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Adolesecnts and Risky Behaviours: Implcations for Counselling

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ABSTRACT:
The study x-rays adolescents and risky behaviours: implcations for counselling, with a view to advising stakeholders on how to manage adolescent's and their risky behaviours in the society. Also, provide adequate information on the causes of risky behaviours and possible implication of these behaviours to learning habit in the classroom instruction which will tremendously affect teachers in effective classroom control. The study highlighted some recommendations among which are Parents being the first care giver of adolescents should pay particular attention to virtually all of their interest such as association with peer group, internet usage and adventures of life, since these contribute greatly to adolescent risky behaviour. Parents should be available to guide, create time and model their adolescents in this critical stage of their lives so that they will not fall prey of risky behaviour. Teachers should give orientation of Sex education in schools, enforce prevention strategies by encouraging abstinence since most adolescent engage in risky sexual inter-course involving with one or multiple partnerships, of different sexual acts and sexual orientation, especially without them knowing the dangers involved in the act

Keywords*: adolescents, risky behaviours, perception, social, technological, environmental, counselling*

I. INTRODUCTION

In risk societies understanding people's perception, responses to and taking of risk is crucial to deal with; rapid social, technological and environmental change and the side-effects of social advancement (Beck 2009). Risk communication, analysis, regulation and governance, as well as health promotion, disaster research and safety science just to mention some of the major research branches are engaged with optimizing procedures and identifying and preventing risks turning into harm (Guan 2018). Adolescence is a period of taking risks and changes occurs from childhood to adulthood in all development such as physical development. As children grow from toddler to adolescent there is growth in the daily activities among of these young people; Most time their engagement in risky behaviours is also increasing. However, adolescents' may not perceive these behaviours as risky. Current societies have been characterized as risk societies where dealing with risk is a normal experience of everyday life (Goli, Rammohan & Singh 2015). The search for generalisable rules and patterns which could inform guidelines to improve people's engagement with risk is generating a growing body of approaches which, for example, provide risk knowledge in an accessible way (Gigerenzer 2010) influence the choice architecture of people's environment (Thaler & Sunstein 2009), change behaviour through social marketing (French 2011), analyse and calculate factors that influence people's behaviour for a better allocation of resources (Johnston, O'malley, Bachman & Schulenberg 2012; Fischhoff 2012).

It is difficult to distinguish occurrence of particular risky behaviours in adolescence because there is no scientific proof that adolescents' will engage in all risky behaviours at the same time as different scholars show different results. For example, prevalence of cyber bullying varies from 6 to 72 percent (Tokunaga 2010). Despite this, adolescents' engagement in risky behaviours is related to the biopsychosocial changes during puberty; the need to experiment with their own identity (Goli, Rammohan & Singh 2015); the ability to properly understand and to evaluate their behaviour as a potentially harmful or to control it (Mubarak & Mani 2015).

The Concept of Adolescent

Adolescent is the transitional stage of development between childhood and full adulthood, representing the period of time during which a person is biologically adult but emotionally not full maturity. It represents the period of time during which a juvenile matures into adulthood (Shek 2007). Mosby's Dental Dictionary (2008) defines adolescence as the period of development between the onset of puberty and adulthood. This period is generally marked by the appearance of secondary sex characteristics, usually from 10 to 19 years of age, and during this period, the individual undergoes extensive physical, psychological, emotional, and personality changes, as well as changes in social roles, relationships and expectations, all of which are important for the development of the individual and provide the foundation for functioning as an adult. The development of healthy adolescents is a complex and evolving process that requires: supportive and caring families, peers and communities; access to high quality services (health, education, social and other community services); and opportunities to engage and succeed in the developmental tasks of adolescence (Okun & Kantrowitz 2014).It is a fact, that most scholars have different age range (WHO 2001, 10 -19; Fischhoff 2012, 12-19; Ulo 2019, 10-19; NDLEA 2017, 10-20) for adolescence depending on their line of arguments. The rate at which adolescents experience changes will vary depending on physical, social, cognitive, moral, personal, emotional development, gender, genetics, environmental and health factors (Santrock 2011).

Definition of Risk Behaviour

Risky behaviour is defined as ill- advised practices and actions that are potentially detrimental to a person's health or general well-being. Risk behaviour, or "at risk behaviour" means behaviour that might lead to undesirable outcomes. The term "might" is used as there is always an element of "likelihood" or "chance" when risk is concerned. Another element of risk is "severity" or "seriousness" of the outcome (Guan 2018). Going by the assertion above, it suffice to say that, 'risk behaviour' is the indulgence in any action or activity that can cause potential harm to the individual as a consequence of that particular action (Chowdary 2018). It should be stated clearly here that this behaviours not only cut across gender, age, class or groups in society but to the generality of the society depending on their actions toward a particular activity. For examples unintentional injuries, smoking, unhealthy dietary, abusing drugs and sexually behaviour that lead to unwanted pregnancies or sexually transmitted diseases, having unprotected sex, early sexual intercourse, aggression dating violence, sexual assault, substance abuse delinquency behaviours, school failure and dropout, tobacco use, alcohol abuse, other illicit drug use or risky driving and crime/violence (Gladding 2014).

Adolescents Risk-Taking Behaviour

The biological developmental age of adolescence is 11-21 and it is characterized as a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another. The transition is defined as the movement from adolescence to adulthood in all areas, including home, healthcare, education and community. Adolescence is a transitional stage in physical and psychological development that is generally confined to the period from puberty to legal adulthood. These transitions reflect in the form of the followings; transition to puberty and transitions involving parent–child relationships, school, peers, and cognitive and emotional abilities.

(Michael & Ben-Zur 2007) maintained that one distinguishing feature of the period is the increase in risk-taking behaviours, for instance delinquency. These behaviours are defined as risky since they are usually volitional, and their outcomes are uncertain and increasingly larger segments of young people today seem to adopt risk-taking behaviours.

TYPES OF ADOLESCENT RISKY BEHAVIOURS

Antisocial Behaviours, Delinquency, Aggression

While violence and aggression are regarded as main problems experienced in all fields of life nowadays; they are among prominent issues in terms of both preventive and protective mental health during childhood and adolescence. Antisocial behaviour in childhood and adolescence are categorized by behavioural disorders, impulsiveness, stealing, vandalism, physical and psychological aggression, bullying, running away from home and truant; infraction, failure in complying with social norms, rebelling against adult authority, nonsocial behaviours (Howell 2009).

Among reasons of aggression, we can count environmental and social reasons, and biopsychosocial factors. Among biological reasons, genetic, hormonal and sexual effects are considered; among social and environmental factors, learning, motivational factors and effect of media can be listed. Among social problems contributing to aggressiveness, variables such as child and spousal abuse, rape, psychological problems and child crimes are handled.

Aggression and violence are different from anger and anger may occur in cold blood without

experiences (Haynie & Osgood 2005) added that violence falls within a thin line ranging from bullying, verbal violence, fights, rape and murder.

Risk Factors associated with Antisocial Behaviour include antisocial parents, parents suffering from depression, family poverty, marital problems, large family size, history of family violence, involvement of parents in drug and alcohol and poor parenting practices (Djukpen 2012). Environmental factors are the main causes of antisocial behaviour. These factors include parents, peers, and schools which believed to be able to influence the wholesome development in the child, either in the aspects of physical, affective, social, and spiritual.

Family factors that best explain violent behaviour include parental criminality and imprisonment (Bennett, Farrington & Huesmann 2005); youth at risk because it is associated with parents' substance abuse and mental illness, which lead to negative family conditions, such as financial strain, that worsened with incarceration (Phillips, Erkanli, Keeler, Costello & Angold 2006). Also, family characteristic is important external variable to antisocial behaviour such as; inconsistent discipline, punitive discipline (yelling, nagging, threatening), lack of warmth and positive involvement, physical aggression, insufficient monitoring and ineffective problem-solving modeling. Low family socioeconomic status is strongly associated with antisocial and aggressive behaviour, poor families undergo great stresses and the parents are subject to negative experiences over which they have little control. Alternatively, parents' illegal activity may teach antisocial norms (Ghaderi, Ahmadi, Darabzadeh, Nasiri & Fakouri 2013).

The early stage of delinquent behaviour is antisocial behaviour and antisocial behaviours have the potential to cause school failures, impairments in socio-emotional development, peer rejection, delinquency, and adult crimes. Childhood abuse, especially sexual abuse, has pronounced effects on girls. (Chowdary 2018) agrees that among girls are found three forms of childhood victimization, childhood sexual abuse most strongly predicted violence. Runaway girls' and survival strategies (selling sex and dealing drugs) often create reasons to use violence for self-protection (Amitai & Apter 2012).

The importance of peer influences on antisocial behaviours in early adolescence has been supported in a number of studies. Having deviant friends is a consistently strong predictor of delinquent activity (Haynie & Osgood 2005). Employment has influences on peer bonds and social learning (Alberta Health Services 2009). Some studies using composite measures of delinquency (mixed measures of assaults, property offenses, and status offenses) or on legal but antisocial behaviour present the alternative view that predictors of youths' deviance are the same for girls and boys. Among adolescents, guiltiness is the leading one among serious problems during adolescence and it is very common among adolescents with lower school success. This phenomenon especially occurs with group influence and support as observed by (Beck 2009).

Also, witnessing violence and conflict between parents may have long-term psychological effects for juveniles that may continue into adulthood, such as depression, anxiety, and anger. Post-traumatic stress disorder as a result of witnessing and experiencing violence and are also more likely to become violent themselves (Amitai & Apter 2012).

Some research identifies several risk and protective factors for delinquency; childhood behavioural problems, individual-level characteristics (victimization, hope for the future, and religiosity), and contextual influences (parental criminality and family characteristics, peer characteristics, school experiences, and neighborhood context) (Morash 2006). Protective factors for delinquency at the individual level; a sense of purpose, a sense of control, and hope for the future characterize youth who avoid delinquency (Austin & Sciarra 2010); selfesteem, academic achievement, and deviance. Protective factors that lead to hopefulness buffer and reduce the effects of risk factors.

As a form of aggression, *bullying* (Bersamin, Todd, Fisher, Hill, Grube & Walker 2008) can be defined as behaviour that emerges in power imbalance between a powerless person and a powerful person that repeats into hurting and bothering in time. Some of the behaviours regarded as bullying are name-calling, teasing, hitting, exclusion and verbal threats. Analyzing characteristics of students exhibiting bullying behaviours; especially environments where intimidation and forcing are learned as an effective method in coping with troubles of life (Barlow & Kauzlarich 2010) contribute to situations in which behaviours of a bully are reinforced (parents, peers and the media) (Austin & Sciarra 2010). In addition, many victims of bullying become the attacker in time, because an individual's risk effects of aggression level both for himself/herself or others are the same (Austin & Sciarra 2010). Reaching adolescence, fast and physical, emotional changes, hormonal fluctuations may increase an individual's feelings of anger and hostility. *Gang membership* is another form of aggression, children and adolescents form starter gangs to introduce themselves to gang culture (such as; distinctive attitudes, jargon, rituals, and symbols), and established gangs sometimes create cliques or sets composed of younger youth called "wannabes," "juniors," "peewees," and the like (Carol, Pence, Miller, Resnick, Bearinger, Pettingell & Cohen 2005). Research supports the progression from conduct problems to gang involvement to serious and violent offending (Howell 2009). In addition; the gap consisting of absence of

traditional support resources (such as family, school), youth alienation and desperation is filled with gang, at the same time, the gang serves for processes such as expressing feelings of identity, power, control and anger.
Youth most commonly join gangs for the safety they believe the gang provides; also, important influence is family members (especially siblings or cousins) who already are part of the gang (Cheryl, Aspy, Vesely, Oman, Rodine, Marshall & McLeroy 2007). Concentrated disadvantage at the community level, family problems, and individual characteristics lead to early childhood problems (aggression and disruptive behaviour). Each of these events increases the likelihood of delinquency in childhood and gang membership in adolescence. From one-fourth to one-third of disruptive children are at risk of becoming child delinquents, and about one-third of all child delinquents later become serious, violent, and chronic offenders (Chowdary 2018).

Presence of gangs at schools is thought to have effect on the increase in prevalence of guns and drugs (Djukpen 2012), that students in schools with gangs are more afraid of becoming a victims of violence; and gangs are insidiously and unpredictably used as a tool for increasing members and socialization. In previous studies, it was revealed that adolescents with emotional and conduct disorder are more at risk for gang membership (Erdem, Eke, Ögel & Taner 2006). While the majority of young people experience one or more than one psychiatric disorders; it is indicated that there are mostly adolescents diagnosed with conduct disorder, in addition to crimes related to gang membership, depression is commonly experienced among adolescents (Fischhoff 2012).

Geldard & Geldard (2013) have specified five indicators in their study conducted regarding presence of gangs. First one is that magnitude of societies reporting an increase in presence of gangs is shrinking. The second indicator is availability of drugs and quick proliferation of gangs here. Third, the increasing security procedures at school are indicator of presence of gangs. Fourth, the more level of victimization at school is, the more proliferation of gangs is.

Substance Abuse, Tobacco Use, Alcohol Abuse

Substance abuse is among the most important problem field in adolescents nowadays, and it is a multi-dimensional and complex problem, therefore, it should be approached in a holistic way. The World Health Organization (2010) analyzed risk factors regarding substance abuse among adolescents including conflict in the family, friends who use substances; it also included the following protective factors: A positive relationship with parents, parents who provide structure and boundaries, a positive school environment, having spiritual beliefs.
WHO (2010) explained risk and protective factors exist on several levels:

1. *At an individual level*, life experiences play a more significant role in substance use than genetic traits. Important factors are the level of support and care from a parent or other adult at an early age, the quality of a child's school experience, and general personal and social competence, such as feeling in control and feelings about the future. Furthermore, adolescents who have spiritual beliefs and who do not believe their friends use substances are less likely to use substances themselves.
2. *At the peer level*, the selections of peers with whom young people associate and the nature of peer support are crucial. For example, associating with a problem behaviour peer or a conventional behaviour peer makes a difference.
3. *At the family level*, factors include a history or lack of substance use; the effectiveness of family management, including communication and discipline; the structure of coping strategies; the level of attachment between parents and children the nature of rules and parental expectations; and the strength of the extended family network. Adolescents who have a positive relationship with their parents and whose parents provide structure and boundaries are less likely to use substances. However, adolescents in families where there is conflict are more likely to use substances.
4. *At the societal and community level*, factors include the prevailing social norms and attitudes toward substance use. Social-competency skills, communication, and resistance skills also play important roles. *At the school level*, adolescents who have a positive relationship with teachers, attend school regularly and do well are less likely to use substances. It is noted that regular use of narcotic drugs such as tobacco, alcohol, marijuana and cocaine are common among the young. Every day 3,000 young people start smoking (Gigerenzer 2010). About 26% of high school students currently smoked cigarettes and the percentage of smokers increased into the 20s. It can be clearly seen that nicotine usage is a problem starting during adolescence. Also, almost 20% of adolescents and 33% of college students had used marijuana in the last 30 days. Also, the Marijuana is the most commonly first time used illegal substance, and it is emphasized that marijuana causes a very powerful psychological dependence, and has negative social consequences for its users (such as low academic achievement, a high rate of crime and aggressive behaviours, poor parental relationship, guilty friend circle) (Johnston, O'malley, Bachman & Schulenberg 2012). While explaining with two methods the fact that substance using students have lower school achievements and more school absences, this can be interpreted that substance use reduce school success and substance use is higher among students with lower school success (Erdem, Eke, Ögel & Taner 2006).

Driving after drinking (DAD) among college students is a serious national health concern (Gladding 2014). The other study on college students, the results showed that 19.1% of respondents had driven after 3 or more drinks and 8.6% had driven after 5 or more drinks in the past three months, and that male status, fraternity or sorority affiliation, family history of alcohol abuse, medium or heavy drinking (as compared to light drinking), more approving self-attitudes towards DAD, and alcohol expectancies for sexual enhancement and risk/aggression, were independently associated with driving after drinking over and above covariates (La Brie, Kenney, Mirza & Lac 2011). Researches' data indicate that a substantial minority of college students suffers one or more adverse consequences associated with sexual risk taking and support the need to identify factors, particularly modifiable ones like alcohol use that might contribute to sexual risk taking (Goli, Rammohan & Singh 2015).
In a study conducted on primary and secondary school students attending schools in nine major cities from different regions of Turkey, ratio of students who have tried smoking at least once in their lives is 16,1%; and for alcohol trials, it is 15.4% and for volatile substances and drugs, it is 1.7%. In secondary education, tobacco use at least once in life is 55.9%, alcohol use is 45.0%, marijuana use is 4.0%, volatile substance use is 5.1%, and heroin and ecstasy use prevalence is 2.5%. In primary and secondary education, substance abuse prevalence is higher among boys. The risk of substance abuse was found to be higher among
students attending private schools than those attending state schools (Guttmacher, Kelly & Ruiz-Janecko 2010).

Risky Sexual Behaviours, Having Unprotected Sex, Early Sexual Intercourse

Risky sexual behaviour is also a prevalent problem among young people. Studying the sexual behaviour of teenagers is important because when compared to older adults, teenagers and young adults are particularly at risk for contracting an STD or having an unwanted pregnancy (Grossman & Markowitz 2005). Actually, adolescent sexual behaviour offer mixed messages. It is very encouraging that teenagers' overall rates of sexual activity, pregnancy and child bearing are decreasing, and that their rates of contraceptive and condom use are increasing (Guilamo-Ramos, Dittus, Jaccard, Goldberg, Casillas & Bouris 2006). Teenagers who feel their parents strongly disapprove of their being sexually active are less likely to contract a sexually transmitted infection (Carol, Pence, Miller, Resnick, Bearinger, Pettingell & Cohen 2005). There is a rise in HIV AIDS cases, also 10% of infected cases are under the age of 15, 50% of these cases are observed between 15-24 age, the age of first occurrence of these diseases descended to the age of 15 (Haynie & Osgood 2005).
With related to adolescents' risky sexual behaviours, parent-adolescent communication, parental monitoring, parenting that disapproval of and discussion with teens about the standards of behaviour and the social and moral consequence of teen sexual activity have powerful effect on adolescents' risky sexual behaviours (Guilamo-Ramos, Dittus, Jaccard, Goldberg, Casillas & Bouris 2006). The racial and ethnic differences in sexual risk-taking and pregnancy are partly attributable to differences in socioeconomic disadvantage. Among the socioeconomic indicators that significantly predict risky sexual behaviours and pregnancy are the adolescent's having a parent with low educational attainment and living in a single-parent family. Parents' marital status, as well as all appears to impact teens' decisions to engage in sexual activity (Hindin & Fatusi, 2009).

Teens whose parents watch television with them more frequently and limit their TV viewing are less likely to be sexually active (Bersamin, Todd, Fisher, Hill, Grube & Walker 2008). Adolescents whose parents talk with them about standards of sexual behaviour are more likely to be abstinent.
Youths whose parents talked to them about what is right and wrong in sexual behaviour were significantly more likely to be abstinent than peers whose parents did not (Cheryl, Aspy, Vesely, Oman, Rodine, Marshall & McLeroy 2007). Among college students in particular, there is increased co-occurrence of drink and risky sexual behaviour (Howell 2009).

Adolescent pregnancy is one of the serious problems particularly among girls with lower socioeconomic level, adolescent girls have to drop out to take care of the baby, and this is important in terms of obstructing their employment opportunities and maintaining the cycle of poverty. Adolescents whose mothers discussed the social and moral consequences of being sexually active are less likely to engage in sexual intercourse. The more mothers communicated with their adolescent children about the social and moral consequences of sexual activity, the less likely adolescents were to engage in sexual intercourse (Guilamo-Ramos et al. 2006). Children whose parents monitor them more closely are less likely to be sexually active. Adolescents whose parents report stricter monitoring of their children's behaviours during pre-adolescence are 30 percent less likely to be sexually active during preadolescence Ikiz, & Karaca (2011).

Adolescents who felt that their parents strongly disapproved of their having sex were less likely to have a sexually transmitted infection (STI) (Carol et al. 2005).

Jamiu (2008) interview data from 907 high school students were used to examine the relationships between sexual experience and a variety of social, psychological and behavioural variables. Four groups of teenagers are compared: those who did not anticipate initiating sex in the next year (delayers), those who anticipated initiating sex in the next year (anticipators), those who had had one sexual partner (singles) and

those who had had two or more partners (multiples). Compared with delayers, anticipators reported more alcohol use and marijuana use; poorer psychological health; riskier peer behaviours; and looser ties to family, school and church. Similarly, multiples reported more alcohol and marijuana use, riskier peer behaviours and looser ties to family and school than singles. Risky behaviours, peer behaviours, family variables, and school and church involvement showed a linear trend across the four categories of sexual behaviour.
Studies examining the link between alcohol and risky sex at the global level typically ask participants about their overall involvement in some high-risk behaviour and their overall frequency and quantity of alcohol use, and this approach have generally found strong relationships between alcohol use and indiscriminate behaviours, but inconsistent ones between alcohol use and protective behaviours (Johnston et. al. 2012).

Risk-taking behaviours restrains adolescents to become responsible adults by threatening adolescents' well-being (Khazaei et. al. 2009). Adolescence is a period of successful maturation for many adolescents. However for some, this process may not be a successful maturation period. Many adolescents do not have the support and opportunities require for becoming a successful and qualified adult. Today, it is noted that adolescents are exposed to more complicated lifestyles under the influence of media, and many adolescents try to resist against substance abuse and sex life experiences in earlier ages of their lives (McLoyd, Kaplan, Purtell, Bagley, Hardaway & Smalls 2009).

Consequences of Risky Behaviour among Adolescents

Risky behaviours have devastating consequences on the lives of the adolescents, especially in the areas of health, psychological and social growth (Umberson, Crosnoe & Reczek 2010). These behaviours increase the risk of premature death, disability, and increased incidence of chronic diseases (Sturm 2002). More than 50% of deaths from injuries from driving after drinking occur in adolescences age groups (Khazaei, Mazharmanesh, Khazaei, Goodarzi, Mirmoini & Mohammadian-Hafshejani 2009). Risky behaviours have had an upward trend in developing countries in the past 2 decades (Lee, & Kwak 2013; Hindin &Fatusi 2009). It is predicted that the rate of deaths caused by tobacco use in the world would reach 10 million per year by 2030, and if we take into account the physical, psychological, and social consequences of other risky behaviours such as drug abuse, violence, and risky sexual contacts, this number will be multiplied (Guttmacher, Kelly & Ruiz-Janecko 2010). Drug abuse and risky sexual behaviours are of the most important dangerous behaviours among students that have exposed the individuals and the society at the risk of dangerous infectious diseases such as AIDS and viral hepatitis (Rakhshani, Sepehri, Keikha, Rakhshani & Ebrahimi 2011). These risky behaviours have reduced years of life and have been the cause of death of about 9.2 million individuals worldwide (Larki, Latifnejad & Babaee 2015).

Risky behaviours increases the possibility of destructive physical, psychological, and social consequences for the individual including the various behaviours such as poor diet, lack of physical activity, risky sexual behaviours, consumption of alcohol, tobacco, and drug, high speed driving, assaults, failing to wear a seat belt, and committing suicide or thinking about it (Amitai & Apter 2012).

Studies have shown that dormitory life, being away from family, unemployment, lack of healthy recreation, and failure to meet emotional needs, and marital status can affect the prevalence of risky behaviours socially, psychologically, healthily, physically, economically and religiously.

Prevalent Risk Taking Behaviours among Adolescents in Nigeria

There exists several risk taking behaviours among contemporary adolescents in Nigeria. The work considered three (3) major risk taking behaviour that are most prevalent among adolescents in Nigeria and the world at large. This doesn't suffice to say, that they are restricted to these solely but others are included.
The three (3) are listed below as follows:
* Sexual intercourse and adolescents risk taking behaviour,
* Drug use/abuse and adolescents risk taking behaviour, and
* Cultism and adolescents risk taking behaviour.

Sexual Inter-Course and Adolescents Risk Taking Behaviour

Adolescents mostly engage in risky sexual inter-course involving with one or multiple partnerships, of different sexual acts and sexual orientation, especially without them knowing the dangers involved in the act. Other elements of risky sexual behaviour include, early age at first sexual intercourse, unprotected sexual intercourse with 'at risk' sexual partners, and untreated sexually transmitted diseases (Rakhshani et. al. 2011). These behaviours have implications in the prevention of HIV and other sexually transmitted Disease and infections (STD's & STI's).

Adolescents are at risk of negative health consequences associated with early and unsafe sexual activity. These consequences may include infection with the human immunodeficiency virus (HIV), other sexually transmitted infections (STIs) and unintended pregnancies (Odimegwu & Somefun 2017). Nigeria, with

an estimated population of 160 million (National Population Commission, 2014), is second only to South Africa in the number of people living with HIV/AIDS worldwide, with 9% of the global burden of the disease being in Nigeria (National Population Commission, 2014; Djukpen, 2012). Although efforts have been put into place by the international community and the Nigerian government to limit the spread of HIV/ADIS in the country, it still maintains an upward trajectory in certain states due to the risky sexual behaviours adolescents and by extension youths engage in. About 20,000 girls under the age of 18 give birth daily in developing countries, with Nigeria no exception. Early childbearing poses serious consequences to the health and development of young girls (Goli, Rammohan & Singh 2015).

Cultism and Adolescents Risk Taking Behaviour

Cultism is one profound social area where adolescents take part in risky behaviour, Ulo (2015) maintained that most juveniles today takes part actively in cultism, as the activities are deadly which might shorting the life of the individual. This might lead members to fighting, injury, drug use, truancy, excommunication, imprisonment, and death. The present day cultism in Nigeria has take a new dimension, as the fraternities at present are made up of timing adolescents who fails to understand the negative implications of joining a secret cult before engaging in such risky behaviour. (Opaluwah 2009) maintained that the attendant negative effects of cultism on contemporary Nigeria society cannot be over emphasized as both intra and inter-cult clashes negatively affect the members and their victims in a very high proportion. (Ogidefa 2008) maintained that this sometimes leads to incarceration, bodily injuries and deaths.

Furthermore, (Ulo 2019) observed that some members of cult groups are caused bodily harm that may result to physical injuries and or death especially during their initiation ceremonies. Cult activities (which include killing, maiming, raping of fellow members and non-members) has a destructive social and psychological implication to members and by extension the generality of public as it creates fear to the public at large (Ogidefa 2008). A lot of lives and properties have been destroyed through cult violence (Phillips et. al. 2006). Adolescents who are supposed to be leaders in future have fallen victims of trigger-happy cultists (Jamiu 2008). The present of these negative implications most adolescent in Nigeria still venture into this very group of different sort, which is self destructive to their immediate lives, future and family and society at large.

Drug Use/Abuse and Adolescents Risk Taking Behaviour

Risk taking behaviours among adolescents with regards to drug use and abuse are also very high. Most adolescent venture into risks taking actions of using drugs (psychoactive and psychotic) to feel belong among friends or for merely getting high, not knowing the negative effects of those drugs to their health.

The National Drug Law Enforcement Agency (NDLEA) in their 2016/2017 survey maintained that the adolescents are the highest patronizers of illicit and hard drugs due to their quest for experiments and adolescents are drifting into it more as the day goes by. They smoke and drink in make shift as nearby bush area and club houses. (W.H.O (2010) drug abuse has turned many adolescents into drug addicts and has turned large proportion of productive citizens into nothing. It has broken down good homes, turned wonderful and talented children into belligerent ones. Drug abuse is now more destructive to the foundation of our society, than natural disasters, like earthquake and flooding (Ulo 2019).

Drug abuse has been known to insanity and serious destruction of the physical and psychological system of the body which might harm our health in many ways. The alarming increase in the rate of mental sickness is no doubt influenced by the risk taking behaviours of individuals consuming dangerous drugs which end result will be an increasing number of mentally deranged (Guttmacher, Kelly & Ruiz-Janecko 2010).

Criminal activities are on the increase because of these youths need to sustain their regular and expensive habits. They then take to a world of crime and violence in other to get money for their regular dose. The female adolescents who also indulge in drug abuse take to prostitution so as to have money to buy drugs. This act exposes them to sexually transmitted disease, wanted pregnancies and deaths due to abortion or damaged womb (World Drug Report 2014).

Some of the likely effect of drug on the individual was enumerated by (Mba 2008) identifying numerous negative effects of drug abuse on the body chemistry as follows:

i. **Alcohol:** The related problems are:

- Physical problems e.g liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder.
- Mental retardation for the fetus in the womb, growth, deficiency, delayed motor-development.
- Craniofacial abnormalities, limbs abnormalities and cardiac deficits.
- Psychiatric e.g. pathological drunkenness, suicidal behaviour
- Socially-broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.

ii. Tobacco: Causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack. World Drug Report (2014)

iii. Stimulants: Lethargy, irritability, exaggerated self confidence, damage nose linings, sleeplessness, and psychiatric complications.

iv. Inhalants: Causes anemia, damage kidney and stomach bleeding.

v. Narcotics: Causes poor perception, constipation, cough, suppression, vomiting, drowsiness and sleep, unconsciousness and death.

Factors Responsible for Adolescents Risk Taking Behaviour

The factors responsible for why adolescents get involved in risky taking behaviour (mainly drug use and abuse, sex and cultism) are almost similar to why other people do so. Some of the factors are; peer pressure, social factors, academic adjustment related factors, psychological factors and environmental factors. The followings are some of the major factors why adolescents indulge in risk taking behaviours:

- **Family Factor:** Sociologically the family is considered as the basic unit of life and the smallest institution in society that the individual is attached to. The family is charged with the sole responsibility of socializing the young with the necessary skills to adjust, adapt and survive as a member of a society. The family has been described as the single most influential child hood factor in buffering the child and in shaping later adaptation. The influences of the family on adolescent risk behaviour are fundamentally important, and complex. Factors about the quality and consistency of family management, family communication, family relationships and parental role modeling have been consistently identified as predictive causes of risk behaviours (WHO 2010). Risky taking behaviours by parents, affects family functioning, the parent–child relationship and parenting practices, which in turn affects child development adversely (Latendresse, Rose, Viken, Pulkkinen, Kaprio & Dick 2010)). The mistreatment of children, including sexual abuse, physical abuse and neglect, may also lead to childhood psychopathology and later to risk taking behaviour.
- **Peer Influence:** Peers are a group of people of the same age, status or interests. Peers could include friends, classmates, team members or co-workers. Influence is the effect that a person or thing has on another. Influences can be positive or negative (Alberta Health Services 2010). Peer influence comes in a variety of forms. It can be: Positive e.g. peers may influence others to become involved in a school sports team or club. Negative e.g. peers may influence others to try alcohol, tobacco, other drugs or gambling. Peers may put deliberate pressure on a friend to play poker for money at lunch. Someone might want to belong to a peer group that is playing poker at lunch, and might copy their behaviour to fit in with the group (Alberta Health Service 2010). Therefore, it is imperative to teach adolescents personal coping skills to resist negative influences leading to drug use.
- **Technology:** The invention of the World Wide Web (www), internet and globalization has made sharing, copying and exchange of ideas possible specifically through the use of the social media platforms. Adolescents most times, with the aid of the internet, copy and experiments negative risky behaviours which might destroy their lives. According to the World Drug Report 2014, the online marketplace for illicit drugs is becoming larger and more brazen, now capitalizing on technological advancements in private web transactions and virtual online currency to protect the identities of suppliers, consumers and website administrators. Buyers and sellers are connecting online via dark net sites and most often traffic drugs directly through the postal service. Also adolescents copy sexual behaviours from pornographic sites and put them to experiment, especially without protecting themselves, sometimes they adopt the model of making sexual intercourse with multiple sex partners from the activities seen from the post-modern world.
- **Socio-Economic Status:** Socio-economic status is one of the leading factors that propel people in indulging in risky behaviours. Socio-economic status (for example, living in a deprived neighborhood and low income level among parents) is an important factor to generate risk taking behaviours. This may translate to sexual, cultism and drug abuse activities which might be destructive and constitute to risky behaviours (WHO 2010).
- **Macro-Environmental Factors:** Macro-environmental factors that influence risky behaviours include advertising, legislation and law enforcement and the availability of those entities that might propel risk taking behaviours. The high prevalence of drugs in neighborhoods is mostly related to the availability of such drug in such surrounding neighborhood. Individuals can easily get alcohols and/or drugs of their interest without much effort.
- **Knowledge:** Studies have indicated that, risk taking behaviours is traced to the lack of proper knowledge regarding the risks associated with such behaviour. Adolescents are more likely to start drinking alcohol or other illicit drugs, if they believed that casual use of the specific drugs is not

harmful (Johnston, O'malley, Bachman & Schulenberg 2012). An excessive use of alcohol and/or drug threatens physical or mental health, inhibits responsible personal relationships, or diminishes the ability to meet family, social or vocational obligations.

- **Delinquency and Criminal Behaviour:** There is an undeniable link between risky taking behaviours and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many who indulge on risky behaviours. Alcohol and drug abuse causes delinquent behaviour, and physical or sexual abuse. There is strong evidence of an association between alcohol and other drug use and delinquent behaviour. Alcohol and drug abuse is associated with both violent and income generating crimes by adolescents. Unsafe sexual practice, gangs, drug trafficking, prostitution, and growing numbers of youth murders are among the social and criminal justice problems often linked to adolescent alcohol and drug abuse.

Theoretical Postulations to Explaining Risky Behaviours

Every academic discipline is based on theory, which they use to answer basic questions about the subject matter. Indeed, theory is inescapable in virtually all aspects of human life and activity. Without it "we would be lost in space and time".

Theories are constructed sets of logical consistent statements or propositions of causalities or causal laws between two or more variables. Causal laws are statements of regularities in concomitant occurrences between antecedents and events (Okumagba, Fayeye & Ejechi 2007).

The basic goal of theory is explanation. Explanations are important because they help us figure out why things occur and why are things the way they are, and they suggest what might be done to change things (Barlow & Kauzlarich 2010). In this sense, the theory used in this paper is to render risk taking behaviour among adolescents more understandable. This simple way of conceptualizing theory reflects the diversity of applications that theories have in the research. On this note, the paper adopts three major theories as follows:

- The Differential Association Theory
- Social Disorganization Theory
- Broken Windows Theory

The Differential Association Theory

The Theory of differential association was propounded by Sutherland in 1939. Sutherland maintained in its postulations that through interaction with a primary group or significant others, people acquire definition of behaviour that are deeming proper and improper. He used the term differential association to describe the process through which exposure to attitude favorable to criminal act led to violation of rules such as robbery.

Individual adolescent would get involved in drug abuse so long as they are exposed to drug related activities and delinquent association, whose priority is in drugs and even drug abuse (Odimegwu et. al. 2017). In the theory, Sutherland, went on to explain the process how deviant behaviour is learnt through interaction with deviant group. Specifically Sutherland maintained that as a person becomes delinquent because of an access of definitions favorable to violation of rules or norms. The process of learning criminal or deviant behaviour by association with deviant pattern involves all the mechanisms that are involved in any other learning.

In a related empirical study on differential association theory, sociologist examined the attitude and behaviour of 11-19 years old adolescents. The research found that young people attitude and especially their behaviour influenced the behaviour of their peers. Indeed adolescents are likely to imitate their friend's even when it involved delinquent conduct such as using of alcohol and drug abuse (Ulo 2019). The theory was adopted for its power to explain the relationship between the learning of risk behaviours and the individual's peer influences to act.

Social Disorganization Theory

The theory was first advanced by Clifford Shaw and Henry McKay who discovered that high delinquency rates persisted in certain Chicago neighborhoods for long periods of time despite changes in the racial and ethnic composition of these communities a finding that led to the conclusion that neighborhood ecological conditions shape crime rates over and above the characteristics of individual residents (Lee, et. al. 2013).

Social disorganization theory focuses on the relationship between neighborhood structure, social control, and deviance (crime) (Michael et. al. 2007). Furthermore the theory seek to established a link between the effects of "kinds of places" specifically, different types of neighborhoods in creating conditions favorable or unfavorable to deviant.

Social disorganization refers to the inability of a community to realize common goals and solve chronic problems (Latendresse et. al. 2010). According to the theory, poverty, residential mobility, ethnic heterogeneity

and weak social networks decrease a neighborhood's capacity to control the behaviour of individual in the neighborhood, and hence increase the likelihood of risk taking behaviours among adolescents.

Broken Windows Theory

Broken Windows Theory was a derivative of an experiment conducted by Philip Zimbardo (1969), in which an abandoned automobile was placed in a high crime neighborhood where it remained untouched for a week until part of it was smashed by a researcher. The theory posits that in certain neighborhoods if a broken window remains unrepaired then it alerts others that this is the 'norm', and breaking more windows becomes more acceptable.

The level of disorder in a neighborhood provides a signal to motivate individuals that there is lack of concern about the neighborhood, this indicates that there is lack of social control, either formal (i.e. police officers) or informal (i.e. neighbors, family), which reduces the chances for apprehension. Therefore, adolescents' with risky behaviour will target disorderly neighborhoods to commit offenses because the costs of their illegal actions are greatly reduced or eliminated.

Broken windows theory is primarily concerned with two forms of disorder; physical and social. The Physical disorder represents the level of maintenance for a neighborhood's environment, this includes the conditions of buildings, property surrounding the building, and vacant lots while social disorder is the pattern of social activities, or interactions, which is visible to the public and considered to be 'deviant' or 'inappropriate' to most individuals. This can include the presence of 'non-violent individuals, nor, necessarily, criminal, but disreputable or obstreperous or unpredictable individuals' panhandlers, rowdy teenagers, prostitutes, loiterers, the mentally disturbed' (La Brie et. al. 2011). Thus, the theory is appropriate to the paper, because it possesses the power to explain the linkage between the environment, the availability of the actions (risky behaviours) and the copying individual who further experiment the behaviour.

III. CONCLUSION

Conclusively the topic risky behaviour is a leading area in sociology and psychology, especially with reference to the individual undertaking or indulging in harmful behaviours that might destroy him on his volition. The work found out that Risk taking behaviour, or "at risk behaviour" means behaviour that might lead to undesirable outcomes. And that these behaviours aren't restricted to a particular individual, gender, age, class or groups in society but these behaviours are exhibited by the generality of members of society, depending on their actions toward a particular activity. The study also established that adolescents indulge more in risk taking behaviour than other members of society, reflecting in form of drug use and abuse, partaking in sexual activities that are unprotected especially with multiple partners. On this ground, the work seeks to present 'adolescents and risky behaviours, featuring the clarification of the concepts of adolescents, risky behaviour and linked it to adolescents risk taking behaviours. Further presenting the problem and factors responsible for adolescents risk talking behaviour, the work also undertook discussing the prevalent risk taking behaviours among adolescents in Nigeria, as it relates to sexual intercourse, cultism and drug use and abuse. In addition, the study outlined theoretical postulations, the theories used here are; the differential association theory, social disorganization theory and lastly the broken window theory was all used to explaining risk taking behaviours among adolescents.

Summary:

The high prevalence of risky behaviours amongst adolescents' is a reflection of the defectiveness of the adolescent in the society. These calls for attention and there is urgent need to create awareness on the danger associated with risky behaviour. Recommendations were presented with the aim of controlling, managing and proffering solution to the above problems of risk taking behaviours among adolescents.

Counselling implications

Psychological counselling process varies depending on the content of the problems brought by the client. This process is also affected from the characteristics of the client. In addition, clients may have different opinions and expectations regarding the nature and objectives of Psychological counsellor. Such is also the case for adolescents with risky behaviour. Adolescents prefer using better known sources such as family, friends and teachers when they are in need of help. They may behave reluctantly, shy and cowardly in getting help from psychological counsellors. Especially, this situation may be harder among adolescents showing risky behaviours. The role of the counsellor is to encourage acceptable behaviours by organizing counselling programmes, such as one on one session with client(adolescent) modelling programmes (real and fictional) and creating integrations that will enable the adolescent (students) to cultivate and enhance a well risk-free

behaviour. Counsellors should therefore provide counselling services through provision of information that could affect social development and help adolescents' achieve satisfactory and acceptable behaviours.

As a consequence, it is important to realize healthy and unhealthy developmental aspects of adolescents, also to realize their need of assistance. Adolescents should benefit from professional, psychological counselling and guidance to give right decisions. This guidance source, in Nigeria, means school counsellors or mental health professionals who conduct counselling to adolescents. For adolescent who have shown risky behaviour psychological counselling relation will ensures adolescent to avoid negative events and dangerous situations (Schmidt, 2004). it is observed that adolescents constitutes a distinct group among human being with their intrinsic properties, personality structures, thought systems, beliefs, emotions and reactions. Adolescent is a member of heterogeneous group with distinctive features of each one and needs to be respected, adolescents' respond methods may differ. While some are able to use their coping mechanism by immediately bouncing back, some may experience difficulties in requirements of his/her development period. Besides, many personal and environmental stress factors affect adolescent's development period. Therefore, psychological counsellors who work with them should find methods to provide adolescents with awareness of stress factors effective for them, stimulants and events, and provide them with the ability to cope with these events effectively (Geldard & Geldard 2013). School counsellors may come across with adolescents experiences problems such as academic failure, failure in making appropriate decision, having emotional problems with opposite sex, failure in maintaining positive relationship with others and with the family, distrust in their own abilities, concerns about losing someone they love and failure in coping with peer pressure.

Adolescents tend to express only their own point of view and they believe that problem is not caused by their actions. Although many adolescents are independent cognitively, they cannot escape from effects of family and environment. In other words, they are not fully autonomous personally, so they are not sure about their choices. Adolescents are neither a child nor an adult.

Adolescents may tend to avoid potential problems that may arise from sharing information about others. In addition, researches show that factors such as gender, socio-economic level and culture affect help seeking behaviour (Geldard & Geldard 2013; Gladding 2014).

Since expectations of adolescents from psychological counselling process may differ, psychological counsellors are in need of establishing a better structure with a view to establish a common point of view especially at the beginning of such process. Structuring is used by psychological counsellor to give information to the client about the process especially in the first session. Psychological counsellor-client relationship is clarified, psychological counsellor's and client's roles, rights, responsibilities, and counsellor's rules are determined (Gladding 2014; Voltan-Acar 2010). It is important for psychological counsellor to establish an effective and reliable relationship with the adolescent. At this stage, it is crucial that the counsellors are able to use the communication skills, ability to apply basic counselling skills, to understand the client and express this understanding to the client.

In order to achieve such a result, psychological counsellor should have extensive knowledge about developmental process of adolescents, the ability to communicate with adolescents, and qualifications such as unconditional acceptance and respect.

In process of counselling and consultation, it is suggested that personality characteristics of psychological counsellor are more important than his/her strategic skills (Ikiz & Karaca, 2011). For example, psychological counsellor's having honest and reassuring nature is important in terms of quality of the relation that is established.

Even though adolescent says things not approved by psychological counsellor, psychological Counsellor should be able to communicate his/her thoughts and emotions in a professional manner. In other words, psychological counsellor is expected to be transparent (Okun & Kantrowitz 2014).

Therapeutic relationship is the basis of help process. This relation should be based on mutual relations and cooperation, the therapeutic relationship, clients are involved in psychological counselling process; they cooperate with psychological counsellor and benefit from the process positively (Thompson 2003). Similarly, the ability to involve closely is another skill that strengthens therapeutic relationship between the client and psychological counsellor. The client, feeling that he/she is closely taken care of, feels safe, and more easily expresses his/her feelings and thoughts. This skill should be used continuously from the first session to the last (Voltan-Acar 2010).

As is known, adolescents are in the process of transition to individualization, independence and autonomy because of the developmental period they are in. Especially, families with dominant features are anxious about their children getting away from them, and they begin to oppress the adolescent more and more. For such reasons, adolescents are more resistant and difficult in expressing themselves against adults. Not only they have difficulty in expressing themselves to adults but also they also feel difficulty in communicating with psychological counsellor. Besides, it is observed that adolescents like to have control in themselves while talking, they want to receive suggestions and offers, they are more impatient, clearer about what they like or not,

they go off the subject easily and prefer asking close-ended questions. For the reason stated above, a psychological counsellor should pay attention to characteristics and needs of a young person to establish communication with the adolescent. (Geldard & Geldard 2013; Gladding 2014; Okun & Kantrowitz 2014).

Recommendations

Risk taking behaviours of adolescents have being seen to have negative implication on the adolescents and society at large where not properly managed, prevent or control. The following recommendations are proffer:

1. Parents being the first care giver of adolescents should pay particular attention to virtually all of their interest such as association with peer group, internet usage and adventures of life, since these contribute greatly to adolescent risky behaviour. Parents should be available to guide, create time and model their adolescents in this critical stage of their lives so that they will not fall prey of risky behaviour.

2. Teachers should give orientation of Sex education in schools, enforce prevention strategies by encouraging abstinence since most adolescent engage in risky sexual inter-course involving with one or multiple partnerships, of different sexual acts and sexual orientation, especially without them knowing the dangers involved in the act. There is also need for the teachers/counsellors to create the awareness of the danger associated with early age at first sexual intercourse, unprotected sexual intercourse with 'at risk' sexual partners, and untreated sexually transmitted diseases and the behaviourial implications in the prevention of HIV and other sexually transmitted Disease and infections (STD's & STI's).
They should also let the adolescents know the risk of negative health consequences associated with early and unsafe sexual activity, which are characterized by infectious disease such as the human immunodeficiency virus (HIV), other sexually transmitted infections (STIs) and unintended pregnancies.
3. The government should introduce sex education amongst other majors to the school curriculum in all our schools by making it a compulsory subject to limit some of the risky behaviour associated with the adolescents and by extension youths engage in. The government should put stringent majors to prevent abuses of drug by adolescents and to rehabilitate those who are already addicted to risky behaviour. Also, the governments should carry-out a sensitization campaign geared towards the adolescents into channeling the energy into a constructive recreational activity.
4. The society can help curbed criminal activities by way of communal support; creating awareness of danger associated a world of crime and violence.
5. Stakeholders can create awareness on the danger of Cultism and let adolescents understand the negative implications of joining a secret cult risky behaviour that may cause bodily harm, resulting to physical injuries and or death especially during their initiation ceremonies. Cult activities (which include killing, maiming, raping of fellow members and non-members) has a destructive social and psychological implication to members and by extension the generality. The present of these negative implications most adolescent in Nigeria still venture into this very group of different sort, which is self destructive to their immediate lives, future and family and society at large.
6. Counsellors should occasionally use different strategies in counselling the adolescents and enforce prevention strategies by encouraging adolescents to shun risky behaviours.
7. Finally the researchers advocate government organizes public enlightenment campaign every year.

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