to or more than the mean) or "negative attitudes" (less than the mean). A "negative attitude" indicated that the adolescents believed that it was normal to have sex before marriage.

Risk behaviors of sexual health refers to adolescents' behavior / activity such as dating, hugging, kissing and having sexual relationship with opposite sex. Answers to statements were classified into 2 levels: Yes and No. The total score was categorized into two groups; high risk (equal to, or more than the mean) or low risk (less than the mean).The risk behavior part had eleven statements about risk behaviors and sexual experiences. The range of score was from 0 to 10.

After the pretest, some questions were revised, deleted, added and amended to make the questionnaire valid and reliable. In the final score, the Kuder-Richardson (KR20) test for the knowledge section was 0.67 and Cronbach's Alpha test for attitude was 0.89.

Univariate analysis was used to describe the mean, medium, standard deviation, minimum, maximum, number and percentage. Chi square test was used to determine a possible association between each independent variable to dependent variable. Finally, multiple logistic regression analysis was used to determine the association between independent variables and risk behavior of sexual health.

Results

Majority (68%) of the adolescents were female in this study, because in these 3 colleges majority of the students were female students. Among these adolescents 62% were aged between 18 to 19 years. 67% of the respondents were studying in 1st year, 30% of the respondents were 2nd year. Among these respondents majority of the students (70%) were of certificate level. 57% of the respondents stated that they receive money per monthly as allowance or salary. 51% respondents were living with their parents followed by 39% living with their relatives. 39% of fathers and 37% of mothers did not get any schooling. 37% of fathers were self employed and managing their own businesses. Majority of the mothers were housewives (41%). 29% of the respondents answered that their father's monthly salary was above 15,000 Maldivian Rufiyaa (MRF). It was noted that 54% of the mothers, got less than 3,000 MRF. 84% of the respondents' parents were married, 10% were divorced and 4% were widowed. (Table 1, 2)

Table 1 Frequency and percentage of respondents by socio-demographic characteristics

Variables	Frequency n=285	Percent (%)
Gender		
Male	90	31.6
Female	195	68.4
Age (years)		
18-19	177	62.1
20-24	108	37.9
Mean = 19.5 SD = 1.7 Min = 18 Max = 24		
Year of studying		
First year	190	66.7
Second Year	86	30.2
Third year	9	3.2
Level of studying		
Certificate	200	70.2
Diploma	47	16.5
Bachelor degree	38	13.3
Having of allowance or income		
Yes	162	56.8
No	123	43.2
Allowance per month (n=162)		
100-999MRF	52	32.1
1000-2999MRF	60	37.0
3000-4999MRF	26	16.1
Above 5000MRF	24	14.8
Mean = 2258 SD = 2213 Median = 1500 Min = 100 Max = 10000		
Source of allowance (n=162)		
Employment	62	38.3
Parent/ guardian	90	55.6
Sponsorship	10	6.2

1 US$ dollars is equal to 15.42 Maldivian Rufiyaa (MRF) dated 01/02/2012

Table 1 Frequency and percentage of respondents by socio-demographic characteristics (cont.)

Variables	Frequency n=285	Percent (%)
Residence/living place		
Alone	11	3.9
Parent	144	50.5
Relatives	112	39.3
Dormitory/boarding/other	18	6.3

Table 2 Family Background of adolescent students

Variables	Frequency n=285	Percent (%)
Occupation of father		
Government official	54	19.3
Private company	54	19.3
Unemployed	18	6.4
Business/Self employed	103	37.7
Other	45	16.5
Missing (12-father died)		
Occupation of mother		
Government official	36	12.6
Private company	11	3.9
House wife	118	41.4
Business/Self employed	75	26.3
Other	45	15.8
Fathers' income (n=222)		
Less than 5000 MRF	48	21.6
5000-9999MRF	53	23.9
10,000-14000MRF	57	25.7
Above 15000MRF	64	28.8
Mean = 12865 SD = 793 Median = 10000 Min = 0 Max = 50000		

Table 2 Family Background of adolescent students (Conts)

Variables	Number n=285	Percent (%)
Mothers' income (n=145)		
< 3000MRF	78	53.8
3001-6999 MRF	31	21.4
7000-10000MRF	22	15.2
More than 11000MRF	14	9.7
Mean = 4525 SD = 5002 Median = 3000 Min = 0 Max = 25001		
Parental marital status		
Married	239	83.9
Divorced/separated	34	11.9
Widowed	12	4.2

Table 3 shows that 51% of the respondents had low knowledge regarding sexual health. Nearly half of the respondents (45%) had negative attitudes towards sexuality and 42% of the respondents had high risk behaviors of sexual health.

Table 3 Distribution of respondents by knowledge, attitude, and risk behavior of sexual health

Variables	Number	Percent (%)
Knowledge level		
High knowledge (>80%)	40	14.0
Moderate knowledge (60-80%)	100	35.1
Low knowledge (<60%)	145	50.9
Attitude		
Positive (≥49.8)	157	55.1
Negative (<49.8)	128	44.9
Mean = 49.8 SD = 5.8 Min = 37 Max = 67		
Risk Behavior		
High risk (≥4.2)	120	42.1
Low risk (<4.2)	165	57.9
Mean = 4. 2 SD = 2.6 Min = 00.00 Max = 10.00		

Table 4 shows that the main mass media that the respondents received information on reproduction and sexuality was from the internet (76%) followed by magazines and books (61%) and television (60%). The lowest media used amongst adolescents was radio which was at 24 %.

Table 4 Source of Information about reproductive health

Source of Information*	Number	Percent %
Internet	218	76.5
Magazine/book	174	61.1
Radio	66	23.6
Television	172	60.4
Other (peers, family members)	93	32.6

*Multiple answer

Table 5 shows that the relationship between the socio-demographic characteristics and risk behaviors of the adolescents; the male students were more likely to have 2 times higher risk behavior of sexual health than that of female. There was significant association between gender and the risk behaviors of sexual health with p-value <0.001. Adolescents aged between 18 to 19 years had high risk behaviors (43%) than the older age group of 20-24 years. However, there was no significant association between age and risk behaviors with p-value at 0.541. Students who received monthly allowances were at high risk behaviors (50%) compared to those who did not receive any monthly allowance. Moreover, there was a significant association between allowance and high risk behaviors with p-value at 0.002. Results showed that, students whose father's had secondary education and above were more prone to risk behaviors of sexual health. Furthermore, there is significant relationship between educational level of mothers and risk behaviors of sexual health of adolescents with a p-value of 0.046. Results also showed that, students whose parents were divorced and separated were at high risk behaviors compared to the students whose parents were married and who had a widowed mother.

Table 5 The associations between socio-demographic characteristics and risk behaviors of sexual health

Variables	Total respondents	Risk behavior				Chi-square test	p-value
		High		Low			
		n	%	n	%		
Gender						17.279	<0.001***
Female	195	66	33.9	129	66.1		
Male	90	54	60.0	36	40.0		
Age (years)						0.374	0.541
18-19	177	77	43.5	100	56.5		
20-24	108	43	39.8	65	60.2		
Allowance						9.597	0.002**
Yes	162	81	50.0	81	50.0		
No	123	39	31.7	84	68.3		
Income or salary per month (n=162)						2.566	0.277
100-1,500MRF	82	38	46.3	44	53.7		
Above 1,500MRF	80	43	53.8	37	46.2		
Source of allowance or income (n=162)						1.600	0.206
Employment/sponsorship	72	40	55.6	32	44.4		
Parent/guardian	90	41	45.6	49	54.4		
Education of father						3.359	0.186
No schooling	111	42	37.8	69	62.2		
Primary school	95	38	40.0	57	60.0		
Secondary and above	79	39	49.4	40	50.6		
Education of mother						6.162	0.046*
No schooling	106	41	38.7	65	61.3		
Primary school	101	37	36.6	64	63.4		
Secondary and above	78	36	46.2	42	53.8		
Parental marital status						4.645	0.098
Married	239	96	40.2	143	59.8		
Divorced/separated	34	20	58.8	14	41.2		
Widowed	12	4	33.3	8	66.7		

*p-value < 0.05 ** p -value <0.01 *** p-value < .001

Students who had good relationships with their parents had low risk health behaviors (60%); compared to the students those had poor relationships with their parents. Students who had high knowledge on sexual health had equal percentage of high risk behaviors as well as low risk behaviors. There was no significant association between knowledge and risk behaviors with p-value at 0.301. Those who had positive attitudes with regard to sexuality and sexual health showed lower risk of sexual health behaviors (68%). Whereas, students who had negative attitudes are at much higher risk of sexual health behaviors (54%). There was a significant association between attitudes and risk behaviors with a p-value at <0.001. Main information source were internet, and there was a significant relationship with p-value of 0.004. Moreover, those who did not receive information on STDs were at higher risk than those who received the information, and this was found significant. (Table 6)

Table 6 Association between parent/ guardian relationship and risk behavior of sexual health

Variables	Total respondents	Risk behavior				Chi-square test	p-value
		High		Low			
		n	%	n	%		
Relationship							
Good (score ≥ 20.3)	143	56	39.2	87	60.8	1.021	0.312
Poor (score < 20.3)	142	64	45.1	78	54.9		
knowledge							
High	40	20	50.0	20	50.0	2.403	0.301
Moderate	100	45	45.0	55	55.0		
low	145	55	37.9	90	62.1		
Attitude							
Positive attitude	157	50	31.8	107	68.2	15.090	**<0.001****
Negative attitude	128	70	54.7	58	45.3		
Received information via Internet							
Yes	218	102	46.8	116	53.2	8.345	**0.004****
No	67	18	26.9	49	73.1		
Received STD information							
Received	182	90	49.4	92	50.6	11.146	**0.001****
Not received	103	73	70.9	30	29.1		

*p-value < 0.05 **p-value < 0.01 ***p-value < 0.001

Multiple logistic regression was done to demonstrate strength of association, and results are displayed in the below table. Negative attitude towards sexual health were nearly 3 times to have high risk behavior than those with positive attitude (Adj OR 2.73 p-value <0.001). (Table 7)

Table 7 Full model of logistic regression

Variables	Adj.OR	95% C.I for OR	p-value
Gender			
Female	1		
Male	2.57	1.46-4.50	0.001**
Received Allowance per month			
No	1		
Yes	1.99	1.15-3.44	0.013*
Education of Mother			
No schooling	1		
Primary	0.56	0.29-1.07	0.081
Secondary	0.46	0.23-0.88	0.020*
Information received by internet			
No	1		
Yes	2.02	1.04-3.92	0.039*
STD information received			
No	1		
Yes	0.43	0.24-0.76	0.004**
Attitude regarding sexual health			
Positive Attitude	1		
Negative Attitude	2.73	1.61-4.65	<0.001***

*p-value < 0.05 **p-value < 0.01 ***p-value < 0.001

Discussion

Majority of the respondents in this study were female as female students are more in these colleges, making up of 68% of the total number of respondents and the remaining 32% was comprised of males. The result showed that, 60% of male students were at high risk behaviors of sexual health. This was a significant association between gender and risk behaviors of sexual health with p-value < 0.001. It was similar to the study previously done by Puffer (2011), which showed that, sexual activity and the risk behaviors were high among males (51%) compared to females (30%).[13]

In this study the age of the youngest respondent was 18 years and the oldest was 24 years, with the mean age of respondents at 19.5 years. The data also revealed that those at 18 to 19 year age group were at high risk behaviors of sexual health compared with those at 20 to 24 year age group. Belgrave (2009) found in his study that, 7% of the students in 7-12 grade reported that they had sexual intercourse for the first time before they reached the age of 13 years.[14] As this data shows adolescents start sexual relations at very young age. Many studies showed that adolescents started being sexually active at an early age and maintained their risky sexual behaviors.[15, 16] The Reproductive Health Survey (2004) showed that, 9% of younger adults had sexual intercourse. Almost two thirds of those who had sex, stated that their first sexual intercourse was before the age of 18 years.[12]

56% of the students stated that they received a monthly allowance and results indicated that, students who received money for their monthly allowance were nearly two times at high risk behaviors of sexual health than those students who did not receive any money for their monthly allowance. For those students who received more money for their monthly allowances has more possibilities on using the money on dating and investing it in other categories of risky behaviors. This study found that there was a significant association with allowance and risk behaviors of sexual health.

Majority of the respondents' parents (39% of fathers and 37% of mothers) in this study had no schooling. This study showed that, adolescents belonging to parents with secondary schooling or higher levels of education were more at the high risk behavior groups when compared to those adolescents belonging to parents with lower levels of education. The data showed that parental knowledge alone did not relate to high risk behaviors. There were many other confounding factors which are related, such as, good communication and good relationships with their adolescents will show less involvement in risky sexual behaviors Furthermore, having good relationships between parents and adolescents makes it possible for the adolescents to easily share their problems with their parents.[17]

In this study it showed that, 83% of the parents were married and showed that 58% of the adolescents were at high risk behaviors amongst the parents who were divorced and separated. The study of Joyce et al (2011), found that adolescents from single parent families were less controlled in risk behaviors of sexual health.[18] Moreover, Kotchick (2001), revealed that if the prents were single, than the adolescents were at much higher risk of sexual behaviors.[19] Early involvement of parents in providing sexuality information will help to provide teenagers basis for judging sex information received from other sources.[20] Parents with poor relationships

with their adolescents' showed that the adolescents were more at high risk behaviors of sexual health as compared to those who have good relationship with their families. However, in this study, there was no significant association with parental relationship and risk behaviors of sexual health with p-value at 0.312. In most traditional communities in the Maldives, adults talking on the topic of sexual health with their young adolescents are regarded as taboo. Since, most of them do not feel comfortable discussing such issues with their adolescents. However, when they do, they do so in such unclear terms and usually with some reservations. Close family relationship and parental involvement and support have been associated with less exposure to risky situations and later sexual onset in adolescents.[20]

Exposure to the information on human reproduction and sexuality were through peers, media, followed by teachers and mothers. It was noticed that, majority of students gave less priorities in discussions regarding sexual health information. The most common primarily and subsequent source of information on sex was media and peers. Studies have highlighted significant roles of media and peers as primary source of sex information.[21] The media served as channels for disseminating appropriate and reliable sexuality information. On the other hand, there is an increase in the negative effects of media on adolescent sexuality, due to unrestricted access and increase of sex content in the media.[22]

In this study, majority of the adolescents were not having adequate knowledge on sexual health, as were no proper channel to provide enough information regarding sexual health. Among these adolescents, large number (50%) of the students had poor knowledge, 35% of the students had moderate levels of knowledge and only 14% of students had good levels of knowledge on sexual health. Although knowledge level was low among adolescents, they were in the low risk behavior category and there were no statistical association between knowledge and sexual risk behaviors.

The study revealed that 44% of the students had negative attitudes towards sexual health. Negative attitude towards sexual health were nearly 3 times to have high risk behavior than those with positive attitude (Adj OR 2.73, p-value <0.001).This proves that it is important to promote positive attitudes regarding sexual health among adolescents to improve and avoid risk behaviors.

Conclusion

In conclusion the overall findings showed that the risk behaviors of sexual health are found to be in existence amongst the adolescents in the Maldives. The results show that 42% of the students had high risk behaviors regarding sexual health and Male students were high at risk compare to females. This study showed that, the knowledge levels among the adolescents are quite low and have large number of students with negative attitudes towards sexual health. Media and peer influence played significant roles in early exposure to risky sexual behaviors. This study found that, attitudes are one important factor which may impact on high risk behaviors of adolescents and it was found to be significant.

Based on the findings of this study, it is suggested that peer education programs are highly needed to improve the knowledge and promote positive attitudes towards risk behavior of sexual health. Early

sexual education should be encouraged at homes and schools, to mitigate the growing negative influence of media and peers on adolescent sexual exposure. Good relationship between parent and adolescents are highly recommended.

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