

Risky and Sexual Behaviors Among Young People of the University of Bohol

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ABSTRACT

This paper looked into sensitive issues on risky and sexual behaviors faced by young people today that have future ramifications. The purpose of this study is to provide knowledge of the sexual and non-sexual risk taking tendencies among young people of the University of Bohol, School Year 2012-2013. A descriptive survey method was formulated to obtain quantitative measures of the background and behavior of young people in the study area with the aid of a questionnaire that made use of a modified version of the Young Adult Fertility and Sexuality Study survey, the checklist and open-ended questionnaire were also utilized. Results were tabulated and analyzed utilizing frequencies, percentages and cross-tabulations. Among the sexual and non- sexual risk-taking behaviors, engagement to drinking got the highest number, followed by smoking, engagement into pre-marital sex without the use of contraception and a very few number claimed to misusing drugs. This institutional

research is one of the answers to the university's unceasing quest in providing students with an education not just develops a strong foundation of knowledge, but also equips them with the skills needed in honing pro-active citizens, who are participative in addressing and defining concerns of the times.

KEYWORDS

Young people, risky behaviors, descriptive survey, ramifications, Asia, Bohol-Philippines

Adolescents who are healthy and happy are better equipped to contribute to their communities as young citizens despite the major shifts in the world they are about to inherit.

- World Youth Report, 2013

INTRODUCTION

Almost a quarter (24%) of the globe's 7 billion people are between the ages 10-24, making such the largest group to enter adulthood (Computed from the PRB data of youth aged 10-24, PRB, 2006). With this bulk of entrants in the adult world, there is a great need to prepare them for greater responsibilities to manage themselves, their communities and the future of the society. Again, with this foresight, a closer look is imperative to take care of this young people and adolescents because they are very much the present of the society. There are more young people in the world today compared before. The majority of these youth live in less developing countries. In the Philippines, the 10-24 age group composed 30.4 million which is 31% to the total population in 2013 (PRB Youth Data Sheet, 2013).

This paper looked into some methodological and sensitive issues faced by adolescents in specific contexts. The tremendous variation of young people's concerns is dependent on what stage of life do they belong that includes pubertal stage, adolescent stage or early adulthood. Another consideration is the context where they belong (PRB, 2000). The transition they faced from childhood to adulthood made them confront challenges and how they make decisions may have future ramifications. The emergence of several needs such as reproductive and health needs would result from a variety of physiological and psychological changes. In the midst of these changes, their risk-taking behaviors need a closer look. A number of young people are exposed to risk-taking behaviors such as smoking, drinking and drug use; and

health risks associated with sexual activity, including exposure to STIs, unintended pregnancies, and complicated pregnancies and childbirths.

This paper explored the issues raised by behavioral and educational psychology researchers about risky behaviors of the adolescents and information were taken through non-threatening methods and tools for adolescents. This paper aimed to promote the well-being of adolescents that is a critical goal in and on itself, with far-reaching outcomes to society as a whole. In particular, the decisions these young people make regarding their lives will make today's youth the crucial group in determining the future of the world population for years to come. Hence, this study further aimed to enable university planners and stakeholders to meet the changing and evolving needs of the adolescents.

This institutional research is one of the answers to the university's unceasing quest in providing students with an education that not only develops a strong foundation of knowledge but also equips them with the skills needed to be effective and proactive citizens and to be participative in addressing and defining concerns of our times. Hence, this undertaking attempted to look into the risk-taking and sexual practices of the adolescents in the different colleges of the university and its findings shall be the basis of the Institutional Enhancement Program for the Health, Well-Being and Welfare of Adolescents/Young People of the University of Bohol.

Theoretical Background

The Ecological Theory (Bronfenbrenner, 1977) stipulated the four systems that include roles, norms and rules that shape development that includes adolescent stage. The most proximal context in the world of adolescents is the microsystems that includes the significant people like the peers, the family members and the social institutions that include the school and church. It further states that the adolescents' behaviors are manifested in the context of their relationships with significant others in the context of their ecological milieu. (Millstein, S. G., & Igra, V. I. V. I. E. N. (1995).

Problem behavior theory postulated by Jessor (1977) during this particular stage, problem behaviors among adolescents can be considered instrumental to gain peer acceptance and respect; their way of attaining independence from parental control; their way as well of coping frustration, stress and impending failure. Thus, it stresses their sense of identity from self and significant others, a transition from childhood to adulthood (Jessor, R., & Jessor, S. L. (1977).

David Elkind (1967) proposed the theory of adolescent egocentrism that includes imaginary audience and personal fable. The personal fable which is considered

as an after effect of the notion of imaginary audience eventually elicits a sense of invulnerability and is associated with risk taking tendencies among adolescents. In a developmental point of view, the risk-taking tendencies are considered an outcome of cognitive immaturity. The adolescents have the notion to assume of an imaginary audience that may lead them to be preoccupied with their personal appearance. (Elkind, 1967).

Related Studies

According to PRB Youth Data Sheet, 2013, young people in both sexes in developing countries are flocking to enroll in secondary school more in number than before. It provided them the opportunity to acquire competencies and skills to have healthy and productive lives. On the other hand, these population of young people still face challenges to be employed, and they have to tread serious dangers to their health on those sexual and non-sexual risk-taking behaviors (<http://www.prb.org/Publications/Datasheets/2013/youth-datasheet-2013.aspx>).

Donovan and Costa (1988) posited that problem behaviors of adolescents such as alcohol abuse, marijuana use, delinquency and precocious sexual activity associated with one another and were inversely related to conventional behaviors such as church attendance (Igra, V., & Irwin, C. E. (1996).

In the studies of Raymundo et al (2003), adolescents are exposed to health risks that are linked with sexual and nonsexual activities including exposure to STIs, unintended pregnancies, and complications from pregnancy and childbirth. A speculation that the decrease in parental control has led to a rise in problem behaviors (Cruz et al.,2002; Raymundo and Cruz, 2003; Raymundo, 2004; Raymundo, et al, 2004) The studies further stipulated that smoking, drinking, and drug use experimentation are on the rise among young Filipinos (Cruz et al.,2002; Raymundo and Cruz, 2003; Raymundo, 2004; Raymundo, et al, 2004) .

Anthony Beglan, et al, 1988 made a study on Social and Behavioral Factors Associated with High Risk Sexual Behaviors Among Adolescents. It studied on behaviors such as promiscuity or non-use of condom which made them susceptible to HIV or STDs and those risk behaviors are found to be inter-correlated. Adolescents who rarely use condoms and most likely to be of greater risk on STDs are significantly related to cigarette smoking, drug and alcohol use. Variables connected with social context such as family structure, parenting practices and friends' engagement in problem behaviors were associated with tendencies on high risk sexual behavior (Biglan, A., Metzler, C. W., 1990).

As pointed out by Igra and Irwin (1996), risk taking tendencies can serve adolescents various purposes. They can draw approval and respect from peers, create independence from their parents, they can gain intimacy, gain ability to deal with anxiety and frustration, gain confidence in making decisions and bolster their self-esteem.

The occurrence of risk-taking behaviors do not happen in isolation, instead, they are clustered in predictable ways. It was found out that the capacity to engage in one type of risk taking behavior increases the chances to be involved in other types of risk-taking tendencies (Irwin & Shafer, 1992; Osgood, Johnston, O'Malley, & Bachman, 1988).

A study conducted by Meltzer et al, 1994 on the Social Context for Risky Sexual Behaviors Among Adolescents supported that adolescents' risky and sexual behavior are products of the same peer and family factors which have a great influence on problem behavior. Adolescents who had circle of peers who were involved in different problem behaviors were more likely to engage in risk-taking and sexual behaviors.

A study on Risk Taking in Adolescence New Perspective from Brain and Behavioral Science being conducted by Steinberg, L. (2007), it contends that the temporal gap that transpires during puberty impels young people's tendency seek for thrill, the slow maturation of the cognitive-control system that is responsible for impulse regulation, would make adolescence increase their vulnerability to risk taking behaviors. It is imperative for a designed educational intervention for adolescents to facilitate the process that they will effectively make a paradigm shift in their views of risk-taking behaviors.

On the YAFS 3 survey analysis, it indicated that young people who smoke were also reportedly experienced other risky behavior practices that include substance abuse, premarital sex and paid sex as compared to those who have never smoked. Furthermore, smokers were also exposed to drinking, suicide ideation and violence (Raymundo and Cruz, 2003).

Cruz et al. (2002) posited the significant association between exposure to mass media and the vulnerability of adolescents to risky behavior. Their report pointed out that adolescents who are exposed to sensual films are more likely to have ever smoked as compared to those who did not get such exposure. Furthermore, the study stressed the constant exposure to videos and newspapers will bring individuals more prone to commercial and pre-marital sex due to the liberating appeal that they offer.

METHODOLOGY

A descriptive survey method was formulated to obtain quantitative measures of the background and behavior of youth in the study area with the aid of a questionnaire. The research instruments made use of a modified version of the Young Adult Fertility and Sexuality Study survey. To facilitate ease in filling up the answers by the respondents, open questions were used for them to supply the needed information, checklist form was also utilized that respondents need to check their answers from the alternatives. The questionnaire had undergone physical test and pre-test for validity and reliability check. The permission to conduct the survey was secured from the Vice-President for Academics which memorandum was circulated for the different departments. The study ascertained the “do no harm” principle and not placing informants/respondents at any risk by participating in the research was upheld throughout the research process. Informed consent was sought before conducting any survey. Participants affixed their signature to the consent form. For the high school students, letters were sent to the parents on the intentions of the study and their permissions for their adolescents to be part of the study were given through signing the consent forms. Participants were assured of the confidentiality of the information they gave to the research team and complete anonymity of the sources of information.

As defined by the World Health Organization (2000), young people referred to persons with the age range of 10-24, adolescents 10-19, and youth as individuals ranging from 15-24. That concept is modified in this particular study, although those terms are still used interchangeably, included in this survey were between ages 15-24 and were included in the study and referred as young people. The survey covered 359 young people representing 40% of the actual population of each college of the University of Bohol, such as 8.91% from the University High School(UHS), 2.23% from the College of Arts and Sciences (CAS), 12.27% from the Teachers College (TC), 11.98% from the College of Criminology (COC), 8.08% from the College of Nursing (CON), 1.67% from the College of Physical Therapy and Allied Medical Sciences(PTCAMS), 14.48% from the College of Hospitality Management Tourism and Nutrition and Dietetics (CHMTN), 3.34% from the College of Architecture and Fine Arts (CAFA), 11.42% from the College of Engineering and Technology (CET), 18.94% from the College of Business and Administration (CBA) and 5.01% from the College of Pharmacy (COP) (Please refer to Annex Table 1).

The purpose of this study is to provide knowledge of the sexual and non-sexual risk taking tendencies among young people of the University of Bohol, School Year 2012-2013. It sought to answer the following:

1. To describe the profile of the respondents in terms of:
 - 1.1 age
 - 1.2 sex
 - 1.3 currently residing
 - 1.4 religious activity
2. To describe the status of the non-sexual risk-taking behaviors of adolescents in terms of:
 - 2.1 smoking
 - 2.2 drinking
 - 2.3 drug/substance use
3. To describe the status of the sexual risk-taking behaviors of the adolescents?
4. To determine some respondents who engage into several sexual and non-sexual risk taking behaviors?

RESULTS AND DISCUSSION

1. Profile of Respondents

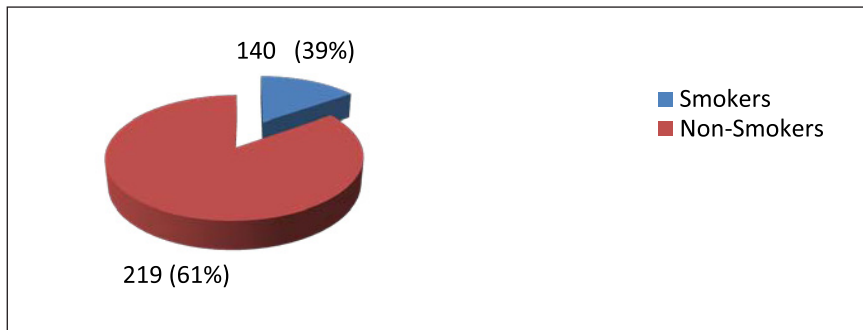
There are 359 respondents involved in the study, 222 (61.84%) are female-respondents and 137 (38.18%) male-respondents. These are representatives of the number of men and women in every college where women outnumbered men in almost all colleges, except for fourth year respondents from UHS, Criminology, CET and CAFA courses (See Annex Table 2). Majority of the respondents (65.74%) are at ages *17-20 years*, *21-24 years of age* comprised almost a fourth (23.68%) and ages *16 and below* made up 10.58%. Almost half (45.68%) live with their families, 39.27% live with their friends/relatives in the city, 12.81% are in dormitories/boarding houses, a few (1.68%) live at their employers' place. Majority (57.38%) attend religious activities once a week, 57.38% *attend more than once a week* and the remaining (21.17%) ranged from those who *attend religious activities once-thrice a month* to *don't attend at all*.

2. Status of Nonsexual Risk-Taking Tendencies Among Adolescents

2.1 Smoking.

Figure 1 demonstrates that there are more than a third (39%) of the total number of respondents who engaged into smoking.

Figure 1. Smoking and Non-Smoking Respondents
N=359



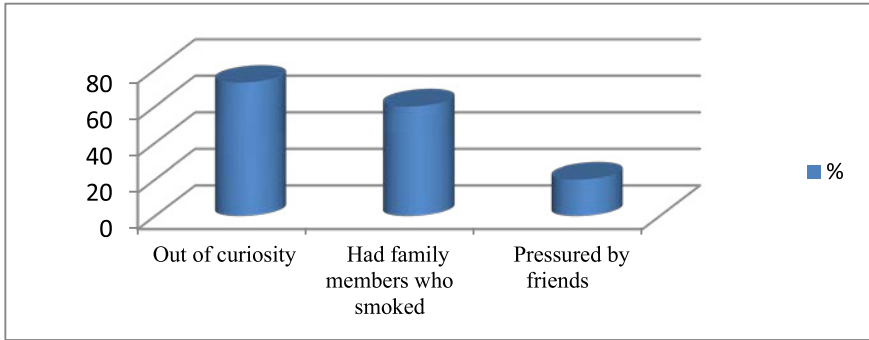
The characteristics of respondents who engaged into smoking. There are more males (57.86%) than females (42.14%) who smoked cigarettes (See Annex Table 4). The finding agrees with the study conducted by the Young Adult Fertility Study, 2002 that males have higher proclivity to smoking than females.

Almost two-thirds (65.71%) are at age bracket *17-20 years* of age; and ages *16 and below* have the least percentage (5.71%) of respondents who are into smoking. Those who claimed to *stay with their families ever since* and those who *live at dormitories/boarding houses* ate equal share of (43.57%) each of the pie among those who admitted that they smoked. Almost three-fourths (73.57%) among the smokers claimed that they had *just enough allowance*, and less than a fifth (9.29%) claimed to have *more than enough allowance* and 10.71% admitted *not to have enough allowance*. Almost two thirds (70.72%) of these respondents are raised by both parents, 13.57% answered that they were raised only by their mothers, 5% claimed that they were raised by other persons. More than half (52.14%) admitted that they attend religious service once a week. More than a fifth (22.86%) among the respondents ranged from *attending religious service once to thrice per month* to *rarely attending religious service* and 13.57% claimed that *they don't attend religious service at all*.

Among the 359 respondents, a huge majority (93.87%) thought that smoking is harmful to one's health. Ironically, out of that number, 39.00% tried smoking and 1.95% were frequent smokers (See Annex Table 5). Almost all (96.4%) answered that their parents do not approve that they smoked cigarette, a slight minority (3.6%) answered that their parents allowed them to smoke.

Almost every three out of four (73%) among those who smoked reasoned out that they tried smoking out of curiosity, 20% were pressured by friends and the remaining 7% were influenced by family members (Figure 2).

Figure 2. Reasons that Respondents Tried Smoking



Majority (60%) had family members who were smokers, and among those set of respondents, more than a third (35.71%) claimed that their fathers are into smoking, their brothers were smokers (18.57%) and very small number (2.86%) claimed that their mothers were smoking as well (See Annex Table 7). This particular risk-taking behavior among adolescents is explained on a study conducted by Leonardi-Bee et al, (2011) which concluded that young people must not be exposed to smoking behavior among family members. This risk-taking tendency on parents and siblings is a significant determinant on adolescents' engagement into smoking as well.

2.2 Drinking

Figure 3. Drinking Engagement Among the Respondents

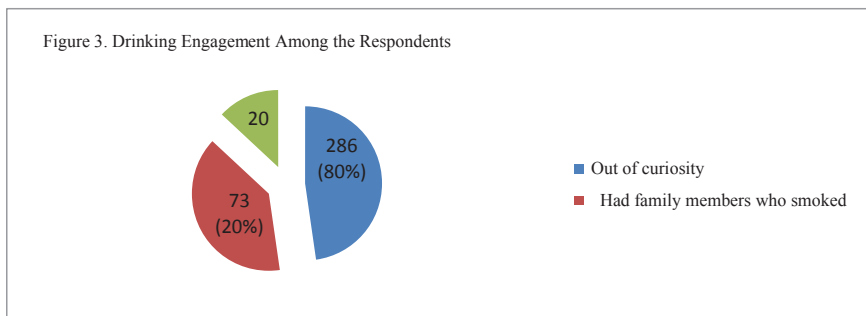


Figure 3 clearly shows that bulk (80%) of the respondents is into drinking.

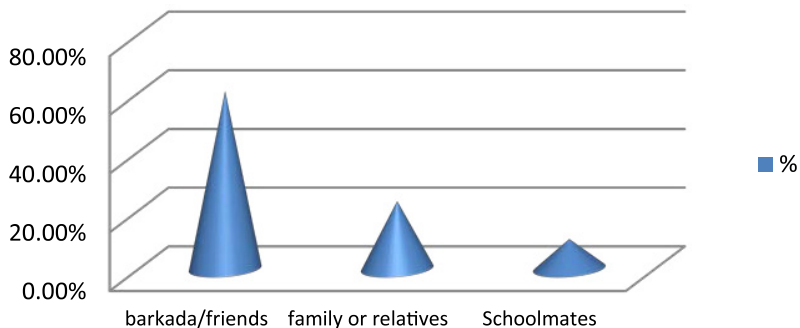
Among the total of 359 respondents, 286 (80%) engaged into drinking. There are more females (58.39%) than males (41.61%) who are into drinking. Slightly above two-thirds (67.83%) belong to 17-24 years of age. Almost half (48.25%) of

the drinkers live at boarding houses/dormitories and more than a third (37.41%) live with their family ever since. Almost three for every four drinkers (72.73%) disclosed that their allowance is just enough. Almost three fourths (73.08%) are raised by both parents. More than half (57.69%) attended religious service once a week and slight minority (16.08%) claimed to attend religious services rarely and not at all (See Annex Table 8).

Among the total number of respondents, a huge majority (88.58%) thought that drinking is bad, despite that perception, 79.67% among those who said that *drinking is harmful to one's health* also tried drinking and 4.73% are frequent drinkers (See Annex Table 9). Noticeably, more than half among those who tried drinking (58.39) are females but when the number of those who tried drinking was filtered, it was found out that more males (3.07%) were frequent drinkers than females (1.66%).

Among those who are into drinking, 78.32% disclosed that their parents disapproved of their drinking sprees but almost half (49.30%) of those who are into drinking claimed that their family members are regular drinkers as well, such as their fathers, brothers and extended members of their family (See Annex Table 11).

Figure 4. People that that respondents had Drinking Sprees



Among those who drink, majority (60.49%) claimed that they drink with barkadas/friends, (23.08%) drink with family/relatives and (16.43%) drink with schoolmates (Figure 4).

2.3 Misusing Prohibited Substances

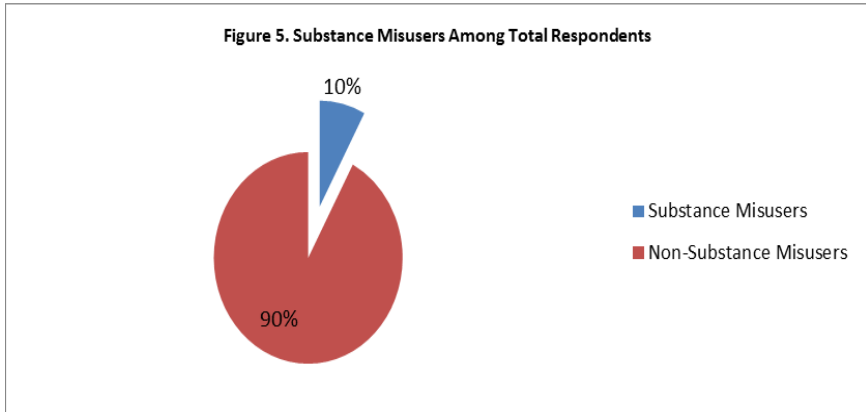


Figure 5 exemplifies that 10% admitted that they were misusing substances.

Out of the 359 total number of respondents, there were 36 (10%) resorted to substance misuse. Majority (80.56%) of that number are females and almost one-fifth (19.44%) are males. More than half (55.56%) of the substance misusers belong to 17-20 years of age. More than half (55.56%) answered that they live with their family ever since. More than a fourth (27.78%) lived in dormitories or boarding houses. More than two-thirds (77.78%) claimed that *they have allowance which is just enough*. Three out of four (75%) are raised by both parents. 38.89% attend religious service once a week and 38.89% belonged to those *who attended religious service rarely and don't attend at all* (See Annex Table 12). This is affirmed by the study of Donovan and Costa (1988) where they made a conclusion that risk-taking behaviors that include substance misuse is inversely related to conventional behaviors that include church attendance ((Igra, V., & Irwin, C. E. (1996).

Out of the 359 total number of respondents, 86.35% thought that substance misuse is harmful to their health, yet, 10.03% tried misusing prohibited substances where males dominated the number (8.08%) over females (1.95%) and only 2 (0.56%) admitted that they are regularly into it. The commonly used substances are marijuana, *shabu* and cough syrup as they claimed.

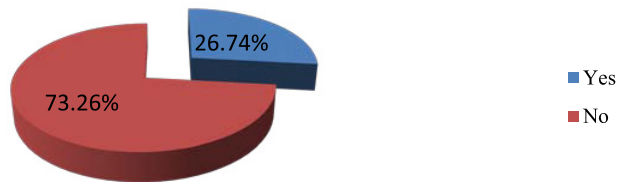
The depression/stress level was cross tabulated among those who engaged into substance misuse. On the question if *were they sad/helpless that made them stop doing their usual activities*, a very small minority 11.11% answered *Never*; slightly less than two-thirds (63.89%) answered *Sometimes*; 16.67% answered *Most of the time*; and 8.33% answered *Always*. On the second question on *were they hopeless about the future*, more than half (52.78%) answered *Sometimes*; 11.11% answered *Always* and 5.55%

answered *Most of the time*; 30.56% answered *Never*. On the last question if *were they depressed on life in general*, more than half (55.56%) answered *Sometimes*; 8.33% answered *Always*; and 5.55% answered *Most of the time*; 30.56% answered *Never* (See Annex Table 13).

The big percentage of those who claimed on *being depressed sometimes*, *being depressed always* and *being depressed most of the time* on the three questions affirmed by the findings of the study conducted by Wills, T. A. (1986), it was found that stress was highly related to substance use and various coping mechanisms were considered inversely related to above- mentioned risky behaviors.

3. Risky Sexual Behaviors.

Figure 6. Respondents Who Engage into Premarital Sex



Out of the 359 respondents, slightly more than a fourth (26.74%) engaged into pre-marital sex. Among the 96 who are into pre-marital sex, two-thirds (66.67%) are females and one third (33.33%) are males. More than half (53.13%) are of age bracket 17-20, 43.75% are of age bracket 21-24 and 3.13% are ages 16 years old and below. 46.88% live in dormitories/boarding houses, 40.62% live with their families ever since 12.50% live with their relatives and friends in the city. More than two-thirds (71.87%) are raised by both parents, 11.46% are raised by other persons, 10.41% are raised by their mothers, 14.59 are raised by other families and the remaining 3.13 are raised by their fathers. Majority (62.5%) attend religious service once or more than once a week and the remaining 37.5% totaled those who claimed to attend religious service *once or three times a month*, those who answered *rarely* and those who answered *don't attend at all* (See Annex Table 14).

Among the 96 respondents who engaged into pre-marital sex, 38 (39.58%) claimed to use contraceptives and the remaining that are almost two-thirds (60.42%) admitted not to use contraceptive at all. The “contraceptives” they claimed to use are withdrawal (45%), condom (37%), rhythm (11%) and pills (7%). The top

answers why they were not able to use contraceptives are: 1. They didn't expect to have sex (42%); 2. They believed it was wrong or dangerous to use contraceptives (21%); 3. Sex isn't much fun with contraceptives or it was difficult to use (19%); 4. their partner objective (9%); 5. and they wanted to use something but couldn't under the circumstances (9%). Those who disclosed not to be using contraception ironically also admitted that they are not ready to get pregnant or impregnate their partners. These findings are affirmed by the theory proposed by David Elkind (1967) on adolescent egocentrism and personal fable where these young people uphold the invulnerability that can be connected with their risky behaviors and which on the developmental perspective would lead to of cognitive immaturity.

Among those who claimed to engage in premarital sex, a huge majority (89%) among that number have friends who also engaged in sexual intercourse. This is affirmed by Igra and Irwin's theory of adolescent risk-taking behavior which serves one of the purposes of the risk taking tendencies of adolescents which is gaining respect and approval from their peer groups. Upon such, they do gain confidence in making decisions and bolsters their self-esteem. 44% of the number admitted to have sex other than their first partner. 11% answered that they experienced paid sex.

4. Respondents' engagement into several risk taking behaviors.

Drinking and smoking. There are 128 respondents (35.65%) among the 359 total number of respondents who engage into drinking and smoking at the same time. On that number, there are 51 (39.84%) females and 77 (60.16%) males (See Annex Table 15).

Drinking and pre-marital sex. There are 91 respondents (25.35%) from the total number of respondents who engaged into drinking and pre-marital sex. Majority (67.03%) are males and 32.97% are females.

Drinking, smoking and pre-marital sex. A total of 60 respondents (16.71%) from the total number of respondents who engaged into drinking, smoking and pre-marital sex. From that number, 46 (76.67%) are males and 14 (23.33%) are females (See Annex Table 16).

Drinking, smoking, drugs, premarital sex. There are 21 respondents who engaged into these risk-taking behaviors. That comprised 5.85% on the total number of respondents, all are males who engaged into these risky behaviors (See Annex Table 17).

Drinking, Smoking, Drugs and Unprotected Sex. Eleven respondents that comprised 3.06% are into drinking, smoking, drugs and unprotected sex at the same time (See Annex Table 18).

Drinking, Smoking, Drugs, Unprotected and Multiple Sex Partners. There are 8 respondents (2.23%) who are into drinking, smoking drugs, unprotected and multiple sex partners and all are males (See Annex Table 19).

Drinking, Smoking, Drugs, Unprotected and Multiple Sex Partners and Paid Sex. Only one male respondent engaged into several risk taking behaviors such as drinking, smoking, drugs, unprotected, multiple sex partners and paid sex. These findings run parallel with the study of of Raymundo and Cruz, 2003 that young people who have tendencies to engage in a particular risk taking behavior are also engaged in other risky behaviors. These young people seem to allow themselves to take on multiple risks at the same time.

CONCLUSIONS

1. Among the sexual and non- sexual risk-taking behaviors, engagement to drinking got the highest number, followed by smoking, engagement into pre-marital sex without use of contraception and a very few number claimed to misusing drugs.
2. Majority of the respondents who engaged into those sexual and non-sexual risk-taking behaviors are of 17-20 years of age and bulk are of the male respondents except for drinking and pre-marital sex engagement.
3. The perception of respondents on the ill-effects of risk-taking behaviors of drinking, smoking, drug use, engagement into premarital, unprotected sex does not guarantee that the adolescent- respondents will not engage on those mentioned risk taking behaviors.
4. The tendency for a few percentages of respondents who engaged in several risk-taking behaviors at the same time if left unattended by a programmatic measures of the university may lead to long term ramifications of the adolescents.

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TABLES OF ANNEXES

Annex Table 1. Distribution of Cases
N=359

DEPARTMENT	Total		
	Distributed	Retrieved	Per cent
CAFA	12	12	100.00
CAS	8	8	100.00
CBA	68	68	100.00
CET	41	41	100.00
CHMTN	52	52	100.00
COC	43	43	100.00
COM	6	6	100.00
CON	29	29	100.00
COP	18	18	100.00
CPTAMS	6	6	100.00
TC	44	44	100.00
UHS	32	32	100.00
Total	359	359	100.00%

Annex Table 2. Distribution of Respondents According to Colleges
N=359

DEPARTMENT	Female		Male		Total	
CAFA	4	1.11%	8	2.23%	12	3.34%
CAS	6	1.67%	2	0.56%	8	2.23%
CBA	53	14.76%	15	4.18%	68	18.94%
CET	9	2.51%	32	8.91%	41	11.42%
CHMTN	33	9.19%	19	5.29%	52	14.48%
COC	16	4.46%	27	7.52%	43	11.98%
COM	6	1.67%	0	0.00%	6	1.67%
CON	23	6.41%	6	1.67%	29	8.08%

COP	16	4.46%	2	0.56%	18	5.01%
CPTAMS	4	1.11%	2	0.56%	6	1.67%
TC	37	10.31%	7	1.95%	44	12.26%
UHS	15	4.18%	17	4.74%	32	8.91%
Total	222	61.84%	137	38.16%	359	100.00%

Annex Table 3. Profile of Respondents
N=359

Profile of Respondents			
Individual Characteristics		f	%
Sex	Female	222	61.84%
	Male	137	38.18%
	Total	359	100%
Age	16 and below	38	10.58%
	17-20	236	65.74%
	21-24	85	23.68%
	Total	359	100%
Currently Residing	Living with family ever since	164	45.68%
	Employer's residence	6	1.68%
	Relatives/Friends' house in the city	141	39.27%
	Boarding house/dorm	46	12.81%
	No Answer	2	0.56%
	Total	359	100.00%
Religious Activity	More than once a week	50	13.93%
	Once a week	206	57.38%
	Once-thrice a month	35	9.75%%
	Every two or three months	13	3.62%
	Once- thrice a year	2	0.55%
	Rarely	22	6.13%
	Don't attend	2	1.12%
	Total	359	100.00%

Annex Table 4. Profile of Smokers
N=140

Individual Characteristics	Categories	f	%
Sex	Male	81	57.86%
	Female	59	42.14%
	Total	140	100%
Age	16 and below	8	5.71%
	17-20	92	65.71%
	21-24	40	28.58%
	Total	140	100%
Type of Residence	Living w/ my family ever since	61	43.57%
	Employer's residence	1	0.72%
	Relatives/Friends house in the city	17	12.14%
	Dorm/boarding house	61	43.57%
	Total	140	100%
Allowance	More than enough	13	9.29%
	Just enough	103	73.57%
	Not enough	15	10.71%
	No Answer	9	6.43%
	Total	140	100%
Nurtured	Raised by both parents	99	70.72%
	Raised by father	3	2.14%
	Raised by mother	19	13.57%
	Raised by other persons	7	5.00%
	No Answer	12	8.57%
	Total	140	100%
Religious Activity	More than once a week	16	11.43%
	Once a week	73	52.14%
	1-3 per month	14	10.00%
	Every 2-3 months	5	3.57%
	1-3 per year	2	1.43%
	Rarely	11	7.86%
	Don't Attend	19	13.57%
	Total	140	100%

Table 5. Respondents' Perception and Engagement into Smoking

Sex	Thought Smoking is Bad						Tried Smoking						Frequent Smokers					
	Yes			No			Yes			No			Yes			No		
	F	%	Total	F	%	Total	F	%	Total	F	%	Total	F	%	Total	F	%	Total
Male	131	36.49%	137	6	1.67%	137	81	22.56%	163	45.40%	244	67.97%	6	1.67%	131	36.49%	137	38.16%
Female	206	57.38%	222	16	4.46%	222	59	16.44%	56	15.60%	115	32.03%	1	0.28%	221	61.56%	222	61.84%
Total	337	93.87%	359	22	6.13%	359	140	39.00%	219	61.00	359	100.00%	7	1.95%	352	98.05%	359	100.00%

Table 6. Parental Approval Among Respondents to Smoke
N=140

	Parents' Approval of Respondents Into Smoking	%
Yes	5	3.6%
No	135	96.4%
Total	140	100%

Annex Table 7. Members of the Family Who Smoke Among Smoking Respondents

Members of the family who smoke	f	Percent
Father	50	35.71%
Sister	1	0.71%
Mother	4	2.86%
Brother	22	15.72%
No Answer	63	45%
Grand Total	140	100%

Annex Table 8. Profile of Adolescents into Drinking
N=286

Individual Characteristics	Categories	f	%
Sex	Male	119	41.61%
	Female	167	58.39%
	Total	286	100.00%
Age	13-16	17	5.94%
	17-20	194	67.83%
	21-24	75	26.23%
	Total	286	100.00%
Type of Residence	Living w/ my family ever since	107	37.41%
	Employer's residence	3	1.05%
	Relatives/Friends house in the city	37	12.94%
	Dorm/boarding house	138	48.25%
	No Answer	1	0.35%
	Total	286	100.00%
Allowance	More than enough	23	8.04%
	Just enough	208	72.73%
	Not enough	42	14.69%
	No Answer	13	4.54%
	Total	286	100.00%
Nurtured	Raised by both parents	209	73.08%
	Raised by father	4	1.40%
	Raised by mother	31	10.84%
	Raised by other family	7	2.44%
	Raised by other persons	13	4.55%
	No Answer	22	7.69%
	Total	286	100.00%
Religious Activity	More than once a week	35	12.24%
	Once a week	165	57.69%
	1-3 per month	31	10.84%
	Every 2-3 months	9	3.15%
	1-3 per year	2	0.70%
	Rarely	20	6.99%
	Don't Attend	24	8.39%
	Total	286	100.00%

Annex Table 9. Respondents' Perception and Engagement into Drinking

Sex	Thought Drinking is Bad						Tried Drinking						Frequent Drinkers					
	Yes			No			Yes			No			Yes			No		
	F	%		F	%		F	%		F	%		F	%		F	%	
Male	117	32.59%	20	5.57%	137	38.16%	119	33.15%	18	5.01%	137	38.16%	11	3.06%	126	36.49%	137	38.16%
Female	201	55.99%	21	5.85%	222	61.84%	167	46.52%	55	15.32%	222	61.84%	6	1.6%	216	61.56%	222	61.84%
Total	318	88.58%	41	11.42%	359	100.00%	286	79.67%	73	20.33%	359	100.00%	17	4.74%	342	95.26%	359	100.00%

Table 10. Parental Approval Among Respondents to Drink

	Parents' Approval of Respondents Into Drinking	%
Yes	224	78.32%
No	62	21.68%
Total	286	100%

Table 11. Are There Family Members Who Drink?

Are there members of the family who drink?	f	Percent
Yes	141	49.30%
No	145	50.70%
Total	286	286
Members of the family who drink	f	%
1 father	107	74.30%
2. mother	2	1.39%
3. brother	22	15.28%
4. sister	2	1.39%
6. other members of the family	11	7.64%
Total	144	100%

Annex Table 12. Profile of Substance Misusers
N=36

Individual Characteristics	Categories	f	%
Sex	Male	7	19.44%
	Female	29	80.56%
	Total	36	100.00%
Age	13-16	2	5.56%
	17-20	20	55.56%
	21-24	14	38.88%
	Total	36	100.00%
Type of Residence	Living w/ my family ever since	20	55.56%
	Employer's residence	1	2.78%
	Relatives/Friends house in the city	5	13.89%
	Dorm/boarding house	10	27.78%
	No Answer	0	0.00%
	Total	36	100.00%
Allowance	More than enough	5	13.89%
	Not enough	3	8.33%
	No Answer	0	0.00%
	Total	36	100.00%
Nurtured	Raised by both parents	27	75.00%
	Raised by father	1	2.78%
	Raised by mother	6	16.66%
	Raised by other family	1	2.78%
	Raised by other persons	0	0.00%
	No Answer	1	2.78%
	Total	36	100.00%
Religious Activity	More than once a week	3	8.33%
	Once a week	14	38.89%
	1-3 per month	3	8.33%
	Every 2-3 months	2	5.56%
	1-3 per year	0	0.00%
	Rarely	6	16.67%
	Don't Attend	8	22.22%
	Total	36	100.00%

Annex Table 13. Depression/Stress Level on Substance Misusers
N=36

Depression/Stress	Always		Most of the Time		Sometimes		Never		Total	
	f	%	f	%	f	%	f	%	f	%
1. Sad or helpless that made you stop doing your usual activities	3	8.33%	6	16.67%	23	63.89%	4	11.11%		100%
2. Really hopeless about the future?	4	11.11%	2	5.55%	19	52.78%	11	30.56%		100%
3. Depressed about life in general?	3	8.33%	2	5.55%	20	55.56%	11	30.56%		100%

Annex Table 14. Profile of Those who Engaged in Premarital Sex
N=96

Individual Characteristics	Categories	f	%
Sex	Male	32	33.33%
	Female	64	66.67%
	Total	96	100.00%
Age	16 and below	3	3.13%
	17-20	51	53.13%
	21-24	42	43.75%
	Total	96	100.00%
Type of Residence	Living w/ my family ever since	39	40.62%
	Employer's residence	0	0.00%
	Relatives/Friends house in the city	12	12.50%
	Dorm/boarding house	45	46.88%
	Total	96	100%
Allowance	More than enough	8	8.33%
	Just enough	73	76.04%
	Not enough	12	12.50%
	No Answer	3	3.13%
	Total	96	100.00%

Nurtured	Raised by both parents	69	71.87%
	Raised by father	3	3.13%
	Raised by mother	10	10.41%
	Raised by other family	3	14.59%
	Total	96	100%
Religious Activity	More than once a week	10	10.42%
	Once a week	50	52.08%
	1-3 per month	12	12.50%
	Every 2-3 months	4	4.17%
	1-3 per year	1	1.04%
	Rarely	7	7.29%
	Don't Attend	12	12.50%
	Total	96	100%
Claimed to Use Contraception	Yes	38	39.58%
	No	58	60.42%
	Total	96	100%
	“Withdrawal”	17	45.00%
	condom	14	37.00%
	Rhythm	4	11.00%
	Pills	3	7.00%
	Total	38	100%

Annex Table 15. Engagement Into Drinking and Smoking
N=128

Drinking and Smoking Engagement		
Sex	f	%
Female	51	39.84%
Male	77	60.16%
Grand Total	128	100.00

Annex Table 16. Engagement of Drinking and Pre-marital Sex
N=91

Engagement of Drinking and Premarital Sex		
Sex	f	%
Female	30	32.97%
Male	61	67.03%
Total	91	100%

Annex Table 17. Engagement in Drinking, Smoking and Premarital Sex
N=60

Engagement of Drinking, Smoking and Premarital Sex		
Sex	f	%
Female	14	23.33%
Male	46	76.67%
Total	60	100%

Annex Table 18. Engagement into Drinking, Smoking, Drugs and Premarital Sex
N=21

Engagement into Drinking, Smoking, Drugs and Premarital Sex		
Sex	f	%
Female	0	0%
Male	21	100%
Grand Total	21	100%

Annex Table 19. Engagement into Drinking, Smoking, Drugs and Unprotected Sex, Multiple Sex Partner and Paid Sex.

Engagement into Drinking, Smoking, Drugs and Unprotected Sex and Multiple Sex Partner and Paid Sex		
Sex	f	%
Female	0	0%
Male	1	100%
Grand Total	1	100%