

Effects of Social Skills Training on Unprotected and Premarital Risk-Taking Sexual Behaviour among In-School Female Adolescents in Owerri Municipal Education Zone, Imo State, Nigeria

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ABSTRACT

This study examined the effects of Social Skills Training on unprotected and premarital sexual risk-taking behaviour of in-school female adolescents in Owerri Municipal Education Zone, Imo State, Nigeria. The study specifically determined the significant mean differences between the in-school female adolescents assigned to the experimental and control groups on risk-taking behaviour posttest mean scores. The study adopted true experimental design, specifically, pretest-posttest experimental control research design. The population was made up of 52 in-school Senior School Two female adolescents (SS2) identified with high sexual risk-taking behaviours in a public secondary school in Owerri Municipal Area. Purposive and simple random sampling techniques were used to sample 46 in-school female adolescents (experimental group = 23 and control group = 23). The students signed the consent forms and participated in the study with the consent of the parents and the school authority. Sexual Risk-Taking Behaviour Screening Questionnaire (SRTBSQ, $r = 0.83$) and Female Students' Sexual Risk-taking Behaviour Questionnaire (FSSRBQ, $\alpha = 0.72$) were used for data collection. Both content and construct validity were established for the instrument. The participants in both groups were pre-tested and post-tested. The experimental group received Social Skills Training for eight weeks in sixteen sessions, whereas the control group received normal lesson in English Language for eight weeks also. Descriptive statistics (mean and standard deviation), were used for answering the research questions, while t-test for independent sample was used for testing the hypotheses. The results indicated that the in-school adolescents in both the experimental and control groups had high level of premarital sex and unprotected sexual behaviours at baseline. There was a significant difference between the experimental and control groups on posttest mean scores of premarital sex and unprotected sexual behaviours ($p < 0.05$). The study concluded that Social Skills Training significantly reduced premarital and unprotected sexual risk-taking behaviours. The implications of the findings were highlighted for both theory and practical application.

Keywords: Social Skills Training, Sexual Risk-taking Behaviours, Unprotected Sex, Premarital Sex

INTRODUCTION

Engagement in both sexual behaviour and sexual risk-taking behaviour is a global phenomenon, but the prevalence varies across countries, as sexual risk-taking behaviour tends to be more heightened among the adolescent students. Sexual behaviour is a behaviour depicting normal and abnormal, conscious and unconscious, overt and covert sensation, as well as thoughts, feelings and actions related to sexual organs and other erotogenic zones such as masturbation, heterosexual, homosexual relation, and other sexual derivation activities (Wolman, 2019). However, sexual risk-taking behaviour among young individuals and adolescents in particular appears to be the highest risk-taking behaviours which is associated

with negative health consequences such as Sexually Transmitted Infections (STIs) like chlamydia, gonorrhoea, syphilis, Human Immunodeficiency Virus (HIV) and the occurrence of unintended pregnancies (Hirschfield, 2019). Some of these STIs are life-long viral infections without any cure. The extent to which in-school female adolescents indulge in sexual risk-taking behaviours has been of major concern to stakeholders in education in Nigeria.

Adolescents are at high risk of practicing unprotected and premarital sexual behaviours, which can lead to reproductive health problems, unwanted pregnancy, unsafe abortion, and sexually transmitted infections (STIs) such as HIV/AIDS (UNICEF, 2020). Worldwide, statistics had it that, 31% young females become pregnant at least once before they reach the age of 20, and 8 in 10 of these pregnancies are unintended (UNICEF, 2020). In Nigeria, it was reported that 35% male and 81% female have multiple sexual partners, whereas, female age debut was found to be 16 years compared to male individuals (Envuladu, 2017). The statistics further showed that 84% female compared to 57% male hardly use condom, as 35% male and 81% female adolescents have multiple sexual partners (Odimegwe & Somefun 2017). The statistics further showed that female students age debut was found to be 16 years compared to male 17 years. Other statistics had it that 31.0% of young women become pregnant at least once before they reach their marital age, and eight in ten of these pregnancies are unintended (Sylvester, Adewuyi, Falaye, Adegoke & Akorede, 2020). Also, more than half of the youths hardly use condom during sexual intercourse. The statistics further showed that 84% female compared to 57% male hardly use condom. Not long ago, Misibau, Akinboade, Adebayo and Ajayeoba (2023) findings indicated that 16.0% young female students had sex before the age 15 and 49.4% had sex before the age of 18. Also, more than half of the youths hardly use condom during sexual intercourse.

Most of these sexual risk-taking behaviours could link to illicit dressing pattern, substance use, poverty, socio-economics status, exposure to social media, and peer pressure among others. The World Health Organization (WHO, 2018), estimated that 70% of premature deaths among adolescents are largely due to risky sexual behaviour associated with premature sexual behaviour. Some of the reasons that have been held for such risky sexual behaviour include poverty, peer pressure, need to explore by both genders, among others. Effort have been put in place to reduce sexual risky-taking behaviour such as distribution of contraceptives such as condom among students in schools by the government and non-governmental organisations, introduction of sex education program and many more but yet sexual risky taking behaviour are on the increase. Furthermore, the NAPTIP in conjunction with security agencies have liaised with Nigerian embassies to rescue teenage girls from Ghana. In June 2024, 8 of the 11 teenage girls rescued from sex trafficking in Ghana were from Imo State. The National News of July, 21st 2024, stated that 105 girls have been rescued in the past six months of 2024.

There are different forms of sexual risk-taking behaviours commonly prevail among adolescents. Some of these behaviours include premarital sex, multiple sex partners, unprotected sex, abuse of contraceptive, illegal abortion and passionate kissing (Misibau et al., 2023; Sylvester et al., 2020). Others are fondling, oral to anal stimulations, as well as hand to genital stimulation. However, the present study examined premarital sex, unprotected sex, multiple sex partners, abuse of contraceptives, and illegal abortion.

Unprotected sex is another sexual risky behaviour that is found amongst female adolescents. It is a voluntary sexual intercourse between unmarried persons. It involves having sexual intercourse without a condom or any form of protection from both partners, and it is a common practice among in-school adolescents who are engaging in sexual activities at the early stage of their life (Misibau et al., 2023). Unprotected sex behaviour is one of the risk-taking problems confronting the adolescents in secondary and tertiary schools. It is rampant among teenagers and it can destroy their personal and academic lives. Although many of them

are aware of the fact that lack of condoms can expose them to Sexually Transmitted Infections (STIs) and unwanted pregnancies, yet they continue to engage in unprotected sex because of the trust they have for their partners. This has consequences on both the male and females, but the females are affected more academically when pregnancies occur because it may lead to unsuccessful education or school dropout.

Premarital sex refers to sexual activity practiced by adolescents before they are married. It is considered as an immoral issue because it exposes both partners to different negative life patterns. Premarital sex is associated with the phenomenon of teenage and unintended pregnancies, abortion, the spread of Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV) (Barakat et al., 2021). The consequences of premarital sex may include unwanted pregnancies, teenage pregnancies, abortion, STIs, HIV/AIDS, regrets, guilt and depression among others. According to Adeola (2019), premarital sex has affected so many females who got married later in life and had issues with their partners. When in-female adolescents engage in unprotected sex, there is a tendency that it may affect their academic learning and performance in school. Anene (2018) assessed the prevalence and variables influencing premarital sex among Secondary School Adolescents in Anambra State, Nigeria. The prevalence of premarital sex among the adolescents was 66.6% and among the 636 of them who have had premarital sex, 78.6% were males while 21.4% were females.

Several interventions could help reduce the prevalence of unprotected and premarital sexual risk-taking behaviours but this study focused on the Social Skill Training. This intervention was targeted at reducing sexual risk-taking behaviours among female adolescents' students. A Social Skills Training was developed by Del, Prette and Del Prette (2015) as an intervention procedure which includes various structured activities aimed at improving learning and or developing social skills and, thus, maintain or improve the relationship between the person and their counterparts (family, friends, teachers and romantic partners). Social Skills Training (SST), refers to a wide range of interventions and instructional methods used to help an individual understand and improve social skills. It is also an intervention designed for preventing sexual behaviour and pregnancy among teenagers (Houghton, 2019). Socially skilled behavioural performances are a complex amalgamation of declarative and procedural knowledge, motivation, ability to select among multiple behavioural response options, and at a most basic level, the ability to enact a particular social behaviour (Ayodele, 2018). This means that SST is a primary therapy for psychological problems or as an adjunct to other techniques with an efficacious track record.

A number of narrative and meta-analytic reviews for example, Kopelowicz, Liberman, and Zarate (2018) showed that SST is as effective in treating psychological problems as most other therapeutic techniques that are in vogue. Furthermore, clients often adhere to social skills training therapies more readily than some other therapies that have higher dropout rates. Therefore, socially skilled behaviours are instrumentally effective; that is, they allow the actor to successfully achieve his or her goals in social situations. The SST was also developed to help reduce unwanted pregnancy and to reduce the spread of sexually transmitted diseases (Guadalpe, 2020). The programme is aimed at teaching and solving dilemmas like sexual risk-taking behaviours and how to overcome pressure that accompanies such behaviour. Social Skills Training is meant to expose students to decision-making techniques and connection between thoughts, feelings and behaviour so that the student will know how to react to circumstances and events that filters through a personal belief system. When effectively carried out, it may help the in-school females to think rationally about causes and potential outcome of specific problems like physical touching of sensitive parts of the body and dangers associated with unprotected and premarital sexual intercourse.

In addition, the SST could provide training on cognitive skill, counselling and ability to deal with negative thoughts and beliefs in everyday situations and support their initial thoughts

for the students to bounce back from negative thoughts which is the thought to engage in sexual risk behaviours. These trainings mostly utilize behavioural approach in order to improve people's communication, decision making, problem solving, self-management, self-control and competitive skills (Ahmadi, 2020). These skills if acquired through training, would help in-school female adolescents' deal with negative thoughts and beliefs and also help them to think rationally about causes and consequences of unprotected sex, illegal abortion, abuse of contraceptives, premarital sex, and multiple sex partners.

The efficacy of SST has been confirmed by a therapist (Kolo, 2019) and social psychologists (Kolb & Hanley-Maxwell, 2020). These researchers came to realise that social skills are composed of competencies necessary for students to initiate and maintain positive social relationships with their peers, teachers, family, and other community member which might help adolescent solve emotional and behavioural difficulties. Also, they discovered that SST, which is an intervention consisting of self-regulation, self-management methods and assertive training has helped in reducing social menace such as risk-taking behaviours among adolescents. Shakari, Afsanehsadat and Eskandari (2019) conducted a study on the effects of social skill training on self-efficacy assertiveness and academic self-efficacy of dyslexic in Iran. The results revealed that there was a significant difference between the two groups based on assertive scores.

Adeola and Adams (2019), examined the influence of pre- marital sexual on secondary school students, academic performance in Kabba Bunu Local Government of Kogi State. The findings of the study showed that students' involvement in premarital sexual behaviour put them into a lot of relational and social problems which affect their academic performance. Sylvester, Adewuyi, Falaye, Adegoke, and Akorede (2020) assessed the sexual promiscuity among students in tertiary institutions: Interrogating the roles of peer influence, parenting processes, social economic status and social media. Resulted indicated that roles of peer influence, parenting processes, social economic status and social media contributed to sexual promiscuity. In addition, Mesele, et al. (2023) investigated the level and determinants of knowledge, attitude, and practice of risky sexual behaviour among adolescents in Harar, Ethiopia. Result indicated 47.3% had good knowledge of risky sexual behaviour. 41.9% had a positive attitude toward risky sexual behaviour while 36.1% of students had started sexual activity before they reached 18 years old. These studies suggested a gaps in the application of SST to reduce sexual risk-taking behaviours among in-school female adolescents. Therefore, the present was undertaken to address the lacuna.

Aim and Objectives of the Study

The aim of this study is to investigate the effects of Social Skills Training on unprotected and premarital sexual risk-taking behaviours among in-school female adolescents in Owerri Municipal Education Zone, Imo State, Nigeria. Specifically, the objectives of the study are to:

1. To evaluate the effect of social skill training on unprotected sexual behaviour of in-school female adolescents in Owerri Municipal, Imo State Nigeria
2. To determine the effects of social skill training on premarital sex behaviour of in-school female adolescents in Owerri Municipal Imo State Nigeria.

Research Questions

The following questions are posed to guide the study.

1. What are the pre-test and post-test unprotected sexual behaviour mean scores of in-school female adolescents in the experimental and control groups in Owerri Municipal Zone of Imo State, Nigeria?

2. What are the pre-test and post-test premarital sex behaviour mean scores of in-school female adolescents in the experimental and control groups in Owerri Municipal Zone of Imo State, Nigeria?

Hypotheses

The following hypotheses are formulated to guide the study and will be tested at 0.05 level of significance

1. There is no significant difference between the unprotected sexual behaviour mean scores of in-school female adolescents in the experimental and control groups in Owerri Municipal Zone of Imo State, Nigeria.
2. There is no significant difference between the premarital sex behaviour mean score of in-school female adolescents exposed to Social Skill Training and those not exposed to Social Skill training in Owerri Municipal Zone of Imo State, Nigeria.

METHODS AND PROCEDURES

Research Design

The study adopted true experimental design, specifically, pretest-posttest experimental control research design. True experimental research design enables a researcher to draw causal inference and observe whether an independent variable caused another variable-dependent variable to change (McCombes, 2021).

Population and Sample

The population for this study was made up of 52 in-school adolescent female adolescents (SS2) in one public secondary school in Owerri Municipal Area Imo State, Nigeria. The population was an extract of female adolescent students found to have high risk of sexual behaviours. The study adopted purposive and simple random sampling technique in selecting the sample in selecting the sample of 46 in-school female adolescent (SS2) students drawn from one public government secondary schools in Owerri Municipal. The eligibility for the students that were sampled included those who identified with high sexual risk-taking behaviours scores of 13 - 25 on the Sexual Risk-taking Behaviour Scale (SRTBS) that consist of 25 dichotomous items and they consented to participate in the study. Those without high sexual risk-taking behaviour did not participate in the study.

Instruments and Data Collection

Sexual Risk Taking Behaviour Screening Questionnaire (SRTBSQ) which was adapted from Sexual Behaviour questionnaire developed by Payne and Barnett (2017) was use to screened the students eligible for the study. Female Students' Sexual Risk-taking Behaviour Questionnaire (FSSRBQ, test-retest reliability = 0.83) was used to collect information on unprotected sex and premarital sexual risk-taking behaviours. The SRTBSQ ($\alpha = 0.72$) was divided into section "A" that consisted of bio data of the participants such as registration number. Section "B" consisted of 25 items measuring general sexual risk-taking behaviours among female gender. Example, "I like watching pornography with opposite sex because it turns them on". The FSSRTBQ was also divided into section "A" that focused on the bio data of the respondents such as school, class, and registration number, while section B consisted of 12 items that focused on premarital sex (six items) and unprotected sex (six items also). Participants were expected to select the option based on 4 points rating scale as: Strongly Agree = 5; Agree = 4; Undecided = 3; Disagree = 2; Strongly Disagree = 1.

The researchers obtained an Introductory Letter from the Head, Department of Educational Foundations, Faculty of Education, University of Jos. After that, the researchers

trained and used the teachers in the school as research assistants. With the aid of research assistants, the in-school female adolescents were screened for risk-taking behaviour. Those eligible and signed the consent form were randomised into the experimental (n = 23) and control (n = 23) pretested and post tested using FSSRTBQ in the areas designated for the study. Each participant was given 40 minutes to complete the questionnaire and return to either the research assistants or the researcher.

Administration of Treatment

The Social Skills Training (SST) was administered by the researchers and research assistant to only students in the experimental group. The social skill training intervention was focusing on providing special skills to reduce female sexual risky behaviour that have been identified such as unprotected sex, multiple sex partners, premarital sex, illegal abortion and abuse of contraceptives. The treatment was made up of sixteen sessions with two sessions per week and completed in eight weeks. Each session lasted for 40 minutes. The SST was in form of awareness and discussion. The first session was in week one and covered general introduction of the package while session two focused on information about adolescent sexuality. Week two consisted of session three and four. Session three took care of sexual risk activity and associated consequences, while session four focused on chat and role play of some sexual risk-taking behaviours. In Week three, self-regulation was taught in session five and six. The discussion expanded to self-evaluation and self-concept. The seventh and eight sessions were in week four. In this week, session seven discussed goal setting and program planning, while session eight featured goal setting part two. This session examined the definition, types, importance and steps in achieving goal settings.

Furthermore, in week five, awareness focused on practical application of goal setting. During this session, participants worked on the worksheet both in session nine and ten. Session eleven (11) and twelve (12) was in week six. The topic was on reducing sexual risk-taking behaviour through improving goal-setting skills. Week seven had Session 13 and 14 where decision-making, phase one was treated. Session 13 focused on the meaning of decision making while session 14 covered factors that affect decision making. More so, week eight continued with the orientation on decision making. The model for decision making was addressed in session 15, whereas, conclusion and post-test administration were observed in session 16. In this last session, the entire SST programme was reviewed and there was get-to-gather for the students who completed the whole sessions, as well as reward for them.

Placebo for the Control Group

The control group was taught using a designed lesson plan in English Language which was carried out by two of the research assistants. The schedule focused on teaching English Language for 40 minutes in a session which was supervised by the researcher. In week one, session one was introduction while session two was teaching on register. Session three and four in week two continued with the lesson on writing and vocabulary respectively. In week three, session five continued with the teaching on writing, while session six focused on speech (oral debate). Lessons in week four for session seven and eight covered formal letter and comprehension respectively. Structure (determiners) was taught in sessions nine whereas; session ten in week five covered comprehension with topic "Reading for evaluation (coping with drought)". More so, structure: adverbial and prepositional phrases was taught in week six, in sessions eleven and twelve. Participants learnt vocabulary (animal husbandry) in week seven, session 13 as well as structure (suffixes) in session 14. In session 15 in week eight, vocabulary and writing were taught. Whereas, session 16 in week eight focused on conclusion and administration of post-test.

Data Analysis

The research questions were answered using mean and standard deviation. The mean score takes into consideration all the individual scores in the group, while the standard deviation squares up the deviation of such scores from the mean thereby addressing the negative mean scores. Also, the hypotheses formulated were tested using a t-test for independent sample at 0.05 level of significance. The t-test was appropriate for comparing the mean scores of experimental and control groups to determine the significant differences between the two groups on sexual risk-taking behaviour outcomes (variables).

RESULTS

Table 1: Mean and Standard Deviation of Pre and Posttest Unprotected Sexual Behaviour Mean Scores of In-school Female Adolescents in the Experimental and Control Group

Group	N	Pretest		Posttest		\bar{X} Difference
		\bar{X}	SD	\bar{X}	SD	
Experimental	23	20.26	1.69	8.26	1.79	-12.00
Control	23	20.74	1.54	18.96	1.22	-1.78

Note: n = 46. Decision benchmark, $\bar{X} \leq 15.0$ = low, and $\bar{X} > 15.0$ = High for 6 items using 5-point scale.

Data in Table 1 indicates that experimental and control groups have pretest mean score of 20.26 and 20.74, and standard deviation scores of 1.69 and 1.54 respectively. The post-test mean and standard deviation scores of the experimental group are 8.26 and 1.79 respectively (<15.0 bench mark), while the post-test mean and standard deviation scores of the control group are 20.74 and 1.54 respectively (>15.0). The pre-test and post-test mean differences of students in the experimental and control groups are -12.0 and -1.78 respectively. This implies that in-school female adolescents had high level of unprotected sex behaviour at baseline but reduced after exposure to Social Skills Training.

Table 2: Mean and Standard Deviation of Pre and Posttest Premarital Sex Behaviour Mean Scores of In-school Female Adolescents in the Experimental and Control Group

Group	n	Pretest		Posttest		\bar{X} Difference
		\bar{X}	SD	\bar{X}	SD	
Experimental	23	18.74	2.36	8.96	1.40	-9.44
Control	23	19.17	1.37	18.00	1.57	-1.17

Note: n = 46. Decision benchmark, $\bar{X} \leq 15.0$ = low, and $\bar{X} > 15.0$ = High for 6 items using 5-point scale.

Table 2 finding indicates that the experimental and control groups had pre-test mean scores as 18.74 and 19.17 with standard deviations of 2.36 and 1.37 respectively. The post-test mean scores of the experimental and control groups are 8.96 and 18.00 with standard deviation scores of 1.40 and 1.57 respectively. The pretest and posttest mean differences of students in the experimental and control groups are -9.44 and -1.17 respectively. This shows that students had high level of premarital sex behaviour before social skills training and later reduced due to social skills training effect.

Table 3: Summary of t-test Analysis on Post-Test Unprotected Sex Behaviour Mean Scores of In-School Female Adolescents in the Experimental and Control Groups

Group	n	\bar{X}	SD	Mean Diff.	Df	t	p	Remark
Experimental	23	8.26	1.79	-10.69	44	-23.66	.000	Rejected
Control	23	18.96	1.22					

Note: n = 46. P < .05

Table 3 result indicates that the unprotected sex behaviour posttest mean scores of experimental group (M = 8.26, SD = 1.79) is lower than the control group (M = 18.96, SD = 1.22) with p-value = .000. Therefore, there is significant difference between the unprotected sex behaviour posttest mean scores of experimental and control groups at 44 degrees of freedom, $t(44) = -23.66$, $p < 0.05$ with significant mean loss of 10.69. This signifies that Social Skills Training significantly reduced unprotected sex behaviour of in-school female adolescents.

Table 4: Summary of t-test Analysis on Post-Test Premarital Sex Behaviour Mean Scores of In-School Female Adolescents in the Experimental and Control Groups

Group	n	\bar{X}	SD	Mean Diff.	Df	t	p	Remark
Experimental	23	8.96	1.40	-9.04	44	-20.66	.000	Rejected
Control	23	18.00	1.57					

Note: n = 46. P < .05

Table 4 results reveal that at 44 degrees of freedom, the posttest premarital sex behaviour mean scores of experimental (M = 8.96, SD = 1.40) is lower than that of the control groups (M = 18.00, SD = 1.57). The p-value, which is 0.000 is less than the alpha level ($p < .05$). Thus, there is significant difference between the posttest premarital sex behaviour mean scores of experimental and control groups, $t(44) = -20.66$, $p < 0.05$ with mean difference of -9.04. It implies that Social Training Skills behaviour significantly decreased premarital sex behaviour of in-school female adolescents.

DISCUSSION OF FINDINGS

This study investigated the effects of social skills training on sexual risk-taking behaviour of in-school female adolescents in Owerri Municipal Education Zone, Imo State, Nigeria. Results revealed that in-school female adolescents had high level of unprotected sex behaviour at baseline but reduced after exposure to Social Skills Training. Mediawati, Yosep and Mardhiyah (2022) investigated the life skills and sexual risk behaviours. Results revealed that some secondary school students had masturbation experience, had unprotected sexual intercourse, sex before 18 years of age, and oral sex experience. At baseline, the in school female adolescents tend to have unprotected sex out of curiosity, succumb to friends influence to try out unprotected sex, as well as persuaded to have unprotected sex by their boyfriends, but these behaviours later changed positively due to social skills training. In harmony with this result, Jepsen, Healy, Bernard, Markert, and Brzank (2024) assessed the patterns of sexual risk behaviours (SRB) and sexuality-related risk factors among young adults in Germany. The results indicated low values in all SRB subtypes, high values in sexual feelings of shame/guilt, and low risky sexual behaviour, especially sexualized drug use due to the effects of therapy applied. Both present and previous findings tallied possibly because of the choice of dependent variable (sexual risk-taking behaviour) and research method and procedure. The in-school adolescent students in the experimental group after the social skills training vowed to have a protected sex, and avoid activity that can lead to unprotected sex such as substance use, as well as use a protective measure such as sex with condom.

A test of hypothesis further confirmed that there was significant difference between the unprotected sex behaviour posttest mean scores of experimental and control groups. Social Skills Training significantly reduced unprotected sex behaviour of in-school female adolescents. This portion of the result tallied with Mediawati, Yosep and Mardhiyah (2022) who assessed the life skills and sexual risk behaviours among adolescents and found that sexual risky behaviours were associated with unfavourable refusal skill, assertiveness skill, problem-solving skill, and self-control skill. Both social skills training and life skills intervention would be of important protective aspects for adolescents who engage in unprotected sexually risky behaviour. Also, in line with the current finding, Gómez-Lugo et al. (2022) examined the effects of a sexual risk-reduction intervention for teenagers. Results showed that the COMPAS programme which a school-based sexuality education program (like social skills intervention) has been shown to be effective in reducing mediating and behavioural variables associated with sexual risk reduction in Colombia.

The findings showed that students had high level of premarital sex behaviour before social skills training and later reduced due to social skills training effect. In corroboration, Shakari, Afsanehsadat and Eskandari (2019) conducted a study on the effects of social skill training on self-efficacy assertiveness and academic self-efficacy. The results revealed that there was a significant difference between the two groups based on assertive scores and academic self-efficacy scores. Both the present study and the previous studies proved that social skill training is an effective intervention. The similarity of the findings could be attributed to the similar intervention and procedure adopted. Initially, in-school female adolescent students indicated that they have good time enjoying sex with boyfriends, like sleeping with boyfriends to maintain good relationship, and usually sleep with boyfriends to prevent them from dating other girls. However, after the social skills training, the students admitted that they prefer to distance themselves from being intimate with male teachers than female teachers. They admitted it wrong to have sex before marriage to satisfy their sexual urge, and promised to never have sex with many boyfriends.

A hypothetical finding confirmed a significant difference between the posttest premarital sex behaviour mean scores of experimental and control groups. Social Training Skills behaviour significantly decreased premarital sex behaviour of in-school female adolescents. This harmonised with the finding of Abide (2017) who examined the effects of social skill training in early childhood and test the relationship between social skills and temperament. The finding showed that the mean posttest scores of the children who participated in social skills training programme was higher than the mean post-test scores of the control group. In-school female adolescents affirmed the willingness to stop premarital sex and resist any factors that would expose them to premarital sex. Baraki and Thupayagale-Tshweneagae (2023) focused on socio-cultural factors perceived to influence sexual behaviours of adolescents. Results suggested that social intervention that address poor school involvement, social norms on sexual behaviour and lack of condom acceptability by the general population, financial problems and the gap in law enforcement would reduce these influencing sexual behaviour factors among the adolescents.

CONCLUSION AND RECOMMENDATIONS

The study explored the effectiveness of Social Skills Training (SST) on unprotected and premarital sexual risk-taking behaviours among the in-school female adolescents. Drawing from the findings, in-school female adolescents tend to engage in sexual risk-taking behaviours. When they are exposed to SST, the level of engagement in unprotected and premarital sex reduced. As such, it can be inferred that SST would significantly decrease sexual risky behaviours among the female adolescents. Students who would be trained on social skills

may likely avoid unprotected and premarital sexual behaviours compared to those who will not be exposed to the SST.

Consequently, in-school female adolescents should embrace and practice SST regarding their sexual life styles. Teachers of secondary schools need to be updated with SST knowledge and integrate it with teaching strategies. This may help students perceive and abscond the consequential outcomes of sexual risk-taking behaviours. Policy formulation should consider the inclusion of SST as a strategy for awareness against sexual risk-taking behaviours among in-school female adolescents. Secondary schools should be supported through adequate funds by government of Nigeria, where schools can use the funds for personnel training (such as workshop, seminar, and conference) on the use of SST to curtail or discourage unprotected and premarital sexual behaviours.

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