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

Comment [K1]: Remove these words from the title to make the rest of the manuscript somehow valid.

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, Nigeria.

Comment [K2]: Remove from abstract. It is RSB

Comment [K3]: See K2.

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, Nigeria. The sample size of 317 participants was recruited for this study. A multistage sampling method was used to select participants from Alakahia, Choba and Aluu communities. Inclusion criteria were males and females aged between 15 and 24 years, and must have lived in these Local Governments Areas for at least one year. This study was carried out with a self-administered questionnaire. Data was analysed using SPSS version 20. A descriptive analysis, chi-square test were performed, and regression analysis was performed to establish the strength of association between the predictors and the variables, statistical significance was set at $p \leq 0.05$. Ethical clearance for the study was sought and obtained from the Research and Ethics Committee of the University of Port Harcourt, Nigeria and informed consent was obtained from the participants.

Comment [K4]: Data was collected using a

Result: A total of 317 participants took part in this study, 59.3% females and 40.7% males. The result revealed 54.3% of participants aged of 21 to 24 years and 47.5% aged 15 to 20 years. It indicated 77.6% engaged in RSB while 22.4% were not engaged in risky sexual behaviour. There was a significant associated between being pregnant and RSB with (p=0.008), and 83.3% of respondents who were pregnant had had abortion. Mean age of 68.8% of the respondents at coitarche was16.59±48. It showed a significant association between consumption of tobacco (p=0.000), being drunk (p=0.047), going to night clubs, visiting pornographic sites, watching pornographic videos and RSB.

Comment [K5]: Use same age groups

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. The Government and community heads in Nigeria should make strict policies on drugs and substance use, going to night clubs, visiting pornographic sites and watching pornographic videos as this will help to reduce the negative influence on youths' sexuality.

Comment [K6]: concluded

Comment [K7]: are these predictors or risky behaviors/practices?

Key words: Predictors, Risky Sexual Behaviour, Youth, Nigeria.

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 [1]. 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 [2]. 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. 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, [3].

Risky sexual behaviour (RSB) 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 [4]. Risky sexual behaviour is any sexual activity that increases the risk of contracting HIV or other STIs or becoming pregnant. 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 [5].

Comment [K8]: Of what?

Risky sexual behaviour among youths in Nigeria has exposed them to the problem of unintended pregnancy, STI and HIV [5]. 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. About 32% of the cases of unsafe abortions among youths were in southern part of the country [6]. Risky sexual behaviour among youths has been attributed to the unacceptable rate of STI and HIV documented. Predictors of risky sexual behaviours are factors responsible for the risky sexual behaviours. Some of these predictors are consumption of alcohol, consumption of tobacco, use of drugs or substances

before sexual intercourse, peer influence.[7]. 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, Nigeria. It is geared towards recommending appropriate interventions to address the underlying factors influencing risky sexual behaviours among youths.

Comment [K9]: Are these predictors or RSBs??

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 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. It is located between latitudes 4°45'N and 4°60'N and longitudes 6°50'E and 8°00'E. It consists of 17 electoral wards administered by the Obio-Akpor Local Government Council [8]. The selected communities are Alakahia, Choba in Obio-Akpor Local Government Area, and Aluu in Ikwerre Local Government Area. 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. Social activities have been on the increase in Alakahia, Choba and Aluu communities.

Comment [K10]: Why Ikwerre??

Study Design

It was a descriptive cross-sectional study. The study population was youths, 15 – 24 years of age [9], who reside in Obi-Akpor and Ikwerre Local Government Areas. The inclusion criteria were; males and females aged between 15 and 24 years, and 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.

Comment [K11]: Why???

Sample Size Determination

Sample size was obtained using the descriptive studies sample size determination ~~formular~~formula 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 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 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 [10].

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 [11].

Data collection/Procedure

Youths who fall into the inclusion criteria and gave consent were administered with the questionnaire and the questionnaires were retrieved. All retrieved 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 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. 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.

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. Also informed consent was obtained from the participants.

Comment [K12]: How did the author handle the underage who are supposedly not in capacity to consent??

RESULTS

Table 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 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 2: Habitat history

Comment [K13]: How does this information fit to this context??

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
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 2 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. 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 less than or greater than two share room with their parents. It revealed 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 3: 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 3 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: Predictors of risky sexual behaviours

Comment [K14]: These are RSBs rather predictors of RSBs!!!

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 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 5: Predictors of risky sexual behaviours

Comment [K15]: See K13.

Variables	Frequency (n=317)	Percent (%)

Go to night clubs or have been in night club(n=317)		
Yes	163	51.4
No	154	48.6
Watch pornographic videos		
Yes	163	51.4
No	154	48.6
Watch with who(n=163)		
Alone	62	38.0
Boyfriend/girlfriend	65	39.9
Groups of friends	36	22.1
Engaged in sexual intercourse while watching pornographic videos(n=163)		
Yes	90	55.2
No	73	44.8

Table 5 that more than half 51.4% of the total respondents had been in night club while 48.6% have not been in any night club. It showed that 52.3% had visited pornographic sites and 47.7% had not done such, but 51.4% out of the 317 total respondents watched pornographic videos and 38.0% said they watch the pornographic videos alone, 39.9% watch with their boyfriends or girlfriends, 22.1% watch pornographic video with groups of friends while 48.6% of the 317 participants do not watch pornographic videos at all. Among those who pornographic videos, 55.2% said they engage in sexual intercourse while watching the videos but 44.8% do not.

Table 6: 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 6 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 7: Association between social demographic and risky sexual behaviours

Variables	Risky sexual behaviour	x^2	Odd ratio (OR)

	Yes (n(%)	No(n(%)	Total	df	(p-value)	95% (CI)
Age (years)						
15-20	61(82.4%)	13(17.6%)	74(34.3%)	1	1.411	1.535
20-25	107(75.4%)	35(24.6%)	142(65.7%)		(0.235)	(0.755-3.122)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Gender						
Male	71(74.0%)	25(26.0%)	96(44.4%)	1	1.458	0.673
Female	97(80.8%)	23(19.2%)	120(55.6%)		(0.227)	(0.354-1.282)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Marital status						
Single	162(77.1%)	48(22.9%)	210(97.2%)	1	1.761	0.771
Married	6(3.6%)	0(0.00%)	6(2.6%)		(0.184)	(0.717-0.830)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Religion						
Christianity	162(77.9%)	46(22.1%)	208(96.3%)	1	0.037	1.174
Islam	`6(75.0%)	2(25.0%)	8(3.7%)		(0.847)	(0.229-6.012)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			
Highest level of education completed						
Below tertiary	151(79.1%)	40(20.9%)	191(88.4%)	1	1.564	1.776
Tertiary	17(68.0%)	8(32.0%)	25(11.6%)		(0.211)	(0.715-4.412)
Total	**168(77.8%)**	**48(22.2%)**	**216(100%)**			

Table 7 shows that age (p=0.235), gender (p=0.227), marital status (p=0.184), religion (p=0.847) and level of education (p=0.211) of the respondents were not significantly associated with the

risky sexual behaviours but age with odd ratio 1.535 (0.755-3.122), religion with odd ratio1.174 (0.229-6.012) and level of education with odd ratio1.776 (0.715-4.412) have a stronger association with risky sexual behavior than marital status.

Table 8: 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 8 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) and those who have been drunk with odd ratio 2.114 (1.003-4.457) are more likely to engage in risky sexual behaviours.

Table 9: Association between predictors and risky sexual behavior

Comment [K16]: What are the predictors and RSBs in this table. In fact it presents RSBs ever practiced/engaged in.

Variables	Risky sexual behaviour			x^2		Odd ratio (OR)
	Yes (n(%)	No (n(%)	Total	Df	(p-value)	95% (CI)
Going 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 9 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) are 3 times more likely to engage in risky

sexual behaviours, while those who watch pornographic videos with 2.674 (1.377-5.195) are 2 times more likely to in engaged in risky sexual behaviours.

DISCUSSION

A study by [12], showed that RSB ~~risky sexual behaviour~~ significantly associated with use of alcohol/drug which is a predictor of risky sexual behaviour. This study showed non-significant association between consumption/use of alcohol and risky sexual behaviour. According to a study by [13] showed a significant association between substance use and first sexual intercourse (chi square=42.209; p=0.000), and the most substance used by both males and females were alcohol. Among these respondents, 17.5% was moderately intoxicated, and 77.8% was very intoxicated. The researcher indicated that women who consume drugs, the most frequently consumed drugs were marijuana (74.9%), cocaine (24.6%), and psychedelics (e.g., lysergic acid diethylamide [LSD], mushrooms; 16.8% and the resulted indicated that these were dependently associated with risky sexual behaviour. Similarly, there is a significant association between consumption of tobacco (P=0.000) and risky sexual behaviour, but there is no significant association between use of drug or substance before sexual intercourse and risky sexual behaviour as (60.2%) of the respondents took tramadol, (29.4%) took codeine, and (10.3%) took other substances.

According to a research titled "Socio-demographic factors as predictors of sexual behaviour of secondary school students in Lagos State, Nigeria" carried out by [14]. The results revealed a significant value for gender, age and sociological factors respectively ($t = 6.753$, $P < 0.05$), $F(3, 2350)$ (79.930, $P < 0.05$) and $F(4, 2394)$ (260.020 $P < 0.05$). Thus, there is no significant association value of age, gender in this study, but there is a significant association with sociological factors such as consumption of tobacco and being drunk at (P=0.000) and (0.047) respectively. Also, a study carried out by [15] found that the predictors of risky sexual behaviours among youths were living arrangement, substance use, watching pornographic movie, age at sex doubt, peer influence and perceived family control. Similarly, this study identified a significant association between going to night clubs, visiting pornographic sites with (p=0.001), and watching pornographic videos with (p=0.003), visits pornographic sites, with OR 2.313 (1.192-4.486), 3.063(1.579-5.942) and 2.674 (1.377-5.195) respectively. Another study by [16] showed that watching pornographic materials at age < 18 years (AOR [95% CI] = 24.13 [3.28, 177.80])

and without parental care (AOR [95% CI] =2.30 [1.35, 3.91]) were connected with early sexual initiation which are predictors of risky sexual behaviours among the respondents. Similarly, this study revealed predictors of risky sexual as consumption of alcohol before sexual intercourse, going to night clubs, visiting pornographic sites (p=0.001), and watching pornographic videos (p=0.003), acceptance of money, gift or favour in exchange of sexual intercourse with (p=0.016), and other reason for sexual activity (p=0.030) were all significantly associated with risky sexual behaviour. Thus, this indicated non-statistical significant association between engaging in sex while watching pornographic videos and risky sexual behaviours. Finally, this study showed that respondents who visited pornographic sites, and watched pornographic videos with OR 3.063(1.579-5.942) and 2.674 (1.377-5.195) respectively, were three and two times more likely to engaged in risky sexual behaviour than others.

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 were recruited instead more participants. Some of the questions which seem to be confidential to the respondent were not answered, resulting in varying sum of responses in some variables.

CONCLUSIONS

Sequel to the findings of this study, the researchers conclude that the predictors identified in this study were responsible for increase in the risky sexual behaviours among youths in these communities. These predictors are; 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. Thus, some of the risky sexual behaviours seen among youths of these communities were unprotected sex, having multiple sexual partners, having sex with STDs and HIV/AIDS partners and engaging in commercial sex/ having sex in exchange of gift or money. 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,

Comment [K17]: Conclude on RSBs predictors.

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 during this study.

REFERENCES

1. United Nations (2005). Youths; Department of Economic and Social Affairs.

2. Wikipedia. Youth in Nigeria.Wikipedia, the free encyclopedia.2018. (Accessed on 19th August, 2018).

3. Hirbo S, Addisu, S. Risky sexual behavior and associated factors among youth in Haramaya Secondary and Preparatory School, East Ethiopia. Journal of Public Health Epidemiol 2015; Vol. 9(4), pp. 84-91, DOI: 10.5897/JPHE2016.0905

4. Anu MG, Ilene S, Heidi R. Age differences at sexual debut and subsequent reproductive health debut and subsequent reproductive health: Is there a link? Reproductive Health 2008; 5:8 BMC.

5. Gobopamang L, Lucky L.M. Predictors of risky sexual behaviour among young people in the era of HIV/AIDS: evidence from the 2008 Botswana AIDS Impact Survey III.Afr J Reprod Health 2013; 17[3]: 169-181.

6. Tayo A, Akinola O, Babatunde A, Adewunmi A, Osinusi D, Shittu L. Contraceptive knowledge and usage amongst female secondary school students in Lagos, Southwest Nigeria. Journal of Public Health and Epidemiology 2011; Vol. 3(1), pp. 34-37, Available online at http://www.academicjournals.org/jphe

7. Scott M E, Wildsmith E, Welti, K, Ryan S, Schelar E, Steward-Streng NR. Risky adolescent sexual behaviors and reproductive health in young adulthood. Perspectives on Sexual and Reproductive Health 2011; 43(2), 110-118.

8. Wikipedia. Obio/Akpor. Wikipedia, the free encyclopedia 2018. (Accessed on 18th September, 2018).

9. Hirbo S, Addisu S. Risky sexual behavior and associated factors among youth in Haramaya Secondary and Preparatory School, East Ethiopia. Journal of. Public Health Epidemiol 2015; Vol. 9(4), pp. 84-91, DOI: 10.5897/JPHE2016.0905.

10. Hafsa MZJ. Sexual behaviour amongst youth in colleges and youth centers in Mombasa. University of Nairobi. 2012.

11. Perneger TV, Courvoisier DS, Hudelson PM, Gayet-Ageron A. Sample size for pre-tests of questionnaires. Qual Life Res 2015; 24 (1): 147-151. doi.org/10.1007/s11136-014-0752-2.

12. Robin JM, Andrew M , Juarlyn G , Kathleen M , Barry Z , John A , Timothy M , James M S , Gloria D E. Predictors of risky sex of young men after release from prison, International Journal of STD & AIDS ISSN 2003: 0956-4624

13. Jackline A. Ochieng. Risky sexual behaviour among adolescents attending public secondary schools in Nairobi, Kenya. University of Nairobi;2013.

14. Olusoji T, Ayoade FJ, Blavo AAF, & Chinomso UN. Sociodemographic factors as predictors of sexual behavior of secondary school students in Lagos State, Nigeria. International Journal of Medicine and /Public Health 201 ;Vol 5Issue 2

15. Hirbo S, Addisu S. Risky sexual behavior and associated factors among youth in Haramaya Secondary and Preparatory School, East Ethiopia. Journal of. Public Health Epidemiol 2015; Vol. 9(4), pp. 84-91, DOI: 10.5897/JPHE2016.0905.

16. Fekadu M, Alemayehu W. Age at sexual initiation and factors associated with it among youths in North East Ethiopia Ethiop. J. Health Dev 2009 ;23(2):154-162