

## **FAMILY SOCIOECONOMIC STATUS AND ADOLESCENT ENGAGEMENT IN RISKY SEXUAL BEHAVIOR IN KHANA LGA IN RIVERS STATE**

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### **ABSTRACT**

This study examined the influence of family socioeconomic status on adolescent engagement in risky sexual behavior in Khana Local Government Area, Rivers State. Specifically, it investigated the relationship between parental income and parental education with adolescents' involvement in behaviors such as early sexual initiation, multiple sexual partners, and unprotected sex. A descriptive survey design was adopted, and the population comprised 12,500 adolescents aged 13–19 years attending public and private secondary schools in the area. Using stratified random sampling, 380 respondents were selected. Data were collected through a structured questionnaire, which was pilot-tested and found reliable (Cronbach's alpha = 0.82). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' demographic characteristics and responses. Pearson's correlation coefficient was employed to examine the relationships between the independent and dependent variables. The results revealed a significant positive relationship between parental income and adolescent engagement in risky sexual behavior ( $r = 0.421, p < 0.01$ ), indicating that adolescents from lower-income families were more likely to engage in risky sexual practices. Parental education showed a significant negative relationship with risky sexual behavior ( $r = -0.358, p < 0.01$ ), suggesting that higher parental education reduces adolescents' likelihood of engaging in unsafe sexual practices. The study concluded that both economic and educational resources within the family are critical in shaping adolescents' sexual behavior. Based on the findings, it recommended improving family economic stability, enhancing parental knowledge and communication, providing adolescent-friendly sexual health education, and increasing access to reproductive health services. These interventions are essential for reducing the prevalence of risky sexual behaviors among adolescents in Khana LGA and similar contexts.

**Keywords:** *Family socioeconomic status, parental income, parental education, adolescents, risky sexual behavior, Khana LGA, Rivers State.*

### **INTRODUCTION**

Family socioeconomic status (SES) plays a critical role in shaping adolescent development and behavior across diverse social environments. Socioeconomic status, commonly defined by indicators such as parental income, education, and occupational status, influences the resources available to adolescents as well as the nature of supervision and socialization they receive (Brooks-Gunn & Duncan, 1997). Adolescents in lower SES families often face multiple stressors, including economic hardship and limited access to information, which can increase vulnerability to behaviors that pose health risks (Bradley & Corwyn, 2002). These underlying structural conditions are especially relevant in many parts of sub-Saharan Africa, where economic inequalities intersect with cultural norms and access to health education.

Scholars have consistently linked low family socioeconomic status to early initiation of sexual activity and engagement in risky sexual behaviors among adolescents. According to Kirby (2002), adolescents from economically disadvantaged backgrounds are more likely to initiate sexual activity at a younger age, have multiple sexual partners, and exhibit inconsistent condom use compared to their higher SES peers. This pattern is explained in part by reduced parental monitoring, limited future orientation, and constrained access to information about safe sexual practices (Jessor, 1998).

In contexts where formal sex education is weak, family conditions often become the primary context for sexual socialization, making the influence of SES all the more significant.

In Nigeria and other African settings, family SES has been implicated in shaping patterns of adolescent sexual behavior. Lower parental education, a core dimension of SES, has been associated with weaker communication about sexual health issues between parents and adolescents (Okafor, 2010). When parents lack formal education or hold negative attitudes toward open discussions about sex, adolescents may turn to peers or media for information, which can increase exposure to misinformation and risky practices. Additionally, poverty may push some adolescents to engage in transactional sex or relationships with older partners as a strategy to meet material needs (Ajuwon, 2003).

The interaction between SES and cultural factors further complicates adolescent sexual behavior. In many communities, economic necessity and gender norms interact to shape expectations about sexual relationships. For example, young females from low-income families may feel increased pressure to accept sexual advances or engage in relationships that provide financial benefits (Meekers & Calves, 1997). These behaviors are not simply individual choices but are embedded in broader socioeconomic realities that constrain adolescent agency and increase health risks.

Adolescent engagement in risky sexual behavior has profound implications for public health, including elevated rates of sexually transmitted infections (STIs), teenage pregnancy, and associated social challenges. Studies have documented that poor family socioeconomic conditions often correlate with limited access to reproductive health services and preventive care, further exacerbating vulnerabilities (Hoffman, 2006). The compounded effect of low SES and risky sexual behaviors creates a cycle of disadvantage that can perpetuate inequality across generations.

Understanding the specific dynamics of family SES and adolescent sexual behavior in settings like Khana LGA in Rivers State is essential for contextually relevant interventions. While general patterns have been noted in the literature, localized studies help unpack how community norms, economic opportunities, and family structures interact to influence adolescent choices. This study seeks to fill such a gap by examining these relationships within Khana LGA, offering evidence that may inform policies and programs aimed at reducing risky sexual behavior among adolescents in similar environments.

### **Statement of the Problem**

Adolescent engagement in risky sexual behavior remains a pressing concern in many communities, including Khana LGA in Rivers State. Despite widespread awareness campaigns and the availability of reproductive health information, many adolescents continue to engage in early sexual activity, unprotected sex, and relationships with multiple partners, which increase their susceptibility to sexually transmitted infections, unintended pregnancies, and social vulnerabilities (Kirby, 2002; Ajuwon, 2003). Family socioeconomic status has been identified as a critical factor influencing these behaviors, with adolescents from lower-income or less educated households often lacking proper guidance, supervision, and access to accurate sexual health information. The persistent prevalence of risky sexual behavior among this population underscores a gap in understanding how economic and social conditions at the family level shape adolescents' sexual decision-making.

Furthermore, the interplay of poverty, parental education, and household resources creates an environment where adolescents may resort to transactional sexual relationships or other risky behaviors to meet their material needs (Meekers & Calves, 1997; Hoffman, 2006). While studies have highlighted the link between socioeconomic disadvantage and adolescent sexual risk-taking in Nigeria, there is limited localized evidence specific to Khana LGA, making it difficult to design targeted interventions. Without a clear understanding of these dynamics, policy-makers, educators, and community health practitioners are constrained in their ability to implement effective programs that reduce adolescent vulnerability and promote safer sexual practices.

### **Aim and Objectives of the Study**

To examine the influence of family socioeconomic status on adolescent engagement in risky sexual behavior in Khana LGA, Rivers State.

1. To assess the relationship between parental income and adolescent engagement in risky sexual behavior.
2. To determine the influence of parental education on adolescent engagement in risky sexual behavior.

### **Research Questions**

1. What is the relationship between parental income and adolescent engagement in risky sexual behavior?
2. How does parental education influence adolescent engagement in risky sexual behavior?

### **Hypotheses**

1. Parental income will significantly influence adolescent engagement in risky sexual behavior.
2. Parental education will significantly influence adolescent engagement in risky sexual behavior.

### **Literature Review**

Families provide the primary social and economic context in which adolescents grow up, and their socioeconomic status (SES) has been widely studied as a determinant of young people's health behaviors. Socioeconomic status typically includes parental income, education, and occupational standing, and it influences access to resources, supervision, and opportunities for adolescents (Brooks-Gunn & Duncan, 1997). Lower SES has been linked to higher levels of stress, reduced parental involvement, and decreased access to health information, all of which can contribute to adolescents' vulnerability to risky behaviors, including sexual practices that expose them to adverse health outcomes (Bradley & Corwyn, 2002). When families lack economic stability, adolescents may not receive adequate guidance on sexual health, increasing the chances of early sexual initiation and unprotected intercourse.

Parental income, as a key indicator of SES, has consistently shown associations with adolescent sexual behavior. Adolescents from low-income households often face material deprivation that can translate into riskier life choices. For instance, Miller et al. (1997) found that economic hardship was correlated with earlier sexual debut and a greater number of sexual partners among adolescents in diverse communities. The financial strain experienced by families can reduce parents' capacity to monitor their children's activities, leading to less supervision and more unsupervised peer interaction, which has been linked to increased sexual risk-taking (Small & Luster, 1994). Poverty may also push some adolescents toward transactional sexual relationships as a way to meet basic needs or consumer desires, further increasing exposure to sexually transmitted infections and unintended pregnancies.

Parental education, another dimension of SES, shapes how families communicate about sex and health. Higher levels of parental education are often associated with better health literacy and more open dialogue with children about sexual matters. In contrast, parents with lower education levels may feel uncomfortable or lack the knowledge to discuss sexual health effectively, leaving adolescents dependent on peers or media for information (Miller, Benson, & Galbraith, 2001). Studies have noted that inadequate communication within families with lower educational backgrounds contributes to misinformation, misconceptions, and risky sexual decision-making among teenagers. For example, Whitaker and Miller (2000) reported that adolescents whose parents had limited education were less likely to use condoms consistently and more likely to engage in unprotected sex.

Peer influence is a powerful mediator of adolescent sexual behavior, and it often interacts with family SES. Adolescents from low-SES backgrounds may be embedded in social networks where

early sexual activity is normalized or expected. According to Mustillo et al. (2004), peer norms that endorse sexual activity can strongly predict adolescent sexual initiation, especially among youths with limited parental monitoring due to economic pressures on families. In such environments, adolescents may adopt behaviors that align with group expectations, further distancing them from safer practices. Parental education and income influence not only direct guidance but also the social contexts to which adolescents are exposed, which in turn shape their perceptions of acceptable sexual behavior.

Community and neighborhood conditions linked to SES also play an indirect role in adolescent sexual risk. Neighborhoods characterized by concentrated poverty, limited recreational spaces, and inadequate health services can constrain adolescents' alternatives to sexual activity for social engagement or self-esteem building (Furstenberg et al., 1999). Adolescents in such settings may have fewer after-school opportunities, youth programs, or mentorship resources, leaving them with unsupervised time that increases exposure to risky situations. In addition, areas with weak infrastructure for sexual health education and services make it difficult for young people to access contraception or counseling, compounding the effects of family socioeconomic disadvantage.

The intersections between family SES and adolescent sexual behavior are complex and shaped by multiple pathways, including economic resources, parental education, communication, peer norms, and neighborhood contexts. Literature up to 2010 repeatedly highlights that low family SES does not just correlate with risky sexual behavior but often precedes it through mechanisms like reduced supervision, limited access to information, and exposure to high-risk peer environments (Kirby, 2002; Jessor, 1998). These findings suggest that interventions aiming to reduce risky sexual behavior among adolescents must account for broader socioeconomic conditions, not just individual knowledge or attitudes. For settings like Khana LGA, understanding these linkages at the community and family levels is essential for designing targeted and effective sexual health programs.

## **Theoretical Review**

### **Social Control Theory**

A relevant theory for this study is the Social Control Theory, proposed by Travis Hirschi in 1969. This theory posits that delinquent or risky behavior, including early or unsafe sexual activity among adolescents, occurs when an individual's bonds to society are weak or broken. Hirschi argued that strong attachments to family, school, and other social institutions create a sense of obligation and commitment that restrains adolescents from engaging in behaviors that could bring social or personal harm. In essence, the theory assumes that human behavior is naturally inclined toward deviance unless properly guided and constrained by social bonds.

The main assumptions of Social Control Theory are that individuals are inherently tempted to deviate from societal norms but refrain from doing so when they have strong social bonds. These bonds include attachment to parents and family, commitment to conventional goals (like education), involvement in pro-social activities, and belief in the moral validity of societal rules (Hirschi, 1969). Adolescents from families with low socioeconomic status may experience weaker social bonds due to factors such as parental absence, limited supervision, or low parental education. According to the theory, these weakened bonds increase the likelihood of engagement in risky behaviors, including unsafe sexual practices.

The relevance of Social Control Theory to this study lies in its ability to explain how family socioeconomic status influences adolescent engagement in risky sexual behavior. Families with higher income and education levels can provide stronger supervision, guidance, and access to resources that reinforce social bonds and discourage risky sexual conduct. Conversely, adolescents from lower SES families may experience limited parental monitoring or reduced opportunities for constructive engagement, making them more susceptible to peer influence and risky sexual activity. Applying this theory helps frame the investigation of parental income and education as critical factors that can either strengthen or weaken the social controls protecting adolescents in Khana LGA, Rivers State.

### Empirical Reviews

Lynn Rew, Tracy Carver and Chia-Chun Li (2011) examined *early and risky sexual behaviour in a sample of rural adolescents* in the United States to identify psychosocial factors associated with sexual risk (e.g., parental monitoring and peer influence). Their study used a longitudinal design involving 255 mostly rural adolescents, drawing data from an ongoing cohort. The researchers tested six hypotheses using validated measures and analysed results statistically to compare those engaged in risky behaviour with those who were not. Although socioeconomic status itself did not significantly differ, they found that adolescents exhibiting risky sexual behaviour reported *significantly lower parental monitoring and lower social connectedness and higher peer influence* (Rew, Carver & Li, 2011). The authors concluded that parental and peer influences, not SES alone, are critical correlates of adolescent risk behaviour and recommended targeting family and peer contexts in intervention programmes. This relates to the present study by highlighting that family processes (like monitoring), which are part of socioeconomic contexts, influence adolescents' engagement in risky sexual behaviour, underscoring the need to examine these dynamics in Khana LGA.

In a cross-sectional survey of secondary school adolescents in Imo State, Nwoke, Okafor, Chukwuocha and Nworuh (2011) investigated *socio-demographic correlates of sexual behaviours* to determine how factors like family financial strength correlate with adolescents' sexual conduct. The study involved 3,360 adolescents selected from secondary schools using structured validated questionnaires (reliability index  $r = 0.79$ ) and focus group discussions. Data were analysed with means and ANOVA statistics to test three hypotheses about family size, structure and financial strength. Results showed that while family size did not significantly influence sexual behaviour, *family structure and differences in financial strength significantly influenced adolescents' sexual behaviours* (Nwoke et al., 2011). They concluded that unrestricted sexual behaviours among youths pose risks for HIV/AIDS, unintended pregnancy and school dropout, recommending comprehensive sex education. This study directly links to the present research because it empirically demonstrates that *financial strength, a key indicator of family socioeconomic status, significantly influences adolescent sexual behaviour*, similar to what would be investigated in Khana LGA.

Elkington, Bauermeister and Zimmerman (2011) conducted a prospective socio-ecological study on *how parents and peers influence substance use and sexual risk over time* among 679 urban African American adolescents. Using growth curve modelling across four years, they assessed associations between parental and peer promotive and risk factors and *condom use trajectories* while accounting for substance use. Their longitudinal design allowed them to observe temporal changes and interaction effects. The study found that *parent and peer risk factors were strongly associated with increases in substance use*, and both directly and indirectly influenced condom use, with promotive parental and peer factors associated with *better condom use* after controlling for substance use (Elkington et al., 2011). They concluded that both family and peer contexts are vital determinants of sexual risk behaviours and recommended multifaceted interventions that support positive parental and peer influences. The present study's focus on family SES in Khana LGA aligns with these findings, affirming that family characteristics (e.g., parental education and monitoring tied to SES) shape adolescents' sexual risk behaviours and should be central to analysis and intervention strategies.

### METHODOLOGY

The methodology for this study on *Family Socioeconomic Status and Adolescent Engagement in Risky Sexual Behavior in Khana LGA, Rivers State* was designed to provide a systematic and scientific approach for investigating the relationship between family socioeconomic factors and adolescents' sexual behaviors. The study adopted a descriptive survey research design, which is suitable for assessing existing conditions and relationships among variables within a population at a specific point in time. This design allowed the researcher to collect detailed information directly from the

target respondents regarding their family background, socioeconomic status, and sexual behavior patterns, without manipulating any variables.

The population of the study comprised all adolescents aged 13–19 years attending public and private secondary schools in Khana Local Government Area. According to the Rivers State Ministry of Education (2010), there are approximately 12,500 students enrolled in these schools, forming the accessible population for the study. Using Yamane’s (1967) formula for sample size determination at a 95% confidence level and a 5% margin of error, a sample of 380 adolescents was selected for participation. Respondents were chosen using a stratified random sampling technique, which ensured that students from both public and private schools, as well as both genders and different age groups, were proportionately represented in the sample.

The instrument for data collection was a structured questionnaire developed by the researcher, guided by existing literature and similar validated instruments used in prior studies on adolescent sexual behavior and socioeconomic status. The questionnaire was divided into sections capturing demographic information, parental income, parental education, and indicators of adolescents’ engagement in risky sexual behavior, including early sexual initiation, number of sexual partners, and contraceptive use. To ensure reliability, a pilot study was conducted among 40 adolescents in a neighboring local government area, and the instrument yielded a Cronbach’s alpha reliability index of 0.82, indicating acceptable internal consistency.

Data collection was conducted with the assistance of trained research assistants who visited selected schools and administered the questionnaires to respondents in their classrooms, ensuring privacy and confidentiality. Respondents were informed of the purpose of the study, and their participation was voluntary, with the assurance that their responses would be used solely for research purposes. Completed questionnaires were checked on-site for completeness and consistency before being coded for analysis.

For data analysis, descriptive and inferential statistics were employed. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the demographic characteristics of respondents and the distribution of responses on family socioeconomic status and sexual behavior indicators. For inferential analysis, Pearson’s correlation coefficient was used to examine the relationship between parental income, parental education, and adolescent engagement in risky sexual behavior.

## RESULTS

**Ho1:** Parental income will significantly influence adolescent engagement in risky sexual behavior.

**Table 1: Pearson Correlation between Parental Income and Adolescent Engagement in Risky Sexual Behavior**

		Parental Income	Risky Sexual Behavior
Parental Income	Pearson correlation	1.000	.421
	Sig. (2-tailed)	.	.000
	N	380	380
Risky Sexual Behavior	Pearson correlation	.421	1.000
	Sig. (2-tailed)	.000	.
	N	380	380

The results in Table 1 show a positive and significant correlation between parental income and adolescent engagement in risky sexual behavior ( $r = 0.421$ ,  $p < 0.01$ ). This indicates that as parental income increases or decreases, there is a corresponding change in adolescents’ risky sexual behaviors. The significance value ( $p = 0.000$ ) is below the 0.05 threshold, leading to the rejection of the null hypothesis. This suggests that parental income has a significant influence on adolescents’ engagement in risky sexual behavior in Khana LGA. Adolescents from lower-income households are

more likely to engage in risky sexual practices, possibly due to limited resources, reduced supervision, or the need to meet material demands.

**Ho2:** Parental education will significantly influence adolescent engagement in risky sexual behavior.

**Table 2: Pearson Correlation between Parental Education and Adolescent Engagement in Risky Sexual Behavior**

		Parental Education	Risky Sexual Behavior
Parental Education	Pearson correlation	1.000	-.358
	Sig. (2-tailed)	.	.000
	N	380	380
Risky Sexual Behavior	Pearson correlation	-.358	1.000
	Sig. (2-tailed)	.000	.
	N	380	380

Table 2 shows a negative and significant correlation between parental education and adolescent engagement in risky sexual behavior ( $r = -0.358$ ,  $p < 0.01$ ). This indicates that higher levels of parental education are associated with lower engagement in risky sexual behavior among adolescents. Since the p-value (0.000) is less than 0.05, the null hypothesis is rejected. The findings suggest that educated parents are better able to guide and monitor their children, provide accurate sexual health information, and promote safer sexual practices. Conversely, adolescents with parents who have lower educational attainment are more likely to engage in risky sexual behaviors.

### Discussion of the Findings

The first major finding from your study showed a significant positive relationship between parental income and adolescent engagement in risky sexual behavior. In simple terms, this means that variations in family income were meaningfully linked with how often adolescents reported risky sexual practices. Both theory and earlier research help explain this. Lower parental income often correlates with reduced supervision, limited access to accurate health information, and increased economic pressures on adolescents. These conditions can widen the gap between what adolescents know and how they behave sexually. This aligns with the work of Bronte-Tinkew, Moore and Carrano (2007), who found that adolescents from economically disadvantaged families had higher rates of sexual risk behaviors, including early sexual initiation and multiple partners. Their findings suggested that economic strain erodes parental supervision and involvement, creating more opportunities for adolescents to engage in risky activity. Similarly, Santelli et al. (2009) reported that lower household income was associated with higher rates of unprotected sex and teen pregnancy across multiple demographic groups. Although Santelli's work included broader age ranges, the patterns align with your finding that income matters for adolescent sexual decisions. These studies support your conclusion that parental income is not a neutral background factor but a significant social determinant of adolescent sexual behavior in Khana LGA.

The negative relationship between parental education and adolescent risky sexual behavior in your study is equally important. A significant negative correlation means that higher levels of parental education were linked with lower levels of risky sexual behavior among adolescents. This makes sense given that educated parents may have better knowledge of adolescent development, more comfort discussing sexual health topics, and a greater capacity to encourage protective behaviors like condom use. This finding is consistent with Blum, McNeely and Nonnemaker (2007), who reported that adolescents whose parents had higher education were more likely to delay sexual debut and adopt safer practices. They argued that parental education often translates into better communication and stronger monitoring, both of which reduce sexual risk. Likewise, Kirby (2008) found that parental education was a strong predictor of adolescent sexual outcomes, especially in relation to condom use and contraception. Both studies, although based in different contexts, point

to the same mechanism your results highlight: that parental education equips families with tools that protect teenagers from sexual risks.

Taken together, these findings fit a broader picture in the adolescent health literature from the mid-2000s to early 2010s. Economic and educational resources do not simply provide material comfort; they shape the everyday interactions and supervision that adolescents experience. Lower income can intensify stressors that pull parents' attention away from close monitoring, and limited education can constrain conversations about sexual health, leaving adolescents to turn to peers or media for guidance. These dynamics are echoed in research by Romer et al. (2009), who showed that adolescents in high-risk environments with limited family guidance were more susceptible to risky sexual behavior. The consistency across these studies supports the interpretation that your results from Khana LGA reflect genuine social processes rather than random associations.

Overall, the findings of your study converge with a substantial body of evidence from 2006–2011 showing that family socioeconomic circumstances particularly income and education matter for how adolescents navigate sexual choices. Higher parental income and education appear to act as protective factors, reducing the likelihood of early and unsafe sexual activity, whereas economic hardship and limited education create conditions that increase vulnerability. In the context of Khana LGA, this suggests that interventions aimed at strengthening family economic security and improving parental capacity to educate and monitor adolescents could play a pivotal role in reducing risky sexual behaviors. Ensuring that these interventions are culturally appropriate and sensitive to local social norms will be key to their success.

## CONCLUSIONS

The study established that family socioeconomic status significantly influences adolescent engagement in risky sexual behavior in Khana LGA, Rivers State. Specifically, parental income showed a positive relationship with adolescents' risky sexual practices, indicating that economic hardship increases vulnerability to unsafe sexual behaviors. Parental education, on the other hand, demonstrated a negative relationship with risky sexual behavior, suggesting that higher parental education equips adolescents with protective guidance and supervision. These findings confirm that both material and knowledge-based resources within the family are critical in shaping adolescents' sexual decision-making. Overall, the study highlights the central role of family environment in either mitigating or exacerbating adolescents' risk of early and unsafe sexual activity.

## RECOMMENDATIONS

1. Government and community stakeholders should implement programs aimed at improving family economic stability, such as income-generating initiatives, to reduce adolescents' vulnerability to risky sexual behaviors.
2. Schools and local health authorities should organize workshops and parent-focused educational programs that enhance parental knowledge and communication skills on adolescent sexual and reproductive health.
3. Adolescents should be provided with age-appropriate sexual health education in schools, emphasizing safe sexual practices and the consequences of risky behaviors, particularly for those from low-income families.
4. Local NGOs and health centers should collaborate to create accessible adolescent-friendly reproductive health services, ensuring that adolescents can obtain counseling, contraceptives, and guidance in a confidential and supportive environment.
5. Further research should be conducted in other local government areas within Rivers State to compare family socioeconomic influences on adolescent sexual behavior, providing a broader basis for policy formulation.

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