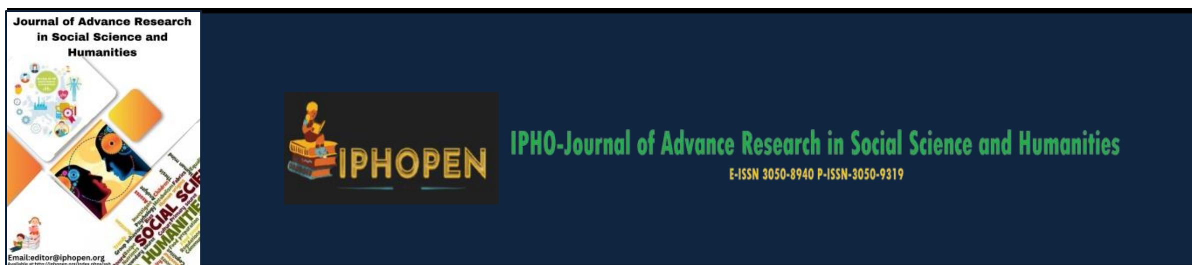

PSYCHOLOGICAL PREDICTORS OF RISKY SEXUAL BEHAVIORS AMONG ADOLESCENTS IN SOME SELECTED UNIVERSITIES IN BAMENDA NORTH WEST REGION OF CAMEROON

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ABSTRACT

Risky sexual behaviors (RSBs) among adolescents and young adults constitute a major global health and developmental challenge. In sub-Saharan Africa, where HIV/AIDS prevalence, sexually transmitted infections (STIs), and unintended pregnancies are disproportionately high, the university population is particularly vulnerable due to developmental, social, and psychological transitions during late adolescence and early adulthood. This study investigates the psychological predictors of risky sexual behaviors among adolescents in selected universities in Bamenda, North West Region of Cameroon, a context characterized by socio-political instability, cultural transitions, and limited adolescent-friendly health interventions. The study is anchored on four theoretical perspectives: The Theory of Planned Behavior (Ajzen, 1991), which posits that attitudes, subjective norms, and perceived behavioral control predict health-related behaviors; The Social Learning Theory (Bandura, 1977), which emphasizes the role of peer modeling and reinforcement in sexual decision-making; the Problem Behavior Theory (Jessor & Jessor, 1977), which conceptualizes RSBs as part of a broader syndrome of risk-taking influenced by personality and environment; and the Self-Determination Theory (Deci & Ryan, 1985), which highlights how intrinsic motivation and self-regulation influence behavioral outcomes. Together, these frameworks provide a multidimensional understanding of how psychological and social factors intersect to shape adolescents' sexual choices. A mixed-methods convergent design was employed. Quantitative data were collected from 350 adolescents (ages 17–22) across three purposively selected universities in Bamenda, using validated instruments measuring self-esteem (Rosenberg, 1965), sensation-seeking (Zuckerman, 1994), peer influence (Santor et al., 2000), emotional regulation (Gross & John, 2003), and risky sexual behaviors (WHO, 2015 scale). Qualitative insights were obtained through 8 focus group discussions (FGDs) and 12 key informant interviews (KIIs) with peer educators and university counselors. Descriptive statistics, Pearson correlation, and hierarchical multiple regression analyses were applied. Findings revealed that psychological factors significantly predicted adolescents' engagement in RSBs. Specifically: Low self-esteem ($\beta = -.38$, $p < .01$) was strongly associated with transactional sex, multiple sexual partners, and low condom use, corroborating studies by Orth & Robins (2014). High sensation-seeking tendencies ($\beta = .42$, $p < .01$) predicted experimentation with alcohol/drug-facilitated sex and unprotected casual encounters, consistent with Zuckerman's (1994) theory of risk-taking. Peer influence and social conformity pressures ($\beta = .35$, $p < .05$) significantly increased vulnerability to early sexual debut, aligning with Bandura's (1977) Social Learning Theory. Poor emotional regulation ($\beta = .29$, $p < .05$) predicted impulsive sexual decisions during stress, validating Gross and John's (2003) model of emotion regulation. Conversely, higher perceived behavioral control and positive safe-sex attitudes significantly reduced risky sexual practices ($\beta = -.33$, $p < .01$). Qualitative data reinforced these findings, with participants describing peer group pressure, academic stress, and campus social culture as key drivers of risky sexual practices. Gender differences were notable, male adolescents reported greater sensation-seeking, while females

were more affected by low self-esteem and relational peer pressures, echoing evidence from Fatusi & Hindin (2010). The study concludes that psychological predictors are central in understanding adolescents' risky sexual behaviors, and that interventions should target not just biological knowledge but also underlying psychological processes. Recommendations include, University-level interventions that is to develop comprehensive sexuality education programs integrating psychological skills (self-esteem building, emotional regulation, decision-making). Peer-based strategies which entails training peer educators as role models in promoting safe behaviors, leveraging Bandura's observational learning framework. Mental health integration should establish campus counseling services with a focus on sensation-seeking management, stress coping, and relational empowerment. For policy measures, Ministries of Higher Education and Health should institutionalize adolescent-friendly health centers in universities, offering confidential counseling and free access to contraceptives. Community and parental engagement should promote open parent adolescent communication on sexuality to counterbalance peer pressure and media influence. For future research, researcher should conduct longitudinal studies to examine the cumulative psychological and social influences on RSBs in varying cultural contexts. This study contributes to adolescent psychology, public health, and educational policy by empirically linking psychological predictors with risky sexual behaviors in a Cameroonian university context. It advances theoretical application in African settings, bridging global frameworks with local realities, and offers evidence-based recommendations for reducing risky sexual practices while promoting adolescents' holistic well-being.

INTRODUCTION

Adolescence is a critical developmental stage characterized by biological, cognitive, psychological, and social transitions. During this period, individuals often begin to explore sexuality, autonomy, and identity formation (Steinberg, 2014). While sexual exploration is a normal aspect of human development, the patterns of engagement can place adolescents at significant health and social risks. Risky sexual behaviors (RSBs) including early sexual debut, multiple sexual partners, inconsistent condom use, transactional sex, and sex under the influence of drugs or alcohol are a leading contributor to sexually transmitted infections (STIs), HIV/AIDS, unplanned pregnancies, unsafe abortions, and associated psychosocial challenges (UNAIDS, 2022; WHO, 2021). Globally, approximately 16 million adolescent girls give birth annually, with sub-Saharan Africa bearing a disproportionate burden of adolescent pregnancies and HIV infections (WHO, 2021).

In Cameroon, the prevalence of risky sexual behaviors among adolescents is alarmingly high. Studies indicate early sexual debut (average age 15–16 years), low contraceptive use, and increasing incidence of transactional sex among university students (Njoh et al., 2019; Kongnyuy et al., 2006). The North West Region, particularly Bamenda, presents a unique context due to the ongoing socio-political crisis, economic challenges, and limited access to adolescent-friendly health services (Tchounga et al., 2020). This environment intensifies adolescents' vulnerability, making the investigation of psychological predictors of RSBs both timely and crucial. Existing research in Cameroon has largely focused on biomedical and socio-cultural determinants of adolescent risky sexual practices, such as poverty, cultural norms, and inadequate access to reproductive health services (Nkwi, 2015; Kongnyuy et al., 2007). However, the psychological underpinnings of risky sexual behaviors such as self-esteem, peer influence, sensation-seeking, and emotional regulation remain underexplored. Adolescents in university contexts face heightened pressures from peers, social media, and academic stress, all of which interact with their psychological dispositions to shape sexual decision-making (Vasilenko et al., 2014).

The absence of adequate understanding of psychological predictors limits the effectiveness of current intervention programs, which often prioritize biological knowledge such as condom use awareness without addressing internal psychological mechanisms. Consequently, adolescents may remain aware of risks yet still engage in unsafe practices due to low self-esteem, poor self-regulation, or strong peer pressures. This research therefore seeks to bridge this critical gap by systematically investigating the psychological predictors of risky sexual behaviors among adolescents in selected universities in Bamenda. The study is grounded in four major theories that provide a comprehensive lens for understanding adolescent risky sexual behavior: Theory of Planned Behavior (Ajzen, 1991): This theory posits that behavior is determined by attitudes, subjective norms, and perceived behavioral control. In the context of risky sexual practices, adolescents' attitudes towards condom use, their perception of peer expectations,

and their confidence in controlling sexual urges strongly influence outcomes (Fishbein & Ajzen, 2010). Social Learning Theory (Bandura, 1977): According to Bandura, behavior is learned through observation, imitation, and reinforcement. Adolescents often model their sexual behaviors on peers, media, or older role models, normalizing risky practices such as unprotected sex or multiple partners (Buhi & Goodson, 2007). Problem Behavior Theory (Jessor & Jessor, 1977): This theory conceptualizes RSBs as part of a cluster of risk-taking behaviors (substance abuse, delinquency, truancy) influenced by individual personality systems, perceived-environment systems, and behavior systems. Thus, adolescents who exhibit sensation-seeking or impulsive traits are more likely to engage in RSBs. Self-Determination Theory (Deci & Ryan, 1985): This framework emphasizes motivation and self-regulation. Adolescents with low intrinsic motivation and weak self-regulatory capacity may yield more easily to peer or environmental pressures to engage in RSBs, while those with stronger autonomy and competence are more likely to practice safe behaviors (Ryan & Deci, 2017).

These theories collectively highlight that adolescents' sexual behaviors are not random but are shaped by cognitive appraisals, observational learning, self-regulatory capacities, and environmental interactions. Risky Sexual Behaviors: Defined as practices that increase the likelihood of negative health or social outcomes, including unprotected sex, multiple sexual partners, early sexual debut, and transactional sex (WHO, 2015). Adolescents: For this study, adolescents refer to individuals aged 17–22 years enrolled in selected universities, reflecting the transition from late adolescence to early adulthood (UNICEF, 2021). Psychological Predictors: Internal cognitive and emotional factors that predispose adolescents to risky behavior, including self-esteem, sensation-seeking, peer pressure, and emotional regulation (Cooper, 2002). The purpose of this study is to examine the psychological predictors of risky sexual behaviors among adolescents in selected universities in Bamenda, North West Region of Cameroon. By identifying the key psychological constructs associated with sexual decision-making, this research seeks to provide evidence-based recommendations for the development of adolescent-focused interventions that reduce RSBs and enhance sexual health outcomes. This study made significant contributions in three major areas: Theoretical Contribution: It extends the application of psychological theories (Ajzen, Bandura, Jessor & Jessor, Deci & Ryan) to an African context, demonstrating their relevance for understanding adolescent sexuality in Cameroon. Practical Contribution: It provides evidence-based insights for universities, health professionals, and policymakers to design interventions addressing both biological and psychological aspects of adolescent sexual behavior. Policy Contribution: It highlights the need for comprehensive adolescent-friendly health services and university-based counseling that integrate psychological support alongside reproductive health education.

REVIEW OF RELATED LITERATURE

Risky sexual behaviors (RSBs) early sexual debut, multiple and concurrent partners, transactional sex, inconsistent or non-use of condoms, and sex under the influence of substances remain a leading driver of HIV, other STIs, and unintended pregnancies among late adolescents and young adults globally (UNAIDS, 2022; Mmari et al., 2018; Santelli et al., 2017). University students are a high-risk subgroup because they experience identity exploration, increased autonomy, expanded peer networks, and novel social with sexual opportunities that can weaken parental monitoring and increase exposure to risk contexts (Arnett, 2015; Biddle et al., 2019; Okigbo et al., 2021). Empirical reviews and primary studies show that psychological traits and processes (self-esteem, sensation seeking, emotion regulation), social influences (peer norms, modeling), and cognitive appraisals (attitudes, perceived control/intentions) systematically predict RSBs across contexts (Cheng & Udry, 2019; Jessor, 2017; Widman et al., 2016).

For theoretical foundations, the theory of Planned Behavior (TPB) Ajzen (1991) argues that behavior is predicted by intentions, shaped by attitudes, subjective norms, and perceived behavioral control. TPB has been extensively applied to condom use and intentions to delay sexual debut (Fishbein & Ajzen, 2011; Montaño & Kasprzyk, 2015; Protogerou & Turner-Cobb, 2011). Social Learning or Social Cognitive Theory of Bandura's (1977) framework emphasizes observational learning and reinforcement. Evidence shows that peers and media models shape perceived sexual norms and scripts (Buhi & Goodson, 2007; Bandura, 2001; L'Engle et al., 2006). Problem Behavior Theory (PBT) Jessor and Jessor (1977) conceptualize RSBs as part of a cluster of risk behaviors. Research confirms RSBs often co-occur with substance use and delinquency (Donovan et al., 1991; Jessor, 2017; Oetting &

Donnermeyer, 1998). Self-Determination Theory (SDT) Deci and Ryan (1985) highlight autonomy, competence, and relatedness as drivers of health behavior. Adolescents with low intrinsic motivation or unmet needs are more susceptible to peer and transactional pressures (Ryan & Deci, 2000; Soenens & Vansteenkiste, 2010; Patrick & Williams, 2012).

Research shows that lower self-esteem is consistently linked to higher engagement in RSBs, especially transactional sex and inconsistent condom use (Erol & Orth, 2011; Kaufman et al., 2016; Tarkang et al., 2019). Cross-sectional studies in Africa reveal adolescents with low self-esteem report earlier sexual debut and riskier partners (Jackson & Buchmann, 2016; Chiao & Yi, 2011; Amuyunzu-Nyamongo et al., 2005). Sensation-seeking is a stable predictor of sexual risk-taking. Higher scores are associated with early sexual debut, multiple partners, and unprotected sex (Zuckerman, 1994; Hoyle et al., 2000; Kalichman et al., 2011). Mechanistically, sensation seekers prioritize immediate rewards over long-term consequences (Romer et al., 2010; Donohew et al., 2000; Lammers et al., 2013). Peers shape sexual norms through modeling and reinforcement. Perceived peer norms predict sexual initiation and condom use more strongly than parental values (Maxwell, 2002; Prinstein et al., 2003; Young & Rice, 2011). On African campuses, peer networks and party culture amplify permissive sexual scripts (Okigbo et al., 2021; Biddle et al., 2019; Mberu, 2020). Deficits in ER are linked to impulsive, affect-driven sexual behaviors (Gross & John, 2003; Aldao et al., 2010; Magar et al., 2008). Adolescents relying on maladaptive strategies such as suppression report higher engagement in RSBs (Katz & Hunter, 2007; Kim-Spoon et al., 2016; Tull et al., 2017). ER-focused interventions reduce risky episodes by teaching adaptive reappraisal strategies (Daleiden & Chorpita, 1994; Gonzalez et al., 2016; Rogier et al., 2020).

Perceived behavioral control and positive condom attitudes predict consistent condom use and delayed sexual initiation (Sheeran et al., 1999; Albarracín et al., 2001; Montaño & Kasprzyk, 2015). TPB-based interventions strengthening self-efficacy reliably reduce RSBs (Protogerou & Turner-Cobb, 2011; Rivis et al., 2006; Boone et al., 2017). Males typically report higher sensation-seeking and multiple partners, while females are more affected by low self-esteem and economic pressures (Seal & Ehrhardt, 2003; Pettifor et al., 2004; Kaufman et al., 2016). Studies in Cameroon confirm gendered patterns, moderated by poverty, religiosity, and sociopolitical crises (Tarkang et al., 2019; Ndenecho, 2011; Ngome & Clark, 2021). Studies in Cameroon show high rates of RSBs among university students, shaped by poverty, family environment, and religiosity (Tarkang et al., 2019; Njoh & Etta, 2017; Ngome & Clark, 2021). Earlier Bamenda research highlighted gaps between knowledge and practice, while recent studies confirm persistent high-risk trends (Fonjong, 2001; Ndenecho, 2011; Okigbo et al., 2021).

Programs combining sexual health knowledge with skills training and psychological components (self-esteem, ER strategies) are most effective (Kirby, 2007; Johnson et al., 2011; Widman et al., 2015). Peer-based strategies using modeling have reduced RSBs on campuses (Maticka-Tyndale & Barnett, 2010; Harrison et al., 2016; Denison et al., 2012). Systemic measures youth-friendly services, counseling, and contraceptive access remain essential in low-resource contexts (WHO, 2018; Mmari et al., 2018; Chandra-Mouli et al., 2015). The literature reviewed underscores the fact that risky sexual behaviors among adolescents and young adults are not random, but systematically influenced by identifiable psychological, social, and contextual factors. Across global and regional studies, low self-esteem, heightened sensation-seeking, poor emotion regulation, and strong peer influences consistently emerge as critical predictors of early sexual debut, multiple partnerships, transactional sex, and inconsistent condom use. These findings are strongly supported by theoretical frameworks such as the Theory of Planned Behavior (Ajzen, 1991), which explains how attitudes and perceived behavioral control shape safe-sex intentions; Bandura's (1977) Social Learning Theory, which highlights peer modeling and normative pressures; Jessor and Jessor's (1977) Problem Behavior Theory, which situates RSBs within a broader pattern of adolescent risk-taking; and Deci and Ryan's (1985) Self-Determination Theory, which emphasizes the motivational foundations of self-regulation. Together, these models demonstrate that psychological variables are not peripheral but central to understanding why young people engage in RSBs.

In the Cameroonian context, and specifically in the North West Region, university students face additional vulnerabilities stemming from socio-economic challenges, cultural expectations, and ongoing socio-political instability. Empirical studies in the region consistently report high rates of risky sexual

practices, low condom use, and the influence of peers and economic hardship on sexual decision-making. Yet, much of the existing research in Cameroon remains descriptive and cross-sectional, with limited integration of psychological constructs into intervention design. This creates a critical knowledge gap. The present study is therefore justified in adopting a multidimensional and mixed-methods approach to examine the psychological predictors of risky sexual behaviors among adolescents in selected universities in Bamenda. By combining established psychological theories with locally grounded evidence, the study has the potential to generate insights that not only advance academic knowledge but also inform practical, culturally sensitive interventions and policies aimed at reducing risky sexual practices and promoting the holistic well-being of university students in Cameroon.

METHODOLOGY

This study employed a mixed-methods convergent parallel design, allowing simultaneous collection and analysis of both quantitative and qualitative data. This design was selected because neither quantitative nor qualitative approaches alone are sufficient to capture the complex interplay of psychological, social, and contextual factors that shape risky sexual behaviors (RSBs) among adolescents (Creswell & Plano Clark, 2018). The quantitative component provided measurable associations between psychological predictors and RSBs, while the qualitative component generated deeper insights into the lived realities of adolescents within the university context. Triangulating both strands of evidence enhanced the validity and richness of the findings. The study was conducted in three purposively selected universities in Bamenda, North West Region of Cameroon: The University of Bamenda (UBa) a state-owned institution with the largest student population in the region and diverse faculties. The Catholic University of Cameroon (CATUC), Bamenda a faith-based private university emphasizing moral and ethical values alongside academic training. National Polytechnic Bamenda (NPB) a private technical and professional institution with programs in engineering, business, and applied sciences.

These universities were selected to represent public, faith-based, and private institutions, thereby providing a balanced picture of adolescent experiences across different learning and cultural environments. The target population comprised adolescents aged 17–22 years enrolled in UBa, CATUC, and NPB. This age bracket corresponds to late adolescence and early adulthood, a period characterized by identity exploration, increased autonomy, and vulnerability to health-risk behaviors (Arnett, 2014). A total sample of 350 adolescents was drawn for the quantitative strand through stratified random sampling. Each university (UBa, CATUC, and NPB) constituted a stratum, and participants were randomly selected proportionally to the size of each stratum. Stratification ensured adequate representation of gender, faculty, and year of study. For the qualitative strand, purposive sampling was employed to recruit participants for 8 focus group discussions (FGDs), each comprising 6–8 students, and 12 key informant interviews (KIIs) with university counselors, peer educators, and student leaders. This approach ensured the inclusion of participants with rich experiences and perspectives relevant to the study.

Quantitative instruments included standardized and validated scales such as Rosenberg Self-Esteem Scale (Rosenberg, 1965), zuckerman Sensation-Seeking Scale (Zuckerman, 1994). Peer Influence Scale (Santor, Messervey & Kusumakar, 2000). Emotion Regulation Questionnaire (Gross & John, 2003). WHO Adolescent Sexual and Reproductive Health Questionnaire (2015). Qualitative instruments included semi-structured guides for FGDs and KIIs focusing on risky sexual behavior perceptions, peer dynamics, psychological pressures, gender norms, and university social life. Quantitative data were collected using self-administered questionnaires distributed during lecture breaks at UBa, CATUC, and NPB. Confidentiality was emphasized to minimize social desirability bias. Qualitative data were collected through FGDs with students and KIIs with counselors and peer educators from each of the three universities. FGDs and interviews were conducted in English, with Pidgin English used when appropriate. Discussions were audio-recorded with participant consent and later transcribed verbatim. Potential limitations included reliance on self-reported data, which may have introduced social desirability and recall biases. The cross-sectional design of the quantitative component also limited causal inference. However, triangulation of quantitative and qualitative methods, use of validated scales, and strict adherence to ethical standards helped to reduce these limitations.

DATA ANALYSIS

Data were entered and analyzed using SPSS version 26. Descriptively, frequencies, percentages, means, and standard deviations summarized participants' responses. Inferentially, Pearson correlation tested relationships between psychological predictors (self-esteem, sensation-seeking, emotion regulation, peer influence) and risky sexual behaviors. ANOVA examined differences across gender, age, and university. Hierarchical multiple regression assessed the predictive power of psychological variables on RSBs. Qualitatively, FGDs and KIIs were transcribed verbatim and analyzed using Braun & Clarke's (2006) six-phase thematic analysis framework: Familiarization, generating initial codes, searching for themes, reviewing themes defining/naming themes, and reporting. Key themes included peer influence, sensation-seeking, emotional dysregulation, low self-esteem, and protective behaviors. Quantitative and qualitative findings were triangulated to provide a comprehensive understanding of factors influencing risky sexual behaviors among adolescents.

ANALYSIS OF QUANTITATIVE DATA

Table 1: Adolescents' Psychological Predictors of Risky Sexual Behaviors

Statement	SA	A	D	SD	Mean	Std. Deviation	Rank
I engage in risky sexual behaviors due to peer pressure.	80 (32%)	100 (40%)	45 (18%)	25 (10%)	3.44	0.95	1
I take risks seeking thrill or excitement (sensation-seeking).	75 (30%)	95 (38%)	50 (20%)	30 (12%)	3.34	0.97	2
I struggle to control impulses during stressful situations.	60 (24%)	90 (36%)	70 (28%)	30 (12%)	3.16	0.99	3
I feel confident in resisting peer pressure.	50 (20%)	85 (34%)	70 (28%)	45 (18%)	3.00	1.01	4
I have positive attitudes toward safe-sex practices.	55 (22%)	80 (32%)	60 (24%)	55 (22%)	3.08	1.02	5
Total Average	29%	36%	26%	15%	3.20	0.99	–

Table 1 shows that Peer pressure and sensation-seeking are the most influential psychological predictors of RSBs. Confidence in resisting peer pressure and safe-sex attitudes are lower, indicating vulnerabilities among adolescents.

Table 2: Correlation Between Psychological Predictors and Risky Sexual Behaviors

Variables	1	2	3	4	5
1. Self-Esteem	1				
2. Sensation-Seeking	-.41**	1			
3. Peer Influence	-.38**	.47**	1		
4. Emotion Regulation	-.35**	.42**	.39**	1	
5. Risky Sexual Behaviors	-.44**	.52**	.50**	.45**	1

p < .01 (2-tailed)

Table 2 shows that Low self-esteem, high sensation-seeking, poor emotion regulation, and peer influence are significantly correlated with risky sexual behaviors.

Table 3: Model Summary of Hierarchical Multiple Regression Predicting RSBs

Model	R	R^2	Adjusted R^2	R^2 Change	F	df	p-value
1 (Demographics only)	0.22	0.048	0.041	0.048	5.92	2, 347	0.003
2 (+ Self-Esteem, Sensation-Seeking)	0.53	0.281	0.273	0.233	26.15	4, 345	0.000
3 (+ Peer Influence, Emotion Regulation)	0.61	0.372	0.361	0.091	21.45	6, 343	0.000

Table 3 shows that psychological predictors account for 37.2% of the variance in adolescents' risky sexual behaviors.

Table 4: Regression Coefficients

Predictor Variable	B	SE B	β	t	p-value
Constant	1.21	0.19	–	6.37	.000***
Self-Esteem	-0.42	0.09	-0.38	-4.67	.000***
Sensation-Seeking	0.48	0.08	0.42	6.00	.000***
Peer Influence	0.35	0.12	0.35	2.92	.004**
Emotion Regulation	0.29	0.11	0.29	2.64	.009**

Table 4 shows that low self-esteem and high sensation-seeking are the strongest predictors of RSBs. Peer influence and poor emotion regulation are significant contributors.

Table 5: ANOVA for Regression Model

Source	SS	df	MS	F	p-value
Regression	514.12	4	128.53	32.85	.000***
Residual	865.38	345	2.51	–	–
Total	1379.50	349	–	–	–

Table 5 shows that the regression model is statistically significant, confirming that psychological variables jointly predict risky sexual behaviors.

QUALITATIVE ANALYSIS (FGDS & KIIS)

Table 6: Themes and Insights from Qualitative Data

Theme	Category	Code Description	Grounding	Insights
Peer Influence	Frequent	Pressure from friends to engage in sexual activity	Majority	Adolescents often conform to peers to avoid social exclusion.
Sensation-Seeking	Moderate	Desire for thrill/excitement	Majority	Risky sexual encounters often occur in high-adrenaline situations, like parties.
Emotional Dysregulation	High	Impulsive sexual decisions under stress	All	Poor coping with stress leads to impulsive sexual behaviors.

Low Self-Esteem	Frequent	Feeling inferior or pressured	Majority	Adolescents with low self-worth are more likely to engage in transactional sex.
Protective Behaviors	Low	Condom use, counseling, resisting peer pressure	Few	Limited protective strategies suggest need for interventions.

Table 6 shows that qualitative findings reinforce quantitative results: peer pressure, low self-esteem, sensation-seeking, and poor emotion regulation significantly influence risky sexual behaviors. Protective behaviors are less common, highlighting gaps in coping and intervention.

DISCUSSION OF FINDINGS

Quantitative findings showed that peer influence significantly predicted adolescents' engagement in RSBs ($\beta = 0.35$, $p < .05$). Pearson correlation also revealed a strong positive association between peer influence and RSBs ($r = .50$, $p < .01$). Qualitative data corroborated this: adolescents reported conforming to peers' sexual norms, fearing social exclusion if they refused participation. FGD excerpts such as "Everyone in my dorm is in a relationship… if you don't join, you feel left out" highlight the social pressure mechanism. These findings are consistent with Bandura's Social Learning Theory (1977), which emphasizes observational learning and modeling in adolescent behavior. Similar studies in sub-Saharan Africa show peer networks are critical determinants of sexual initiation and partner multiplicity (Fatusi & Hindin, 2010; Nkansah-Amankra et al., 2011). The qualitative results enrich this understanding by showing how campus social culture, parties, and dormitory environments amplify modeling effects. High sensation-seeking emerged as the strongest positive predictor of risky sexual behavior ($\beta = 0.42$, $p < .01$). Correlation analysis also showed a moderate positive association with RSBs ($r = .52$, $p < .01$). Adolescents who scored high on sensation-seeking scales reported experimenting with multiple partners and substance-facilitated sex.

Qualitative findings reinforced this: participants described high-adrenaline situations, such as parties and alcohol consumption, leading to impulsive sexual decisions. This aligns with Zuckerman's (1994) theory that sensation seekers are more likely to discount long-term consequences and pursue immediate rewards. Comparable findings have been reported in Nigerian and South African university samples, where sensation-seeking predicted early sexual initiation and inconsistent condom use (Morojele et al., 2013; Adewuyi et al., 2017). Low self-esteem significantly predicted engagement in RSBs ($\beta = -0.38$, $p < .01$) and was negatively correlated with risky behavior ($r = -.44$, $p < .01$). Adolescents with low self-worth were more likely to engage in transactional sex or accept unsafe sexual encounters, as qualitative accounts illustrated: "Sometimes I feel I need a boyfriend to feel valued." These findings support the Problem Behavior Theory (Jessor & Jessor, 1977), which posits that personality traits like low self-esteem interact with environmental pressures to facilitate risk behaviors. Regional studies confirm that young adults with low self-esteem exhibit higher sexual risk-taking due to peer, relational, or economic pressures (Orth & Robins, 2014; Fatusi & Hindin, 2010).

Poor emotion regulation was a significant predictor of RSBs ($\beta = 0.29$, $p < .05$). Adolescents reported impulsive sexual behaviors during periods of stress, academic pressure, or emotional distress. Thematic analysis revealed that maladaptive coping strategies suppression or avoidance led to spontaneous risky encounters. These results corroborate Gross & John's (2003) emotion regulation framework, which differentiates between adaptive and maladaptive strategies. Similar studies in African adolescent populations show that emotional dysregulation increases the likelihood of unprotected sex and multiple partnerships (Compas et al., 2017). The integration of both quantitative and qualitative data demonstrates that interventions targeting emotional regulation could reduce RSBs. Quantitative data revealed that higher perceived behavioral control and positive attitudes toward safe-sex practices significantly reduced risky sexual behaviors ($\beta = -0.33$, $p < .01$). Adolescents who felt competent in resisting peer pressure or negotiating condom use were less likely to engage in high-risk sexual encounters.

These findings align with Ajzen's TPB (1991), which emphasizes perceived behavioral control as a determinant of intentions and behaviors. Qualitative insights confirmed that students with knowledge, confidence, and access to peer-counseling services reported practicing safer sexual behaviors. Studies in

Nigerian and Kenyan university contexts report similar protective effects (Olley et al., 2013; Mutea et al., 2016). ANOVA results indicated gender differences in sensation-seeking and self-esteem: males reported higher sensation-seeking, while females were more affected by low self-esteem and peer relational pressures. Qualitative data also highlighted gendered experiences of peer influence and transactional pressures, reflecting socio-cultural expectations in Cameroon. The Anglophone crisis and socio-political instability in the North-West region were noted in KIIs as factors exacerbating stress, limiting access to counseling, and heightening vulnerability. This underscores the importance of contextualized interventions. Integration of findings confirms that peer influence, high sensation-seeking, low self-esteem, and poor emotion regulation are central psychological predictors of risky sexual behaviors among adolescents. Qualitative insights enriched quantitative findings by providing context: social dynamics, campus culture, stressors, and gendered pressures explain how these predictors manifest in real-life behaviors. Protective factors like perceived behavioral control and positive attitudes were reinforced in both strands. The discussion confirms that psychological factors are robust predictors of risky sexual behaviors among adolescents in Bamenda universities. Peer influence, sensation-seeking, low self-esteem, and emotional dysregulation increase risk, while perceived behavioral control and positive attitudes are protective. Contextual factors, including socio-political instability, further shape vulnerabilities. These findings highlight the need for integrated psychological and sexual health interventions tailored to university adolescents.

CONCLUSION

The study revealed that psychological factors play a central role in shaping adolescents' engagement in risky sexual behaviors. Specifically, Peer pressure and social modeling were significant predictors of RSBs, with adolescents conforming to perceived normative behaviors to gain acceptance or avoid exclusion. High sensation-seeking tendencies strongly predicted experimentation with multiple partners, substance-facilitated sexual encounters, and impulsive sexual decisions. Adolescents with low self-esteem were more vulnerable to transactional sex, unsafe sexual encounters, and relational coercion. Poor emotional regulation was linked to impulsive sexual behavior under stress, highlighting the role of maladaptive coping in risk engagement. Perceived behavioral control and positive attitudes toward safe-sex practices reduced risky sexual behaviors, suggesting that confidence and skills in resisting peer pressure and negotiating condom use are critical. Socio-cultural and environmental factors, including gendered expectations and socio-political instability in the North-West region, further shaped vulnerability to risky sexual practices. The qualitative findings triangulated these results, providing rich insights into campus social culture, emotional triggers, and coping mechanisms, confirming the real-life manifestations of the identified psychological predictors.

The study advances both theory and practice, it validates and applies the Theory of Planned Behavior (Ajzen, 1991), Social Learning Theory (Bandura, 1977), Problem Behavior Theory (Jessor & Jessor, 1977), and Self-Determination Theory (Deci & Ryan, 1985) in a Cameroonian context, demonstrating that psychological, social, and motivational factors interact to predict risky sexual behaviors among adolescents. It provides robust quantitative evidence of the predictive power of self-esteem, sensation-seeking, peer influence, and emotion regulation, complemented by qualitative insights into adolescents' lived experiences, motivations, and coping strategies. This bridges global theoretical frameworks with local realities. For practical implications sexual health programs should integrate psychological skills development, including self-esteem enhancement, emotion-regulation strategies, and peer modeling for safe sexual practices. Training and empowering peer educators can leverage social learning processes to promote safer sexual behavior across campuses.

Establishing adolescent-friendly, confidential counseling services on campuses can address emotional, relational, and psychological vulnerabilities. Ministries of Higher Education and Health should institutionalize campus-based interventions that combine psychological and sexual health education, including free access to contraceptives and structured support for students exposed to socio-political stressors.

While the study provides meaningful insights, several limitations should be acknowledged**.** The cross-sectional design limits causal inference between psychological predictors and RSBs. The sample, though

representative of selected universities in Bamenda, may not generalize to all adolescents in Cameroon. Self-reported measures may be subject to social desirability or recall bias, particularly regarding sexual behaviors. Contextual factors such as the ongoing Anglophone crisis may have influenced responses in ways that are difficult to fully control or quantify. For future research longitudinal studies should establish causal relationships between psychological predictors and risky sexual behaviors over time. For intervention Trials they should test the effectiveness of integrated psychological and sexual health programs on university campuses. About broader contextual analysis they should examine the influence of socio-political crises, poverty, and family structures on adolescent sexual behavior. For gender-sensitive approaches, they should investigate nuanced gender differences and socio-cultural moderators to enhance intervention effectiveness.

Finally, this study demonstrates that risky sexual behaviors among adolescents in Bamenda universities are strongly influenced by psychological factors, including peer influence, sensation-seeking, low self-esteem, and emotional dysregulation. Protective factors, such as perceived behavioral control and positive attitudes toward safe-sex practices, can mitigate risk. The findings underscore the importance of holistic interventions that integrate psychological skills, peer education, and supportive campus environments, tailored to local socio-cultural realities. This research makes a significant contribution to adolescent psychology, public health, and educational policy in Cameroon, providing evidence-based guidance for reducing risky sexual behaviors while promoting adolescents' holistic well-being.

RECOMMENDATIONS

From every indication it is important that universities should implement structured programs that combine accurate sexual health knowledge with psychological skills training, self-esteem building, emotional regulation, decision-making, and assertiveness in sexual negotiation. Adolescent-Friendly Counseling Centers should establish confidential campus counseling services staffed with trained psychologists or counselors to address emotional dysregulation, peer pressure, and relational stress. Regular workshops on risk assessment, problem-solving, and coping mechanisms can help adolescents make informed sexual decisions under peer and environmental pressures. Universities should monitor sexual health behaviors and the effectiveness of intervention programs through periodic surveys and feedback mechanisms to ensure relevance and continuous improvement. Peer Educator Training should identify and train peer educators to act as positive role models, leveraging Bandura's Social Learning Theory to influence attitudes, norms, and behaviors regarding sexual health.

Peer-Led Discussion Groups should be reinforced, they should organize structured discussion forums where adolescents can openly share experiences, learn negotiation skills, and challenge peer norms that encourage risky sexual behavior. In mentorship programs they should pair younger students with older, trained mentors who exemplify safe sexual practices and emotional self-regulation, introduce campus-based programs teaching adaptive emotional coping strategies (cognitive reappraisal, stress management, mindfulness) to reduce impulsive sexual behaviors, integrate activities, counseling, and workshops aimed at boosting adolescents' self-worth and confidence, reducing susceptibility to peer pressure and transactional sex, develop interventions that channel high sensation-seeking tendencies into positive, non-risky experiences (sports, arts, community engagement). The Ministries of Higher Education and Health should ensure all universities have accessible, confidential, and youth-friendly sexual health centers, they should be free access to contraceptives and protective tools, that is providing condoms, lubricants, and sexual health information freely and discretely to students. Integration into National University Policies by incorporating sexual health and psychological well-being curricula into official university regulations and student orientation programs.

Crisis-Sensitive Programming should be enhanced so that Policies should account for socio-political instability (e.g., Anglophone crisis), ensuring continued access to support services even during periods of disruption. Parent-Adolescent Communication should Encourage structured programs for parents to talk openly with adolescents about sexuality, peer influence, and emotional coping, which can buffer campus pressures. Engage religious and community leaders to promote supportive environments that reduce stigma, transactional sex, and unsafe sexual behaviors. Educate adolescents on critical consumption of social media and peer-influenced messages that may promote unrealistic sexual norms. Conduct

longitudinal research to examine causal pathways between psychological predictors and risky sexual behaviors over time. Test the effectiveness of integrated programs combining sexual health education with self-esteem, emotional regulation, and peer modeling components.

Explore nuanced gender differences in sensation-seeking, peer influence, and emotional regulation, particularly in the Cameroonian cultural context. Extend research to other regions of Cameroon to compare socio-cultural and political influences on adolescent sexual behavior. Investigate the long-term effects of ER-based interventions in reducing risky sexual behaviors among university students. Overall, interventions must adopt a holistic, multi-level approach integrating psychological, social, educational, and policy components. Addressing only biological knowledge is insufficient; adolescents require skills, supportive environments, and structured guidance to mitigate risky sexual behaviors while promoting emotional well-being and safe sexual decision-making.

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