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Addressing Risky Sexual Conduct Among Out-of-School Adolescents in Ibadan, Nigeria: An Intervention Framework Targeting Fatalistic Beliefs and Early Sexual Debut

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ABSTRACT

Background: To combat the public health threat of risky sexual behavior, this initiative targets out-of-school adolescents in Ibadan. It leverages research findings to create targeted interventions addressing key predictors like Fatalistic Belief and early sexual initiation, aiming to reduce risks and strengthen coping skills.

Purpose of the Study: This study examined the influence of Fatalistic Belief, Age of Sexual Initiation, and Religiosity on risky sexual conduct among sexually active Out-of-school adolescents in Ibadan.

Methods: A multistage sampling process and a descriptive correlational survey were used. Out-of-school adolescents (N = 287; 52.61% female, 47.39% male) aged 11 to 19 years old (M = 16.07, SD = 4.57) took part in the study. Participants completed self-report measures, including the Fatalistic Belief Questionnaire ($\alpha = 0.79$), the General Religiosity Scale ($\alpha = 0.87$), and the Sexual Risk Behaviour Scale ($\alpha = 0.81$).

Results: The results indicated a significant and positive link between the age of sexual initiation and risky sexual behaviour among teenagers who engaged in sexual activity outside of school. ($r = .570$; $p < .05$), Fatalistic Belief ($r = .593$; $p < .05$), and Religiosity ($r = .378$; $p < .05$); the multiple correlation coefficient of ($R = 0.704$, $p < .05$) and multiple regression adjusted coefficient ($R^2 = 0.490$). Fatalistic Belief ($\beta = .422$; $t = 9.122$; $p < 0.05$) made the most significant contribution, followed by Age of Sexual Initiation ($\beta = .353$; $t = 7.133$; $p < 0.05$) and Religiosity ($\beta = .116$; $t = 2.453$; $p < 0.05$). According to the study's findings, efforts should be made to curb risky sexual behaviour and address young people's capacity to handle romantic pressure, which is a defining characteristic of this developmental stage.

Keywords

Fatalistic Belief, Age, Sexual Initiation, Religiosity, Sexual conduct, Sexually active, School Adolescents

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Introduction

The pervasiveness of sexual content in modern media, from television and music to billboards and social media, has created a global environment where messages about sex are ubiquitous. This constant exposure contributes to shifting societal norms and sexual behaviours (Ranganathan, Wamoyi, Pearson & Stöckl, 2021). While this is a global phenomenon, its impact is acutely felt at the local level, particularly among vulnerable young people. In Ibadan, Nigeria, a city with a substantial adolescent population, the challenge is particularly acute and poses a significant public health concern. Data from the Oyo State Ministry of Education (2022) suggests that over 40% of adolescents in the Ibadan metropolis are not enrolled in formal schooling, placing them outside the reach of conventional school-based sexual health education and making them uniquely susceptible to the influences of this unregulated media landscape (Iyabo & Oladeni, 2024; Ukpabi & Olukemi, 2021).

As societal attitudes become more indulgent, previously held restrictions on sexual conduct can erode, leading to increased exploration (Oluwadiya, 2024). However, this shift carries significant negative repercussions, primarily evidenced by a sharp increase in sexually transmitted infections (STIs). The Ibadan State Ministry of Health has reported rising incidence rates of HIV/AIDS and other STIs among its youth population, a trend directly linked to changes in sexual behaviour (Umanhonlen et al., 2023). These diseases impose a dual physical and psychological burden on individuals. They can have intergenerational consequences, such as mother-to-child transmission or the social and developmental challenges associated with teen pregnancies, which can perpetuate cycles of disadvantage (Olaoye & Agbede, 2022; Folayan, Sam-Agudu, & Harrison, 2022).

While research on risky sexual behaviour exists, a critical gap remains in the focus on out-of-school adolescents. This demographic, which UNESCO estimates constitutes over 20 million individuals nationally, is often excluded from studies and interventions. Lacking access to formal education, quality health information, and medical facilities, they are not only more likely to engage in risky sexual conduct. Still, they are also more vulnerable to its severe consequences (UNESCO, 2024). The situation in Ibadan, with its substantial out-of-school adolescent population, underscores the urgent need for targeted research to understand the specific drivers of risky behaviour within this group (Nwoke, Oyiga, & Cochrane, 2024).

This research serves as the essential diagnostic phase for a planned community service initiative aimed at promoting sexual health among out-of-school adolescents in Ibadan. The study is designed to specifically investigate how factors such as religiosity, age of sexual initiation, and fatalistic beliefs influence hazardous sexual behaviour among this population. It is anticipated that the findings will provide a critical, evidence-based foundation for designing a targeted and effective intervention, offering insights that can directly inform strategies to mitigate risky sexual behaviour and its associated public health burdens in the Ibadan community.

Fatalistic Belief and Risky Sexual Conduct

The idea that everything in a person's life is determined by a higher power or entity, or by external factors such as destiny, luck, or Fate, is known as fatalism. A person's life path, including factors such as gender, lifespan, and income, is influenced by this force or identity (Kerwin, 2025). Many individuals in African cultures believe that several factors, including God's wrath, the interaction of mediating spirits, or the violation of cultural taboos and conventions, are responsible for illnesses. People do not feel accountable for their actions if they believe that everything they do is the result of circumstances beyond their control (Sifer & Getachew, 2024). The idea that events are predetermined for all time and that people cannot alter them is known as fatalism. It is the conviction that some events, such as disease, are either predetermined by a higher authority

(God) or are unavoidable. It may also be described as the conviction that some health problems are beyond human control, encompassing notions of destiny, luck, and determinism (Hutahaean, Stutterheim & Jonas, 2025).

A lack of control over external events in one's life, along with ideas of destiny, luck, and predestination, as well as sentiments of helplessness, despair, and meaninglessness, are all constructs associated with fatalism in literature (Kerwin, 2025). A study on South African youths and risky sexual behaviour reported a link between risky sexual behaviour and fatalistic beliefs. The degree of fatalism among rural Malians in relation to HIV/AIDS and hazardous sexual practices was evaluated by Hess & McKinney (2007), who studied their views on the disease. He discovered that the mean level of fatalism was lower among those with higher levels of education. This is likely because individuals with formal education may feel more in control of their lives due to the knowledge they have acquired or the diverse ways of thinking and acting they have been exposed to. As a result, they may develop greater self-efficacy, or confidence in their capacity to positively influence events in their lives by changing their behaviour.

Age of Sexual Initiation and Risky Sexual Conduct

A person's sexual debut has some societal and personal meanings. In some age groups, the developmental trajectory of sexual risk behaviour is more dramatic. Young people's first sexual encounters are often significant and sometimes life-defining (Samek et al., 2014). Early sexual initiation is necessary because forced sexual contact is linked to long-term harmful impacts, and the younger the age of first sexual contact, the more likely it is to be coercive. The risk of unintended pregnancy and STDs increases with the age at which one has their first sexual experience. This is because people who start having sex early in life are more likely to be exposed to risk for a more extended period of time, use contraception less frequently, have more sexual partners overall, and participate in riskier sexual behaviour like using drugs or alcohol before having sex and having multiple partners at the same time (Ajani et al., 2024; Bozon & Kontula, 2022).

In addition, the age at which sexual activity begins has been linked to adverse social and economic outcomes, a larger number of lifetime sexual partners, and a higher risk of school dropout (Fagbule et al., 2021; Habeeb & Veronica, 2023). This is likely because a person who starts engaging in sexual activities at an early age, excluding forced cases like rape, may indulge in such activities out of curiosity or a quest for adventure. As a result, it is likely to continue engaging in such activities, which may eventually lead to negative outcomes. Someone who, on the other hand, stays away from premarital sexual activities is less likely to have many sexual partners, even just one, if they remain faithful to their partner (Duchi et al., 2022).

Religiosity and Risky Sexual Conduct

Religion has a complicated and wide-ranging influence on controlling sexual conduct. Similar to how the Bible advises Christians to avoid premarital sex, the Muslim Holy Quran strongly condemns having sex before or after marriage (Holy Quran 17:31). Extramarital sex is seen as a grave sin in both the Old and New Testaments (Leviticus 20:10, Deuteronomy 5:18, Exodus 20:14 and 1st Corinthians 6:18). It is however baffling that although the two major religious doctrines frown against engaging in sexual activities outside marriage and stipulates restrictions on satisfaction of sexual desires, rate of sexual activities and risky sexual behaviour outside marriage is relatively high and rapidly increasing (Bomester, 2021; Omoponle, 2019). This suggests dwindling morality, if not religiosity. Many people hold the religious view that sexual urges should be suppressed. Although the social and cultural advantages of some religious constraints on sexual behaviour are evident, the influence of spirituality and religion on sexual behaviour and experiences remains poorly understood (Omoponle, 2019; Ogunbode, Olukunke & Abdus-salam, 2023). Consequently, it is crucial to investigate how religion and spirituality affect young people's sexual conduct in Nigeria.

Research on the relationship between religiosity and hazardous sexual behaviour among undergraduate students in southwest Nigeria. They discovered that spirituality had no discernible impact on the respondents' risky sexual activity (Ilesanmi, Ige & Alele, 2016). Spirituality and sexual views are negatively correlated, according to a study among college students from a doctoral research institution in the southeast (Mirzaee et al., 2021). This implies that students who have experienced profound spiritual transformations or who subscribe to fundamental spiritual principles, such as the significance of actively pursuing a spiritual life, are more likely to feel conservative and traditional about sexual behaviour and to be less accepting of sex.

Objectives

The primary objective of this research is to conduct a diagnostic analysis of the determinants of hazardous sexual behaviour among out-of-school adolescents in Ibadan, specifically focusing on the roles of religiosity, age of sexual initiation, and fatalistic beliefs. The findings will serve as a foundational needs assessment to guide the development and precise targeting of a subsequent sexual health intervention program.

Based on the diagnostic findings, the proposed intervention is explicitly expected to increase knowledge of STI transmission and contraception, shift attitudes by reducing fatalistic beliefs and aligning religiosity with personal health agency, and ultimately change practices by increasing consistent condom use, reducing sexual partners, and boosting uptake of health services, thereby directly reducing STI rates and unintended pregnancies among out-of-school adolescents in Ibadan.

Research Questions

1. What relationship pattern exists between (Fatalistic Belief, Age of Sexual Initiation, Religiosity) and risky sexual conduct among sexually active out-of-school adolescents in Ibadan, Oyo State, Nigeria?
2. What is the joint impact of Fatalistic Belief, Age of Sexual Initiation, and Religiosity on hazardous sexual behaviour among sexually active out-of-school adolescents in Ibadan, Oyo State, Nigeria?
3. What is the relative influence of Fatalistic Belief, Age of Sexual Initiation, and Religiosity on risky sexual behaviour among sexually active out-of-school teenagers in Ibadan, Oyo State, Nigeria?

Method

A descriptive survey with a correlational design was used in this study. This method enables the researcher to gather data, analyze it for clarity, summarize it, and identify linkages (Adelana et al., 2023). The study's target group comprises all adolescents in Oyo State's Ibadan Metropolis who are not enrolled in school. There were 287 responders in the study. To select the respondents, the researcher employed a multistage sampling technique. There are eleven (11) local government units in Oyo state that make up Ibadan Metropolis. The researchers first selected five Local Government Areas (LGAs) in the heart of Ibadan, where many out-of-school teenagers live. They then used a stratified sample approach to determine four busy areas/markets within the chosen LGAs. Ten out-of-school teenagers from the selected region were chosen for the third step using a Purposive sampling technique. The samples consist of both male and female teenagers who are not enrolled in school. This was used as a representative of the population.

Subjects of Community Service

The primary subjects of this community-focused intervention were out-of-school adolescents aged 13 to 19 years residing in selected Local Government Areas (LGAs) within Ibadan, Oyo State. These LGAs were purposively selected due to their high prevalence of adolescent sexual risk behaviors as identified through local health data and prior field observations. Participants included both male and female adolescents who had discontinued formal education and were accessible through youth-led community centers, informal apprenticeship hubs, and local NGO databases. This demographic was chosen due to their heightened vulnerability to early sexual debut, limited access to sexual and reproductive health (SRH) information, and stronger exposure to fatalistic beliefs surrounding sexual health outcomes.

Community Involvement

Community involvement was an integral aspect of the descriptive approach used in this study. To validate the identified problems and ensure the cultural appropriateness of the intervention framework, multiple community stakeholders were engaged throughout the research process. These included the Community leaders and elders, who were consulted through initial advocacy visits and key informant interviews to confirm community-level concerns around adolescent sexual behavior. Parents and guardians shared some insights on perceived causes of risky sexual conduct among out-of-school adolescents, and to validate the influence of fatalistic beliefs. Adolescents themselves were directly involved in problem identification through participatory youth mapping exercises, narrative storytelling sessions, and peer-led focus groups. This collaborative approach not only enhanced the credibility of the findings but also increased the likelihood of community ownership and future sustainability of the intervention model.

The proposed intervention unfolded through five sequential phases, beginning with a Diagnostic Survey that conducted rigorous research and data collection to identify the key fatalistic beliefs and sexually risky behaviors prevalent among the out-of-school adolescents. This was followed by a Community Dialogue phase that actively engaged parents, religious leaders, and local stakeholders to validate the initial findings and foster a crucial sense of local ownership of the program. Informed by these insights, the design phase focused on developing a tailored curriculum, training community facilitators, and creating culturally appropriate information. The Implementation phase then saw the full rollout of this research program, conducting interactive sessions and providing access to counseling services. Finally, a continuous Monitoring phase was integrated to systematically track participant progress, evaluate the program's impact on reducing fatalistic attitudes and risky behavior, and use the collected data to refine the study iteratively for maximum effectiveness.

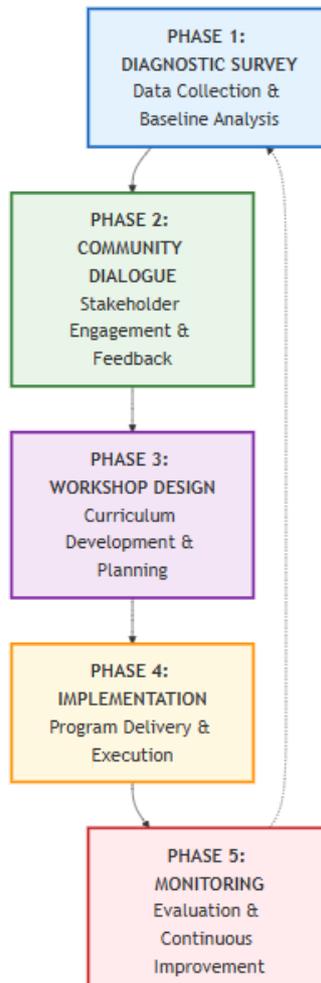


Figure 1. A flow chart illustrating the stages of intervention

Instrumentations

This research used a structured questionnaire. Section A of the questionnaire collected demographic data from the participants, while Section B collected replies on other characteristics. The instrument was made available to assessment experts for validation. A pilot study was conducted to confirm the dependability of the instruments after the experts had validated them. Participants outside the sample region were given the instruments as part of the pilot project. After evaluating reliability, the submissions were aggregated. After reliability was assessed using the split-half approach, the Spearman-Brown prediction formula was used for analysis. The Sexual Risky Behaviour Scale ($\alpha = 0.81$), the General Religiosity Scale ($\alpha = 0.87$), and the Fatalistic Belief Questionnaire ($\alpha = 0.79$) were used to calculate the reliability indices of the instruments. To prevent factual misrepresentation, the respondents were also guaranteed the anonymity of the information gathered. The researchers and six research assistants collected the data for this study.

Data Analysis

Descriptive statistics, including frequency counts and percentages, were used to examine the demographic variables of the questionnaire data. PPMC and multiple regression approaches were utilised for the inquiry at the 0.05 significance level.

Table 1. Age Range Distribution of the Respondents

Age	Frequency	Percentage
Below 11 Years	18	6.27
12 - 15 Years	105	36.59
16 - 19 Years	164	57.14
Total	287	100.0

Table 1 shows that 6.27% of the respondents were under 11 years of age, 36.59% were aged 12 to 15 years, and 57.14% were aged 16 to 19 years.

Table 2. Respondents' distribution based on their gender

Sex	Frequency	Percentage
Male	136	47.39
Female	151	52.61
Total	287	100.0

Table 2 indicates that 47.39% of participants were male and 52.61% were female.

Table 3. Religious Affiliations among respondents

Family structure	Frequency	Percentage
Christianity	128	44.6
Islam	153	53.3
Others	6	2.1
Total	287	100.0

In Table 3, 44.6% of the respondents practised Christianity, 53.3% were Muslim, and 2.1% practised other religions.

Results

Answering Research Questions

The first study question is to determine the relationship between hazardous sexual behaviour and fatalistic beliefs, age of sexual initiation, and religiosity among sexually active out-of-school adolescents in Ibadan, Oyo State, Nigeria. This is presented in Table 4.

Table 4. A descriptive and correlational matrix illustrating the pattern of relationships between (Fatalistic Belief, Age of Sexual Initiation, Religiosity) and risky sexual conduct among sexually active out-of-school adolescents in Ibadan, Oyo State, Nigeria.

Variables	N	Mean	SD	1	2	3	4
Risky Sexual Conduct	287	27.77	6.84	1.00			
Age of Sexual Initiation	287	16.07	4.57	.570**	1.00		
Fatalistic Belief	287	41.20	8.95	.593**	.397**	1.00	
Religiosity	287	38.74	7.97	.378**	.431**	.262**	1.00

** The significance level of the correlation is 0.01 (2-tailed).

The cross-correlations and descriptive statistics for the variables under study are shown in Table 5. Risky sexual behaviour among sexually active out-of-school adolescents is strongly correlated with age of sexual initiation ($r=.570$, $p.<.05$), religiosity ($r=.378$, $p.<.05$), and fatalistic belief ($r=.593$, $p.<.05$), as shown in Table 5. Significant correlations also exist between the independent components.

Research question 2: What is the joint impact of Fatalistic Belief, Age of Sexual Initiation, and Religiosity on hazardous sexual behaviour among sexually active out-of-school adolescents in Ibadan, Oyo State, Nigeria? The contributions of these variables to each other are presented in Table 6.

Table 5. Multiple Regression Analysis on Composite Contribution of Independent Variables to Risky Sexual Conduct

Analysis of variance				
	Sum of Squares (SS)	Df	Mean Square	F
Regression	6640.366	3	2213.455	
Residual	6766.456	283	23.910	92.575
Total	13406.822	286		

^{a)} $R = .704$

^{b)} $R^2 = .495$

^{c)} Adjusted $R^2 = .490$

^{d)} Calculated standard error = 4.88976

The cumulative effects of age of sexual initiation, religiosity, and fatalistic belief on hazardous sexual behaviour among teenagers who are sexually active but not enrolled in school are shown in Table 6. The multiple correlation coefficient ($R = 0.704$, $p < .05$) and the adjusted multiple regression coefficient ($R^2 = 0.490$) are presented in the table. This indicates that the collective influence of the independent factors accounted for 49% of the variance in hazardous sexual behaviour. Simultaneously, residuals and other variables may account for the remaining. The table indicated that $F (92.575, p < .05)$ was obtained from a regression analysis of variance.

Research question 3: What is the relative influence of Fatalistic Belief, Age of Sexual Initiation, and Religiosity on risky sexual behaviour among sexually active out-of-school teenagers in Ibadan, Oyo State, Nigeria?

Table 6: Summary of the Relative Contribution of Independent Variables to Risky Sexual Behaviour

Model	Unstandardised coefficients	Standardised coefficients	t	p	
	B	Standard Beta error			
Constant	2.142	1.752	1.223	.222	
Age of Sexual Initiation	.528	.074	.353	7.133	.000
Fatalistic Belief	.323	.035	.422	9.122	.000
Religiosity	.099	.040	.116	2.453	.015

Table 6 indicates that the independent variables considerably affected the prediction of hazardous sexual behaviour among sexually active out-of-school youth. The primary factor

influencing the size projection was attributed to Fatalistic Belief ($\beta = 0.422$; $t = 9.122$; $p < 0.05$). The other significant predictors, presented in the order listed, were Religiosity ($\beta = 0.116$; $t = 2.453$; $p < 0.05$) and Age of Sexual Initiation ($\beta = 0.353$; $t = 7.133$; $p < 0.05$).

The study itself measured and found a powerful link between individual-level factors (fatalism, religiosity, and early sexual initiation) and risky sexual behavior. The role of the community is inferred from these results and proposed as an essential target for a future intervention, not as a variable explicitly operationalized or measured in the research reported here.

Discussion

The study examined the relationship between fatalistic Belief, Age of Sexual Initiation, religiosity, and risky sexual conduct among sexually active out-of-school adolescents in Ibadan. As shown in the correlation matrix of Table 4, there is a positive and significant correlation among the variables studied and the criterion measure (risky sexual conduct). This finding aligns with the results of (Oluwadiya, 2024; Hutahaean, Stutterheim & Jonas, 2025), which demonstrated a substantial correlation between fatalistic beliefs and hazardous sexual conduct. In a study on South African adolescents and risky sexual behaviour, the researcher reported a link between risky sexual behaviour and fatalistic beliefs (Duchi et al., 2022). This is probably because respondents with firm fatalistic beliefs are more likely to have an external locus of control, i.e., they do not take responsibility for their actions. As postulated in the theory of planned behaviour, although beliefs and subjective norms have a significant influence on individuals' behaviour, perceived behaviour control also determines, to some extent, whether they will exhibit the behaviour.

Similarly, the present study found a significant relationship between religiosity and risky sexual conduct; this corroborated the findings of Folayan, Sam-Agudu, and Harrison (2022), who surveyed high school students. Individuals who hold core religious values and view their relationship with a supreme being as a significant part of their lives tend to make decisions and act in accordance with their religion's teachings. In this study, the most practised religious beliefs among respondents are Islam, Christianity, and traditional African religion. These religious doctrines frown on sexual engagement in sexual activities outside marriage and stipulate restrictions on the satisfaction of sexual desires. As a result of this, an individual who adheres to the teachings of these religions is less likely to indulge in unwholesome sexual conduct. This study also showed a significant relationship between the Age of Sexual Initiation and risky sexual conduct among sexually active out-of-school adolescents. This study corroborates previous findings by confirming that the younger the age of sexual initiation, the more likely a person is to engage in risky sexual conduct (Adewuyi & Jimoh, 2017; Mbagha, Leonard & Leyna, 2022). This is likely because a person who starts engaging in sexual activities at an early age, excluding forced cases like rape, may indulge in such activities out of curiosity or a quest for adventure. As a result, they are likely to continue engaging in such activities, which may eventually lead to adverse outcomes. Someone who, on the other hand, stays away from premarital sexual activities is less likely to have many sexual partners, even just one, if they remain faithful to their spouse.

The multiple regression analysis shown in Table 5 indicates that Fatalistic Belief, Age of Sexual Initiation, and Religiosity could predict risky sexual conduct among sexually active out-of-school adolescents. The magnitude of this relationship in predicting the risky sexual conduct among sexually active out-of-school adolescents is reflected in the values of multiple regression coefficients ($R = 0.704$, $p < 0.05$) and multiple regression adjusted coefficient ($R^2 = 0.490$). Consequently, it can be said that 49% of the overall variation in hazardous sexual behaviour was explained by the interplay of the three independent factors. The F-ratio value of $F = 92.575$ is significant at the 0.05 level. This provides further evidence that the independent variables'

predictive capacity is not due to chance. This outcome aligns with the research by Birndorf, Ryan, Auinger, and Aten (2005) and Millanzi, Osaki, and Kibusi (2023), which identified religion as a significant factor influencing individuals' protection against harmful sexual behavior. People tend to decide whether to exhibit a particular behaviour based on their religious teachings about it. Age of sexual initiation also made a potent prediction of risky sexual conduct. Similar findings were reported by (Kanmodi et al., 2020), who carried out a study to assess the influence of age and internet use on the sexual risk behavior orientation of young adults in Nigeria. Research on variables affecting the time of first sexual intercourse among youth in Nigeria and Kenya discovered that the patterns of correlations by gender indicate that boys experience pressure to engage in premature sexual activity to demonstrate their maturity. Biological and social factors are likely to influence a higher tendency to indulge in risky sexual behaviour (Olanike & Omoponle, 2018).

Research conducted on commercial sex workers in Durban, South Africa, revealed their fatalistic beliefs, particularly regarding the acquisition of STIs (Korang, 2021). They believed that infection was unavoidable and an inherent aspect of the occupation. Many individuals outside the educational system exhibited heightened concern for the now rather than the future, thereby managing the risk of adverse consequences stemming from the denial of that risk and a sense of fatalism. These mindsets influenced their behaviour. Some refused to use condoms despite having multiple sexual partners due to the belief that it retards pleasure, denied personal responsibility, refused to learn their HIV status because they feared that it would kill them and other myths associated with sexually transmitted diseases.

Table 6 indicates that Fatalistic Belief is the most crucial predictor of hazardous sexual behaviour, followed by Age of Sexual Initiation and Religiosity. This finding aligns with the research of (Seff, Steiner & Stark, 2021), who investigated beliefs regarding sexual misconduct in rural environments. They evaluated the level of fatalism concerning HIV/AIDS and risky sexual behaviour, discovering that individuals with higher education exhibited a lower mean of fatalism. In this study, while fatalistic beliefs in relation to treatments, death outcomes and solutions to adverse consequences of risky sexual behaviour were not highly prevalent among respondents, they, however, displayed high belief in fate and pre-destiny with relations to experiencing the unfavorable outcomes of risky sexual behaviour as observed in their responses to each of the items. They believe that all consequences arising from their actions were predestined; hence, they do not realise that a positive change in their behaviour could help prevent these negative outcomes.

The age of sexual initiation correlates with several harmful sexual behaviours. In their study, some respondents with early age of sexual initiation mentioned difficulty in sexual self-control and abstinence possibly due to the effect of indulging early before they have fully developed the cognitive capacity of self-discipline and restraint hence are likely to learn to deal with sexual desires the wrongway, i.e. by indulging themselves without being cautious of the risks involved (Alawode et al., 2021). For example, a respondent whose age of sexual initiation was below 11 stated that he didn't think he could cope without sexual intercourse for 2 weeks, since he had never stayed away from it for that long; he believed staying sexually abstinent has ill effects on the person's health.

While the study was primarily quantitative in design, limited qualitative insights were obtained through informal interactions and open-ended responses during the pilot phase, and these have now been incorporated into the results section to better illustrate the psychosocial dynamics influencing risky sexual conduct among out-of-school adolescents. Beyond the statistical associations observed in this study, narratives gathered during pilot interactions provided valuable context to the psychosocial dynamics underlying risky sexual conduct among out-of-school adolescents. These qualitative insights reveal dimensions of vulnerability, belief systems, and coping mechanisms that are not easily quantifiable but are nonetheless critical to understanding behavioural outcomes. For instance, a 17-year-old male participant stated, "I don't think I can survive two weeks without sex; it's the only way I feel like a man." This comment underscores

more than just the frequency of sexual activity; it reflects a deeply internalized narrative where masculinity and self-worth are tied directly to sexual prowess. For some male adolescents, especially those disengaged from formal schooling or structured environments, sexual activity appears to serve as a substitute source of identity affirmation, social status, and emotional regulation.

Similarly, a 15-year-old female respondent shared, "Since I'm not in school and have no job, sometimes I just go with someone who gives me money or food." This statement points to a transactional understanding of sexual relationships shaped by socio-economic hardship. In such contexts, sexual conduct is often not driven solely by desire. Still, it becomes a survival strategy, a means of meeting basic needs in the absence of education, employment, or family support. This also illustrates how gendered power dynamics and material dependency can foster conditions where risky sexual behaviour is normalized or seen as inevitable. These accounts powerfully demonstrate the role of fatalistic beliefs, where adolescents perceive their circumstances, and by extension, their behaviour, as seemingly beyond their control. The belief that "things will happen as they are meant to" or that "nothing I do can change my future" fosters resignation and passive acceptance of risky behaviour. This aligns with the significant positive correlation found between fatalistic belief and risky sexual conduct ($r = .593, p < .05$), and with fatalistic belief emerging as the strongest predictor in the regression analysis ($\beta = .422; t = 9.122; p < .05$).

Furthermore, the qualitative narratives highlight gendered expectations and cultural pressures that may reinforce early sexual debut and unprotected sex. Male adolescents, in particular, may face peer or societal pressure to "prove" their manhood through sexual activity. At the same time, females may internalize notions of submissiveness or obligation in exchange for material support. These nuanced psychosocial dynamics are essential for understanding the context in which these behaviours occur and complement quantitative data with depth, texture, and a human perspective. Overall, these qualitative narratives help to reinforce the importance of designing interventions that not only educate but also address the underlying belief systems, economic realities, and social expectations influencing adolescent sexual behaviour. Such an approach is crucial to the success and sustainability of behaviour change efforts among out-of-school youth (Smith et al., 2022).

Based on the study's findings, a proposed intervention should be theoretically grounded to effectively address the key drivers of risky sexual behavior, namely fatalistic beliefs and a lack of coping skills. Such an intervention would integrate Empowerment Theory to directly counter fatalism by fostering critical consciousness, self-efficacy, and a sense of agency through workshops that build tangible life skills and future-planning competencies. Concurrently, the Theory of Planned Behavior would be applied to structure activities that enhance perceived behavioral control, such as role-playing to practice refusal and negotiation skills, while also targeting subjective norms and attitudes through peer education and community dialogues. This combined approach aims to transform adolescents' perceived powerlessness into a belief in their ability to control their own actions and destinies, thereby reducing reliance on risky sexual behavior as a primary coping mechanism.

Conclusion

This study conclusively establishes that fatalistic belief, early age of sexual initiation, and religiosity are significant and interrelated predictors of risky sexual behavior among out-of-school adolescents in Ibadan. The analysis reveals that these factors collectively explain a substantial portion of the variance in dangerous conduct, with fatalistic belief emerging as the most potent contributor. This finding underscores that the vulnerability of this population is not rooted in a single cause but in a complex web of psychological, developmental, and socio-cultural forces that demand a multifaceted intervention strategy.

The profound influence of fatalism, in particular, offers a critical theoretical lesson for the community service process. It demonstrates that the core challenge is not primarily a knowledge deficit but a crisis of agency. Therefore, effective intervention must transcend the traditional model of providing information and instead facilitate a profound psychological reorientation. This necessitates applying frameworks such as Empowerment Theory to dismantle feelings of powerlessness and build a sense of self-efficacy, as well as the Theory of Planned Behavior to enhance perceived control over sexual decision-making specifically. The goal is to shift the adolescent's mindset from passive acceptance of a predetermined fate to an active belief in their ability to shape their own life outcomes.

Consequently, the path forward lies in developing holistic programs that integrate these theoretical insights. Such initiatives must be designed to equip adolescents with practical coping and life skills to manage the pressures they face, thereby offering alternatives to sexual risk-taking. By concurrently engaging with community and religious leaders to reframe narratives around destiny and personal responsibility, these interventions can address the complex interactions between the identified variables. Ultimately, transforming risky behavior requires moving beyond prevention messages to foster a fundamental, internalized sense of control and purpose among these vulnerable youth.

Limitations of the Study

First, the current study employed self-reporting as its measurement method. When self-reporting is used, common method bias, such as an unmeasurable implicit bias in an individual, may inevitably creep in due to uncontrollable circumstances. Another major limitation is the readiness on the part of the out-of-school adolescent to give information on their sexual experiences.

Suggestions for Further Studies

Similar studies should be conducted at other sites with larger sample sizes. Subsequent examinations can also be used to compare by gender and study location. Future studies can also adopt a qualitative approach, in conjunction with quantitative methods, to provide a more comprehensive overview of the construct under research in greater depth.

Ethics Statement

This research adhered to the ethical norms established by the National Research Committee on procedures involving human beings. All participants provided informed, written permission to participate in this research.

Conflicts of Interest

The study's author asserts that no financial or business connections are apparent that could be perceived as a potential conflict of interest.

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