**Introduction**

Human behaviour plays a significant role in the disease causation, maintenance of health and the prevention of disease. Health risk behaviour was defined as any activity undertaken by individuals with a frequency or intensity that increases risk of disease or injury.1 Much of the morbidity or mortality is linked with individual behavioural patterns, polluted environment or poverty. These health risk behaviours (HRBs) entails smoking, sex and drugs abuse, physical inactivity, poor diet, alcohol misuse behaviours and tobacco use which had been indicted as the leading causes of death regardless of one’s age.2,3 Statistics have showed that half of the premature death from the 10 leading causes in developed countries is caused by preventable behavioural factors such as: tobacco use, alcohol abuse, physical inactivity, and unhealthy dietary habits, risk sexual practices, non-adherence to effective medication regimens and to screening programs.4 Health risk behaviours also influence cognitive performance, emotions, and the overall quality of life in which impact have negative effect on the health of individual in a magnitude that has become one of the priorities of the most important national and international health organization.

The leading causes of global deaths today are largely associated with lifestyle which is an important predictor of future health, productivity and life expectancy. 5 The increased western world lifestyle habits during the 1990s resulted to a decrease in healthier lifestyles and an increased in related diseases in the global community.6 Health-risk behaviours were categorized into six areas: that is, behaviours that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviours, unhealthy dietary behaviours; and physical inactivity.7 Various studies showed that peer and family influences have the greatest influence on adolescent drug use.7 Studies on health risk behavioural factors among secondary school students in Ekitipupa, Ondo State, Nigeria, observed that parental influence, festivals practices, peer pressure and civilization are strong factors that facilitate HRB.9 Another study examining family and peer influences discovered that peers’ antisocial behaviour predicted a higher risk of drug activity, while peers’ pro -social behaviour predicted a lower risk of drug activity. Study on pattern of risky sexual behavior and associated factors among undergraduate students of the University of Port Harcourt, Nigeria also observed that many of the respondents had taken alcohol before, with more than a quarter of them currently uses alcohol. This they opined might be because adolescents’ substance abuse usually starts with alcohol and cigarette which are referred to as gateway substances. They attributed easy accessibility of young people in most of our communities to these substances as factors responsible for this among the students. The need to step up the call for actual ban of young people to these substances which have the ability to impede on their senses is very important and urgent 10. Studies also shows that more than a quarter of the respondents have parents that drinks alcohol, and also found that family conflict, family bonding, and peers’ antisocial behaviours all remained independent predictors of drug use in adolescence and suggested that family bonding may sway the child to associate with peers engaged in more positive behavior.7

In most cities and big towns of Kwara State particularly in Ilorin, many factors associated with health risk behaviours such as availability of drugs and alcohol, unhealthy sexual behaviours and unhealthy dietary behaviours as well as peer group influence were observed among the adolescents in these communities. These factors have motivated youths to engage in unhealthy behaviours which in most cases have led to violence, thuggery, disobedience to parents, teenage pregnancy, poor health status and poor academic performance among the adolescents particularly students. These health–risk behaviours were observed among the male and female secondary school students in Ilorin and are usually associated with negative health impacts.

Violence within and outside the school environment has been linked with behaviours such as smoking, drug and alcohol use among the male students in Government Secondary Schools, while, unhealthy sexual behaviours among the students has led to the prevalence of teenage pregnancy among female students in secondary schools. It is in view of the above that this study aimed to investigate into knowledge, practice and factors responsible for health risk behaviours among students in three secondary school students in Ilorin.

**Research questions:**

1. What is the knowledge level of secondary school students about health risk behaviours in Ilorin, Kwara State?
2. What are the factors responsible for health risk behaviours among secondary school students in Ilorin, Kwara State?
3. What are the implications of health risk behaviours on academic performance among secondary school students in Ilorin, Kwara State?

**Hypotheses**

The following hypotheses were tested in this study

1. Knowledge about health risk behaviours will not significantly have any influence on the practice of health risk behavior among secondary school students in Ilorin, Kwara State.
2. Peer group will not significantly have any influence on the health risk behavior among secondary school students in Ilorin, Kwara State.
3. Health risk behaviours will not significantly have any influence on the academic performance of students in the selected secondary schools in Ilorin, Kwara State.

**Material and Methods**

This study adopted descriptive cross-sectional research design using a cluster sampling method to select three hundred and sixty (360) students in senior secondary school classes in Ilorin Kwara State (North central Zone). The population for the study was senior students classes (SSS1-SSS2) in the three selected schools.

The sampled population was three hundred and sixty (360) respondents drawn from three secondary schools selected from Ilorin, Kwara State central senatorial district, that is, one hundred and twenty (120) students each from Government Secondary School, llorin, South LGA, (Males only secondary school), Queen Elizabeth Girls Secondary School, Ilorin West LGA (Females only secondary school), and Oke-Ose Grammar School, Ilorin East LGA (Males and Females secondary school) respectively.

A multi-stage sampling technique was used to sample three hundred and sixty secondary school students from the three selected secondary schools for the study. Cluster sampling method was used to select three schools based on gender distributions of students in the schools while, the class level (senior classes) was purposively sampled based on the exposure of senior secondary students to health risk behaviours. Simple random sampling method was used to select 120 respondents from each school that is, forty students were randomly selected from each of the senior classes (SSS1, SSS2 and SSS3) in all selected secondary schools in the district.

A researchers’ designed questionnaire was used as instrument for data collection from three hundred and sixty students sampled in this study. This questionnaire comprises of information on knowledge about health risk behaviours, factors contributing to health risk behaviours and data on implications of health risk behaviours on the academic performance of secondary school students.Validity of the instrument was determined by test re-test of instrument on the government high school, Offa grammar school and a reliability coefficient of 0.819 was obtained.

Permission for this study was sought from the heads of each school and head of teachers of each class in the schools were obtained. The nature, purpose and process of this study were also explained to the respondents and they were assured of confidentiality and anonymity of information provided. Descriptive statistic of frequency and percentage was used to answer research questions and inferential statistics of Chi square was used to test the hypotheses in this study.

**Results**

Table 1 shows the knowledge level of Secondary School Students about Health risk behaviours (HRB). About 78.3 percent of students had knowledge about health risk behaviours as against and majority (85.8%) of students believed that health risk behaviours are unhealthy behaviours that constitute danger to the body as well as poor academic performance. An average number (55%) of them did identify students, who were involved in health risk behaviours, and equal percent (50.8%) of students claimed not indulge in any form of health risk behaviours nor have relative or family members that are involved in Health risk behaviours (65.8%). This finding revealed a high level of knowledge about HRB among students of senior secondary schools in Kwara State.

Table 2 revealed factors associated with involvement of Secondary School Students in health risk behaviors. The most prevalence among the risk factors is school environment and peer group influence almost on equal percentages. Other factors such as family structure, family members that indulge in health risk behaviours and experimentation are also responsible for secondary students’ involvement on health risk behaviours.

**Table 3: Hypothesis**

**H01:** knowledge about health risk behaviours will not significantly have any influence on the involvement of students in health risk behaviour.

On the influence of knowledge about HRB on the practice of HRB; table 3 showed the p-value= 0.000, less than the significance value of 0.05. The null hypothesis is hereby rejected; this implied that there is a significant influence of knowledge on the practice of HRB among senior secondary school students in Ilorin.

**Ho2:** Peer group will not significantly have any influence on the health risk behavior among secondary school students in Ilorin, Kwara State.

Table 3 also showed the influence of peer group on the health risk behaviours with p-value 0.000 less than significant value of 0.05, the null hypothesis hereby rejected, which implies that there is a significant influence of peer group on the HRB among senior secondary school students in Ilorin.

**H03:**Health risk behaviours will not significantly have any influence on the academic performance of students in the selected secondary schools in Ilorin, Kwara State.

Table 3 further revealed that the calculated p-value 0.000 is less than the significance value of 0.05, the null hypothesis 3 is hereby rejected. This indicated that there is significant influence of health risk behaviours on the academic performance of students in Ilorin.

**Discussion**

It is a common knowledge that the greatest threat to the wellbeing of young people worldwide comes from preventable and often self-inflicted causes particularly unhealthy behaviours such as drugs and alcohol use, violence, delinquency and sexual risk taking.3 Findings from this study showed that large number (78.3%) of students have knowledge about health risk behaviours. It was however, surprising that despite student high level of knowledge about health risk behaviours and the awareness of consequences of HRB on their health and academic performance, greater percent of students’ were practicing unhealthy behaviours. This finding is in line with the study on the knowledge, attitudes and behaviour of students on sexual risk behaviour. They found that respondents good understanding of the epidemiology and effects of unhealthy sexual behaviours among students does not necessarily reflect on the risk taking behaviours among the adolescents.10

This study discovered that students who indulge in health risk behaviour are more likely to have poor academic performance and violence crime in schools and surrounding communities. This correlates with other studies on the relationship between different health risk behaviours and students’ academic performance. They found that health risk behaviours such as unhealthy dietary behaviours, early sexual initiation, violence and physical inactivity are consistently linked to poor grades, test scores and lower educational attainment.11

On the factors that facilitate health risk behaviours, this study found that school environment and peer group influence play a significant role in facilitating health risk behaviours among students. This might probably be attributed to free accessibility to HRB factors in the school environment and influence of peer group who indulges in various forms of HRB in schools. This study was in agreement with the finding on pattern of risky sexual behavior and associated factors among undergraduate students of the University of Port Harcourt, Nigeria which revealed that many of the respondents had taken alcohol before, with more than a quarter of them still indulges in alcohol use. This HRB was attributed to accessibility of young people in most communities to these substances as factors responsible for this among the students.9

This study observed that peer group influence strongly constituted a significant factor in involvement of students in health risk behaviours, for example, students in their early adolescents’ age that were exposed to sexuality through erotic and pornographic movies were more likely to engage in illicit sexual activity themselves. This is related to the fact that students are addicted to information technology gadgets, browse through the pornographic website and reading of novels or magazines that exposes them to various forms sexual activities and health risk behaviours. This findings agreed with a study conducted on ‘the school environment and student health as factors that influenced students into HRB, these are identified into four over-arching meta-themes, first, aggressive behaviours and substance use are often a strong source of status and bonding at schools, secondly, health risk behaviors are concentrated in unsupervised ‘hotspots’ at the school. Thirdly, positive relationships with teachers appear to be critical in promoting student wellbeing and limiting risk behaviour; and fourthly, unhappiness at school can cause students to seek sources of ‘escape’ either by leaving school at lunchtime or through substance use.12

This study further revealed that family who indulges in HRB was also identified as predictor of students’ unhealthy behaviours in Ilorin Kwara State. This finding corroborated the study conducted in Ekiti pupa, Ondo State, Nigeria on health risk behavioural factors among secondary school students, it observed that parental influence, festivals practices, peer pressure and civilization are strong factors that facilitate HRB and should be addressed on the problems of health risk behaviours among secondary school students.8

**Implications to Health Education Practice**

With a wide range of knowledge and considerable skill in developing relationships with adults and adolescents, health educators in schools and health institutions, are in good positions to address the problems of health risk behaviours. Health educators in many settings have direct access to adolescents and thus have the potential for performing many helpful interventions to prevent or address health problem-related behaviours. Assessing for risky sexual behaviour, alcohol use, and violence is an essential starting point. It is important for health educators to ask adolescents direct questions about these issues. Failure to address these issues directly may be perceived by some adolescents as tacit permission to engage in them.

Health educators who were the captains of school health service will find this study relevant especially during the periodic health inspection and health educate students on sensitive subjects like sex education and substance abuse among secondary school students. The nurses who also serve as health educators in school health system are considered as a safe person with whom to talk and open up to by the students. The process of health educators’ interaction with students is an opportunity for him/her to inquire about their involvement in health risk behaviours so as to educate the students on the implication of such HRB to their academic performance and health. In approaching these issues, the health educator must ensure confidentiality and understand the legal and ethical implications of gaining knowledge about the behaviours of students and about where and when not to keep or divulge such information.

School health educators and health workers in primary care services often have access to parents as well. These health educators must empower parents to educate themselves and monitor their children for likelihood of engaging on HRB and for timely report and intervention on dangerous problem behaviours. Information on the prevalence of health risk behaviours, behaviours that might indicate the presence of a problem, and risks associated with these behaviours is critically needed, health educators have the responsibility to teach school personnel and parents/guardian on how to complement the school health services in identifying health risk behaviours, preventing and control risk factors among the students.

**Conclusion**

Based on the findings of this study, it is concluded that;

1. knowledge about health risk behaviours significantly influence practice of HRB among senior secondary school students in Ilorin
2. peer group influence contributed to health risk behaviours among senior secondary school students in Ilorin.
3. health risk behaviours contributed to poor academic performance among students in Ilorin.

**Recommendations**

Based on the conclusion of this study, the following recommendations are made:

1. School authority should develop health education intervention programmes aimed at improving knowledge of students on the dangers of indulgence in HRB.
2. Security checks should apprehend and punish students peer groups found indulges in Health risk behaviours in schools.
3. School health services should conduct a screening exercise to identify students that indulges in HRB with aim to discourage them from such act thus improve their academic performance
4. Capacity building for improvement of health screening and counseling services at the school level is needed to help identify health risk behaviours among students.

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