

**SOCIO-DEMOGRAPHIC DETERMINANTS OF SEXUAL RISK  
BEHAVIOUR AMONG ADOLESCENTS IN NIGERIA**

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## CERTIFICATION

This is to certify that OLAPADE ABIOLA PETER of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic **“SOCIO-DEMOGRAPHIC DETERMINANTS OF SEXUAL RISK BEHAVIOUR AMONG ADOLESCENTS IN NIGERIA”** in partial fulfillment of the award of Bachelor of Science (B.Sc.) in Federal University Oye-Ekiti, Nigeria under my Supervision

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### **DEDICATION**

The project is dedicated to almighty God for giving me this opportunity to write this project and also to my parent, Mr. and Mrs. Olapade Segun for their support and care, God bless you.

## ACKNOWLEDGEMENT

With a very grateful heart I give all glory and adoration to almighty God who gave me the grace to embark on this project and for seeing me through despite all the difficulties I encountered throughout my sojourn in Federal University Oye-Ekiti.

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## ABSTRACT

Sexual risk behaviours are defined as sexual activities that may expose an individual to the risk of sexually transmitted infections (STIs) including HIV and unplanned pregnancies. Such behaviours include: unprotected sexual intercourse, multiple sexual partners, forced or coerced sexual intercourse and transactional sexual intercourse.

In the last three decades, it has been observed that there has been a substantial increase in the proportion of adolescents who engaged in sexual activity while at school. Using the survey design, this study investigated the perceived effect of Socio-Demographic factors on sexual risk behaviour of adolescents in Nigeria. The quantitative method was used in this study. The data was extracted from the 2013 Nigeria Demographic and Health Survey data set (male and female recode), the sample size used for this study after been filtered is 2,164 young men and women of reproductive years 15-19 who have engaged in an unprotected sexual intercourse in the last 12month preceding the survey. The univariate result revealed that the majority of the adolescents engage in sexual risk behaviour. The bivariate analysis showed that there is significant relationship between the dependent variables on their socio-demographic characteristics. At the multivariate level, it shows that only age, occupation, smoke cigarette, wealth index, education, marital status, religion and ethnicity has a significant influence on sexual risk behaviour of adolescent. In conclusion, place of residence, ethnicity, marital status, wealth index, level of education, occupation, age at first intercourse and education have significant relationship with their sexual

risk behaviour (use of condom and having multiple sexual partners). Therefore, programmes and effort should be made to reduce the rate of adolescent involvement in sexual risk practices.

**Keywords:** Nigeria, adolescents, Sexual risk behavior, Use of condom, Multiple sexual partner, HIV/AIDS



# CHAPTER ONE

## INTRODUCTION

### 1.0 BACKGROUND OF THE STUDY

Recently, much attention has focused on adolescent sexual behaviour in general, especially, in this part of the world, sub-Saharan Africa, and how risky behaviours contribute to poor sexual health outcomes cannot be overemphasized due to the fact that this part of the world records the greatest number of HIV infections and deaths worldwide, especially, amongst the youth who represent one of the fastest-growing risk groups for sexually-transmitted diseases such as HIV/AIDS (Hargreaves, Morison, Bonell & Porter J, 2008).

Sexual risk behaviours are defined as sexual activities that may expose an individual to the risk of sexually transmitted infections (STIs) including HIV and unplanned pregnancies (Oluwatoyin & Oyetunde, 2014). Such behaviours include: unprotected sexual intercourse, multiple sexual partners, forced or coerced sexual intercourse and transactional sexual intercourse. Sexually active adolescents and young people defined as those who have had sexual intercourse in the past three months are at immediate risk of unplanned pregnancy and STIs (Child Trend Databank, 2014).

- World Health Organization defines adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. Adolescent is a period of life with specific health and development needs and rights. It is a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles (Lloyd,

2005). It also a representation of one of the most essential transitions in the life span and is marked by a tremendous pace in growth and change that is second only to that of infancy.

Biological processes drive many aspects of this growth and development, with the onset of puberty marking the passage from childhood to adolescence. The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic situations. This period has seen many changes over the past century namely the earlier onset of puberty, later age of marriage, urbanization, global communication, and changing sexual attitudes and behaviours.

The populations of the adolescents and the young adults have been increasing significantly over the years. One-fifth of the world's population includes youth and young adults, with more than four-fifths in developing countries. During the transition from childhood to adulthood, youth establish patterns of behaviour and make lifestyle choices that affect both their current and future health (Blum, 2005). It has been observed that the population of young people between the ages of 10 and 24 is experiencing a growth rate much larger than it used to be in history (United Nations, 2012). This group of people account for >20% of the sub-Saharan African population (UN. World Youth Report 2007). However, these adolescents and young people are considered as assets to the community and have the potentials to contribute positively to global development. Sexual interests among adolescents, as among adults, can vary greatly due to pleasure derived from such act, but their lack of knowledge about consequences of these negative behaviours has been identified as factors that increase the chances of adolescents engaging in sexual risk behaviours (Jejeebhoy, Zavier & Santhya, 2013). Sexual activity in general is associated with various risks including unwanted pregnancy and sexually transmitted diseases including HIV/AIDS. The risks are elevated for young adolescents because they are sexually active. Adolescents and young adults

have been found to develop varying degrees of increased in the opposite sex, and they are usually interested in both physical and sexual attractiveness.

These tendencies expose them to certain risks. In addition, adolescents are more likely to make decisions without making a thorough consideration of the consequences (Zalelem, Melkamu & Muluken, 2013).

Adolescents' sexual health is of a great importance, because if their problems are not properly addressed they will grow into more compounded and the cycle turns into more vicious (Odeyemi, Onajole & Ogunowo, 2009). To this end, in 2000 Nigeria adopted a national health policy with the aim of at preventing behaviour among adolescents leading to STIs (HIV inclusive), also unplanned pregnancies, and dropout from school (Slap et al., 2003). Effective interventions in Nigeria has experienced a lot of draw backs because of lack of information on factors influencing sexual behaviour of adolescents (Slap et al., 2003). In Nigeria and elsewhere, factors such as diminishing traditional, cultural and religious influences on premarital sexual behaviour, child labour, poverty and inadequate parental supervision, have been identified as having led to young people's involvement in sexual risk behaviour (Adegoke, 2003). However, the high rates of adolescent pregnancy, STIs (including HIV) and unsafe abortions in Nigeria indicate the need for a clearer understanding of the factors associated with adolescent sexuality (Zalelem et al., 2013). This study therefore examines the socio-demographic determinant of sexual risk behaviour among adolescent in Nigeria.

### **1.1 STATEMENT OF PROBLEM**

In the era of HIV/AIDS and reproductive health, it is crucial to understand the determinants of sexual activities among the youth in order to form policies and programs that help protect them (Hargreaves et al., 2008). Sexual behaviour and reproductive health of youth in developing

countries have attracted a considerable attention over the last 15 years. But, a large proportion of the population in these countries is affected by HIV/AIDS and reproductive health problems. The sexual behaviour of youth is important not only because of the possible reproductive outcomes but also because of the fact that sexual risk behaviour is associated with sexually transmitted infections (Scholl, Schueller, Gashaw, Wagaw & Wolde, 2004).

About 2 billion people are 10-24 years old in the world, close to 85% of these young men and women live in developing countries (RAHP, 2012). The youths in Nigeria account for 32.0% of Nigerian's 140 million people and nearly half (48.6%) of adolescents aged 15-19 are sexually active (NPC, 2008). About 1 in 5 of sexually active females and 1 in 12 sexually active males had already engaged in sexual intercourse by the age of 15. Findings from National AIDS and Reproductive Health Survey show that the median age of sexual debut among youths is 17 years in females and 21 years in males. A common feature of young people in Nigeria is their potential vulnerability to Sexually Transmitted Infections (STI) including HIV (NPC, 2008). With the rising rates of sexually transmitted infections among adolescents (UNAIDS, 2002), have young females as the main victims of HIV infection with global gender distribution showing 59% female and 41% male (UNAIDS, 2007), 45 000 a year country-wide. Clearly, unprotected sex – rife among adolescent learners; An increasing number of learners in primary & secondary schools in Africa living with HIV (Francis & Francis, 2004).

The process of adolescence is a period of preparation for adulthood during which time several key developmental experiences occur. Besides physical and sexual maturation, these experiences include movement toward social and economic independence, and development of identity, the acquisition of skills needed to carry out adult relationships and roles, and the capacity

for abstract reasoning. While adolescence is a time of tremendous growth and potential, it is also a time of considerable risk during which social contexts exert powerful influences.

Many adolescents face pressures to use alcohol, cigarettes, or other drugs and to initiate sexual relationships at earlier ages, putting themselves at high risk for intentional and unintentional injuries, unintended pregnancies, and infection from sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV). Many also experience a wide range of adjustment and mental health problems. Behaviour patterns that are established during this process, such as drug use or non-use and sexual risk taking or protection, can have long-lasting positive and negative effects on future health and well-being. As a result, during this process, adults have unique opportunities to influence young people.

Adolescents are different both from young children and from adults. Specifically, adolescents are not fully capable of understanding complex concepts, or the relationship between behaviour and consequences, or the degree of control they have or can have over health decision making including that related to sexual behaviour. This inability may make them particularly vulnerable to sexual exploitation and high-risk behaviours. Laws, customs, and practices may also affect adolescents differently than adults. For example, laws and policies often restrict access by adolescents to reproductive health information and services, especially when they are unmarried. In addition, even when services do exist, provider attitudes about adolescents having sex often pose a significant barrier to use of those services.

Physiologically, the changes in reproductive organs that occur in the life of adolescents often serve as a motivating force in their quest to experiment with sex. Some naturally explore and take risks in many aspects of their lives, including sexual relationships. Those who have sex may

change partners frequently and have more than one partner in the same time period or engage in unprotected sex. These sexual risk activities make this group disproportionately affected by reproductive morbidities including STI/HIV, unwanted pregnancies and their complications (Arowojolu, Ilesanmi, Roberts, & Okunola, 2002). In Nigeria, researches have confirmed that sexual risk behaviour is associated with young people. These risk behaviours include: early debut in sexual activities, sex with many partners, low and inconsistent use of condoms, use of drugs and alcohol, anal sexual intercourse and mouth to genital contact (Bankole, et al., 2004). It is of concern that many of these young people do not perceive their high- risk status in spite of indulging in these unsafe sexual practices (Federal Ministry of Health, 2012). It is therefore no surprise that the Joint United Nations Programme on AIDS (UNAIDS) reported that the rate of newly acquired HIV infections are the highest in the 15-25 years' age- group and that this group accounts for about 60% of the global total of HIV infected persons (UNAIDS, 2006). Similarly, the highest zero-prevalence rate of HIV in Nigeria is in this age-group (Federal Ministry of Health, 2003).

## **1.2 RESEARCH QUESTIONS**

1. What is the prevalence of sexual risk behaviour (multiple sexual partner and use of condom) among adolescent in Nigeria?
2. Is there any relationship between socio-demographic factors and sexual risk behaviour (multiple sexual partner and use of condom) of adolescents in Nigeria?
3. What is the perception of Nigeria adolescents on factors associated with sexual risk behaviour (multiple sexual partner and use of condom)?

### **1.3 OBJECTIVES OF THE STUDY**

The aim of this study was to investigate the socio-demographic determinants of sexual risk behaviour among adolescents in Nigeria.

#### **SPECIFIC OBJECTIVES**

1. To know the prevalence rate of sexual risk behaviour (multiple sexual partner and use of condom) among adolescent in Nigeria.
2. To examine the socio demographic determinant of sexual risk behaviour among adolescent.
3. To examine the perception of major adolescents on factors associated with sexual risk behaviour (multiple sexual partner and use of condom) in Nigeria.

### **1.4 JUSTIFICATION OF THE STUDY**

According to the Joint United Nations program on HIV/AIDS (UNAIDS), in 2008, young people aged 15-24 years accounted for 42% of new HIV infection in people aged 15 and older and mainly 80% of this live in Sub Saharan Africa (UNAIDS, 2009).

Sexual activities are so rampant and devastating such that adolescents engage in sexual risk behaviours either as a result of what they see around them, things they read from papers, movies they watch or from their peers and even what they copy from adults. From literature, it has been observed that today in the society, young people see adults having multiple sexual partners, engaging in sexual intercourse under the influence of alcohol and go scot-free and they equally follow suit; and ladies expose their nakedness in the name of fashion. Movies and television programmes usually lead the young minds of adolescents into emotional state that eventually

change their behaviours into experimenting what they have watched in televisions and movies with little or no knowledge of the risk involved.

Adolescents in a society, are assets of the society and change agents in filling the gap in the past and on whom the future generation is based. It is also clear that this group is on the way of transforming to adulthood: filled with ambition; and building their future academic and social career. Neglecting their sexual and reproduction health can lead to high social and economic cost, both immediately and in the years ahead. One of the most reliable commitments a country can make for future economic, social and political progress and stability therefore, is to address the sexual and reproductive health need of this population group (WHO, 2006).

Unless appropriate age and institution targeted intervention exist, certain behaviours can place this adolescent at greater risk of HIV infection. As they are in the youth age category, they are exposed to many risky behaviour including sexual coercion, STI, including HIV/AIDS, unwanted pregnancy and abortion like other youth. Group of people who engage in these high risk behaviours are considered vulnerable to HIV infection and need to be watched cautiously in order to control its epidemics (UNAIDS, 2009). Amongst all, some are subjected to wide spread substance use and peer pressure that aggravated the risky behaviours (Mitike et al., 2002).

In addition, the importance of this topic cannot be overemphasized as stated by Nelson Mandela: *"My dear young people, I can see the light in your eyes, the energy in your bodies, and the hope that is in your spirit. I know it is not I, but you who will make the future. It is you, not I, who will fix our wrongs and carry forward all that is right in the world.* However, this noble dream and hope of Tata Mandela cannot be a reality when our young people are sick, infected and dying due to sexual risk behaviour. It is our job as society to put our heads together and find ways to engage our adolescents in safe sexual practices" (Nelson Mandela, 2002).



Thus, this study was conducted with the aim of identifying sexual risk behaviour common amongst adolescent and predisposing factors for possible intervention.

## 1.5 DEFINITION OF TERMS

- **SUBSTANCE USE:** use of at least any one of the following substances: alcohol, cigarette, shisha, drug that are assumed to affect level of thinking and increase risk of involving in sexual risk behaviour.
- **SEXUAL RISK BEHAVIOUR:** having more than one sexual partner or performing sexual intercourse with non- regular partner without the use of condom.
- **STI:** this stands for Sexually Transmitted Infection
- **HIV/AIDS:** Human Immunodeficiency Virus/ Acquired immune Deficiency Syndrome
- **ADOLESCENT:** according to WHO, are those individual that fall between the age ranges 15-19 at the time of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 INTRODUCTION**

The literature review discusses the concept of adolescents, the specific sexual risk behaviour, the prevalence, gender and life course dependence in sexual risk behaviour, determinant of sexual risk behaviour and perception of such sexual risk behaviour among adolescent that is, adolescent sexuality, the significance of sexuality education. Without destroying the fabric of the culture, it is imperative to teach young people about sex education in a way that only reflects the value of the family and the society for enhancing and promoting sustainability of a balance culture.

#### **2.1 PREVALANCE, GENDER AND LIFE COURSE**

Several studies have investigated the impact of gender on sexual behaviour and the consensus seems to be that gender does affect adolescent sexual behaviour. For example, studies have revealed that at older ages, that is, between 16 to 17 years, boys and girls are equally likely to engage in sex, even though boys are more likely than girls to have sex at an early age (Gillmore 2002; Upchurch et al., 1999, Nahom et al., 2001).

In a study by the National Department of Health, it was found that six percent of young women (15 – 24 years) reported having had sex by the age of 15, compared with 12 percent of young men. And, by the end of their childhood (18 years), 42% of women and 63% of men had become sexually active (Department of Health 2007).

In a study of adolescents' sexual behaviour in the Southern Africa, Amoateng and Kalule-Sabiti (2013) found that 44% of the adolescents in the sample were sexually experienced, and of

those 61% were male while 39% were female. Moreover, they found that males initiated sexual intercourse earlier than their female counterparts; the rate for males was about 19% higher than that of females. A number of studies have observed a positive association between age and sexual experience, that is, as age increases the participation in sexual activity also increases (e.g. Nikula 2009), although older adolescents have better knowledge and experience and are more likely to use condom/contraceptive consistently at their first sexual encounter than younger adolescents (Khan 2002).

Amoateng and Kalule-Sabiti (2013), in their study of the timing of first sexual debut in a sample of adolescents, found that the rate for older adolescents was about 27% higher than the rate for younger adolescents.

## **2.2 DETERMINANT OF SEXUAL RISK BEHAVIOUR**

Many studies have shown that people who live in urban areas have more knowledge about HIV/AIDS prevention, more likely to practice condom use than rural residents, while the chances of having more than one regular sexual partner and sexually transmitted diseases are higher in urban than in rural areas (Ntozi et al. 2000; Peltzer 2003). Karim et al. (2003) found that residence in a rural setting was associated with an increased probability of having had sex among males, while females residing in small towns were significantly more likely than their counterparts residing in cities or large towns to have had multiple recent partners.

But, in a study by Kwankye (2005), he found that the proportion of participants that was sexually active was higher in the rural area than the urban district and also increased with age. Living arrangements of adolescents have been found to impact their sexual behaviour. For example, Kirby (1999) found that living in a non-traditional family structure (i.e. families with

parents who are divorced, separated, or were never married) serves as a risk factor for initiation of sex. In another study of the timing of first sexual intercourse by Upchurch et al. (1999), they found that adolescents living in a traditional family structure (i.e. families with both biological parents) reported later median age of first intercourse than youth living in any other family situation, including stepfamilies with two parents in the home.

In a South African study, McGrath et al. (2009) found that the hazard of first sex was statistically significantly higher for women and men whose mother or father had died, while on the other hand they found that the hazard of first sex was statistically significantly lower for women whose mother or father was a co-member of the same household. Widespread poverty tends to weaken moral values that moderate sexual behaviour, especially among adolescents. In particular, female adolescents tend to contend with the allurements of financial gratification and sexual overtures by relatively richer peers and adults (Isiugo-Abanihe 1993). Thus, household income is a factor that affects adolescent sexual behaviour.

In their studies, Whitaker et al (2000) and Kinsman et al. (1998) found no significant relationship between adolescent sexual activity and parents' per capita income, while Lammers et al. (2000) found that higher socioeconomic status negatively correlated with sexual activity across all age groups and genders. In the United States, there appears to be consensus in the literature that substance use and sexual intercourse tend to co-occur among U.S. adolescents and among the sexual risk behaviours. Moreover, substance use is linked to higher numbers of sexual partners and less consistent condom use (e.g. Lowry, Holtzman, Truman, et al. 1994; Tapert, Aarons, Sedlar et al. 2001).

In South Africa, Flisher et al. (1996) found that having ever had sex was associated with use of various substances, however, substance use was not associated with the failure to use a

condom (Flisher and Chalton, 2001). Also, in South Africa, Simbayi, Mwaba, and Kalichman (2006) have observed that alcohol intake among South African adolescents is a major cause of concern and has been linked to other risk behaviours including unsafe sex, teenage pregnancy, dropping out of school and delinquent or criminal behaviour.

In a study of Eighth Grade pupils in South Africa, Palen et al. (2006) found that during their most recent sexual encounter, 39% of the adolescents reported using alcohol or marijuana. Among those who used these substances, 23% reported that substances influenced their decision to have sex, and 26% reported using substances in order to feel more comfortable with their partner; youth who had ever used alcohol or marijuana in their lifetime were significantly more likely to have ever had sexual intercourse. Several studies have documented the association between religion and behaviour in general and antisocial behaviour, in particular (see e.g. Garner 2000; Odimegwu 2005).

As far as sexual behaviour is concerned, Garner (2000) and Odimegwu (2005) have both observed a relationship between religion and sexual attitudes. Mcmillen et al. (2011:196) found that “the religious group to which people identify appears to be substantially correlated with how they evaluate the appropriateness of premarital sexual behaviour and with the sexual mores they choose to follow in their own lives including first sexual intercourse and less permissive attitudes about premarital sex”. Several scholars have observed that adolescents who attached importance to religion were significantly more aware of the dangers of HIV/AIDS than their non-religious counterparts, they are more likely to delay sexual involvement than those with lower levels of religiosity (e.g. Hardy and Raffaelli 2003; Shisana and Simbayi 2003; Rostosky et al., 2003)

## 2.3 THEORETICAL FRAMEWORK

### 2.3.1 Alcohol Myopia Theory

Steele and Josephs (1985) propounded this theory. The theory states that alcohol intoxication restricts attention capacity so that people are highly influenced by the most salient cues in their environment. It suggested that sexual arousal is a powerful internal cue that interacts with alcohol intoxication to enhance attitudes and intentions towards sexual risk behaviours.

Many social programmes have funded public health campaigns designed to educate people about the danger of risky health-related behaviours, such as having sex without a condom. To some extent, these “safe sex” campaigns promoting condom use have successfully increased public awareness of the dangers of sexual risk behaviour. Unfortunately, statistics show that despite these efforts, the incidence of STDs, including AIDS continues to grow at an alarming rate, particularly among adolescents and young adults. Recent estimates report that half of the newly infected HIV cases occur in the 15-24 age group (WHO, 1998). When adolescents were not intoxicated, their self-reports of sexual arousal had no effect on their responses but when they were intoxicated, however, those who felt sexually aroused reported more favourable attitudes, thoughts and intentions towards having unprotected sex than did those who did not feel aroused (MacDonald, Fong, Zunna and Martineau 2000). In view of the foregoing, alcohol intoxication is a likely factor that push adolescents into sexual risk behaviour. But since these studies were done outside Nigeria, the current study would seek the opinion of respondents on this as a possible determinant of sexual risk behaviour in the area of study.

### **2.3.2 Social Learning Theory**

Bandura (1969) stated that social learning is hinged on observation and imitation. The things to be observed and imitated are referred to as models. Adolescents acquire some learning and habits by observation. As the adolescents indulge in kissing, embracing, holding hands, genital fondling, they observe each other and imitate themselves. In their bid to experiment what they have observed, they can be led into sexual risk behaviours. Besides, the adolescents' regular exposure to pornographic films and pictures enhances their sexual curiosity. After observing the erotic pictures, the adolescents could indulge in sexual acts to demonstrate what they saw their models do in the amorous films. These negative imitations by adolescents would pave way for sexual risk behaviours among them (Onuigbo, 1998).

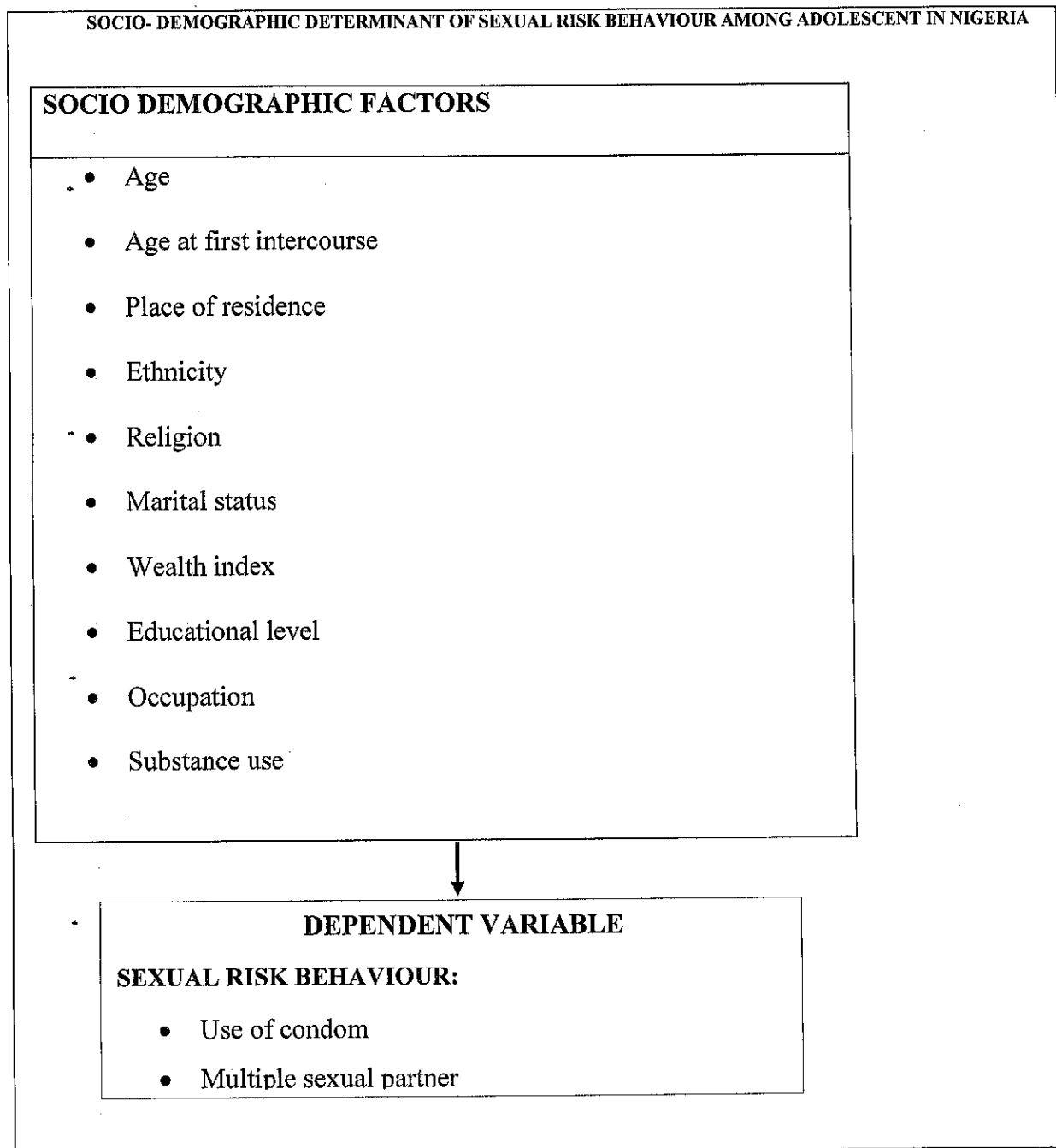
### **2.3.3 Theory of Psycho-Sexual Development**

The psycho-sexual theory of personality development was developed by Sigmund Freud (1943) in his effort to understand the sexual behaviour of an individual. The basic idea that underlies the theory is that a child at birth possesses certain amount of sexual energy referred to as libido. This libido is biologically guided from one part of the body to the other as the child grows. Where the libido is located becomes the source from where the child receives the greatest physical pleasure. This inherited sexual energy continually seeks expression and satisfaction from the erogenous zones. Adolescents' constant socialization with peers of opposite sex could arouse sexual curiosity and experimentations especially among adolescents who lack self-control. As a result of this, counselors have the task of providing personal-socio information to the adolescents relating to self-understanding, boy-girl relations and relationship with others for healthy living in the society. The relevant information on sex will help the adolescents make intelligent and responsible

decisions in matters of their boy-girl relations and avoiding potential problems associated with sexual risk behaviours.

## 2.4 CONCEPTUAL FRAMEWORK

Source: Author's Construct, 2016





The conceptual frame work explains the interrelation between the independent variables and the dependent variable. The independent variables can influence the sexual behaviour of adolescent such as having multiple sexual partners, ever had abortion and use of condoms. The background variables affect the outcome of the dependent variable and they tend to either weaken or strengthen the dependent variable.

## **2.5 HYPOTHESIS**

*H<sub>0</sub>*: Socio demographic does not determines sexual risk behaviour among adolescents in Nigeria.

*H<sub>1</sub>*: Socio demographic determines sexual risk behaviour among adolescents in Nigeria.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.0 INTRODUCTION**

This chapter addresses the various methods used in conducting this research work. It provides relevant information on the following: background of the study area, study design, target population, sample size and design, source of data, measurement of variables, data processing and analysis,

#### **3.1 BACKGROUND OF THE STUDY AREA**

Nigeria is a federal constitutional republic comprising 36 states and a Federal Capital Territory, Abuja. These states are subdivided into 774 Local Government Areas (LGAs). Furthermore, the states are regrouped by geographical location to form six zones which are North Central, North - East, North-West, South-East, South-South, and South-West. Nigeria is in West Africa and shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east, and Niger in the north. Its coast in the south lies on the Gulf of Guinea in the Atlantic Ocean. Nigeria has a varied landscape. The far south is defined by its tropical rainforest climate, where annual rainfall is 60 to 80 inches (1,500 to 2,000 mm) a year. In the southeast stands the Obudu Plateau. Coastal plains are found in both the South West and the South East.

Nigeria gained independence in 1960, following years under British colonial rule. It has since alternated between democratically-elected civilian governments and military dictatorships. The country is often referred to as the 'Giant of Africa', owing to its large population and economy. With approximately 174 million inhabitants, Nigeria is the most populous country in Africa and

the seventh most populous country in the world. The country is inhabited by over 500 ethnic groups, of which the three largest are the Hausa, Igbo and Yoruba.

### **3.2 TARGET POPULATION**

The study is targeted at adolescent who have engage in an unprotected sexual intercourse in the last 12 months aged 15-19 which was collected by the Nigeria Demographic Health Survey (NDHS) 2013.

### **3.3 SOURCE OF DATA**

Data collection method was by quantitative method. This involved secondary data from the 2013 Nigeria Demographic Health Survey (NDHS) using men and women recode dataset and the data were reduced to the study population.

### **3.4 SAMPLE DESIGN AND SIZE**

The study employed a quantitative method. The sample size used for this study according to NDHS 2013 for Nigeria after been filtered is 2,164 young men and women of reproductive years 15-19 who have engaged in an unprotected sexual intercourse in the last 12month preceding the survey.

### **3.5 MEASUREMENT OF VARIABLES**

#### **Background Characteristics**

- Age at first intercourse
- Age
- Marital status
- Level of education

- Ethnicity
- Religion
- Place of residence
- Occupation
- Wealth index
- Transactional sex
- Substance use

❖ **Dependent Variable**

**Sexual Risk Behaviour:**

- Multiple sexual partners
- Use of condoms

### **3.6 DATA PROCESSING AND ANALYSIS**

Analysis of the quantitative data was done using STATA 12.0 software and was done at three levels. Firstly, a univariate analysis which involved taking the percentage distribution and frequency count of the Socio-demographic characteristics of the respondents was carried out.

The second analysis was a bivariate analysis. This involved cross tabulations of two or more variables. The Chi-Square table was used to analyse some selected socio-demographic characteristics and the dependent variable.

The third analysis provided a multivariate analysis. This required using Binary Logistic Regression for analysis, to show the effect of each level of the socio-demographic characteristics on the dependent variable.

## **CHAPTER FOUR**

### **ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.0 Introduction**

This chapter examines the socio-demographic characteristics of adolescent with respect to sexual behaviour. These characteristics include age, level of education, marital status, religion, wealth index, place of residence, occupation, ethnicity, age at first intercourse, employment status etc. While for the dependent variables include: multiple sexual partner, use of condom. The analysis was done in respect to the research questions and hypothesis. Simple percentages were used to present the univariate and bivariate results while the hypothesis was tested at .05 level of significance using Pearson chi-square and logistic regression.

#### **4.1 Presentation of Findings**

This study examined only respondents who have engaged themselves in sexual risk behaviour in the last 12 month preceding the survey. The result of the analysis, at univariate, bivariate and multivariate level is shown below.

**4.1.1 Table 1: Distribution of adolescent by Selected Socio-Demographic Characteristics and Sexual risk behaviour**

<b>BACKGROUND VARIABLES</b>	<b>FREQUENCY</b>	<b>PERCENTAGE(%)</b>
<b>AGE</b>		
<17	427	19.73
17+	1,737	80.27
<b>RESIDENCE</b>		
Urban-	884	40.85
Rural	1,280	59.15
<b>ETHNICITY</b>		
Hausa	126	5.82
Igbo/Ibo	361	16.68
Yoruba	383	17.70
Others	1,294	59.80
<b>RELIGION</b>		
Christianity	1,719	79.44
Islam	437	20.19
Traditionalist	8	0.37
<b>MARITAL STATUS</b>		
Never in union	1,842	85.12
Married	305	14.09
No longer in union	17	0.79
<b>WEALTH INDEX</b>		
Poor	497	22.97
Average	610	28.19
Rich	1,057	48.84
<b>EDUCATIONAL STATUS</b>		
No formal education	142	2.36
Primary	260	8.78
Secondary	1,692	59.80
Higher	70	29.05
<b>OCCUPATION</b>		
Not working	1,342	62.45
Working	807	37.55
<b>MULTIPLE SEXUAL PARTNER</b>		
Yes	1,467	67.79
No	697	32.21
<b>AGE AT INTERCOURSE</b>		
<15	494	22.83
15+	1,670	77.17
<b>CONDOM USE</b>		
No	1,176	39.06
Yes	587	60.94

Source: Author's construct, 2016 (Data from NDHS 2013)

Table 4.1.1 reveals the percentage distributions of adolescent in the last twelve months according to their age group. The respondents are categorized into two age groups. Age group 17+ constitutes 80.27% of the respondents while those in age group <17 make up 19.73%.

Adolescent who reside in the rural area tend to engage themselves in a sexual risk behaviour with 59.15%, followed by those who reside in the urban area with 40.85%. This is predicated upon higher industrialization in the urban centres. As for ethnicity, others have the highest proportion of adolescent with a sexual risk behaviour with 59.80%, followed by the Yorubas with 17.70%, followed by the Igbos/Ibos with 16.68%, and then the Hausa/Fulani with 5.82%. 79.44% of the Christian respondents engaged in a sexual risk behaviour, followed by Islam with 20.19%, and then the Traditionalist with 0.37%. 85.12% of the respondents had never been in union, followed by married with 14.09%, while 0.79% was no longer in union. This is because of the age category (15-19) which suggests that some respondents were still living with their parents. The study further reveals that rich respondents were 48.84%, followed by the average with 28.19%, while 22.97% were poor.

In relation to educational status, respondents with secondary education are more engaged in sexual risk behaviour with (59.80%) than others. Also, non-working class respondents are more engaged in some sexual risk behaviours with 62.45% than those that are working with 37.55%. This is as a result of the high dependency ratio in this age group. It was also observed that respondents with multiple sexual partner (67.79%) are more engaged in sexual risk behaviours than those that do not have (32.21%).

In addition, those that had their first sexual intercourse at age 15+, tend to more engaged in a sexual risk behaviour with 77.17% and the least to be among those that had theirs 15 years

and below (22.83%). In conclusion, those that made use of condom in their last intercourse are more engaged in sexual risk behaviour (60.94%) than those that did not with (39.06%).

**4.1.2 Table 2: Percentage Distribution of Adolescents in Terms of Their Sexual Risk Behaviour by Selected Background Characteristics**

BACKGROUND VARIABLES	SEXUAL RISK BEHAVIOUR OF ADOLESCENT IN NIGERIA			
	MULTIPLE SEXUAL PARTNER		USE OF CONDOM IN THE LAST SEXUAL INTERCOURSE	
	YES (%)	NO (%)	YES (%)	NO (%)
<b>AGE</b>				
<17	19.84	19.51	13.46	21.51
17+	80.16	80.49	86.54	78.49**
<b>RESIDENCE</b>				
Urban	40.97	40.60	50.60	32.99
Rural	59.03	59.40	49.40	67.01**
<b>ETHNICITY</b>				
Hausa	1.98	13.92	1.53	8.84
Igbo/Ibo	15.75	18.65	20.10	11.90
Yoruba	19.29	14.35	22.83	14.63
Others	62.99	53.08**	55.54	64.63**
<b>RELIGION</b>				
Christianity	85.21	67.29	85.01	76.28
Islamic	14.45	32.28	14.99	23.30
Traditionalist	0.34	0.43**	0.00	0.43**
<b>MARITALSTATUS</b>				
Never in union	99.11	55.67	97.61	75.26
Married	0.75	42.18	2.21	23.72
Formally married	0.14	2.15**	0.17	1.02**
<b>WEALTH INDEX</b>				
Poor	19.77	29.70	12.95	28.32
Average	28.77	26.97	26.24	29.68
Rich	51.47	43.33**	60.82	42.01**
<b>EDUCATION</b>				
No formal education	3.20	13.63	1.36	10.71
Primary	9.27	17.79	5.62	15.14
Secondary	83.44	67.14	87.05	72.02
Higher	4.09	1.43**	5.96	2.13**
<b>OCCUPATION</b>				
Not working	63.99	59.19	61.92	62.19
Working	36.01	40.81**	38.08	37.81



<b>SMOKE CIGARETTES</b>				
No	99.32	100.00	98.64	99.83
Yes	0.68	0.00**	1.36	0.17**
<b>AGE AT INTERCOURSE</b>				
<15	19.50	29.84	15.50	23.04
15+	80.50	70.16 **	84.50	76.96**

Source: Author's construct, 2016(Data from NDHS, 2013)

Table 2 shows the significant relationship between the dependent variables on their socio-demographic characteristics. It shows the variables of sexual risk behaviour among adolescent which are the use of condom and having multiple sexual partners. The use of condom has a significant relationship with age, religion, place of residence, ethnicity, marital status, wealth index, level of education and smoke cigarette and age at first intercourse, while having multiple sexual partner have a significant relationship with ethnicity, religion, marital status, wealth index, level of education, occupation, smoke cigarette and age at first intercourse that is significant. This simply implies that the use of condom and having multiple sexual partners is influenced with the above variables among adolescent.

In addition, 297 out of the 685 respondents who are residing in the urban centres (50.60%) choose Yes while the remaining 388 respondents (32.99%) choose No. Also, 290 of the 1,078 respondents' resident in rural centres (49.40%) choose Yes while the remaining 788 respondents (67.01%) choose No. This implies that condom use among adolescent in the urban centre is higher compared to usage in rural areas.

Of the 1,763 respondents, 113 are Hausas, 258 are Igbos/Ibos, 306 are Yoruba's, while others constitute the remaining 1,086. Out of these 113 Hausas, 104 of them with (8.84%) choose no and 9 of them with (1.53%) choose yes. Out of the 258 adolescent that are Igbos/Ibos, 118 of them with (20.10%) choose yes and 140 of them with (11.90%) choose no. Out of the 306 respondents

that are Yoruba's, 134 of them with (22.83%) choose yes and 172 of them with (14.63%) choose no. Also, of the 1,086 respondents that belongs to the group of others, 326 of them with (55.54%) choose yes and 760 of them with (64.63%) choose no. This simply implies that the highest proportion of condom use is rampant among the others.

Of the 1,763 respondents, 113 are Hausas, 258 are Igbos/Ibos, 306 are Yoruba's, while others constitute the remaining 1,086. Out of these 113 Hausas, 104 of them with (8.84%) choose no and 9 of them with (1.53%) choose yes. Out of the 258 adolescent that are Igbos/Ibos, 118 of them with (20.10%) choose yes and 140 of them with (11.90%) choose no. Out of the 306 respondents that are Yoruba's, 134 of them with (22.83%) choose yes and 172 of them with (14.63%) choose no. Also, of the 1,086 respondents that belongs to the group of others, 326 of them with (55.54%) choose yes and 760 of them with (64.63%) choose no. This simply implies that the highest proportion of condom use is rampant among the others.

More so, out of the 1,763 respondents of the total population, 1,458 of them are never in union, 292 are married and just only 13 of them is formally married. Out of the 1,458 respondents that are never in union, 573 of them with (97.61%) choose yes and the remaining 885 respondents with (75.26) choose no. Out of the 292 respondents that are married, 13 of them with (2.21%) said yes and the remaining 279 respondents with (23.72%) choose no, while the remaining 13 respondents that are formally married, 1 with (0.74%) choose yes and the remaining 12 with (1.02%) choose no. This simply implies that the rate of condom use is common among never in union adolescent.

Out of the 1,763 respondents of the total population, 409 of them are poor, 503 are on the average and 851 of them are rich. Out of the 409 respondents that are poor, 76 of them with (12.95%) choose yes and 333 of them with (28.32%) choose no. Out of the 503 that belong to the

average category, 154 of the respondents with (26.24%) choose yes and the remaining 349 with (29.68%) choose no. Also, out of the 851 that are rich, 357 of the respondents with (60.82%) choose yes and the remaining 494 of them with (42.01%) choose no. This implies that the rate of condom use is common among the rich adolescent due to the fact that they get money from their parents.

Of the 1,763 respondents of the total population, 134 of them had no education, 211 of them have primary education, 1,358 of them have secondary education and the remaining 60 of them had higher education. Out of the 134 respondents that have no education, 8 of the respondents with (1.36%) choose yes and the remaining 126 of them with (10.71%) choose no. Out of the 211 respondents that have a primary education, 33 of the respondents with (5.62%) choose yes and the remaining 178 of them with (15.14%) choose no. Out of the 1,358 respondents that have a secondary education, 511 respondents with (87.05%) choose yes and the remaining 847 with (72.02%) choose no. Also, out of the 60 that have higher education, 35 respondents with (5.96%) choose yes and the remaining 25 of them with (2.13%) choose no.

Out of the 1,763 respondents of the total population, 332 of them are less than 17 years old, while 1,431 of them are greater than 17 years old. Out of the 332 of the respondents that are less than 17 years old, 79 of the respondents with (13.46%) choose yes and the remaining 253 of them with (21.51%) choose no. Out of the 1,437 respondents that are greater than 17 years old, 508 of the respondents with (86.54%) choose yes and the remaining 923 of them with (78.49%) choose no. This simply implies that adolescent who are greater than 17 years of age tend to have the highest proportion of condom use.

Out of the 1,763 respondents of the total population, according to their age at first sex, 362 of them are less than 15 years old, while 1,401 are greater than 15 years old. Out of the 362

respondents that are less than 15 years old, 91 of the respondents with (15.50%) choose yes and the remaining 271 of them with (23.04%) choose no. Out of the 1,401 that are greater than 15 years old, 496 of the respondents with (84.50%) choose yes and the remaining 905 of them with (76.96%) choose no. This simply implies that adolescent who had their first intercourse at the age of 15 years and above tend to have the highest proportion of condom use.

More so, out of the 2,164 respondents of the total population, 1,842 of them are never in union, 305 are married and just only 17 of them is formally married. Out of the 1,842 respondents that are never in union, 1,454 of them with (99.11%) choose yes and the remaining 388 respondents with (55.67) choose no. Out of the 305 respondents that are married, 11 of them with (0.75%) said yes and the remaining 294 respondents with (42.18%) choose no, while the remaining 17 respondents that are formally married, 2 with (0.14%) choose yes and the remaining 15 with (2.15%) choose no. This simply implies that the rate of having a multiple sexual partner is common among never in union adolescent.

Out of the 2,164 respondents of the total population, 497 of them are poor, 610 are on the average and 1,057 of them are rich. Out of the 497 respondents that are poor, 290 of them with (19.77%) choose yes and 207 of them with (29.70%) choose no. Out of the 610 that belong to the average category, 422 of the respondents with (28.77%) choose yes and the remaining 188 with (29.97%) choose no. Also, out of the 1,057 that are rich, 755 of the respondents with (51.47%) choose yes and the remaining 309 of them with (43.33%) choose no. This implies that the rate of having a multiple sexual partner is common among the rich adolescent due to the fact that they get money from their parents.

Of the 2,164 respondents of the total population, 142 of them had no education, 260 of them have primary education, 1,692 of them have secondary education and the remaining 70 of

them had higher education. Out of the 142 respondents that have no education, 47 of the respondents with (3.20%) choose yes and the remaining 195 of them with (13.63%) choose no. Out of the 260 respondents that have a primary education, 136 of the respondents with (9.27%) choose yes and the remaining 124 of them with (17.79%) choose no. Out of the 1,692 respondents that have a secondary education, 1,224 respondents with (83.44%) choose yes and the remaining 468 with (67.14%) choose no. Also, out of the 70 that have higher education, 60 respondents with (4.09%) choose yes and the remaining 10 of them with (1.43%) choose no.

Out of the 2,164 respondents of the total population, according to their age at first sex, 494 of them are less than 15 years old, while 1,670 are greater than 15 years old. Out of the 494 respondents that are less than 15 years old, 286 of the respondents with (19.50%) choose yes and the remaining 208 of them with (29.84%) choose no. Out of the 1,670 that are greater than 15 years old, 1,181 of the respondents with (80.50%) choose yes and the remaining 489 of them with (70.16%) choose no. This simply implies that adolescent who had their first intercourse at the age of 15 years and above tend to have the highest proportion multiple sexual partner. Of the 2,164 respondents, 126 are Hausas, 361 are Igbos/Ibos, 383 are Yorubas, while others constitute the remaining 1,294. Out of these 126 Hausas, 29 of them with (1.98%) choose yes and 97 of them with (13.92%) choose no. Out of the 361 adolescent that are Igbos/Ibos, 231 of them with (15.75%) choose yes and 130 of them with (18.65%) choose no. Out of the 383 respondents that are Yorubas, 283 of them with (19.29%) choose yes and 100 of them with (14.35%) choose no. Also, of the 1,294 respondents that belongs to the group of others, 924 of them with (62.99%) choose yes and 370 of them with (53.08%) choose no. This simply implies that the highest proportion of multiple sexual partner is rampant among the others.

Of the 2,149 respondents of the total population, 1,342 of them are not working, 807 of them are working. Out of the 1,342 respondents that are not working, 933 of the respondents with (63.99%) choose yes and the remaining 409 of them with (59.19%) choose no. Out of the 807 respondents that are working, 525 of the respondents with (36.01%) choose yes and the remaining 282 of them with (40.81%) choose no.

## Test of Hypotheses

### Hypothesis One

- $H_0$ : occupation does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : occupation determines multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson $\chi^2(1) = 4.1166$	Pr = 0.042
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**Decision:** Since P-value (0.042)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between occupation and having multiple sexual partner.

- $H_0$ : marital status does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : marital status determines sexual risk behaviour multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson $\chi^2(2) = 700.7247$	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent marital status and having multiple sexual partners.

- $H_0$ : age does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : age determines multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson $\chi^2(1) = 0.1842$	Pr = 0.668
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**Decision:** Since P-value (0.668)  $> 0.05$ , therefore we accept the Null hypothesis and conclude that there is no significance between age of adolescent and having multiple sexual partners.

- $H_0$ : place of residence does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : place of residence determines sexual risk behaviour multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson $\chi^2(1) = 0.0125$	Pr = 0.911
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**Decision:** Since P-value (0.911)  $> 0.05$ , therefore we accept the Null hypothesis and conclude that there is no significance between adolescent place of residence and having multiple sexual partners.



- $H_0$ : wealth index does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : wealth index determines multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(2) = 26.6572	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is a significance between adolescent wealth index and having multiple sexual partners.

- $H_0$ : ethnicity does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : ethnicity determines multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(3) = 131.3860	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent ethnicity and having multiple sexual partners.

- $H_0$ : age at first sex does not determines multiple sexual partner among adolescent in Nigeria.
- $H_1$ : age at first sex determines multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(1) = 28.2317	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent age at first sex and having multiple sexual partners.

- $H_0$ : religion does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : religion determines multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(2) = 92.3510	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent religion and having multiple sexual partners.

- $H_0$ : highest educational level does not determine multiple sexual partner among adolescent in Nigeria.
- $H_1$ : highest educational level determines multiple sexual partner among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(3) = 132.6740	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we accept the Null hypothesis and conclude that there is no significance between adolescent highest educational level and having multiple sexual partners.

- $H_0$ : occupation does not determine use of condom among adolescent in Nigeria.
- $H_1$ : occupation determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(1) = 0.0359	Pr = 0.850
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**Decision:** Since P-value (0.850)  $> 0.05$ , therefore we accept the Null hypothesis and conclude that there is no significance between occupation and their use of condom.

- $H_0$ : marital status does not determine use of condom among adolescent in Nigeria.
- $H_1$ : marital status determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(2) = 135.5258	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent marital status and their use of condom.

- $H_0$ : age does not determine use of condom among adolescent in Nigeria.
- $H_1$ : age determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(1) = 14.5524	Pr = 0.000
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**Decision:** Since P-value (0.000) < 0.05, therefore we reject the Null hypothesis and conclude that there is significance between age of adolescent and their use of condom.

- $H_0$ : place of residence does not determine use of condom among adolescent in Nigeria.
- $H_1$ : place of residence determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value < 0.05. Hence, accept if otherwise.

Pearson chi2(1) = 50.6750	Pr = 0.000
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**Decision:** Since P-value (0.000) < 0.05, therefore we reject the Null hypothesis and conclude that there is significance between adolescent place of residence and their use of condom.

- $H_0$ : wealth index does not determine use of condom among adolescent in Nigeria.
- $H_1$ : wealth index determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value < 0.05. Hence, accept if otherwise.

Pearson chi2(2) = 63.0827	Pr = 0.000
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**Decision:** Since P-value (0.000) < 0.05, therefore we reject the Null hypothesis and conclude that there is significance between adolescent wealth index and their use of condom.

- $H_0$ : ethnicity does not determine use of condom among adolescent in Nigeria.
- $H_1$ : ethnicity determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value < 0.05. Hence, accept if otherwise.

Pearson chi2(3) = 64.4005	Pr = 0.000
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**Decision:** Since P-value (0.000) < 0.05, therefore we reject the Null hypothesis and conclude that there is significance between adolescent ethnicity and their use of condom.

- $H_0$ : age at first sex does not determines use of condom among adolescent in Nigeria.
- $H_1$ : age at first sex determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(1) = 14.6012	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent age at first sex and their use of condom.

- $H_0$ : religion does not determine use of condom among adolescent in Nigeria.
- $H_1$ : religion determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(2) = 20.9826	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent religion and their use of condom.

- $H_0$ : highest educational level does not determine use of condom among adolescent in Nigeria.
- $H_1$ : highest educational level determines use of condom among adolescent in Nigeria.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(3) = 101.0580	Pr = 0.000
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**Decision:** Since P-value (0.000)  $< 0.05$ , therefore we reject the Null hypothesis and conclude that there is significance between adolescent highest educational level and their use of condom.

**4.1.3 Table 3:** Binary Logistic Regression Predicting Sexual risk behaviour among Adolescent Aged between 15 and 19

Source: Author's construct, 2016(Data from NDHS, 2013)

BACKGROUND VARIABLES	SEXUAL RISK BEHAVIOUR OF ADOLESCENT IN NIGERIA			
	MULTIPLE SEXUAL PARTNER		USE OF CONDOM IN THE LAST SEXUAL INTERCOURSE	
	OR	CONFIDENCE INTERVAL	OR	CONFIDENCE INTERVAL
<b>AGE</b>				
<17	RC	RC	RC	RC
17+	1.19	.853	1.66	1.762
				2.32**
<b>RESIDENCE</b>				
Urban	RC	RC	RC	RC
Rural	1.25	.92	1.71	.777
				.600
				1.00
<b>ETHNICITY</b>				
Hausa	RC	RC	RC	RC
Igbo/Ibo	1.47	.933	2.33	1.31
Yoruba	.406	.170	.967**	.673
Others	1.22	.840	1.781	.837
				.613
				1.14
<b>RELIGION</b>				
Christianity	RC	RC	RC	RC
Islamic	.572	.379	.863**	1.02
Traditionalist	NA	NA	NA	NA
				.732
				1.44
<b>MARITALSTATUS</b>				
Never in union	RC	RC	RC	RC
Married	.648	.421	.996**	.100
Formally married	.737	.116	4.66	.247
				.056
				.181**
				2.034
<b>WEALTH INDEX</b>				
Poor	RC	RC	RC	RC
Average	1.27	.853	1.919	1.36
Rich	1.39	.930	2.07	1.73
				.969
				1.91
				2.42**
<b>EDUCATION</b>				
No formal education	RC	RC	RC	RC
Primary	.907	.408	2.01	1.415
Secondary	.839	.386	1.82	2.90
Higher	1.15	.429	3.12	4.59
				1.25
				1.69
				3.50
				6.72**
				12.48**
<b>OCCUPATION</b>				
Not working	RC	RC	RC	RC
Working	.682	.519	896**	1.28
				1.02
				1.62**
<b>SMOKE CIGARETTES</b>				
No	RC	RC	RC	RC
Yes	NA	NA	NA	6.95
				1.37
				35.07**
<b>AGE AT INTERCOURSE</b>				
No	RC	RC	RC	RC
Yes	.757	.535	1.07	1.11
				.820
				1.50

\*RC= Reference Category

\*\*p value< 0.05

Table 3 shows the results of the logistic regression analysis of the relationship between each of the Socio-demographic characteristics and the sexual risk behaviour of adolescent in Nigeria. For the sexual risk behaviour of adolescent, it shows that only age, occupation, smoke cigarette, wealth index, education, marital status, religion and ethnicity has a significant influence.

The odd ratio of adolescent who are Yorubas is 60% lower (CI: 0.170, 0.967) compared to those who are Hausas which is the reference category, 47% higher among adolescent who are Igbos/Ibos (CI: 0.933, 2.33) and 22% higher among adolescents who belong to the others (CI: 0.840, 1.781). This shows that adolescent who are Yorubas are less likely to have multiple sexual partner than those who are Hausas, Ibos/Igbos and others in Nigeria.

The odd ratio of adolescent who are married is 36% lower (CI: 0.421, 0.996) compared to those who are never in a union (Reference Category) and those that are formally married with 27% lower (CI: 0.116, 4.66) compared to those who are never in a union (Reference Category). This simply implies that adolescent who are married are less likely to have multiple sexual partner than those who are never in a union and formerly married. The odd ratio of adolescent who belong to the average is 36% higher (CI: 0.969, 1.91) compared to those that are poor and 73% higher among those who are rich (CI: 1.24, 2.42). This simply implies that adolescent who are rich are more likely to make use of condom compared to those who are poor and those that belong to the average in Nigeria.

The odd ratio of mobile young men who are married is 90% lower (CI: 0.056, 0.181) compared to those who are never in a union (Reference Category) and those that are formally married with 76% lower (CI: 0.030, 2.034) compared to those who are never in a union (Reference Category). This simply implies that adolescent who are married are less likely to have multiple sexual partner than those who are never in a union and those that are formally married in Nigeria

The odd ratio of adolescent who have primary education is 41% higher (CI: 0.571, 3.50) compared to those who have no formal education (Reference Category), those that have secondary education is 190% higher (CI: 1.25, 6.72) and those that have higher education is 359% higher (CI: 1.69, 12.48) compared to those who had no education (Reference Category). This simply implies that adolescent

who have higher education are more likely to make use of condom than those who have secondary, primary and no education in Nigeria.



## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.0 Introduction

This chapter is the concluding chapter of the study. It presents the summary of findings and conclusion. It also refers helpful recommendations.

#### 5.1 Summary of Findings

This study has examined the socio-demographic factors influencing sexual risk behaviour among adolescent in Nigeria. The factors identified are age, level of education, marital status, religion, wealth index, age at first intercourse, place of residence, ethnicity and occupation. The analyses of data showed that there exists a relationship between all these variables and the sexual risk behaviour of adolescent in Nigeria. However not all the relationships were significant. Also the binary logistic regression was employed to explain the effect of the variables on the sexual risk behaviour within the study group. The study further realized that unlike adults, adolescent lack of knowledge about consequences of these negative behaviours has been identified as factors that increase the chances of engaging themselves in sexual risk behaviours (Jejeebhoy, Zavier & Santhya, 2013)

#### 5.2 Conclusion

The study concluded that place of residence, ethnicity, marital status, wealth index, level of education, occupation, age at first intercourse and education have significant relationship with their sexual risk behaviour (use of condom and having multiple sexual partners). Also there is a higher proportion of condom use and multiple sexual partners among Islamic, higher education, the rich, married, 17 years and above, Igbos/Ibos adolescent in Nigeria.

### 5.3 Recommendations

- Contraceptives service point should be provided for adolescent engage in one activity or the other so as to have access to it.
- Contraceptives use among the Hausas should be encouraged in other to curb the issue of overpopulation in Nigeria.
- Religious leaders should encourage contraceptive use among their member place of worship.
- Parents should try and lecture their children on sex education so as to reduce sexual risk behaviours.
- Sex education should be thought in school most especially among adolescents in secondary school.

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