Original Research Article

PREDICTORS OF RISKY SEXUAL BEHAVIOURS AMONG YOUTHS IN SELECTED COMMUNITIES IN OBIO-AKPOR AND IKWERRE LOCAL GOVERNMENT AREAS OF RIVERS STATE

ABSTRACT

Background: Youths are referred to as people of age group 15 to 24 years, and with significant physiological, psychological and social changes that place their lives at high risk. Risky sexual behaviour (RBS) is the act of indulging in unprotected sexual intercourse through oral, anal and virginal sex, having multiple sexual partners, high risk and same sex partners. The aim of the study was to determine the predictors of RBS among youths in selected communities in Obio-Akpor and Ikwerre Local Government Areas of Rivers State.

Materials and Methods: This was a descriptive cross-sectional study among youths,15–24 years in selected communities in Obi-Akpor and Ikwerre Local Government Areas of Rivers State. The sample size of 317 participants was employed for this study. A multistage sampling method was used to select participants from Alakahia, Choba and Aluu communities. This study was carried out with a self-administered questionnaire. Data was analysed using SPSS version 20.

Result: A total of 317 participants took part in this study, 59.3% females and 40.7% males. The result revealed that more of participants aged of 21 to 24 years with 54.3%, others 47.5% aged 15 to 20 years. It indicated 77.6% of engaged in RSB while 22.4% were not engaged in risky sexual. Also, 22% of females had once being pregnant, which is significantly associated with RSB (p=0.008), and 83.3% pregnant females had abortion. Thus, 68.8% of respondents had sex at coitarche with 16.59±48 mean age. It showed a significant association between consumption tobacco (p=0.000), ever being drunk (p=0.047) and RSB. Also, there was a significant association between have been in night clubs, visited pornographic sites, watched pornographic videos.

Conclusion: This study finds that predictors of RSB were; young age at coitarche, consumption of cigarettes, snuff, alcohol intake, use of drug or substance before sexual intercourse, going to night clubs, visiting and watching pornographic sites and videos. Youths should desist from drugs and substances use, going to night clubs, visiting pornographic sites, watching pornographic videos as these have the potentiality of predisposing them to risky sexual behaviours.

Key words: Predictors, Risky Sexual Behaviour, Youths.

INTRODUCTION

There is increasing number of Youths in the world, with 1.2 billion youths aged 15-24 years globally and 226 million in Africa in 2015 (United Nations, 2015). In Nigeria youths are people between the age of 18-35years, and 38 million aged 15-24years. Nigeria has a

growing population of young people about 19.61% of the total population, with sexually active youths constituting an important proportion of the population [1]. Youths are referred to as people of age group of 15 to 24 years, and with significant physiological, psychological and social changes that place their lives at high risk[2]. Youths who initiate sexual activity earlier get exposed to risks such as sexually transmitted diseases, HIV/AIDS unwanted pregnancy and unsafe abortion, at a time when their developmental status places them at a disadvantage in the management of these risks, [2].

Risky sexual behaviour is the act of indulging in unprotected sexual intercourse through oral, anal and virginal sex, having multiple sexual partners, high risk and same sex partners [3]. Risky sexual behaviour is any sexual activity that increases the risk of contracting HIV or other STIs or becoming pregnant. Risky sexual behaviours includes early sexual debut, unprotected sexual activity, inconsistent use of condoms, high risk partners (injection drug users), survival sex-(sex in exchange for money, drugs, food or shelter) or sex with a partner who has other partners or more than one partner at a time[4]. Risky sexual behaviour is the major factor in the rising rate of sexually transmitted infections (STIs) including HIV among youths. For most youths, there are many factors that influence the decision of initiation of sex and having a protected or an unprotected sex, such factors as poor access to correct sexual and reproductive health information and services. Many factors act as drivers to youth's sexual initiation and reasons for adopting a particular sexual behaviour. Risky sexual behaviours includes early sexual debut, unprotected sexual activity, inconsistent use of condoms, high risk partners (injection drug users), survival sex-(sex in exchange for money, drugs, food or shelter) or sex with a partner who has other partners or more than one partner at a time [4].

Risky sexual behaviour among youths in Nigeria has exposed them to the problem of unintended pregnancy, STI and HIV [4]. Studies have revealed that most unintended pregnancies among youths are caused by inconsistent and incorrect condom use which has led to unsafe abortion. Nigeria reports a yearly abortion rate of 25per 1000 women [5]. About 32% of the cases of unsafe abortions among youths were in southern part of the country [5]. Risky sexual behaviour among youths has been attributed to the unacceptable rate of STI and HIV documented. Based on this background, this study sought to determine the predictors of sexual behaviours among youths in selected communities in Obio-Akpor and Ikwerre local government areas of Rivers State. It is geared towards recommending appropriate

interventions to address the underlying factors influencing risky sexual behaviours among youths.

MATERIALS AND METHOD

Study Area

This study was carried out in Obio-Akpor and Ikwerre Local Government Areas of Rivers State, Nigeria. Obio-Akpor is a local government area in the metropolis of Port Harcourt, one of the major centres of economic activities in Nigeria, and one of the major cities of the Niger Delta, located in Rivers State. The local government area covers 260 km^2 and at the 2006 Census held a population of 464,789. Its postal code or ZIP code is 500102. Obio-Akpor is bounded by Port Harcourt (local government area) to the south, Oyigbo to the east, Ikwerre to the north, and Emohua to the west. It is located between latitudes 4°45'N and 4°60'N and longitudes 6°50'E and 8°00'E. Covering around 100 sq mi, Obio-Akpor is generally a lowland area with average elevation below 30 metres above sea level. Obio-Akpor is one of the 8 local government areas that formed the Rivers East senatorial district. It consists of 17 electoral wards administered by the Obio-Akpor Local Government Council[(6).] Obio-Akpor has its headquarters at Rumuodomaya. Obio-Akpor is made of the following communities; Rumuewhara, Eliozu, Rumunduru Elimgbu, Eliowhani, Rumuodara, Nmgbuesilari, Iriebe, Rumuokwurusi, Atali, Rumuodomaya, Rumuobiakani, Rumuobochi, Elelenwo, Woji, Rumurolu, Rumuibekwe, Rumuogba, Oginigba, Rumuokoro, Rumuagholu, Elieke, Awalama, Eligbolo, Rukpakwusi, Rumuomasi, Rumuepirikom, Elioparanwo, Rumueme – Oro-owo, Oro Agbolu, Eligbam, Oroazi, Rumuchida, Mgbuosimini, oroakwor, Rumueme, Rukpakani, Akwaka, Rumuchiorlu, Ibemeru, Oro-ogologo, Ogwa, Rumuigbo (Rumuomoi, Nkpolu, Mgbuadu, Mgbesilaru, Rumuorosi), Rumuadaolu, Rumuola, Rumuokwuta (Mgbuoba), Rukpokwu Eneka, Choba, Rumuosi, Rumuekini, Alakahia, Rumuolaogu, Ozuoba, Ogbogoro, Rumuokwachi, Rumuokparali, Rumualogu, Rumuolumeni (Ngbosimini, Nkpor, Mgbuodohia, Azumini, Minikpiti, Mgbuakara), [(6).] The selected communities are Alakahia, Choba in Obio-Akpor Local Government Area, and Aluu in Ikwerre Local Government Area. The three communities are connected to East-West road through a major road, and surround or serve as host to the University of Port Harcourt and its Teaching Hospital (UPTH). The communities serve as off-campus locations for students and staff. These communities are semi-urban communities characterized by mixed population. Most of the inhabitants of these communities are young people (youths), both indigenes and non-indigenes. An assumed age

range of the young people in the community spans from 13 to 35 years of age. Development have met with the three communities due to the influx people doing various business, bank workers, students and staff of the University and its teaching hospital. Also, social activities have been on the increase in Alakahia, Choba and Aluu communities.

Study Design

It was a descriptive cross-sectional study. The study population was youths, 15 – 24 years of age, who reside in Obi-Akpor and Ikwerre Local Government Areas. The inclusion criteria were; males and females aged between 15 and 24 years; must have lived in Obio-Akpor and Ikwerre Local Government Areas for, at least, one year, while youths (15-24 years old) that were pregnant during this research were excluded.

Sample Size Determination

Sample size was obtained using the descriptive studies sample size determination formular with the following assumptions; proportion of 25.3% obtained from a study by [(2).] Using 5% margin of error at 95% confidence interval; after considering 10% non-response rate, the sample size used was 317.

Sampling Method

Multi-stage sampling method was used in this study. The first stage was selection of 2 communities out of fifty seven communities in Obio/Akpor Local Government Area and 1 community out eighteen communities in Ikwerre Local Government Area by simple random sampling method of balloting. The selected communities were Alakahia and Choba with 4 villages each in Obio/Akpor Local Government Area and Aluu with 9 villages in Ikwerre. The villages are Rumudumaya, Rumudike, Rumuosugwo and Rumuolugbo in Alakahia. For Choba, the villages are Rumuchakara, Rumuokocha, Ndodo and Owueipa. For Aluu, the villages are Umuoda, Umuike, Umuigwe, Ngbodo, Omuahunwo, Umuchiorlu, Umuokiri, Omuoko, Umuechie. The second stage selection of 2 villages each in Alakahia and Choba, and 4 villages from Aluu community by simple random sampling method of balloting. The villages selected in Alakahia were Rumudike and Rumuologbo and those of Choba were Rumuokocha and Owueipa. The 4 villages selected in Aluu were Umuoda Umuigwe, Rumuchiorlu, and Omuoko. The third stage involved the identification of households with

youth in each of the 8 selected villages. In fourth stage a proportionate allocation of the sample of 317 to the 8 villages was done. The fifth stage involved selection of the allocated sub- sample of youths by simple random sampling methods of balloting from each of the 8 villages using the identified households with youths as sampling frame for each of the villages. In households with more than one youth, the oldest youth was selected. This was to ensure that not more than one youth was selected from a household. Finally, in the sixth stage selected youths in the indentified households were thereafter approached and those who gave consent were administered with the questionnaire. It was a self-administered questionnaire adapted from [7].

Validation of study instrument

Prior to data collection, a pre-test of the questionnaire was conducted on a sample of 30 participants in Rumosi, a neighbouring community with similar demographics characteristics using three research assistants to validate the questionnaire as well as ensure that they understood the questionnaire and can administer it properly to the participants. This sample size of 30 was the recommended minimum to uncover common problems that might be associated with questionnaires for quantitative surveys [8].

Data collection/Procedure

The data was entered into the Statistical Package for Social Science (SPSS) version 20 software as numeric codes. Statistical Package for Social Science (SPSS) version 20 was used for all the analysis in this study. All returned questionnaires were checked for adequacy of responses by the participants. Each questionnaire was numbered, so that it would be easily referred to in case any error occurs during entering the data. The socio-demographic and other questions from the objectives were changed to numeric codes to enable easy and accurate statistical analysis. Some variables were categorized to allow for bivariate analysis, an example is age. The responses of the participants formed the data for this study.

Continuous variables were reported and categorical variables were reported as proportions and frequencies. The continuous variables include age, while categorical variables include sex, ethnicity, marital status, education, income (socio-economic class), and occupation of respondents, type of apartment. Descriptive analysis was performed to determine the proportion of respondents engaged in risky behaviours. Bivariate analysis was done between

lifestyle and predictors of risky sexual behaviours. The bivariate analysis performed was the chi-square test of independence. Chi-square test analysis was carried out to test for association between two categorical variables and to determine the level of statistical significance between the variables associated. Regression analysis was performed to establish the strength of association between the predictors and the variables, and statistical significance was set at $p \leq 0.05$.

Ethical Considerations

Ethical clearance for the study was sought and obtained from the Research and Ethics Committee of the University of Port Harcourt. Additionally, informed consent was obtained from the participants. Strict confidentiality of the information provided by the participants was ensured and they were assured that the information provided will be used solely for this study.

Limitations

Due to the delay in getting ethical approval for the study, the planned data collection period of 8 weeks was cut short to just 6 weeks. Consequently, only 317 participants of minimum sample size was recruited instead more participants. Some of the questions were not answered, resulting in varying sum of responses in some variables. This was due to difficulty in obtaining some information which seems to be confidential to the respondent.

RESULTS

Table 4.1: Distribution of age, gender, marital status of respondents

Variables	Frequency (n=317)	Percent (%)
Age(years)		
15-20	145	47.3
21-24	172	54.3
Mean Age	**21.05±2.50**	
Gender		
Male	128	40.4
Female	189	59.6
Marital Status		
Single	309	97.5
Married	6	1.9
Separated	1	0.9
Widow/widower	1	0.9

Table 4.1 shows that more of the respondents are in the age of 21-24 years with 54.3% while those that fall into the age of 15-20 years is 47.5%. It revealed that 40.7% are males and 59.3% are females. The marital status of the respondents indicated that most of the respondents were single with 97.5%, 1.9% married, 0.9% separated and 0.9% are widow/widower.

Table 4.2 Distribution of tribe, religion, education and income of respondents

Variables	Frequency (n=317)	Percent (%)
Tribe		
Yoruba	15	4.7
Ikwerre	142	44.8
Ijaw	23	7.3
Igbo	106	33.4
Others	31	9.8
Religion		
Christianity	306	98.5
Islam	8	2.5
Others	3	0.9
Highest level of education		
Primary	8	2.5
Secondary	282	89.0
Tertiary	27	8.5
Income of respondent		
Yes	87	27.4
No	230	72.6

Table 4.2 shows that the Ikwerre ethnic group had highest representation with 44.8% and other ethnic groups had 9.8%. Also, 98.5% of the total respondents were Christians while 2.5% of them were Moslems and 0.9%of the total respondents practiced other religions such as African traditional religion. Majority of the respondents had completed secondary education 98.0%, while 8.5% had completed tertiary education and only 2.5% completed primary education as their highest level. Most of the respondents 72.6% do not earn any income and only 27.4% earn income.

Table 4.3: Distribution of father's level of education, occupation and income of the respondents.

Variables	Frequency (n=317)	Percent (%)
Father's level of education		

None	3	0.9
primary	16	5.0
Secondary	99	31.2
Tertiary	199	62.8
Father's occupation		
Privately employed	117	36.9
Civil servant	115	36.3
Business	85	26.8
Father's income		
≤₦ 60,000	138	43.4
>₦ 60,001	179	56.4

Table 4.3 above shows that majority of the fathers 62.3% had attended tertiary education, 31.2% attended secondary school, 5.0% attended primary school while 0.9% did not attend any school. The father occupation were distributed as 36.9% privately employed, 36.3% were civil servants while 26.8% were business men. The monthly income showed 43.4% earn ≤₦ 60,000 and 33.4% earn >₦ 60,001

Table 4.4: Distribution of mother's level of education, occupation and income.

Variables	**Frequency (n=317)**	**Percent (%)**
Mother's level of education		
None	7	2.2
primary	32	10.1
Secondary	128	40.0
Tertiary	150	47.3
Mother's occupation		
Privately employed	66	17.1
Civil servant	79	24.9
Business	184	58.0
Mother's income		
≤₦60,000	181	57.1
>₦ 60,001	136	42.9

Table 4.4 indicates that 2.2% of the mothers did not attend any school, 10.1% attended primary school, 40.0% attended secondary school, while, 47.3% attended tertiary education. The mothers' occupation were distributed as 17.1% privately employed, 24.9% were civil servants while 58.0% were business women. The monthly income showed 57.1% earn ≤₦ 60,000 and 42.9% earn>₦ 60,001.

Table 4.5a: Habitat history

Variables	Frequency (n=317)	Percent (%)
Types of accommodation		
Duplex	113	35.5
Bungalow	123	40.4
Tenement	76	24.0
No of rooms in the house		
1-5	243	76.7
6-10	61	19.2
≥11	13	4.1
No of people in the house		
2-8	276	87.1
≥9	41	12.9
You share the same room with parents/guardian		
Yes	27	9.2
No	289	90.8
No of people that share the same room with your parents		
≤2	18	66.7
>2	9	33.3

Table 4.5a shows that 35.5% of the respondents live in duplex house, 40.4% of the live in Bungalow house while 24.0% of the respondents live in Tenement house. Most number of rooms in the houses were between 1-5 with 76.7%. The highest number of people occupying the house fall into the range of two to eight with 87.1% and nine persons and above were 12.9%. Majority of the respondents with 90.8% do not share the same with their parents or guardian but only 9.2% shared rooms with their parents, among this 27 respondents that share room with their parents also share the same room with others persons. Also, 66.7% of two or less persons share room with their parents while 33.3% of more than two persons share room with their parents or guardians.

Table 4.5b: Habitat history

Variables	Frequency (n=288)	Percent (%)
Share room with your siblings(n=288)		
Yes	193	67.1
No	95	33.9
Which sibling do you share the room with(n=193)		

Brother	79	40.9
Sister	91	47.2
Brother and sister	23	7.3

Table 4.5b reveals that 67.1% of the respondents had shared the same room with their siblings while 33.9% of the respondents did not share the same room with their siblings and parents. Also, among the 193 respondents who shared the same room with their siblings 47.2% shared the same room with their sister while 40.9% shared the same room with their brother and 7.3% shared the same room with their brother and sister.

Table 4.6: Social/Lifestyle history of respondents

Variables	**Frequency (n=317)**	**Percent (%)**
Consumption of tobacco		
Yes	52	16.4
No	265	83.6
Type of tobacco consumed (n=52)		
Cigarette	46	88.5
Snuff	6	11.5
Quantity of tobacco consumed (sticks)daily(n=52)		
1-2	25	48.1
3-4	20	38.4
≥5	7	13.5
Consumption of alcohol		
Yes	147	46.4
No	170	53.6
Type of alcohol consumed(n=147)		
Beer	93	63.3
Vodka	2	1.4
Gin	31	21.1
Whisky	12	3.8
All	9	2.8
Quantity of alcohol consumed daily(n=147)		
1-2 units	72	49.0
3-4 units	55	37.4
5-6 units	20	13.6
Ever being drunk(n=147)		
Yes	119	81.0

No	28	19.0

Table 4.6 shows that 16.4% of the respondents consumed tobacco while 83.6% do not consume tobacco and 88.5% out of the 52 respondents consume cigarette and 11.5% consume snuff. They were 46.4% who consume alcohol and 53.8% who do not consume alcohol, showing large number of the respondents consume alcohol than tobacco.

The table also showed that most those who consume alcohol 63.3% consume Beer, 31 21.1% consume Gin, 3.8% consume whisky, 1.4% consume vodka, 2.8% consume all of the alcohol mentioned and 49.0% consume one to two bottles of alcohol, 37.4% consume three to four bottles and 13.6% consume five to six bottles of alcohol a day. Among those respondents who consume alcohol, 81.0% said they had been drunk while 19.0% said they have not been drunk before.

Table 4.7a: Risky sexual behaviours

Variables	**Frequency (n=218)**	**Percent (%)**
Ever had sex		
Yes	218	68.8
No	99	31.2
Age at your first sexual intercourse(years)(n=217)		
<15	67	30.6
15-17	62	28.4
18-21	84	38.2
22-25	4	1.8
Mean Age	**16.59±48**	
Type of sexual intercourse(n=217)	27	12.4
Oral		
Vaginal	185	85.3
Anal	6	2.8
Used condom at first sexual intercourse		
Yes	61	28.0
No	157	72.0

Table 4.7a shows that 68.8% of the total respondents have had sexual intercourse before 32.2% have not had sexual intercourse. The table indicated that 30.6% <15 years at coitarche, 28.4% were 15-17 years at coitarche, 38.2% were 18-21years at coitarche, while 1.8% were

22-25years at coitarche and the mean age at coitarche was 16.59±48 years. Among the 218 respondents who had sexual intercourse, 85.3% of them had vaginal intercourse, 12.4% and 2.8% had anal intercourse as their coitarche, but only 28.0% used condom while 72.0% did not use condom at coitarche.

Table 4.7b: Risky sexual behaviours

Variables	Frequency (n=218)	Percent (%)
Reason for not using condom at coitarche(157)		
Unaware/ignorance	63	40.1
Not available	45	28.7
For pleasure	49	31.2
Smoked before sexual coitarche		
Yes	29	13.3
No	189	86.7
Consumed alcohol before coitarche		
Yes	47	21.6
No	171	78.4
Drunk or tipsy before coitarche(n=47)		
Yes	24	51.1
No	23	48.9
Took drug or substance before coitarche		
Yes	25	11.5
No	193	88.5
Type of drug or substance(n=25)		
Tramadol	17	68.0
Codeine	8	32.0

Table 4.7b shows that 40.1% of the respondents who did not use condom reported that they were unaware of condom use, 28.7% did not use condom because it was not available, while 31.2% said that condom it was to derive pleasure of the sexual intercourse. It was noticed from the result that 13.3% smoked and 21.6% took alcohol before coitarche while 86.7% and 78.4% did not smoke and take alcohol respectively. Among respondents who consumed alcohol before their sexual intercourse, 51.1% were drunk or tipsy before coitarche, while 48.9% were not drunk or tipsy before coitarche. It also revealed that 11.5% took drug or

substance before coitarche and 68.0% of them took Tramadol while 32.0% took codeine but 88.5% did not take drug or substance before coitarche.

Table 4.8: Assessment of risky sexual behaviours

Variables	Frequency(n=216)	Percent (%)
Risky sexual behaviour		
Risky	168	77.6
None Risky	48	22.4

Table 4.8 shows a total of sixteen questions were used to assess the practice of risky sexual behaviours, some of these questions includes; (Did you use condom during your first sexual intercourse?,
Did you smoke before you had your first sexual intercourse?, Did you use condom during your last sexual intercourse?, Do you regularly use condom?, Do you usually smoke before sexual activity?, Are you usually drunk before sexual activity?, Have you ever taken any substance or drug before sexual activity?). Whether or not a respondent practiced risky sexual behaviour was determined by a score.
The variables assessed were transformed to scores, which gave a minimum score of 16 and a maximum score of 32. A score of 16-24 was classified as risky sexual behavior, while a score of 25-32 none risky sexual behaviours.
It showed that 77.6% of the respondents engaged in risky sexual behavior while 22.4% did not engage in risky sexual behavior.

Table 4.9a: Association between social history and risky sexual behavior

Variables	Risky sexual behaviour				x^2	Odd ratio (OR)
	Yes (n(%)	No(n(%)	Total	Df	(pvalue)	95% (CI)
Consumption of tobacco						
Yes	48(96.0%)	2(4.0%)	50(23.1%)	1	12.499 (0.000)*	9.200
No	120(72.3)	46(27.7%)	166(76.9)			(2.148-39.407)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Consumption of alcohol						
Yes	104(78.8%)	28(21.2%)	132(61.1%)	1	200	1.161
No	64(76.2%)	20(23.8%)	84(38.9%)		(0.654)	(0.604-2.230)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Ever being drunk						
Yes	94(81.7%)	21(18.3%)	115(68.5%)	1	3.956	2.114
No	36(67.9%)	17(32.1%)	53(31.5%)		(0.047)*	(1.003-4.457)
Total	**130(77.4%)**	**38(22.6%)**	**168(100%)**			

Table 4.9a shows that, there is a significant association between consumption of tobacco (p=0.000), ever being drunk (p=0.047) and risky sexual behaviours, while consumption of alcohol was not significantly associated with risky sexual behaviour. Thus, respondents who consumed of tobacco 9.200 (2.148-39.407) are 9 times more likely to engage in risky sexual behaviours, while those who have been drunk with odd ratio 2.114 (1.003-4.457) are 2 times more likely to engage in risky sexual behaviours.

Table 4.9b: Association between social history/ life style and risky sexual behavior

Variables	Risky sexual behaviour			x^2		Odd ratio (OR)
	Yes (n(%)	**No (n(%)**	**Total**	**Df**	**(p-value)**	**95% (CI)**
Go to night clubs						
Yes	123(82.6%)	26(17.4%)	149(69.0%)	1	6.330	2.313
No	45(67.2%)	22(32.8%)	67(31.0%)		(0.012)*	(1.192-4.486)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Visit pornographic sites						
Yes	124(84.4%)	23(15.3%)	147(68.1%)	1	11.513	3.063
No	44(63.8%)	25(36.2%)	69(31.9%)		(0.001)*	(1.579-5.942)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Watch pornographic videos						
Yes	125(83.3%)	25(16.7%)	150(69.4%)	1	8.766	2.674
No	44(65.2%)	23(34.8%)	66(30.6%)		(0.003)*	(1.377-5.195
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Engaged in sex while watching pornographic videos						
Yes	78(88.6%)	10(11.4%)	88(57.9%)	1	3.079	2.184
No	50(78.1%)	14(21.9%)	64(42.1%)		(0.079)	(0.901-5.296)
Total	**128(84.2%)**	**24(15.8%)**	**152(100%)**			

Table 4.9b shows a significant association between going to night clubs (p=0.012), visiting pornographic sites (P=0.001), watching pornographic videos (p=0.003) and risky sexual behaviours. Also, the result showed no significant association between having sex while watching pornographic videos (p=0.079) and risky sexual behaviours. Thus, respondents who went to night clubs with odd ratio 3.063 (1.579-5.942) is 3 times more likely to engage in risky sexual behaviours, while those who watch pornographic videos with 2.674 (1.377-5.195) is 2 times more likely to in engaged in risky sexual behaviours.

DISCUSSION

This study showed 14.2% of the respondents had STDs, while 77.8% had sexual intercourse with STDs [9]. This study revealed that 68.8% of the total respondents had sex and the mean age at coitarche was 16.59±48. In this study, 22% of the female respondents had been pregnant, which is significantly associated with risky sexual behavior with (p=0.008), and 83.3% of those who had pregnancy had an abortion, 9.5% delivered alive, and 7.1% delivered as still birth. This indicated that majority of the respondents were below 18years at coitarche. There was a significant association between substance use and coitarche (chi square=42.209; p=0.000) reported by [9]. There is a non-significant association between social-demographic characteristics and risky sexual behaviours. This is similar to findings by [10]. It was found that 47.4% of the adolescents had sexual intercourse and many engaged in one form of risky sexual behaviours or another. They indicated that peer group (55.6%) seem to be major source of the sexuality information and influencing factor 52.3%, but peer influence (2%) was not seen to be one of the reasons for risky sexual behaviour with just in this study. Association between adolescents risky sexual behaviours and age at coitarche experience or adolescent perception of parental rearing pattern ($p<.0.05$) was significant [11]. The findings in this study was opposite of the findings of [11], where 68.8% of the total respondents this study had sexual intercourse while 32.2% had not had sexual intercourse. Also, age at coitarche was significantly associated with risky sexual behaviours with similar to findings by [11].

This study also showed 40.1% of non-condom use was due to lack of awareness of condom use, 28.7% reported unavailability of condom, while 31.2% of non-condom use was to derive pleasure from sexual intercourse. Among the respondents who consumed alcohol before sexual intercourse, 51.1% were drunk or tipsy before coitarche, while 48.9% were not drunk or tipsy before coitarche. Thus respondents who go to night clubs, visit pornographic sites with (p=0.001), and watch pornographic videos with (p=0.003), acceptance of money, gift or favour in exchange of sexual intercourse with (p=0.016), and reason for sexual activity with (p=0.030) were all significantly associated with risky sexual behaviour. There is no statistical significant association between engaging in sex while watching pornographic videos and risky sexual behaviours. Finally, this study found out that 77.6% of the respondents engaged in risky sexual behavior while 22.4% did not engage in risky sexual behavior.

CONCLUSIONS

Sequel to the findings of this study, the researcher concludes that the risky sexual behaviour in these selected communities is at increase with 77.6% of the respondents engaged in risky

sexual behaviours. These risky sexual behaviours are unprotected sex, having multiple sexual partners, having sex with STDs and HIV/AIDS partners and engaging in commercial sex. This is of great concern, and if these lifestyles of youths in the studied communities are not moderated or checked, problems such as unintended pregnancy, induced abortion, STDs and HIV/AIDS associated with risky sexual behaviours may double in the nearest future.

The researcher further concludes that socio-demographics characteristics such as age and gender are possible contributors of risky sexual behaviours; while individual's life styles are the major predictors of risky sexual behaviours among youths dwelling in Alakahia, Choba and Aluu communities.

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