Influence of Depression and the Moderating Effect of Self Esteem on Risky Sexual Behaviour among University of Ibadan Students

Adenrele, T.A. and Olley, B.O.
Department of Psychology, University of Ibadan, Nigeria

This study examined the influence of depression and the moderating effect of self esteem on Risky Sexual Behaviour among the University of Ibadan students. Two hundred and twenty-five students comprising of 88 males (39.1%) and 137 females (60.9%) drawn from the University of Ibadan with their age ranging from 16 to 31, with mean score of 19.68 years ± 2.862, were recruited for the study. Partial correlation and multiple regression analysis were carried out to identify the moderating and mediating effect of self esteem on the relationship between depression and risky sexual behaviour respectively. It was established that the quality of relationship between depression and risky sexual behaviour drops significantly when self-esteem is controlled \[ r (223) t = .191, p < .01 \], indicating that self-esteem moderates the influence of depression on risky sexual behaviour. Multiple Regression analysis showed that depression and self esteem have significant joint influence on risky sexual behaviour \[ F (2, 222) t = 7.442, p< 0.05 \] and that only depression made significant independent contribution to the prediction of risky sexual behaviour \( \beta = 0.207, t = 2.895, p<0.05 \). T-test of independence shows that participants with low self esteem significantly reported high risky sexual behaviour \[ t (223) = .2.109, p<0.05 \]. Likewise, students with severe depression significantly score higher on risky sexual behaviour \[ t (223) = -.2046, p<0.05 \]. It was concluded that depression and self esteem are important in explaining Risky Sexual Behaviour among students. It therefore emphasizes the consistent screening of mental health of students as part of student help programme in the University.

Keywords: Risky sexual behaviour, depression, self esteem

Introduction
Sexual activities among youths have been reported to be increasing both in Nigeria and worldwide (World Health Organization, 2001). For example Iwuagwu, Ajuwon & Olaseha (2000) found in a sample of female university students in Nigeria that 16.9% males and 39% females of those who were sexually active had used condom during their first and last sexual encounters respectively, with only 34.3% reporting using them consistently. Similarly, Olley & Rotimi (2003) in a study involving male and female university students found that 77% of the students had never used a condom and these include 30% of males and 11% of females who did not use condom at their last sex. The results from these aforementioned available studies in Nigeria reinforce the notion that university students are sexually active and few of them are consistently practicing safe sex.

The youths as defined by The Nigerian National Youth policy (2001: 2) comprise all young persons between the ages 16 and 35 years, who are citizens of the Federal Republic of Nigeria, account for 32.0% of Nigeria’s 140 million people and nearly half (48.6%) of adolescents aged 15-24 are sexually active (Nigeria Demographic and Health Survey, 2009). Until recently, adolescents in Nigeria were seen as a healthy segment of the population and received low priority for services, but biology and society bring in additional health
challenges to them; those resulting from unprotected sex, violence and substance abuse. Such challenges include experimentation with roles, ideas, styles, as well as risky behaviours (Shapiro, Siegel, Scovill & Hays, 1998).

Risky sexual behaviour involves activities that increase one’s risk of contracting sexually transmitted infections and experiencing unintended pregnancies which may result from having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol or drugs, substance abuse and unprotected sexual behaviours (Taylor-Seehafer & Rew, 2000). Indeed, having sex at an early age could harm adolescents’ overall health in general and their sexual health in particular (Centers for Disease Control and Prevention (CDCP), 2010).

Risky sexual behaviour can be influenced by multiple factors at multiple levels. For example, teenagers’ sexual activity or abstinence may be supported by various levels of factors - individual, peer, familial, and institutional. Teenagers who have had sex differ from those who have not with respect to attitudes and beliefs, peer norms, alcohol and drug use, life challenges, stress, parental factors, mental health problem, school involvement, church involvement and especially the values they hold in high esteem (Daniel, Kim & Leslie, 2000). Likewise among other things that predisposes young people to engage in risky sexual behaviour is that they often face enormous pressure especially about the daily expectations of the society on them which can have adverse effect on their mental health.

Depression as a mental health problem is a significant contributor to the global burden of disease. It affects people in all communities across the world regardless of age or social status and it often clouds individual decision and it is estimated to be affecting 350 million people worldwide (W.H.O, 2012). It is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, clouded judgement and poor concentration. These problems can become chronic or recurrent and can lead to substantial impairments in an individual’s ability to take care of his or her everyday responsibilities (W.H.O., 2012). A recent review on the prevalence of depression among university students found that reported prevalence rates ranged from 10% to 85%, with a weighted mean prevalence of 30.6% and that university students experience rates of depression that are substantially higher than those found in the general population (Ibrahim, Kelly, Adams & Glazebrook, 2013).

Depression is cross-sectional and longitudinally linked with increased risky sexual behaviour, including greater number of partners (McGee & William, 2000; Orr, Celentano, Santelli & Burwell, 1994) and condom non-use (Mazzaferrro, Murray, Ness, Bass, Tysus & Cook, 2006; Seth, Rajji, DiClemente, Wingood & Rose, 2009). One explanation for depression comes from Beck’s cognitive theory of depression, which describes that negative feelings and thoughts play a central role in how people feel about themselves, which ultimately influences the behaviour in which they engage (Beck, 1967, 1995; Seth P. et al., 2009). Such negative thoughts and cognitive distortions can deter rational decision-making and allow emotions to influence behaviour (A.T. Beck, 1967, 1995). Thus, depressive symptoms may not support healthy decision making and subsequent healthy behaviour, including safe sexual decision making and safe sex behaviour. Adolescents with depressive symptomology may lack the self-esteem, self efficacy and assertiveness to negotiate safer sex or entire abstinence (Brown, Danovvsky, Lourie, DiClemente & Ponton, 1997; Kowaleski-Jones & Mott, 1998; Spear & Kulbok, 2001).

Self-esteem refers to the evaluation which the individual makes and customarily maintains with regard to himself/herself. It expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy (Coopersmith, 1967; Rosenberg, 1979). Our assessments of our own worth as human are usually based on the judgements we imagine others make of us. In other words, what shapes our self-esteem is not our objective accomplishments objectively and directly appraised, but the anticipated judgement of these
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accomplishments by other people and when these other people are themselves very successful, our own successes will look less impressive (Cakar & Karatas, 2012).

Despite the increase in education and medical interventions provided to adolescents and young adults about risky sexual behaviour, solely educating them regarding the risk of engaging in various health risk behaviours is usually insufficient for resultant changes in behaviour (Fahs, Smith, Atav, Britten, Collins, Morgan and Spencer, 1999). Therefore, research aimed at understanding the potential precipitating factors for engaging in risky sexual behaviours and the potential protective factors is essential. The aim of this study was (1) to understudy the moderating and mediating role of self esteem on the relationship between depression and risky sexual behaviour, (2) to study the joint and independent influence of self esteem and depression in predicting risky sexual behaviour, (3) to deduce influence of mild/severe depression on risky sexual behaviour compared to participants with normal state of mind, and (4) to examine the influence of low self esteem on risky sexual behaviour compared with participants with high self esteem.

Methods

Procedure
The researcher briefed the students about the nature, purpose and process of the study after which informed consent was obtained from those who agreed to participate in the study. Respondents were assured of confidentiality, privacy and anonymity of information provided and given the choice not to partake in the study if they so desired.

Participants/Setting
A non probability sampling (purposive sampling) technique was used to recruit 225 (88 males (39.1%), and 137 females (60.9%)) university students for the study. Inclusion criteria were: to be a current student of the University of Ibadan, above 15 years of age, is single (Not married yet), indicate willingness to participate in the study, understand and speak English. This study was carried out in the University of Ibadan, Ibadan, Oyo State, South-West Nigeria.

Measures

Socio-demographic variables: A 7-item questionnaire was used to gather information about age, gender, marital status, occupation of father, and occupation of mother.

Risky Sexual Behaviour questionnaire: A 6-item questionnaire measuring risky sexual behaviour as conceptualized by Lawal, A.M., 2012 was used. The scale item responses were coded using a three-point scale from 3 being always to 0 being never.

Depression: A 20-item questionnaire that is based on the Center for Epidemiologic Studies Depression (CES-D) Scale was used. The CES-D Scale, originally developed by Radloff (1977), is a widely used and reliable depressive symptomatology metric. It consists of 20 items that measure depressive symptoms in the general population including depressive mood, feelings of guilt and worthlessness, psychomotor retardation, loss of appetite, and sleep disturbance.

Self esteem: The Rosenberg Self-Esteem scale (Rosenberg, 1965) was used to assess the students’ attitude towards their self worth. The Rosenberg Self-Esteem scale is a 10-item measure of global self-regard, and includes items such as “On the whole, I am satisfied with myself”. Respondents express their degree of agreement on a 3-point Likert-type scale ranging from 3 ‘strongly agree’ to 0 ‘strongly disagree’ for some of the items which provide positive assessments of self-worth (items 1, 2, 4, 6, 7), whereas others are measures of self-derogatory statements (items 3, 5, 8, 9, 10).

Statistical Analysis
Both descriptive and inferential statistics were used to analyze the data that were collected from the respondents using SPSS software version 21. To deduce the relationship between Risky Sexual Behaviour of the students, Zero-Order Correlation analysis was collated with the dependent variable being the degree of Risky Sexual Behaviour within three months prior to the study. Independent variables were derived from (a) Socio-demographic variables such as
age, gender and religion (b) Psychosocial variables such as depression and self esteem.

Results
Preliminary analysis that involved Pearson correlation statistics was carried out to ascertain the nature of the relationship between the demographic data and the psychological variables under this study which is shown on table 1. Demographic data include age, gender, educational level and religion while psychological variables include Risky Sexual Behaviour, depression and self esteem.

Table 1: Showing Zero Order Correlation, Means and Standard Deviation of all variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>x</th>
<th>Sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.68</td>
<td>2.862</td>
</tr>
<tr>
<td>RELIGION</td>
<td>.099</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.93</td>
<td>.313</td>
</tr>
<tr>
<td>LEVEL</td>
<td>.236**</td>
<td>.036</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.21</td>
<td>.860</td>
</tr>
<tr>
<td>GENDER</td>
<td>-.376**</td>
<td>-.083</td>
<td>-.098</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1.61</td>
<td>.489</td>
</tr>
<tr>
<td>R.S.B.</td>
<td>.256**</td>
<td>.055</td>
<td>.180**</td>
<td>-.330**</td>
<td>1</td>
<td></td>
<td></td>
<td>.74</td>
<td>2.120</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td>-.121</td>
<td>.069</td>
<td>-.062</td>
<td>.240**</td>
<td>1</td>
<td></td>
<td></td>
<td>10.29</td>
<td>8.318</td>
</tr>
<tr>
<td>SELF ESTEEM</td>
<td>-.130</td>
<td>.055</td>
<td>.202**</td>
<td>-.166**</td>
<td>-.419**</td>
<td>1</td>
<td></td>
<td>24.62</td>
<td>4.081</td>
</tr>
</tbody>
</table>

* P < .05, **P < .01
NOTE: R.S.B means Risky Sexual Behaviour

Role of Self-esteem in the Relationship between Depression and Risky Sexual Behaviour
Table 2 aimed at checking how significantly self-esteem moderates the relationship between depression and risky sexual behaviour, the analysis shows that the quality of relationship between depression and risky sexual behaviour drops significantly when self-esteem is controlled for [r (223) = .191, p < .01]. This implies that self-esteem contribute to the influence of depression on risky sexual behaviour.

Table 2: Showing the Moderation of Self-esteem in the Relationship between Depression and Risky Sexual Behaviour

<table>
<thead>
<tr>
<th>CONTROL VARIABLES</th>
<th>DEPRESSION</th>
<th>RSB</th>
<th>X</th>
<th>Sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1.000</td>
<td>.240**</td>
<td>10.29</td>
<td>8.318</td>
</tr>
<tr>
<td>Self Esteem is Risky Sexual Behaviour (RSB)</td>
<td>.191**</td>
<td>1.000</td>
<td>.74</td>
<td>2.120</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>-.412**</td>
<td>-.109</td>
<td>24.62</td>
<td>4.081</td>
</tr>
</tbody>
</table>

**. Correlation is significant at 0.01 level
a. Cells contain zero-order (Pearson) correlations

Independent and Joint Influence of Depression and Self Esteem on Risky Sexual Behaviour
Table 3 shows that depression and self esteem yielded a coefficient of multiple (R) of 0.251 and multiple correlation square of 0.054. This shows that 54% of the total variance of risky sexual behaviour is accounted for by the linear combination of the two independent variables reflecting that the two independent variables had joint influence on risky sexual behaviour [F (2, 222) = 7.442; p< 0.01]. Based on this result, it can be reported that there was a significant joint influence of depression and self esteem on risky sexual behaviour and that only depression made significant independent contribution to the prediction of risky sexual behaviour (β = 0.207; t = 2.895; p<0.05).
Table 3: Summary showing the independent and joint influence of Depression and Self Esteem on Risky Sexual Behaviour

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>R</th>
<th>R²</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>0.207</td>
<td>2.895</td>
<td>&lt;.05</td>
<td>.251</td>
<td>.054</td>
<td>7.442</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>-0.079</td>
<td>-1.101</td>
<td>&gt;.05</td>
<td>.251</td>
<td>.054</td>
<td>7.442</td>
<td>&lt;.01</td>
</tr>
</tbody>
</table>

Self esteem and risky sexual behaviour

Table 4 shows that students with low self esteem significantly reported high risky sexual behaviour \([t (223) = 2.109, p<.05]\). It was also deduced from the table that students with low self esteem has mean of 0.82 on risky sexual behaviour, while those with high self esteem has mean of 0.32 with mean difference of 0.50 and relative increase in their standard deviation. Based on the mean, participants with low self esteem scored statistically significantly higher on risky sexual behaviour.

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>Group</th>
<th>N</th>
<th>x</th>
<th>Sd.</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Esteem</td>
<td>Low</td>
<td>191</td>
<td>.82</td>
<td>2.258</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>34</td>
<td>.32</td>
<td>.976</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 shows that participants with normal state of mind significantly reported low risky sexual behaviour \([t (223) = -2.046, p<.05]\) and that participants with severe depression significantly score higher on risky sexual behaviour. However, it was hypothesised that the severely depressed students will score lower on risky sexual behaviour but the result of the study revealed that severely depressed students score significantly higher on risky sexual behaviour.

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>Group</th>
<th>N</th>
<th>x</th>
<th>Sd.</th>
<th>Df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Normal</td>
<td>121</td>
<td>.52</td>
<td>1.428</td>
<td>223</td>
<td>-2.046</td>
<td>&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Mild/Severe</td>
<td>104</td>
<td>1.94</td>
<td>4.065</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Age, Gender, Religion Affiliation and Risky Sexual Behaviour**

Table 6: Summary Showing Association of Gender, Age, and Religion with Risky Sexual Behaviour using 2x2x3 Pearson Chi-square

<table>
<thead>
<tr>
<th>Demographic factors</th>
<th>Risky Sexual Behaviour (RSB)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low tendency n (%)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Age (years)</td>
<td>16-20</td>
</tr>
<tr>
<td></td>
<td>21-25</td>
</tr>
<tr>
<td></td>
<td>26 and above</td>
</tr>
</tbody>
</table>
Discussion
This study examined the influence of depression on risky sexual behaviour as well as the moderating effect of self esteem among students of University of Ibadan. A major finding of the study is establishing that there is a significant positive relationship between depression and risky sexual behaviour indicating that the more the university students experience depression, the higher their involvement in risky sexual behaviour. To have a clearer picture and deeper grasp of this relationship between depression and risky sexual behaviour, different spheres of domain which can reflect depression symptoms were examined (such as dryness of mouth, breathing difficulty, over reaction, indecision, self worth perception etc). This finding was consistent with previous studies by Kaltiala-Heino, Kosunen and Rimpela (2003); Asarnov, Zeledon, D’Amico, LaBorde, Anderson, Avina et al. (2014); Schuster, Mermelstein & Wakschlag (2013); Seth, Patel, Sales, DiClemente, Wingood & Rose (2011); Chen, Lin, Lee, Lai, Chen & Ferri (2010) who reportedly found that depression during adolescence is associated with increase in health risk behaviour involving risky sexual behaviour. This indicate that the higher the severity of depression, the higher engagement in Risky Sexual Behaviour. This result therefore lends further credence to depression as possible precipitative and predispositional factor to youth’s engagement in risky sexual behaviour.

Overall, self esteem significantly moderates the relationship between depression and risky sexual behaviour. It was revealed that the quality of relationship between depression and risky sexual behaviour drops significantly when self-esteem is controlled for. This could mean that risky sexual behaviour could be a coping strategy with psychological distress for the participants, and when there is a low level of self-esteem, it tends to make young adults engage more in risky sexual behaviour. Indeed, the theory of Baumeister Scher (1988); Cooper, Shapiro & Powers (1998) provided some support of the hypothesis that individuals who used sex as a means of coping with aversive negative emotional states would engage in more risky sexual behaviour.

The finding of this study corroborate previous reports of Geçkil & Dündar (2011); Ahmadian, Hamsan, Abdullah, Abu Samah & Noor (2014); and Ofiolo & Agokei (2014) who noted an important association between self-esteem and Risky Sexual Behaviour among adolescents in their studies. Specifically, they found that adolescents who scored low on self-esteem had higher scores for Risky Sexual Behaviour. A key argument has been that low self-esteem places the individual at a high risk for taking part in risky behaviours such as risky sexual activities, including having unprotected sex and not limiting sexual partners. The outcome suggests that as self-esteem becomes high, risky sexual behaviour will either be delayed or declined. This finding is plausible given that the basic need of all people is that of believing that they are lovable and knowing that they are loved. When people have low self-esteem, however, they are anxiously unsure of themselves and will likely, often use sex as a way to desperately get attention and approval from others.

Both self esteem and depression has significant joint influence on risky sexual behaviour while only depression made significant independent contribution to the prediction of risky sexual behaviour. In support of this finding, Miller, Kreitman, Ingham & Sashidharan (1989) reported that when examining the role of life events and difficulties, it was found that total level of stress interacted with low self-esteem in predicting depression, whereas self-esteem alone made no direct contribution. A number of studies have found that sexually active adolescents are more likely to suffer from depression and low self-esteem than peers who delay first intercourse (Spencer et al., 2002; Or, Wilbrandt, Brack, Rauch & Ingersoll (1989). Another relevant finding of this study is that young adults with low self esteem engage more in risky sexual behaviour than young adults with high self esteem. The result established that student’s division of self esteem into low or high does influence their risky sexual behaviour. This finding is in line with report of Ahmadian M. et al. (2014) who established that negative self-evaluation and adolescents’ attitude towards sexual health remained significantly associated with premarital sexual intercourse. Results of this study show that sexually active adolescents are almost seven times more likely to have negative self-evaluation. Likewise,
adolescents’ negative attitude regarding sexual health increases the sexual intercourse rate about five times. Also, Ofole N.M. et al. (2014) in their study among female in-school adolescents in Delta, Nigeria established that risky sexual behaviour is negatively correlated with self-esteem. This implies that the lower the self esteem, the higher involvement in risky sexual behaviour and vice-versa.

As to whether young adults who are severely depressed will significantly score lower on risky sexual behaviour compared to young adults with normal state of mind, result revealed that young adults with normal state of mind significantly reported low score on risky sexual behaviour [t (59) = -2.089, p<.05]. The mean difference observed indicates that severely depressed young adults significantly score higher on risky sexual behaviour. This finding is adding to scholaristic knowledge because the most believed notion is that severely depressed individuals tend to have reduced sexual drive which is contrary to the finding of this study. This is in line with findings of Messman-Moore, Walsh, Dillillo (2010), and Seth et al. (2011) who reported that depression influences risky sexual behaviour.

This study also shows that there is a significant association between risky sexual behaviour and some socio-demographic variables such as gender, age, and religion affiliation. Males showed higher percentage of tendency to engage in risky sexual behaviour than females; those above 26 years of age having highest risky sexual behaviour tendency compared to those of lower ages. Also, those belonging to religious affiliation other than Christianity and Islam reflected a strong tendency to engage in risky sexual behaviour.

This is in line with previous findings of Hallfors, Waller, Ford, Halpern, Brodish and Iritani (2004) reporting that engagement in any drinking, smoking, and/or sexual behaviour was associated with significantly increased odds of depression, suicidal ideation, and suicidal attempts. Girls were found to be at increased risk for exhibiting these associations. Other researchers have found that associations between low self-esteem and risk behaviours are limited to certain demographic groups. For example, four studies have linked smoking, problem drinking and/or unhealthy weight loss behaviours with low self-esteem for girls, but not for boys (Abernathy, Massad and Romano-Dwyer, 1995; Koval, Pederson, Mills, McGrady and Carvajal, 2000; Neumark-Sztainer et al., 1997; Pita’nen, 1999).

A number of studies have observed a positive association between age and sexual experience, that is, as age increases the participation in sexual activity also increases (e.g. Nikula, 2009). Although older adolescents have better knowledge and experience and are more likely to use condom/contraceptive consistently at their first sexual encounter than younger adolescents (Khan, 2002). Contrary to this finding, Bachanas, Morris, Lewis-Gess, Sarett-Cuasay, Sirl, Ries & Sawyer (2002b) found that the younger adolescents were significantly more depressed than the older adolescents and engage more in risky sexual behaviour and sexual debut at younger ages.

Available literature indicates that religious affiliation tends to exert a constraining effect on the attitude of adolescents towards involvement in sexual activity (Fehring, German, Cheever & Philpot, 1998; Thornton & Camburn, 1989). Previous studies reported that higher level of religiosity is very likely to delay sexual initiation among young people (Barnett, Jackson, Smith & Gibson, 2010; Etzkin, 2004; Hardy & Raffaelli, 2003; Rostok, Regerus & Wright, 2002; Steinman & Zimmerman, 2004).

There are a number of limitations to the present study that must be acknowledged. Inaccurate recall of past events and the social desirability expectations often exhibited in such sensitive social issue such as asking adolescents and young adults to report about their sexual activity may have made a underestimation of the actual level of sexual risk behaviour of the participant in this study. Also, using only single students who are not married could have biased the findings of this study. Future research work in this area should make use of both married and single students for comparison to be made and to enhance generalizability. In addition, though, an attempt to study the entire student of the university was the focus, the sample that forms this report may not be representative of the entire student because the sample frame is unknown to further establish its external validity.

It was concluded that depression and self esteem are important in explaining risky sexual behaviour among students. It therefore emphasizes the consistent screening of mental health of
students as part of student help programme in the University.

Implication

From the foregoing, it could be deduced that a number of students in a Nigerian University engage in risky sexual behaviour as a result of depression which results from different stresses of life and that self-esteem can actually ameliorate the effect that depression has on their engagement in risky sexual behaviour. It was concluded that depression and self-esteem are important in explaining Risky Sexual Behaviour among students.

Recommendations

As depression has been identified to place adolescents and young adults at increased risk for a number of potentially serious health consequences most importantly risky sexual behaviour, this present study has identified self-esteem as a moderator of the effect of depression on risky sexual behaviour thus the need to focus more on intervention targeting the self-esteem of adolescent and young adults in curtailing the continuous engagement in risky sexual behaviour. It is therefore recommended that as part of the comprehensive HIV/AIDS preventive program, it is important that intervention be directed in the area of building individual self-esteem. It also emphasizes that consistent screening of mental health of students as part of student help programme in the University should be brought to the fore.

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