

## SAFE SEX PRACTICES AMONG YOUTH IN IBADAN METROPOLIS: THE PREDICTIVE ROLE OF NEGOTIATION AND PERSUASION

\* Ezekiel Oghenetajiri ARUOTURE <sup>1</sup>, <sup>2</sup>Boluwatife Samuel FATUNBI, <sup>1</sup>Mariam Arike ADEGOKE,

<sup>1</sup>Department of Psychology, University of Ibadan, Ibadan, Nigeria

<sup>2</sup>Department of Social Work, University of Ibadan

\*Corresponding author: Aruoture O Ezekiel, Department of Psychology, University of Ibadan, Ibadan, Nigeria, Tel: 08102614323, E-mail: aruoture20@gmail.com

---

**ABSTRACT:** *Despite widespread efforts, unsafe sexual practices remain prevalent among youth, contributing significantly to the rising rates of HIV and other sexually transmitted infections (STIs) in this age group. Existing literature has primarily focused on knowledge dissemination, often neglecting the psychosocial competencies that drive behaviour change. This study addresses this gap by examining the predictive roles of negotiation and persuasion on safe sex among youths in the Ibadan Metropolis. This study employed a cross-sectional design using purposive sampling technique to select 403 participants from the University of Ibadan, with ages ranging from 19 to 30 years (mean age = 24.61, SD = 5.13). A 46-item self-report questionnaire assessing socio-demographics, safe sex practice ( $\alpha = .89$ ), negotiation ( $\alpha = .93$ ), and persuasion ( $\alpha = .89$ ) was administered. Data were analyzed using descriptive statistics, multiple regression, Pearson product-moment correlation, and t-tests of independence at a 0.05 significance level. Four hypotheses were tested. The result revealed that negotiation and persuasion were significant joint predictors of safe sex practices among youth [ $R = .20$ ;  $R^2 = .04$ ;  $F(2, 401) = 2.00$ ;  $p < .05$ ]. However, only negotiation independently predicted safe sex practices ( $\beta = .17$ ;  $t = 1.98$ ;  $p < .05$ ). There were no significant gender differences in safe sex practices [ $t(401) = .33$ ;  $p > .05$ ]. Sex education significantly predicted safe sex practices [ $t(401) = 4.06$ ;  $p < .01$ ], with youth exposed to sex education reporting higher safe sex practices (Mean = 48.18; SD = 5.96) compared to those who did not receive sex education (Mean = 44.81; SD = 6.10). Age and level of study had significant independent and joint predictions on safe sex practices [ $R = .18$ ;  $R^2 = .08$ ;  $F(2, 401) = 1.18$ ;  $p < .05$ ], with age being an independent predictor ( $\beta = .22$ ;  $t = 2.12$ ;  $p < .05$ ). Implications highlight the need for targeted interventions enhancing youths' negotiation and persuasion abilities. The study contributes to knowledge by linking psychosocial factors to safe sex. It recommends integrating skill-based sex education into school curricula to promote informed, responsible sexual behaviours.*

**KEYWORDS:** Safe Sex Practices, Youth in Ibadan Metropolis, Negotiation, Persuasion

---

### INTRODUCTION

Sexuality covers a variety of physical, emotional, and social components that are fundamental to the human experience. Sexual activity among young people has a considerable influence on public health, notably in terms of unplanned births and the spread of STIs. HIV and AIDS are gendered phenomena that disproportionately impact women, particularly in Sub-Saharan Africa, where heterosexual transmission is prevalent (Darteh, 2020). The term safe sex refers to sexual behaviours that aim to avoid STI exposure and unwanted pregnancy (Oyeoku et al., 2022; Edith et al., 2023).

This idea is critical in personal relationships because of the serious and possibly life-altering implications of unprotected sexual activity, such as HIV/AIDS. In Nigeria, the HIV/AIDS epidemic is a daunting burden, particularly among young adults and students. The high incidence and rising prevalence of HIV/AIDS on university campuses have dire consequences for the country's future (Abubakar et al., 2022; Mwangi et al., 2022). Nigeria has the greatest proportion of young people living with HIV in West and Central Africa, with around 190,000 afflicted persons (UNICEF, 2022).

Addressing this crisis requires a comprehensive understanding of safe sex practices and their promotion among young populations to mitigate the epidemic's far-reaching impacts.

Safe sex practices aim to prevent the transmission of STIs and unintended pregnancies through strategies such as condom use, regular STI testing, and effective communication with sexual partners. Promoting safe sex behaviours among youth is critical given the high prevalence of HIV and other STIs in this population (Elendu et al., 2024; Folayan et al., 2022). The combination of newfound independence, excitement, and exploration with consuming alcohol, drugs, and sexual intercourse renders young people especially vulnerable. The 'ABC' principles—abstinence, being faithful, and condom use—are widely promoted in HIV prevention communications (Larki et al., 2022).

Effective safe sex practices include a variety of measures for preventing STIs and unplanned pregnancies. Communication with sexual partners is essential for safe sex practices because it helps people understand each other's sexual histories and preferences, discuss safer sex alternatives, and set limits (Imo et al., 2022). Before engaging in sexual activity, individuals should discuss condom usage to establish mutual understanding and agreement on safe sex practices (Abdulazeez et al., 2023; Olawore et al., 2022).

Safe sex practices need consistent and proper condom use, regular STI testing, and efficient communication with sexual partners (Ajayi et al., 2022). Furthermore, safe sex practices include the use of hormonal contraception, pre-exposure prophylaxis (PrEP) for HIV prevention, and the avoidance of high-risk sexual behaviours such as unprotected anal sex (Gasa, 2023; Inciarte, 2023). However, this study aims to explore how negotiation and persuasion predict safe sex practices among youth in the Ibadan metropolis.

Negotiation in safe sex practices includes sexual partners discussing and agreeing on ways to prevent STIs and unplanned pregnancies. This procedure is critical for setting clear limits and expectations, as well as promoting educated sexual behaviour decisions (Aboagye et al., 2021;

Feyisetan & Oyediran, 2020). Negotiation may be difficult, particularly when partners have different interests or degrees of familiarity with safe sex techniques. Cultural norms, personal views, and earlier experiences have a substantial impact on the negotiating process (Awolaye et al., 2022; Solanke et al., 2023; Ikuteyijo et al., 2024). These constraints can stymie free and honest communication, making it harder for partners to form mutually beneficial agreements. Active listening, empathy, and respect for one another's limits and preferences are necessary for effective negotiation in safe sex practices (Sutton & Paddon Rhoads, 2022). Through compassionate communication and exhibiting a readiness to comprehend and fulfil one another's requirements, individuals may establish a nurturing atmosphere that fosters successful bargaining.

Persuasion, on the other hand, is the process of influencing someone to alter their attitudes, beliefs, or behaviours using a variety of communication tactics. Persuasive communication can help spouses adopt safer sexual behaviours, such as using condoms or other types of contraception (Casmir et al., 2021; Diura-Vere et al., 2023; Okah et al., 2023). Persuasion is an effective technique for encouraging safe sex, but it must be used ethically and responsibly. It ought to uphold people's autonomy and provide them with the freedom to choose their sexual behaviour with knowledge.

Understanding a person's attitudes, ideas, and motives about sexual activity is necessary for effective persuasion in safe sex practices (Igbeneghu & Ademokoya, 2020). It also entails employing effective communication strategies, such as truthful presentations of the advantages of utilising contraception and the dangers of unprotected sex (Putra et al., 2021).

During the transition to university life, students experience substantial identity changes, such as leaving their families, adjusting to new settings, forging new connections, and evolving sexual identities (Fino et al., 2020; Jaspal, 2020). College students, an important segment of adolescents and young adults, are highly susceptible to HIV infection. According to research, university students engage in high rates of sexual risk behaviours, which frequently result

in bad health consequences, making them a significant demographic in sexual health epidemiology' (Jaspal, 2020).

Although young people are the most susceptible to HIV infection, they also have the most ability to change the trajectory of the AIDS epidemic if given the right resources and assistance. Numerous research studies have investigated the predictors of safe sexual behaviours. Chukwuechefulam et al. (2022), for example, assessed Nigerian women's views about negotiating safe sexual practices. Aboagye et al. (2021) looked into how exposure to the media affected women in sexual unions in Sub-Saharan Africa's ability to negotiate safer sex. The effects of comprehensive vs abstinence-only sexuality education on safer sexual conduct and communication were studied by Katherine et al., (2021).

The existing literature primarily focuses on men, women, and sex workers regarding safe sex practices. However, there is a notable gap in research concerning university students. Despite the importance of this demographic, evidence of these behaviours among youth in the university is limited. Therefore, further research is crucial to emphasize the value of investigating safe sex practices in this population. While various researchers have examined safe sex practices, none have investigated the joint prediction of negotiation and persuasion. This study aims to fill this gap by examining the predictive role of negotiation and persuasion on safe sex practices among youth in Ibadan Metropolis, providing a comprehensive understanding of these dynamics in this critical population.

To fully explore the study, the following research hypotheses were tested:

1. Negotiation and persuasion will significantly independently and jointly predict safe sex practice among youth in Ibadan metropolis
2. Male students will score higher on safe sex practice than female youth in Ibadan metropolis
3. Youth who received sex education will significantly report higher on safe sex practice compared to those who have never received sex education in the Ibadan metropolis

4. Age and sexual education will significantly independently and jointly predict safe sex practice among youths in Ibadan metropolis.

## **THEORETICAL REVIEW**

### **Health Belief Model (HBM)**

The Health Belief Model (HBM) is a psychological framework that looks at people's beliefs, attitudes, and perceptions in order to explain and predict health-related actions. The paradigm, which dates back to the 1950s and was developed by social psychologists Rosenstock, Hochbaum, and Kegels, asserts that perceptions of the advantages and drawbacks of taking preventative action, as well as perceived risks to one's health, impact one's conduct. The HBM states that a person's belief in the efficacy of a suggested health action along with their sense of a personal threat from illness impacts the probability of that person adopting that behaviour (Alagili & Bamashmous, 2021; Naseer et al., 2022).

The concept, which is based on psychological and behavioural theory, highlights two main reasons why people engage in health-related behaviours: the desire to stay well or get well from an illness, or the conviction that doing a certain activity may prevent or treat the sickness. The Health Belief Model (HBM) is made up of many essential elements that collectively advance our knowledge of how health decisions are formed and how behaviours might be shaped.

1. Perceived Susceptibility: An individual's appraisal of their risk of acquiring a health condition or facing an imminent threat. If people believe they are in danger, they are more likely to take precautions.
2. Perceived Severity: An individual's assessment of the severity and possible effect of a health condition or danger. A higher impression of severity frequently leads to a greater chance of taking protective or preventative measures.
3. Perceived Benefits: People assess the good results and advantages of adopting a certain health habit. If individuals feel the proposed activity would effectively

avoid or lessen the health concern, they are more likely to adopt the practice.

4. **Perceived Barriers:** This component assesses perceived obstacles or unfavourable features of executing a health practice. These hurdles might be practical, psychological, or social. When people perceive major hurdles, they may be less inclined to act.
5. **Cues to Action:** Internal or external triggers, such as symptoms or healthcare advice, can encourage individuals to adopt healthy practices.
6. **Self-efficacy:** Confidence in one's capacity to maintain healthy practices in the face of adversity. Higher self-efficacy correlates with greater desire and perseverance in adopting and sustaining health-related activities.

According to the Health Belief Model, people are more likely to participate in health-promoting activities when they regard themselves as vulnerable to a health hazard, feel the threat is serious, perceive significant advantages from taking action, and see few barriers to action. Furthermore, the existence of cues to action and an individual's belief in their capacity to conduct the activity are important in decision-making. The Health Belief Model (HBM) is extremely significant in encouraging safe sex practices among youths in Ibadan.

Perceived Susceptibility refers to youths' thoughts about their chances of developing sexually transmitted diseases (STIs) or having unwanted pregnancies. Raising knowledge about the high incidence of STIs in Ibadan, as well as the dangers of unprotected sex, might raise perceived vulnerability. When young people understand their risk, they are more likely to engage in protective activities such as continuous condom usage. Ajayi et al. (2019) discovered that perceived vulnerability to STIs and undesired pregnancies is an important factor in the adoption of safe sex practices.

Youth who feel themselves to be at a higher risk are more likely to engage in protective activities, whereas a low sense of risk may lead to complacency and unsafe sexual conduct. Perceived Severity refers to how serious young people think the consequences of risky sex to be.

Educational programmes that emphasise the serious health repercussions of STIs, such as HIV/AIDS, as well as the socioeconomic ramifications of unwanted births, might help to make these dangers more real (Olomola & Ajagunna, 2020). Emphasising probable long-term health consequences and the implications for future life goals might heighten perceived severity, promoting safer sex practices.

The perceived benefits reflect the favourable results linked with safe sex behaviours. Clear communication about how these activities contribute to general wellbeing and a healthy lifestyle can help teenagers see the benefits and embrace them. When young people recognise the advantages, they are more likely to engage in protective activities (Abiodun et al., 2021). Meanwhile, perceived barriers are the barriers that young people feel impede their capacity to engage in safe sex. These barriers may include a lack of condom availability, cultural or religious stigmas, and misunderstandings regarding sexual health. Addressing these barriers through community engagement, offering free or low-cost condoms, and creating safe spaces for addressing sexual health can help minimise these problems and make safe sex practices more accessible (Emmanuel et al., 2020; Agu et al., 2023).

Cues to Action are stimuli that prompt individuals to adopt healthier behaviours. For youths in Ibadan, these triggers can originate from various sources, including media campaigns, peer education programs, and recommendations from healthcare providers. Consistent and relatable reminders about the importance of safe sex serve as effective cues to action, encouraging youths to engage in protective behaviours. In a context where peer norms and media significantly influence behaviour, effective cues to action can enhance awareness and drive behavioural change (Chigbu et al., 2021).

Self-efficacy, or confidence in one's ability to perform a behaviour, is another critical component of the Health Belief Model. Youths who believe they can successfully negotiate condom use with their partners are more likely to practice safe sex. Furthermore, the social and cultural context of Ibadan significantly influences

the application of the HBM. Cultural norms and values regarding sexuality, gender roles, and communication about sex shape youths' health beliefs and practices. For instance, gender dynamics may affect young women's ability to negotiate condom use.

### **Conceptual Review**

Sexual and reproductive health remains a critical concern in many African nations, with socio-cultural, demographic, and psychological factors significantly shaping sexual behaviours. In Nigeria, research has consistently revealed a complex interplay between sexual risk behaviours, condom use, and the obstacles hindering safe sexual practices. A study by Adegoke and Fawole (2021) identified demographic predictors of sexual risk behaviours among college students. Their findings emphasized the crucial role of socio-economic factors in influencing sexual health outcomes, indicating that students from lower socio-economic backgrounds were more prone to engaging in risky sexual behaviours, including inconsistent condom use.

Similarly, Ajayi, Ismail, and Akpan (2019) found that peer pressure, alcohol consumption, and limited access to sexual health education were significant barriers to consistent condom use. The influence of peers is also a substantial factor in shaping adolescents' sexual behaviours. Chigbu et al. (2021) concluded that peer pressure is a major determinant of early sexual debut and unsafe sexual practices. This aligns with the research of Igbeneghu and Ademokoya (2020), which demonstrated that adolescents with strong peer networks were more likely to engage in risky sexual behaviours, highlighting the necessity for targeted interventions that address peer influence.

Regarding healthcare provider perspectives, Agu et al. (2023) indicated that such interventions significantly improved healthcare providers' attitudes, enabling them to offer more supportive and comprehensive services to adolescents. This suggests that training healthcare providers to handle sexual and reproductive health issues with sensitivity could be an effective strategy for improving access to services and reducing sexual risk behaviours.

Furthermore, Awoleye et al. (2022) highlighted how cultural norms and perceived susceptibility to STIs influence women's sexual health decisions, suggesting that the application of the HBM could be beneficial in designing health interventions tailored to local beliefs and attitudes. Interventions focusing on sexual health education have shown promise in improving sexual behaviours. Oyeoku et al. (2022) found that a lack of access to adequate sexual health education and economic pressures were major contributors to unsafe sexual practices. Educational interventions that focus on empowering women and enhancing their negotiation skills for safer sex have been shown to reduce risky sexual behaviours (Solanke et al., 2023).

### **METHOD**

**Design:** This study employed an ex-post facto design because the variables of interest—negotiation, persuasion, and safe sex practices—had already naturally occurred before the study's commencement. Therefore, the researcher collected data retrospectively to infer relationships between these variables and the dependent variable, safe sex practices.

**Setting:** This study was conducted at the University of Ibadan, the capital of Oyo State, located in the southwestern region of Nigeria. Ibadan is situated in the southeastern part of Oyo State, approximately 120 km east of the border with the Republic of Benin, in a forest zone near the boundary between the forest and the savannah. Established in 1948 as University College Ibadan (UCI), it is the first university in Nigeria. The university spans approximately 2,550 acres and comprises 13 faculties: Arts, Science, Agriculture and Forestry, Education, Veterinary Medicine, Social Sciences, Basic Medical Sciences, Pharmacy, Clinical Sciences, Technology, Law, Public Health, and Dentistry.

**Participants:** The study population consisted of youth (both male and female) from the University of Ibadan. Data were collected through questionnaires administered to 403 youth across the university's thirteen faculties. The sample size was determined using the Taro Yamane formula (Yamane, 1973) with a 95% confidence level. The population size (N) was estimated at 41,743

based on information from Google as of March 2023.

**Sampling Technique:** This study employed a purposive sampling technique, selected to ensure that participants possessed specific characteristics relevant to the research objectives. This non-probability sampling approach is particularly suitable when aiming for in-depth insights rather than generalizability to a broader population. Purposive sampling allows researchers to select individuals with expertise, experience, or exposure related to the phenomenon under study. In this study, the approach ensured the inclusion of individuals most relevant to the research objectives—youths in the Ibadan metropolis likely to provide insightful data on negotiation and persuasion dynamics in safe sex practices.

**Inclusion/ Exclusion Criteria:** The participants in this study include youth from the selected universities and exclude others who are not youth.

**Instrument:** A standardized questionnaire was adopted for this study; this questionnaire will be divided into five sections:

**Section A:** This section measures demographic variables such as gender, age, religion and sexual education. This section assesses students' safe sex practices using a scale developed by Dilorio (2009). The 24-item Safe Sex Behaviour Questionnaire has demonstrated reliability and validity among a sample of 531 college students. This scale is designed to measure the frequency of safe sex practices among adolescents and young adults.

It assesses various aspects of safe sex behaviour, including the avoidance of drugs and alcohol, safe sex negotiation, specific STI and pregnancy prevention behaviours, sexual history, and discussions of sexual topics with partners. Example items include statements such as, "I insist on condom use during sexual intercourse," "I ask potential sexual partners about a history of bisexual/homosexual practices," and "I consume alcoholic beverages before or during sexual intercourse." Participants responded to 24 items regarding their sexual behaviour using a 4-point Likert scale, ranging from (1) Never to (4)

Always. The scale has a reliability coefficient of .85, and this study reported a Cronbach's alpha of .89, indicating high internal consistency.

This section assesses students' sexual negotiation skills using a scale developed by Sannondej, Maneesriwongul, Arpanantikul, and Orathai (2016). The SSBTW Instrument, which comprises 9 factors and includes 6 items specifically measuring negotiation with partners for condom use, is utilized in this study. The scale focuses on the crucial ability to negotiate with partners for condom use, which is essential for reducing sexual risk practices and protecting against STIs. Participants rated these items using a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The scale demonstrates a strong internal consistency with a reported reliability coefficient of .74, and this study further supports its reliability with a Cronbach's alpha of .93.

This section evaluates sexual persuasion using the SCIRS scale developed by Todd and Aaron (2003), specifically focusing on the Commitment Manipulation component. The scale encompasses 34 items organised into three subscales: Resource Manipulation/Violence, Commitment Manipulation, and Defection Threat. For this study, the Commitment Manipulation component, comprising 10 items, is utilised. This component assesses behaviours where individuals manipulate their partners by persuading them that sexual engagement is obligatory due to the status or commitment level of their relationship (e.g., "My partner implied that if I truly loved him, I would have sex with him," "My partner suggested that our commitment required sexual activity").

Participants respond using a 6-point Likert scale to indicate the frequency of each act within their current intimate relationship over the past month: 0 (Act did not occur), 1 (Act occurred once), 2 (Act occurred twice), 3 (Act occurred 3-5 times), 4 (Act occurred 6-10 times), and 5 (Act occurred 11 or more times). The Commitment Manipulation component of the scale demonstrates high reliability, as indicated by a Cronbach's alpha of .92 reported by the original authors and .89 in the context of this study.

**Procedure:** The researcher conducted data collection at the institution by visiting various locations such as the cafeteria, field, library, and empty classrooms. Upon arrival, the researcher introduced himself and explained the purpose, objectives, and significance of the study to the participants. Informed consent was obtained from each participant. Emphasizing confidentiality, the researcher assured all participants that their responses would only be used for research purposes.

The questionnaire was distributed among the students, and detailed instructions on how to complete it were provided. Participants were given the option to return the questionnaire later if they were unable to complete it immediately. Importantly, the researcher did not coerce any

participants to participate, and no incentives were offered for completing the questionnaire. After collecting the questionnaires, the researcher expressed gratitude to the participants for their cooperation throughout the process.

**Statistical Analysis:** The collected data was checked for adequacy and then analyzed using the Statistical Package for Social Sciences (SPSS 26). Hypotheses one and four were tested using Multiple Regression, while Hypotheses two and three were tested using a t-test of independence.

## RESULTS

Data was gathered among four hundred and three (n = 403) youth, and the result is presented in sub-sections;

**Table 1: Summary showing participants' demographic characteristics.**

Variables	Category	n(403)	n%
<b>Sex</b>	Male	252	62.5
	Female	151	37.5
<b>Age</b>	19-30	Mean 24.61±5.13 323	91.3
<b>Religion</b>	Christianity	233	57.8
	Islam	160	39.7
	Traditional	10	2.5
<b>Parental Marital Status</b>	Single	309	76.7
	Married	94	23.3
<b>Class Level</b>	100	133	33.0
	200	71	17.6
	300	32	7.9
	400	99	24.6
	500	68	16.9
<b>Have you done anything on sex education?</b>	Yes	191	47.4
	No	212	52.6

**Table 2: Zero-order correlation summary table showing results on the relationship between safe sex practice, negotiation and persuasion**

SN	Variable	Mean	SD	1	2	3
1	Safe sex practice	44.58	6.10	-		
2	Negotiation	14.05	5.72	.18*	-	
3	Persuasion	15.85	3.83	-.08	.17**	-

\*\* Significant at 0.01; \* Significant at 0.05

Table 2 presents results on the relationship between safe sex practice, negotiation and persuasion among youth in Ibadan. It is shown that there exists a significant relationship between negotiation and safe sex practice ( $r = .18$ ;  $p < .05$ ).

The direction of the relationship is positive, hence implying that the higher the negotiation, the higher the safe sex practice among youth. However, it is shown that safe sex practice has no significant relationship with persuasion ( $r = -.08$ ;  $p > .05$ ).

**Table 3: Multiple regression analysis summary table showing results on the joint influence of negotiation and persuasion on safe sex practice**

Predictors	B	T	P	R	R <sup>2</sup>	F	p
Negotiation	.17	1.98	< .05	.20	.04	2.00	< .05
Persuasion	-.09	-.94	> .05				

Table 3 presents results on the joint and independent prediction of negotiation and persuasion on safe sex practice among youth in the Ibadan Metropolis. Results discovered that negotiation and persuasion were significant joint predictors of safe sex practice among youths [ $R = .20$ ;  $R^2 = .04$ ;  $F(2, 401) = 2.00$ ;  $p < .05$ ]. Collectively, negotiation and persuasion accounted for about a 4% variance in safe sex

practice among youth. However, only negotiation independently predicted safe sex practice ( $\beta = .17$ ;  $t = 1.98$ ;  $p < .05$ ). The direction of the beta value ( $\beta = .17$ ) shows that the ability to negotiate effectively with partners regarding condom use is higher when the individual engages in safe sex practices. This confirms the stated hypothesis.

**Table 4: t-test for independent sample summary table showing results on gender differences in safe sex practice**

Gender	N	Mean	SD	t	df	p
Male	250	44.59	6.16	.33	401	> .05
Female	151	44.38	5.85			

Table 4 presents results on gender differences in safe sex practice among youth in Ibadan. It is shown that there exist no significant gender

differences in safe sex practice [ $t(401) = .33$ ;  $p > .05$ ]. This negates the stated hypothesis and, hence, was rejected in this study.

**Table 5 t-test for independent sample summary table showing results on the influence of sex education on safe sex practice**

Sex education	N	Mean	SD	T	df	p
Yes	191	48.18	5.96	4.06	401	< .01
No	210	44.81	6.10			

Table 5 presents results on the predictive role of sex education on safe sex practice among youths in Ibadan. It is shown that sex education significantly predicts safe sex practices among youths in Ibadan [ $t(401) = 4.06$ ;  $p < .01$ ]. Further,

youth exposed to sex education reported higher safe sex practices (Mean = 48.18; SD = 5.96) compared to those who did not receive sex education (Mean = 44.81; SD = 6.10). This confirms the stated hypothesis.

**Table 6: Multiple regression analysis summary table showing results on the joint and independent prediction of demographic factors on safe sex practice**

Predictors	$\beta$	T	p	R	R <sup>2</sup>	F	p
Age	.22	2.12	< .01	.19	.08	2.88	< .01
Level of study	-.03	-.60	> .05				



Table 4.5 presents results on the joint and independent influence of demographic factors (Age and level of study) on safe sex practice among youth. It is shown that demographic factors (Age and level of study) had a significant independent and joint prediction on safe sex practice [ $R = .19$ ;  $R^2 = .08$ ;  $F(2, 401) = 2.88$ ;  $p < .01$ ]. However, only age had an independent prediction on safe sex practice ( $\beta = .22$ ;  $t = 2.12$ ;  $p < .05$ ). The direction of the beta value ( $\beta = .18$ ) shows that older youth engage more in safe sex practice than their younger counterparts. This supports the stated hypothesis and hence was partly accepted in this study.

## DISCUSSION

The study aimed at the influence of negotiation and persuasion on safe sex practice among youth within the Ibadan metropolis. Through a descriptive quantitative study, the variables concerned were investigated, and their predictive directions were revealed statistically. A total of four research hypotheses were tested in this study.

The first hypothesis posits that negotiation and persuasion independently and jointly predict safe sex practices among youth in Ibadan. The results indicate that while both negotiation and persuasion significantly predict safe sex practices collectively, only negotiation has an independent influence on safe sex practices. The beta value ( $\beta = .17$ ) shows the role of effective negotiation in promoting safer sexual behaviours among youths, emphasising the importance of communication skills and assertiveness. This finding aligns with prior research of Awolaye et al. (2022), Hamid et al. (2022) and Solanke et al. (2023), who discovered that negotiation skills facilitate open communication between partners, leading to increased adoption of safe sex practices.

According to Putra et al. (2021), accurate information allows people to make educated decisions and confidently articulate their preferences for condom use and safer sex practices. Grossman et al. (2020) discovered that parental signals warning about men's intentions in romantic relationships were connected with more queries about sexual history but not with higher

condom use. This demonstrates the difficulty of encouraging safer sex practices through informative efforts alone.

The second hypothesis posits that male youth in Ibadan would exhibit higher scores on safe sex practices compared to female youth. However, the results indicate no significant gender differences in safe sex practices among youth, suggesting equal intentions among both genders. This finding contradicted the hypothesis and was consequently rejected in this study.

Contrary to this study, Aborisade (2022) found that women are less supportive of sexual harassment but more eager to comprehend information offered in videos than males. Meanwhile, Scull et al. (2022) found no significant gender inequalities in safe sex practices among teens, indicating that individual attitudes and beliefs are more important in safe sex involvement than gender alone. Furthermore, Adebayo et al. (2021) discovered that female students actively seek and adhere to safe sex knowledge and behaviours, refuting the belief that males innately do better in this area.

The third hypothesis suggests that youth who received sex education would demonstrate significantly higher levels of safe sex practices compared to those who did not receive such education. The results indeed indicate that sex education significantly influenced safe sex practices among youth in Ibadan. Specifically, youth exposed to sex education reported greater adherence to safe sex practices than their counterparts who did not receive such education, thereby confirming the hypothesis. Support for this outcome comes from Osadolor et al. (2022) and Okah et al. (2023), who discovered that many students indicated a preference for getting sex education through online sources.

Notably, these studies also found that students were more likely to engage in safe sexual behaviours when they received formal sex education. Yohanna et al. (2023) also showed that there is a favourable relationship between higher student adoption of safe sex practices and comprehensive sex education programs in urban settings. Furthermore, Okooboh and Martins (2024) emphasised that when compared to their counterparts without formalised sex education,

students who got sex education reported greater levels of condom usage, better communication about sexual health, and generally safer sexual behaviours.

The fourth hypothesis posits that demographic variables (Age and level of study) would jointly and independently predict safe sex practices among youth in Ibadan. The results indicate that demographic factors (Age and level of study) did indeed have a significant independent and joint prediction on safe sex practices. Specifically, only age independently predicted safe sex practices, with the beta value ( $\beta = .18$ ) indicating that older youth engage more frequently in safe sex practices compared to their younger counterparts.

However, empirical support for these findings comes from Adegoke and Fawole (2021), who similarly found that age significantly predicted safe sex practices among young youth, noting that older youth tended to engage more consistently and responsibly in sexual behaviours. By contrast, Hansen and Johansson (2022) found that age was not a strong predictor of safe sex practices among students; instead, they suggested that contextual effects, knowledge, and attitudes were more important in influencing behaviour.

Furthermore, as Lee et al. (2020) showed, the study's level did not predict safe sex practices over time, highlighting the complexity of individual differences and outside effects on sexual behaviour in academic contexts.

## **Conclusion**

This study investigated the predictive role of negotiation and persuasion on safe sex practices among youth in the Ibadan metropolis. Testing four hypotheses aimed to elucidate predictors of safe sex practices, the study provided significant insights into the behaviours and influences shaping sexual health among youths. The findings shed light on how negotiation, persuasion, and various demographic factors influence safe sex practices among youth in Ibadan.

The joint prediction of negotiation and persuasion was statistically significant, jointly accounting for approximately 4% of the variance

in safe sex practices. Notably, negotiation emerged as the sole independent predictor, showing the important role in fostering responsible sexual behaviours among youth. This demonstrates the crucial role of excellent communication skills and assertiveness in encouraging better sexual behaviour. Specifically, the positive link with negotiation indicates that youths who can negotiate condom usage with their partners are more likely to participate in safe sex practices.

Contrary to unique predictions, no significant gender differences were found in safe sex practices, calling into question notions regarding unique male and female propensities in this respect. This shows that the intention to participate in safe sex practices is distributed equitably among genders in the examined group. However, the positive influence of formalised sex education on safe sex practices was affirmed by the findings, with youth exposed to comprehensive sex education reporting higher adherence to safe sex practices compared to their peers without such exposure. This revealed the instrumental role of structured sex education programs in shaping responsible sexual behaviours among youth.

Lastly, the study examined demographic variables, specifically age and level of study, as predictors of safe sex practices. While both factors jointly contributed to predicting these behaviours, only age had a significant independent prediction on safe sex practices. However, older youths engaged in safe sex practices more consistently than their younger counterparts, which is consistent with the notion that maturity and life experience impact sexual decision-making. In conclusion, while negotiating skills, exposure to sex education, and the lack of gender inequities all had a clear impact on safe sex practices, demographic characteristics did not emerge as important predictors.

## **Implication of findings**

The findings of this study provide valuable insights into the factors predicting safe sex practices among youths in the Ibadan metropolis. Negotiation and persuasion emerged as crucial factors in predicting safe sex practices, with negotiation showing independent influence.

This revealed the importance of integrating communication and assertiveness training into sexual health education programs. Young people learning how to use condoms correctly and negotiate efficiently while discussing sex health could lead to more thoughtful choices which might help in the control of STIs and unwanted pregnancies.

Male and female youth were similar in terms of having safe sex regardless of whether they were boys or girls. This challenges traditional gender roles in sexual behaviour and highlights the need for inclusive interventions. Safe sex education that works should target both males and females equally by getting rid of misconceptions and shifting responsibility for safe sexual practices to the two. The importance of broad programs becomes evident considering the positive influence of sex education on safe sex practices.

These endeavours should go beyond biological considerations and involve the development of negotiating and persuasive abilities. In terms of age and safe sex behaviours, older teens were more consistently engaged. This shows that maturity and life experience have an impact on sexual health decisions. Interventions tailored to the developmental phases of younger adolescents may encourage the early adoption of safe sex practices and reduce hazardous conduct.

### **Recommendation**

Based on the patterns and implications discerned from this study's findings, several recommendations emerge to inform educational practices and public health initiatives aimed at promoting safe sex practices among youth in the Ibadan metropolis.

Given the significant influence of negotiation skills on safe sex practices, it is recommended that educational institutions integrate targeted training programs. These programs should focus on enhancing youths' abilities to negotiate effectively in sexual decision-making contexts. Psychologists and counsellors should prioritize incorporating assertiveness training into their counselling sessions.

Collaboration among stakeholders in education and public health is critical for

incorporating comprehensive sexual education into school curricula. The focus should be on improving communication and negotiating skills linked to sexual health. Early provision of correct knowledge and practical skills, such as successful condom negotiation and techniques for avoiding sexually transmitted infections (STIs), can empower young people to make educated decisions about their sexual health.

There is a critical need to enhance access to youth-friendly sexual health services within educational institutions and community settings. This includes ensuring the availability of confidential STI testing and treatment, contraceptive services, and counselling. Stakeholders should consider developing youth-friendly sexual health institutes or clinics. These facilities should be staffed by qualified professionals who can provide thorough and non-judgmental help. Making such services more accessible can encourage young people to seek timely and appropriate care for their sexual health concerns.

Recognizing that older teenagers participate in safe sex activities more consistently; specific educational efforts and campaigns should be created to match the various requirements of adolescents and young adults. Peer-led education programmes and workshops can effectively promote healthy sexual health habits and attitudes among young people. These initiatives should address age-specific factors influencing safe sex practices and empower youths with the knowledge and skills necessary for responsible sexual decision-making.

Policymakers and researchers should prioritize financing and assistance for long-term studies and assessments of sexual health initiatives in Ibadan. Long-term monitoring and evaluation are critical for measuring programme performance and developing empirically supported policies. Advocating for evidence-based policies that promote comprehensive sexual education and health services will be critical in providing a supportive environment for young people to adopt and sustain safe sex behaviour.

### Limitations and Suggestions for Further Studies

While the findings of this study provide valuable insights into safe sex practices among the youth in Ibadan, several limitations must be acknowledged. First, the study's focus on students within the Ibadan metropolis limits the generalizability of the results to broader demographic contexts. The sociocultural dynamics unique to the study location may influence the applicability of these findings to other regions, making caution necessary when attempting to apply the results more widely.

Additionally, the cross-sectional nature of the study restricts the establishment of causal relationships between the variables examined. This design also relies heavily on self-reported data, which may introduce biases such as social desirability and recall inaccuracies, further limiting the study's validity.

Given these limitations, several suggestions for future research emerge. To deepen the understanding of the factors influencing safe sex practices, qualitative methods such as in-depth interviews or focus groups could complement the quantitative findings, providing a richer, context-specific perspective. Longitudinal studies are also recommended to explore how the factors influencing safe sex practices evolve, offering a more robust understanding of behaviour change.

Additionally, future research could expand the scope by examining other psychosocial factors, including technology use, body image, emotional wellbeing, and perceptions of service quality, all of which could contribute to a more comprehensive understanding of sexual health behaviours. Comparative studies across different regions of Nigeria, with varying cultural contexts, could also shed light on regional differences in safe sex practices and intervention effectiveness, helping to tailor strategies to local needs and beliefs.

Lastly, intervention studies that evaluate the impact of educational programs and community-based initiatives aimed at promoting negotiation skills and safe sex behaviours would be valuable in assessing the practical applications of such programs in real-world settings.

**Declarations:** Ethical considerations, adherence to a code of ethics of researching safe sex practices among youths in Ibadan, Nigeria, or any similar context.

**Consent to Participate:** Informed consent was obtained from all individual participants included in the study. Participants were thoroughly informed about the purpose of the study, the procedures involved, and any potential risks or benefits. The confidentiality of the participants was protected throughout the study. All data collected were anonymized, with participants identified only by codes rather than names or any other personally identifiable information. They were also assured that their participation was voluntary and that they could withdraw from the study at any time without any repercussions.

**Consent to Publish:** Consent to publish was obtained from all individual participants included in the study. Participants were informed about the potential for their data to be published in scientific journals, ensuring that their privacy and confidentiality would be maintained. They agreed to the publication of their anonymized data as part of the study's findings.

**Funding:** This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. **Competing**

**Interests:** The authors declare that they have no competing interests.

### REFERENCES

- Abdulazeez, A. O., Adesegun, O. L., & Bidemi, A. I. (2023). Factors Influencing Risky Sexual Behaviour: A Study of Female Undergraduate Students of University of Lagos, Akoka, Nigeria. *Advances in Sexual & Reproductive Health Research*, 2(3), 229-235.
- Abiodun, O., Sodeinde, K., Jagun, O., Ladele, A., Adepoju, A., Ohiaogu, F., ... & Mbonu, F. (2021). Influence of perception of family support and functioning on adolescent high-risk sexual behaviour. *The American journal of tropical medicine and hygiene*, 104(3), 1153.
- Aboagye, R.G.; Ahinkorah, B.O.; Seidu, A.-A.; Adu, C.; Hagan, J.E., Jr.; Amu, H.; Yaya,

- S.(2021). Mass Media Exposure and Safer Sex Negotiation among Women in Sexual Unions in Sub-Saharan Africa: Analysis of Demographic and Health Survey Data. *Behav. Sci.* 11, 63.
- Aborisade, R. A. (2022). "At your service": Sexual harassment of female bartenders and its acceptance as "norm" in Lagos metropolis, Nigeria. *Journal of Interpersonal Violence*, 37(9-10), NP6557-NP6581.
- Abubakar, I., Dalglish, S. L., Angell, B., Sanuade, O., Abimbola, S., Adamu, A. L., ... & Zanna, F. H. (2022). The Lancet Nigeria Commission: investing in health and the future of the nation. *The Lancet*, 399(10330), 1155-1200.
- Adebayo, O. W., Anderson, J. C., & Wardecker, B. M. (2021). College students' preferences for information on self-initiated sexually transmitted infection testing. *Health Education Journal*, 80(2), 160-172.
- Adegoke, G. O., & Fawole, O. I. (2021). Demographic predictors of sexual risk behaviours among college students in Ibadan, Nigeria. *BMC Public Health*, 21(1), 1-12.
- Agu, I. C., Agu, C., Mbachu, C., & Onwujekwe, O. (2023). Impact of a capacity-building intervention on views and perceptions of healthcare providers towards the provision of adolescent sexual and reproductive health services in southeast Nigeria: a cross-sectional qualitative study. *BMJ open*, 13(11), e073586.
- Ajayi, A. I., Ismail, K. O., & Akpan, W. (2019). Factors associated with consistent condom use: a cross-sectional survey of two Nigerian universities. *BMC Public Health*, 19, 1-11.
- Ajayi, O. A., Ogunsola, O. O., Akinro, Y., Adamu-Oyegun, S., Wudiri, K., Ojo, T. O., & Amoo, B. (2022). Consistent condom use and associated factors among HIV positive women of reproductive age on anti-retroviral treatment in Ogun State, Nigeria. *Pan African Medical Journal*, 43(1).
- Alagili, D. E., & Bamashmous, M. (2021). The Health Belief Model as an explanatory framework for COVID-19 prevention practices. *Journal of infection and public health*, 14(10), 1398-1403.
- Awolaye, A. F., Solanke, B. L., Kupoluyi, J. A., & Adetutu, O. M. (2022). Exploring the perception and socio-cultural barriers to safer sex negotiation among married women in Northwest Nigeria. *BMC women's health*, 22(1), 411.
- Casmir, E., Daniel, A. K., Ongolly, F., Thuo, N., Oluoch, L., Kiptinness, C., ... & Ngunjiri, K. (2021). Protection at first sexual intercourse among adolescent girls and young women in Kenya. *Archives of sexual behaviour*, 50(1), 219-227.
- Chigbu, E. F., Nwobi, N. L., Nwanna, U. C., & Etefele, A. V. (2021). RELATIONSHIP Between Peer Influence And Sexual Behaviour Of In-School Adolescents In South East, Nigeria. *European journal of social sciences studies*, 6(4).
- Chukwuechefulam, A. J., Odimegwu, C., & Wet-Billings, J. N. (2022). Women's perspectives on gender equality and fertility desires in Nigeria. *BMC Women's Health*, 22(1), 1-11.
- Darteh, E.K. (2020). Individual and contextual predictors of comprehensive HIV and AIDS knowledge among young females in Ghana. *Afr. J. AIDS Res.* 19, 222–230.
- Diura-Vere, O., Mokgatle, M. M., & Oguntibeju, O. O. (2023). Sexual behaviour and attitudes towards safe sex of youth receiving antiretroviral care at public health facilities in Palapye District, Botswana. *International Journal of Environmental Research and Public Health*, 20(5), 3790.
- Edith, U. N., Chukwudi, O. E., Jennifer, N. A., & Ukamaka, C. A. (2023). Sexually transmitted infection (STI): A malady with skewed marital unfaithfulness, the Nigerian experience. *Journal of Public Health and Epidemiology*, 15(1), 22-29.
- Elendu, C., Amaechi, D. C., Elendu, I. D., Elendu, T. C., Amaechi, E. C., Usoro, E. U., ... & Balogun, B. B. (2024). Global perspectives on the burden of sexually

- transmitted diseases: A narrative review. *Medicine*, 103(20), e38199.
- Emmanuel, G., Folayan, M., Undelikwe, G., Ochonye, B., Jayeoba, T., Yusuf, A., ... & Kalaiwo, A. (2020). Community perspectives on barriers and challenges to HIV pre-exposure prophylaxis access by men who have sex with men and female sex workers access in Nigeria. *BMC Public Health*, 20, 1-10.
- Feyisetan, B., & Oyediran, K. A. (2020). Can married or cohabiting women negotiate protective sex? Findings from Demographic and Health Surveys of two West African countries. *Journal of biosocial science*, 52(6), 785-808.
- Fino, E., Pierleoni, L., Cosmi, V., Giuliani, M., & Gambino, G. (2020). Using Internet predicts attitudes towards sexual behaviour in Italian psychology students. *Sexologies*, 29(1), 27-33.
- Folayan, M. O., Sam-Agudu, N. A., & Harrison, A. (2022). Exploring the why: risk factors for HIV and barriers to sexual and reproductive health service access among adolescents in Nigeria. *BMC health services research*, 22(1), 1198.
- Gasa, N. (2023). *Safe sex practices of homeless women: the contribution of shelters to enhance access and support for safer sex practices* (Doctoral dissertation, University of Johannesburg).
- Grossman, J. M., Nagar, A., Charmaraman, L., & Richer, A. M. (2020). A larger ecology of family sexuality communication: Extended family perspectives on relationships, sexual orientation, and positive aspects of sex. *International journal of environmental research and public health*, 17(3), 1057.
- Hamid, N. C., Malek, K. A., Mat-Nasir, N., Mohamad, M., & Nasir, N. M. (2022). Prevalence of good condom usage and its association with condom use self-efficacy among youth attending HIV/STDs clinics in primary-care settings in Malaysia. *International Journal of Environmental Research and Public Health*, 19(19), 12179.
- Hansen, M. A., & Johansson, I. (2022). Predicting attitudes towards transactional sex: The interactive relationship between gender and attitudes on sexual behaviour. *Sexuality Research and Social Policy*, 1-14.
- Igbeneghu, P. E., & Ademokoya, J. A. (2020). Effects of rational emotive behaviour therapy and assertiveness skills training on healthy sexual behaviours among adolescents with learning disabilities in Ibadan, Nigeria. *European journal of education studies*, 7(11).
- Ikuteyijo, O. O., Akinyemi, A. I., Ikuteyijo, L. O., Owolodun, B. S., & Merten, S. (2024). Sexual Negotiation and Power Imbalance Influencing Intimate Partner Violence Among Adolescent Girls and Young Women in Nigerian Urban Slums.
- Imo, C. K., Odimegwu, C. O., & De Wet-Billings, N. (2022). Women's attitudes towards negotiating safe sexual practices in Nigeria: Do family structure and decision-making autonomy play a role?. *BMC Women's Health*, 22(1), 16.
- Inciarte Portillo, A. (2023). Assessment of different post-exposure prophylaxis regimens for prevention of HIV infection in exposed individuals.
- Jaspal, R. (2020). Sexual health perceptions among first-year students at a British University. *American Journal of Sexuality Education*, 15(2), 158-179.
- Katherine L. Grasso & Lauren A. Trumbull (2021): "Hey, Have You Been Tested?" The Influence of Comprehensive or Abstinence-Only Sexuality Education on Safer Sex Communication and Behaviour, *American Journal of Sexuality Education* 6 (2), 1-20
- Larki, M., Manouchehri, E., & Roudsari, R. L. (2022). ABC complementary approaches for HIV/AIDS prevention: a literature review. *HIV & AIDS Review. International Journal of HIV-Related Problems*, 21(2), 89-90.
- Lee, J., Liu, C., & Hwang, J. (2020). Longitudinal analysis of age and sexual behaviours among college students: Implications for

- sexual health promotion. *Journal of American College Health*, 1-10.
- Mwangi, W. P., Koech, J., Anapapa, A., & Ingado, D. (2022). Chronic infections among university students: a review. *South Asian Journal of Social Studies and Economics*, 14(1), 30-45.
- Naseer, K., Qazi, J., Qazi, A., Avuglah, B. K., Tahir, R., Rasheed, R. A., ... & Naseem, U. (2022). Travel Behaviour Prediction amid COVID-19 Underlying situational awareness theory and health belief model. *Behaviour & Information Technology*, 41(15), 3318-3328.
- Okah, P. S., Onalu, C. E., Aghedo, G. U., Iyiani, C. C., & Abonyi, S. E. (2023). Factors associated with the premarital sex among adolescents and the need for the introduction of functional sex education in secondary schools in Ebonyi state, Nigeria. *Cogent Social Sciences*, 9(1), 2220234.
- Okah, P. S., Onalu, C. E., Aghedo, G. U., Iyiani, C. C., & Abonyi, S. E. (2023). Factors associated with the premarital sex among adolescents and the need for the introduction of functional sex education in secondary schools in Ebonyi state, Nigeria. *Cogent Social Sciences*, 9(1), 2220234.
- Okoooboh, G. O., & Martins, O. F. (2024). A systematic review of the evidence on the effectiveness of sexuality education interventions on young people's sexual and reproductive health outcomes in Nigeria. *International Journal of Community Medicine and Public Health*, 11(1), 353.
- Olawore, O., Crowell, T. A., Ketende, S. C., Ramadhani, H. O., Liu, H., Ake, J. A., ... & Baral, S. D. (2021). Individual and partnership characteristics associated with consistent condom use in a cohort of cisgender men who have sex with men and transgender women in Nigeria. *BMC Public Health*, 21, 1-17.
- Olomola, O., & Ajagunna, F. (2020). Knowledge and Access to Reproductive Health Rights among Adolescents in Ibadan, Nigeria. *African Journal of International and Comparative Law*, 28(3), 401-417.
- Osadolor, U. E., Amoo, E. O., Azuh, D. E., Mfonido-Abasi, I., Washington, C. P., & Ugbenue, O. (2022). Exposure to sex education and its effects on adolescent sexual behaviour in Nigeria. *Journal of Environmental and Public Health*, 2022(1), 3962011.
- Oyeoku, E. K., Ibezim, N. E., Agwu, P. C., & Okoye, U. O. (2022). Transactional sex in Nigerian universities among female students: Drivers and safety concerns. *Journal of International Women's Studies*, 24(5), 11.
- Putra, I.G.N.E.; Dendup, T.; Januraga, P.P., (2021). The roles of women empowerment on attitude for safer sex negotiation among Indonesian married women. *Women Health*. 61, 95–108.
- Scully, T. M., Carl, A. E., Keefe, E. M., & Malik, C. V. (2022). Exploring parent-gender differences in parent and adolescent reports of the frequency, quality, and content of their sexual health communication. *The Journal of Sex Research*, 59(1), 122-134.
- Solanke, B. L., Awolaye, A. F., Ikotun, F. F., & Ogunjuyigbe, P. O. (2023). Timing of first marriage and women's ability to negotiate safer sex in Nigeria. *Sexual and Relationship Therapy*, 38(4), 667-683.
- Sutton, R., & Paddon Rhoads, E. (2022). Empathy in frontline humanitarian negotiations: a relational approach to engagement. *Journal of International Humanitarian Action*, 7(1), 23.
- Yohanna, W., Agbaje, O. S., Ene, O. C., Ofili, P. C., & Umoke, P. I. C. (2023). Effects of a sexuality education programme on young people's STI/HIV knowledge, attitudes and risk behaviour in Northeast Nigeria. *Health Education Journal*, 82(1), 54-67.