

## Risky sexual behavior practices and its associated factors among married women in Obio/Akpor local government area of rivers state, Nigeria

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### Abstract

Risky sexual behavior has become a widespread occurrence in society, with reports of a growing proportion of women having several sexual partners and engaging in unprotected sexual activities. The study looked into hazardous sexual behavior practices and the variables that contribute to them among married women in Rives State's Obio/Akpor Local Government Area. The purpose of the study was to look at the prevalence of hazardous sexual behavior among married women in Obio/Akpor LGA. For the aim of the study, two (2) objectives and one (1) hypothesis were developed. The research used a cross-sectional mixed method design. The quantitative part makes use of the (RSBPQ) Questionnaire, which has a 4-point Likert scale and a criteria mean of 2.5. The Focused Group Discussion Guide, on the other hand, was utilized to collect qualitative data (RSBPFGDG). The convenience sampling methodology was utilized to select 40 participants from four groups for the focus group discussion, whilst the multi-stage sampling strategy was used to randomly select 315 participants for the quantitative data method. The research has 355 participants in total. Both methods were validated and reliable; a reliability index of 0.84 was achieved using Cronbach Alpha statistics. For qualitative data, the research questions were examined. For quantitative data, mean, percentages, and charts were employed. According to the findings, four (4) out of ten (10) rural women and two out of ten urban women engaged in unsafe sexual conduct. This suggests that there is a link between demographic characteristics and risky sexual behavior.

To assess the association at the 0.05 level of significance, the research hypothesis was examined using one-way analysis of variance (ANOVA). H01 was determined to be 14.69, with an F-critical value of 3.00. As a result, the null hypothesis was rejected, and the alternative hypothesis indicated that there is a significant association between related variables; education and risky sexual behavior practices among married women in Obio/Akpor LGA. Moreover, due to the significant f-value, a further test was required to determine the groups that significantly affect the difference, and the Scheffe post hoc test was also used. Thus, the results show a very significant influence of each on women's educational level and risky sexual behavior, which is particularly evident above the secondary school level.

The study concludes that; risky sexual behavior is widespread in this setting. So, it was recommended that the government, non-governmental organizations, and other stakeholders involved engage in awareness creation, campaigns, and the discouragement of numerous sex partners, among other interventions, to minimize risky sexual behaviors among women.

**Keywords:** Risky Sexual Behavior; Practices; Associated factors; Married Women

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## 1. Introduction

Risky sexual behavior includes engaging in sexual activity that increases the likelihood of developing STIs, getting pregnant unintentionally, and having an abortion as a result, all of which have negative health effects [1]. Masturbation, unprotected sexual intercourse, having multiple sex partners, beginning sexual activity at a young age, mouth-to-genital contact, having sex with someone who has multiple partners, having sex with someone who has an existing STI, participating in sex work, having anal sex without a condom and proper lubrication are all examples of risky sexual behavior practices [2]. Infertility, endometriosis, blocked Fallopian tubes, infections, cervical cancer, unplanned pregnancies, septic abortions, and other major health consequences have all been linked to unsafe sexual conduct, [3].

A study conducted in South Africa by Francis et al [4] noted that the issue of risky sexual activity is high in young people. According to Potter and Perry [5], teenagers frequently maintain a feeling of invulnerability, believing that pregnancy or disease cannot happen to them and so do not need to take precautions in sexual conduct. Even though they appear to be more mature than teenagers, young people (20-30 years) are not completely immune to harmful sexual behavior practices [6]. It is worth noting that the majority of couples marry as young adults in the time of active sexual behavior, which predisposes them to divorce.

Kann et al. [7] argued that young married persons may participate in sexual risk behavior for the following and other reasons: They may not understand the concern about STIs and how they are transmitted, they may not discuss safer sex practices with sex partners, they may not be prepared or understand how to use protective measures to prevent STIs, they may not be aware of STI symptoms, and they may not seek medical care for STI symptoms. They may not have access to or afford therapy, and they are likely to use alcohol and drugs and have sex. Drugs and alcohol impair judgment and increase the likelihood of risky sex. Young married females are susceptible to the implications of sexual risk behavior, particularly uneducated and naive young women who lack the knowledge and courage to express to their partner the kinds of stimuli and sexual acts that they believe to be pleasant and satisfactory [8].

According to Ugoji [9], one of the most significant issues facing young women in relationships, both married and unmarried, is inadequate sexual communication, which is exacerbated by their vulnerability to gender-based violence from their male partners. Lack of understanding of women's sexual needs has resulted in risky sexual behaviors and broken marriages, and that most women who engage in risky sexual behaviors such as extramarital affairs complain of sexual dissatisfaction, infrequency of sexual intercourse, malfunctioning of the male genital organ, husband neglect, and a lack of expression of love in marriage [10]. These risky sexual behavior patterns are on the rise in Nigeria, with statistics indicating a rising percentage of women having many sexual partners and engaging in unprotected sexual activities. In River State's Obio-Akpor Local Government Area is one of the state's 23 Local Government Areas. It has characteristics of urban, semi-urban, and rural communities. Marriage was held in honor in the Obio/Akpor Local Government Area people's tradition, and it is a taboo for married women to engage in extramarital affairs. However, in today's modern and technologically advanced society, where indigenous culture and traditions are rapidly fading, extramarital affairs and other forms of risky sexual behavior abound [11].

According to the literature reviewed by the researchers, there is growing concern about the yearly incidence of new sexually transmitted diseases (STIs) among adults. For example, a survey by UNAIDS recorded around 1.7 million new HIV infections, a modest improvement over 2017 [1.8 million] [12]. Therefore, safer sexual practices have the potential to reduce the surge of sexually transmitted illnesses in this day and age of expanding sexual behavior practices liberality. It is worth noting that the negative consequences of risky sexual activities are borne mostly by women. These bad consequences of risky sexual activities could be; STI encounter, obstructed Fallopian Tubes and the related infertility, unplanned pregnancies, problems of associated septic abortions after unsafe intercourse.

Nevertheless, the researchers discovered that prior studies focused on risky sexual activity among teenagers, with little concern for married women, particularly in Rivers State, which is an urban and industrial state, explaining the disparity. As a result, with two (2) aims and one (1) hypothesis, this study intends to fill a gap in the literature by studying risky sexual behavior practices among married women in Obio/Akpor Local Government Area of Rivers State. Hence, the objectives are to ascertain the prevalence of risky sexual behaviors among married women in Rivers State's Obio/Akpor Local Government Area and to determine the associated factors in the practice of risky sexual behaviors among marriage women in Rivers State's Obio/Akpor Local Government Area. Whereas for the hypothesis; There is no significant relationship between education level and the practice of risky sexual behavior of married women in Obio/Akpor Local Government Area of Rivers State.

### **1.1. Prevalence of Risky Sexual behavior**

Risky sexual activity has become a major issue. Many individuals are concerned about the prevalence of dangerous sexual conduct among married women across the world, because marriage, as an institution, should be holy and free of all sorts of risky sexual behavior. Some conditions, however, may drive married women to engage in dangerous sexual activities. Hall [13] cited economic hardship, sexual violence (forced sex), and paid sex as variables that might entice married women to engage in hazardous sexual practices. Many sex partners, unprotected sex, premarital sex, adulterous sexual connection, and other dangerous attitudes are characteristics of risky sexual activities. These sexual activities frequently result in negative health effects such as HIV/AIDS. Because of the increased frequency of sexually transmitted infections, assessing the prevalence of risky sexual activities is important (STIs). It is believed that one in every four sexually active women in Pakistan has a sexually transmitted infection such as chlamydia or human papillomavirus [14].

Moreover, risky sexual conduct was shown to be more widespread among rural women, and it dropped monotonically as their education level grew, with 6 in 10 women with no education compared to only 2 in 10 with higher education [15]. Yet, the frequency of risky sexual behaviors among women in rural areas may be due to inadequate communication on sexual topics with their partners. Communication develops mutual empathy and trust among couples, which helps to reduce risky sexual behaviors. Similarly, rural women are not exposed to STI prevention measures and are unaware of the consequences of unsafe sexual activities.

Risky sexual activity was more common among unemployed women, followed by women working in domestic shops and commerce [16]. The study indicated that 65 to 70% of unemployed women indulge in various types of unproductive sex. Women whose partners work in the mining industry, the seaside, agriculture, and other fields were more likely to participate in risky sexual conduct [17]. This is because many men who work in these sectors are frequently separated from their wives for extended periods of time, making them vulnerable to risky sexual behaviors. For example, poor living conditions and alcohol abuse may increase the risk of these men contracting STIs, which they then pass on to their wives when they return home. Risky sexual behaviors were more common among women who believed they were not at danger of catching STIs owing to a lack of understanding or a poor degree of expertise on safe sex procedures, and they engaged in sex primarily for reproductive purposes. Furthermore, women who thought their partners had the right to use force to acquire sex were more likely to engage in dangerous sexual conduct [18]. Most partners refuse to use condoms and do not discuss sexual problems with their spouses.

Additionally, most women who had sex in order to become mothers are more likely to participate in risky sexual conduct [16]; yet, some women who engaged in risky sexual behavior did so out of desperation to become mothers. Most women are also likely to be pressured by their spouses and laws to have children, which may push them to participate in unsafe sex. Most patriarchal communities in Sub-Saharan Africa have cultural beliefs that prioritize child birth as the primary goal of marriage, regardless of STI status [19]. The desire to have a child at any cost may motivate a woman to have several sex partners in situations when she is unable to conceive with her husband. A study in the literature revealed that femininity frequently forces women to remain passive in sexual encounters and unaware of sexual topics, restricting their capacity to receive knowledge on the risks of sexual activity or negotiate condom usage [20]. Also, the authors went further to note that masculinity compels males to take sexual risks and have several partners, which increases their vulnerability to HIV infections in the absence of sufficient protection [20].

Evidence by Mkandawire [21], stated that ethnicity may impact sexual behavior through cultural beliefs and practices such as levirate marriage, in which a man's widow is forced to remarry to one of his brother-in-laws against her will. This widowhood tradition may result in a variety of risky sexual conduct among widows. There are cases where young girls marry and are so naive of sexual or marriage concerns and are thus easily sexually exploited. Also, women who experience a drop in marital quality after the first year of marriage, on the other hand, may lose interest in sex if they become incompatible with their partners, which can lead to sexual aggression and unsafe sexual activity, increasing their risk of developing STIs.

### **1.2. Associated Factors of Risky Sexual Behaviors Among Women**

Constant condom use, alcohol use, depression, social isolation, exposure to intimate partner abuse, and sexual trauma experienced as a child are all risk factors associated with risky sexual behaviors. One structural factor that contributes to unsafe sexual activity is a woman's inability to obtain the knowledge and resources she needs to acclimate to safe sex practices. Demographic factors are "statistical data about a population's or socioeconomic in nature characteristics, such as age, gender, race, education level, employment status, marital status, and soon, which represent specific geographic location and are frequently associated with time [22]. Demographics are important because they guide policy and help in the development of effective healthcare systems, as a consequence of which society and government are better equipped to deal with the challenges associated with population growth. Thus, the socio-demographics of a

population, simply mean the characteristics of a group, such as; age, gender, ethnicity, economic level, location, and years of experience.

The term early introduction of sexual intercourse refers to the practice of introducing a child to sexual practices at a young age. Motor skills, endocrine systems, sex motivation or drive, and the capacity to reproduce are all elements of the maturation process [23]. Hence, early sexual activity may have a detrimental influence on a young person's sexual and reproductive health. Youth are more prone to participating in potentially dangerous sexual activities, such as having multiple partners or using condoms carelessly. Eskeziaw et al. [23] discovered that a wide variety of demographic, economic, behavioral, and parental characteristics, such as age, gender, domicile, parenting supervision, and peer pressure, were significantly related to adolescent sexual experimentation.

### **1.3. Risky Sexual Behavior and Education**

It is worthy of note that the connection between education and sexual behavior is critical in reproductive health. Education is a globally regulated process that imparts information and skills while also influencing an individual's behavior and developmental path. Education includes the abilities required to integrate information in a meaningful way, allowing one to articulate ideas, make decisions, and solve issues [24]. Married women frequently struggle to evaluate correct information on problems such as the medical efficiency and safety of condoms and other contraception. Therefore, to avoid the consequences of indiscriminate sexual activity before marriage, a good early- childhood education program in sex education is required. Due to the rising frequency of unplanned pregnancies and younger sexual debuts among Nigerian young girls, as well as a lack of formal sexual education in schools, it is vital to assess their knowledge level as it relates to their sexual behaviors and reproductive health consequences [25].

Moreover, ones' knowledge of sexual and reproductive health will also favorably link with their educational attainment or involvement in community mobilization initiatives. The Nigeria of today does not yet have a curriculum that includes sexuality education. In Nigeria, a lot of individuals find it awkward to talk openly about their sexuality and sexual health. Particularly in this context, sexuality and the challenges surrounding girl-boy relationships are frequently ignored and viewed as taboo. Teenage boys and girls in Nigeria as a result turn to dubious sites, where they are more likely to get inaccurate information, for guidance on sexual health. So, the purpose of sex education is to provide young people the knowledge and awareness they need to make moral and moral sexual decisions for the rest of their life. It has been demonstrated that Malawian women's risky sexual conduct with both married and unmarried men is directly correlated with their greater levels of formal education. It has also been demonstrated that women's education has a positive impact on whether they use condoms when having sex with non-marital partners [26].

Also, the promotion of sexual and reproductive health (SRH) by the government and NGOs helps to develop moral values in married women. Some approaches and programs on sexual and reproductive health intervention initiatives, such as school-based sexuality education, training on prevent-child communication, and community-based intervention, have shown to be successful in recent years throughout the world [ 27]. As a result, the importance of education in sexual and reproductive health, particularly among women, cannot be overstated.

Nevertheless, motivational exercises, assertive skills, educational, and behavioral treatments can all help to minimize risky sexual behaviors [28]. Similarly, therapy for persons with serious mental illness may be designed and executed in order to enhance their knowledge, attitudes, beliefs, and habits. The social environment or place of residence was thought to have an impact on women's risky sexual behaviors; thus, married women living in socioeconomically better off, urban areas would likely have a higher risk of engaging in non-marital, non-cohabiting sexual partnerships than married women living in poorer areas [29]. As a result, women, particularly those living in cities, are encouraged to obtain the required health information for their sexual health behavior. This is because urban married women are more likely to be exposed to information about sexually transmitted infections, including HIV/AIDS, due to the availability of well-equipped health and medical facilities and a variety of media outlets, resulting in lower risk sexual behaviors when compared to those in rural areas [30].

However, education has been demonstrated to be an effective technique for reducing risky sexual behavior [31]. This is due to education's beneficial function in delivering relevant information to society on behavioral modification difficulties. In certain households, males who struggle with emotion management have difficulty establishing meaningful social relationships and are more likely to engage in risky behaviors such as drug misuse and alcohol usage [32]. Adults with high self-regulation abilities are less likely to participate in sexual risk-taking behaviors such as early first intercourse and multiple sex partners. As a result, women must educate themselves and enhance their talents. There is also a need for women to participate in activities that would better their lives.

## 2. Material and methods

The study used a mixed-method approach to data gathering and analysis, employing the concurrent triangulation design. The quantitative technique employed a structured questionnaire to collect data from participants, whilst the qualitative method used a focused group discussion to obtain data on risky sexual behavior patterns among married women in Rivers State's Obio/Akpor Local Government Area. The qualitative technique addresses research question (1), while research question (2) was addressed using both approaches, and hypothesis was established using the quantitative approach.

Using a multistage sampling procedure, a sample of three hundred and fifteen (315) married women was chosen. The first stage involved the use of a stratified sampling technique to categorize the villages as urban or rural, from which a purposive sampling technique was used to select four villages, two (2) from Obio, namely Rumuomasi (Urban) and Elemenwo (Rural), and Akpor, which included Rumuodomaya (Urban) and Ogbogoro (Rural). The convenience sample approach was utilized qualitatively to obtain four (4) focused group discussions, one from each town. Each focused group is made up of ten (10) individuals chosen using a simple random sample procedure and balloting without replacement.

The (RSBPQ) Questionnaire is used for the quantitative aspect, which consists of a 4-point Likert scale with a criteria mean of 2.5. Any mean score of 2.5 or higher was accepted, while any score less than 2.5 was rejected. The Focused Group Discussion Guide, on the other hand, was utilized to collect qualitative data (RSBPFDDG). This was organized around the study goals. Experts in this field established the face and content validity of the instruments to assure their validity. The split-half approach was used to establish reliability, and a reliability coefficient of 0.823 was obtained. Quantitatively, 315 individuals were recruited, while 40 respondents were included in the focused group discussion, for a total of 355 participants in the study. For data analysis, descriptive and inferential statistics were utilized. Quantitative data were examined with SPSS software version 22 and given in percentages, mean, and standard deviation, while hypotheses were checked with Chi-Square statistics, one-way analysis of variance (ANOVA), and the Scheffe Significance Relationship test at the 0.05 level of significance. The qualitative data were coded (categorized) according to the focused group discussion guide, and content analysis was performed to examine the data and understand the meaning.

## 3. Results

**Table 1** Demographic Status of Participants (Qualitative Data)

Variable	Frequency	Percent (%)
<b>Age Range</b>		
20 years	2	5
20 – 29 years	10	25
30 – 39 years	15	38
40 years and above	13	32
<b>Marital Status</b>		
Married	25	63
Cohabiting	5	12
Divorced / separated	10	25
<b>Level of Education</b>		
Primary Education	15	38
Secondary Education	20	50
Above Secondary Education	5	12
<b>Employment Status</b>		
Civil Servant	13	32

Unemployed	12	30
Self Employed	15	38
<b>Area of residence</b>		
Urban Area	20	50
Rural Area	20	50

Table 1 shows that participants aged 30 to 39 years (38%) and 40 years and beyond (32%) had more participants than those aged 20 to 29 years (10%) and under 20 years (25%), respectively. Married women had the greatest frequency of 25 (representing 63%), while divorced/separated and cohabiting women had 10 (25%) and 5 (12%), respectively. The data shows that secondary education had the largest number of 20 (50%), followed by primary education with 15 (38%), and higher secondary education with 5 (12%). The employment status, self-employed women had the largest frequency (15(38%), followed by government servants with 13 (32%) and unemployed with 12 (30%). Yet, the area of residence reveals that both urban and rural regions had an equal representation of 20 people each, representing 50% of the population.

### 3.1. Analysis of qualitative data using content analysis

#### 3.1.1. Research question one: What is the prevalence of risky sexual behaviors among married women in Obio/Akpor Local Government area of Rivers State?

The participants' responses reveal that 35 of the 40 participants in four groups (87.5%) claimed they seldom engage in risky sexual behavior. One of the women indicated that she engaged in risky sexual conduct as an adolescent but no longer does so now that she is married. Another woman (participant) described how she became involved in risky sexual behavior; she said that when she had a disagreement with her spouse a few years ago, she attempted it but afterwards regretted her decision. A woman also described how she engaged in unsafe sexual behavior as a youngster, and how she did it while she was unaware of the implications. A participant recounted her trauma, describing how two young males raped her. A participant recounted her experience, including how two young men assaulted her in her early adulthood before she married. Another participant, on the other hand, indicated that family values and norms are decisive factors in engaging in risky sexual behavior, and that bad parenting may cause or lead to risky sexual behavior.

As a result, risky sexual behavior is determined by individual decisions, family or cultural beliefs, and, most importantly, the environment in which one lives and the sort of friends one keeps.

#### 3.1.2. Research Question two: What Factors Predispose Women to Practice Risky Sexual Behavior?

The analysis of the discussions on question two shows that, 32 out of 40 people, or 80%, believe that economic hardship, husband neglect, and some cultural customs, such as widowhood inheritance, are variables that lead women to engage in risky sexual behaviors. Economic hardship, according to one participant, is a condition that might lead to a woman engaging in unsafe sexual behavior. She indicated that a woman in their community may sell her body for money due to financial problems, while another discussant claimed that she engaged in risky sexual behavior after her spouse abandoned her for another woman in their neighborhood. Similarly, a participant stated that cultural customs or the desire to have a child drives women to engage in unsafe sexual behavior. Similarly, a participant stated that cultural customs or the desire to have a child drives women to engage in unsafe sexual behavior. She gave anonymous cases of women who had lost their husbands and were compelled to sleep with their late husband's brother against their will. Most women are likely to engage in risky sexual behavior as a result of husband death and some cultural norms such as widowhood inheritance, as may be determined.

Table 2 reveals that the age category 30 - 39 years (49%) has the most participation, followed by 40 years and above 122 (39%) and 20 - 29 years (12%). Married women had the highest frequency of 230 (73%) followed by cohabiting women with 35 (11%), while unmarried and divorced/separated women had 28 (9%) and 22 (7%) respectively. Those with a secondary school certificate have the highest qualifications status (150%), followed by those with a primary school certificate (100%) and those with a primary school certificate (65%). According to employment status, self-employed women had a frequency of 110 (35%), closely followed by unemployed women with 108 (34%), and civil servants with 97 (31%).

**Table 2** Demographic Status of Participants (Quantitative Data)

Variable	Frequency	Percent (%)
<b>Age</b>		
below 20 years	-	-
20 – 29 years	38	12
30 – 39 years	155	49
40 years and above	122	39
<b>Marital Status</b>		
married	230	73
unmarried	28	9
cohabiting	35	11
Divorced / separated	22	7
<b>Qualification of Respondents</b>		
Primary school certificate	65	21
Secondary school certificate	150	47
above secondary certificate	100	32
<b>Employment Status</b>		
Self-employed women	110	35
Unemployed	108	34
Civil servants	97	31

### 3.2. Quantitative data analysis

#### 3.2.1. Research question two

What are the associated factors in the practice of risky sexual behaviors among marriagewomen in Obio/Akpor Local Government Area of Rivers State?

**Table 3** Mean and Standard Deviation on Associated Factors Associated with the Practice of RiskySexual Behavior

S/N	Variables	N	Sum	Mean	STD	Remarks
1.	Lack of social support	315	854	2.71	1.078	Agreed
2.	Lack of knowledge on how to use protectivemeasures to prevent STIS	315	849	2.70	1.072	Agreed
3.	Lack of awareness about STIS transmission	315	859	2.73	1.080	Agreed
4.	Lack of fund to seek medical care for STI	215	815	2.59	1.063	Agreed
5.	Early marriage	315	878	2.79	1.045	Agreed
6.	Poverty	315	897	2.85	1.045	Agreed

The data shows that, whereas items 11 and 12 had mean scores below 2.50, items 1 through 10 had mean scores above the criteria mean of 2.50, indicating that these demographic characteristics are connected with the practice of risky sexual behavior among married women.

This is an indication that they are not associated with the practice of risky sexual behavior. Also, a grand mean of 2.69 which is above the criterion mean is an indication that most of the study participants agreed on majority t of the variables on the list.

**3.3. Test of hypothesis**

H01: There is no significant relationship between the level of education of women and the practice of risky sexual behavior of married women in Obio/Akpor Local Government Area of Rivers State.

**Table 4 a** Summary of ANOVA-test on the Level of Education and the Practice of Risky Sexual behavior of Married Women in Obio/Akpor Local Government Area of Rivers State

<b>Educational Level</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>		
Primary school level	65	21.15	8.577		
Secondary school	150	20.27	8.970		
Certificate					
Above Secondary school certificate	100	25.73	5.715		
Total	315	22.18	8.334		
Source of Variation	Sum of Squares	Df	Mean Square	F-cal	F- Decision
Between Groups	1877.816	2	938.908	14.697	
Within Groups	19931.505	312	63.883		3.00 Ho <sub>1</sub> Rejected
Total	21809.321	314			

\*P > 0.05, F<sub>2, 312</sub> = 3.00

With 2 and 312 degrees of freedom, the one-way ANOVA result in Table 4 displays a computed F-value of 14.69 at 0.05 level of significance. The null hypothesis is rejected since the calculated value (14.697) exceeds the 3.00 critical value. This means that women educational level (whether primary, secondary, or above secondary) have a significant influence on the practice of risky sexual behavior of married women in Obio/Akpor Local Government Area of Rivers State

**Table 4 b** Summary of Scheffe Significance Relationship Test on the Level of Education and the Practice of Risky Sexual Behavior of Married Women in Obio/Akpor Local Government Area of Rivers State

<b>(I) Education level</b>	<b>(J) Education level</b>	<b>Mean Difference (I-J)</b>	<b>Std. Error</b>	<b>Sig.</b>	<b>95% Confidence Interval</b>	
					<b>Lower Bound</b>	<b>Upper Bound</b>
Primary school level	Secondary school	.887	1.187	0.756	-2.03	3.81
	Certificate Above Secondary school certificate	-4.576*	1.273	0.002	-7.71	-1.44
Secondary school certificate	Primary school level	-.887	1.187	0.756	-3.81	2.03
	Above Secondary school certificate	-5.463*	1.032	0.000	-8.00	-2.93
Above Secondary school certificate	Primary school level	4.576*	1.273	0.002	1.44	7.71
	Secondary school certificate	5.463*	1.032	0.000	2.93	8.00

\*. The mean difference is significant at the 0.05 level.



An additional test was required in light of the significant f-value in order to identify the groups that significantly affect the difference. Scheffe post hoc test was equally used for this. The following table displays the findings that compare these groups:

As shown by the asterisk in Table 4.b, the Post Hoc test revealed there is a statistically extremely high significant effect for both the educational level of women and the practice of risky sexual behaviors. This is primarily seen at levels higher than secondary school.

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#### **4. Discussion**

The study's findings on the prevalence of risky sexual behavior among married women reveals that risky sexual behavior is most common in early sexual experience, unprotected sexual activity without the use of a condom, extramarital relationships, and many sex partners. As it was discovered that 2 out of 10 urban women and 4 out of 10 rural women engaged in these harmful behaviors. This conclusion was supported by UNAIDS [12], which noted that risky sexual behaviors include having several partners, initiating sexual activity early in life, using condoms inconsistently, and engaging in commercial sex. It was inferred from this that rural women are not exposed to preventive measures and are unaware of the consequences of unsafe sexual behavior.

The findings on associated factors, revealed a significant association between associated factors and risky sexual behaviors hence, the study shows that lack of social support, early marriage, poverty, cultural practices, and husband neglect among others were associated with the practice of risky sexual behavior among women in the study area. The findings on associated factors also revealed a significant association between associated factors and risky sexual behaviors. This research supports a study by Eskeziaw et al. [24] that found a number of social demographic characteristics, such as depression, a lack of social support, parenthood, sexual abuse, and poverty, are related to hazardous sexual behavior. Research suggests that risky sexual behaviors such early commencement of sex and many sex partners were substantially correlated with social, demographic, economic, behavioral, and parental variables like age, sex, parenting oversight, and peer influence.

Furthermore, the relationship between education level and risky sexual behavior has been studied, and the results show that education encourages women to adopt attitudes and behaviors that enable and then reject particular cultural norms and values that have an impact on their sexual behavior. It also gives women the information they need to make knowledgeable decisions about their sexual behavior. This result was consistent with a research by Chavula [26], which asserts that education has been linked favorably to women's behavior. Condom usage and formal education have been demonstrated to be important factors in reducing risky sexual behavior among women who participate in sexual relationships with married and non-married males. This indicates, however, that a lack of sexual education might result in several health and societal issues. This implies, however, that a lack of sexual education might result in a variety of health and societal issues, such as unexpected pregnancy and sexually transmitted diseases. In order to sustain a healthy lifestyle, people need to have an understanding of the concepts, moral principles, and norms of the culture in which they live. All these could be achieved through education.

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#### **5. Conclusion**

The study concludes that married women frequently engage in risky sexual behavior in River State's Obio/Akpor Local Government Area. This is related to some certain marital and cultural factors including; including having sex to become pregnant, receiving inheritance when a widow dies, poverty and among others. It was shown that rural women were more likely to engage in risky sexual behaviors, and that this risk decreased as their education level rose. Also, it was discovered that education was a key element in giving these women the information they needed to make appropriate decisions about their sexual behavior. Nonetheless, the study recommends that in order to minimize harmful sexual behaviors among youth, the government, non-governmental organizations, and all other stakeholders concerned should launch public awareness programs, discourage numerous sex partners, and implement other intervention strategies.

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#### **Compliance with ethical standards**

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*Disclosure of conflict of interest*

The authors declare no conflict of interest.

*Statement of ethical approval*

Ethical approval was sought from Obio/Akpor Local Government Area Council.

*Statement of informed consent*

Informed consent was also obtained from all individual participants in the study.

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