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OSUN SOCIOLOGICAL REVIEW

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SOCIO-DEMOGRAPHIC FACTORS INFLUENCING RISKY SEXUAL BEHAVIOUR AMONG YOUTHS IN ILORIN METROPOLIS**Dr. Akor Sunday Joseph**

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Abstract

Youths are the spine of all nations. Contributions being made towards development all over the world involve youths in one way or another. However, the period of youth is quite problematic. It is a stage in which people are just discovering various elements of themselves. As such, the youths fall prey to involvement in risky sexual behaviours. Risky sexual behaviours are quite harmful physically and mentally. As such, the study sought to determine the nature of the relationship between socio-demographic factors and an involvement in risky sexual behaviours on the part of youths. The study made use of the Health Belief model in order to facilitate greater understanding of risky sexual behaviour. The study adopted a mixed design, adopting both the quantitative and qualitative methods of data collection and analysis. Using a two-stage sampling technique, 230 respondents were selected for the study with five respondents also purposively selected from the sample for interview. The obtained data were analysed using chi-square, spearman rank correlation and content analysis. The analysed data revealed that gender is significantly associated to preference for sex using condom. The study also revealed that a significant association exists between gender and performance of oral sex on partner. The study further revealed that age is significantly associated to practice of anal sex. Based on these, the study recommends that youths need to be educated on various sexual activities, the risks involved and safety measures to be taken to prevent it.

Keywords: Socio-demographic, risky, sexual behaviour, youths, Ilorin

Introduction

The period of youth is a delicate time in one's life. The promises of youths often vanish in the face of poor choices made in terms of sexual behaviour, resulting to ill health (Okafor, Adam & Azuike, 2018). Youths are a third of the sexually active populace, accounting for one-half of all sexually transmitted infections (STIs) since they are more inclined (Adeokun, Ricketts & Ajuwon, 2009). Youths make up a noteworthy part of each nation's populace, covering about 20% of the people in the globe (World Health Organization, 2006). This is the period in which most individuals start to discern their sexuality, engaging in coital relationships. Their development and growth encompasses vast mental, genetic, social and emotional alterations.

Nigeria, with an assessed populace of 160 million (National Population Commission, 2014), is runner-up only to South Africa in terms of individuals living with HIV/AIDS globally, with 9% of the afflicted residing in Nigeria (Djukpen, 2012).

Socio-Demographic Factors Influencing Risky Sexual Behaviour among Youths in Ilorin

Though, exertions have been made by the transnational community and the Nigerian government to halt the blowout of HIV/AIDS in the nation, it still retains a rising course largely as a consequence of the risky sexual behaviours youth partake in. Roughly 20,000 females below the age of 18 put to bed per day in developing nations, with Nigeria being no different. Early childbirth has grim costs to the well-being and growth of youths (Goli, Rammohan & Singh, 2015).

Risky sexual behaviour (RSB) encompasses the amount and sorts of partnerships, carnal acts, and carnal orientation. Other rudiments of RSB comprise tender age of first carnal contact, unprotected coitus with 'at risk' partners, and untreated STD (Akwara, Madise, & Hinde, 2003). These behaviours bear consequences in the prevention of HIV and other forms of STIs. In certifying the halting of HIV and other forms of STIs, additional research on the determinants of youth RSB in Nigeria is imperative, a country in which 63% of the populace is below 25 years of age (Odimegwu & Somefun, 2017). It is germane to understand the mechanisms that aid RSB, in order to aid these youths in making strong transitions to adulthood.

A need arises to examine beyond individual factors and include socio-demographic, contextual factors that could sway RSB of youths (Odimegwu & Somefun, 2017). The hazard of concentrating only on individual, mental process only is that it skips association of RSB to societal, cultural, and demographic scopes, thus missing the likelihood to fully uncovering essential determinants of RSB. This is largely because hurdles that would hamper the campaign of youth protective sexual behaviours are deep-seated in the sociocultural settings, shaping the youth (Wight, Plummer & Ross, 2012). Gender-power relations and age sway behaviour. For instance, in varying societies, beliefs and norms of appropriate roles for both men and women are prescribed by that society's institutions, like proper sexual behaviour in marriage, female genital mutilation, etc. This defines the level to which men and women have power over numerous aspects of their coital lives. As such, this study will seek to ascertain the nexus between socio-demographic factors of age and gender in relationship to involvement in specific forms of deviant sexual behaviour in Ilorin metropolis.

Risky Sexual Behaviour (RSB)

RSB in the view of Dimbuene, Emina, and Sankoh, (2014) is the action that will intensify the likelihood that an individual partaking in coital activity with another individual afflicted with a sexually transmitted infection will get infected, get pregnant, or impregnate someone. It can further denote two akin events: the conduct itself, the account of the mate's conduct. The conduct could be unprotected vaginal, oral, or anal coitus. The mate could as well be nonexclusive, HIV-positive, or a chronic drug user (Hall, 2004).

According to Health Link British Colombia (2016), risky sexual behaviour consists of the following:

1. Sex without protection (condom): This entails partake in coitus without the use of condom by both partners.
2. Mouth-to-genital contact: This involves a RSB in which contact ensues between one or both partners' mouths and the other's genital.
3. Commencing coital activity at a tender age.

4. Possessing numerous coital partners
5. Possessing a high-risk coital mate, a person who maintains numerous coital partners or infections.
6. Anal sex.
7. Sex with a partner who has ever injected drugs.
8. Engaging in sex work.

Empirical Review of Socio-demographic Factors and Risky Sexual Behaviour

Studies have been conducted in an endeavour to establish the affiliation between socio-demographic factors and RSB. According to Akani and Nkanginieme (2001), males are more conceivable to engage in RSB than females. This was credited to the African culture, wherein males have more liberty than females. A research conducted by the Joint United Nations Programme on HIV/AIDS (2010) made known upon investigation that the ratio of male youths engaging in RSB was more than four times that of their female counterparts. This finding is supported by a different report that showed a twin increase in RSB when sexually active young men and women were compared (Hindin and Fatusi, 2009). In a research conducted by Odimegwu and Somefun (2017), it was also made known that women are less conceivable than men to partake in RSB.

A research was carried out by Okafor, Adam and Azuiké (2018) in which the findings show that the older the respondent, the higher the level of involvement in RSB. The authors further revealed that older respondents may feel assured and be keener to explore varying sexual behaviours in contrast to the younger and comparatively "greener" respondents. This age group tend to have more freedom and believe they are old enough to partake in coital activities. This is in contrast to a study by Akani and Nkanginieme (2001) wherein the age group of 15 – 19 years had greater involvement in RSB.

Health Belief Model

Health Belief Model (HBM) was the model constructed in health education in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels, while working with the U.S. Public Health Service in determining involvement and non-involvement in screening programmes for tuberculosis (Becker, 1974; Maiman & Becker, 1994; Rosenstock, 1974). After then, it has been fruitful in encouraging increased usage of seatbelts, health screenings, and condoms. The HBM entails four constructs: observed susceptibility, observed severity, observed benefits, and observed barriers. These constructs determine people's "promptness to act." While "cues to action" encourage and arouse manifest behaviour, another concept coined by Rosenstock (1974) to this was self-efficacy (i.e., one's sureness in the knack to effectively carry out an action). The HBM cites that when people see a nasty disease and how benefit can be obtained in taking pre-emptive action, then that person is conceivable to take such action.

The theory can be applied to the study of risky sexual behaviour. First, the Health Belief Model posits that people engage in certain acts after calculating the related risks against the benefit. Essentially, before an action is taken, the individual tables the risks and benefits of such an act. If the perceived benefits outweigh the costs, the act is engaged in, but if the risks/costs outweigh the benefits, the act is not carried out. Relating

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this to risky sexual behaviour, it denotes that people engage in risky sexual behaviour after concluding that the costs fall short of perceived benefits.

Another dimension through which the theory can be applied is in the level of awareness concerning the risky sexual behaviour. One of the tenets of the health belief model is that knowledge of the associated risks to an act is critical to involvement in it. If an individual is not totally aware of all the risks associated with the sexual act, a skewed decision is made. It is therefore conceived that once the individual is made aware of the total risks, an informed decision can therefore be made.

Methodology

The method used in this study is the survey method of research. The population of the study is all sexually active youths in Ilorin, Kwara State. The United Nations defines youths as persons between the ages of 15-24. In spite of this, the study defines the minimum age of the population to be 18, as that is the legal age to which an individual becomes an adult in Nigeria. As such, the population of study is the entire people in the age ranges of 18-24 in Ilorin. Ilorin is divided into three local governments; Ilorin South, Ilorin West and Ilorin East. Ilorin south consists of eleven wards. Ilorin west contains twelve wards and Ilorin east has twelve wards. Ilorin can be found roughly 291 kilometres north of Lagos and roughly 488.7 kilometres west of Abuja (Nigeria's capital city). When the 2006 population census was conducted, it was established that 777,667 people are in Ilorin.

A two stage sampling technique was used in the selection of 230 respondents. This commenced with the use of quota sampling to divide the population into three local governments. Following this, purposive sampling was used in the selection of respondents based on age and sex life. In terms of age, only individuals in the age range of 18-24 are consulted. In terms of sex life, only individuals who have engaged in sexual relations are of interest. In terms of data analysis, univariate and bivariate tools will be used. In terms of univariate tools, simple percentages and frequency distribution tables will serve in the presentation of data. As to bivariate analysis, chi-square analysis and spearman rank correlation will be used to ascertain the nature of association between the stated hypotheses.

Results

The presented results are based on the 220 copies of questionnaire retrieved from the field and found to be valid. As such, the study recorded a response rate of 96%. According to Babbie and Moutun (2001), a response rate of at least 50% is adequate for a research, 60% is good and a return rate of 70% is excellent.

Table 1: Socio-demographic Characteristics of Respondents

Socio-demographic Characteristics	Percentage (%)
Age	
18-20	25
21-24	70
Gender	
Male	55
Female	45
Religion	
Christianity	47
Islam	53
Ethnicity	
Hausa	23
Igbo	30
Yoruba	41
Others	6
Total	100

Research fieldwork (2019)

Hypothesis One

H_0 : There is no significant association between gender and preference for sex using condom.

H_1 : There is significant association between gender and preference for sex using condom.

Table 2. Cross-tabulation of Gender against Preference for Sex using Condom

		Preference for Sex using condom		Total
		Yes	No	
Gender	Male	44	82	126
	Female	66	28	94
Total		110	110	220

Source: Researcher's Fieldwork (2019)

 $\chi^2 (1, N=220) = 26.8, p=.05.$

The calculated value of the chi square stands at 26.8. The degree of freedom is 1 and the level of significance is .05. Using this, the chi square table value is pegged at 3.84. Based on this, a significant association was found between gender and preference for sex using condom.

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Hypothesis Two

- H_0 : There is no significant association between gender and performance of oral sex on partner.
- H_1 : There is significant association between gender and performance of oral sex on partner.

Table 3. Cross-tabulation of Gender against Performance of Oral Sex

		Performance of oral sex on partner		Total
		Yes	No	
Gender	Male	30	96	126
	Female	59	35	94
Total		89	131	220

Source: Researcher's Fieldwork (2019)

$\chi^2(1, N=220) = 33.9, p=.05$.

The calculated value of the chi square stands at 33.9. The degree of freedom is 1 and the level of significance is .05. Using this, the chi square table value is pegged at 3.84. Based on this, a significant association was found between gender and performance of oral sex on partner.

Hypothesis Three

- H_0 : There is no positive association between age and practice of anal sex.
- H_1 : There is positive association between age and practice of anal sex.

Table 4. Correlation of Age against Practice of Anal Sex

			Age	Engagement in Anal sex
Spearman's rho	Age	Correlation Coefficient	1.000	.570**
		Sig. (2-tailed)	.	.000
		N	220	220
	Engagement in Anal sex	Correlation Coefficient	.570**	1.000
		Sig. (2-tailed)	.000	.
		N	220	220

** . Correlation is significant at the 0.05 level (2-tailed).

Source: Researcher's Fieldwork (2019)

A Spearman's correlation was run to assess the association between age and practice of anal sex, with the analysis based on 220 respondents. There is a moderate positive

correlation between age and engagement in anal sex, which is statistically significant, $r(220) = .570, p < 0.01$

Interview Findings

1. Is there an association between gender and preference for condom use?

The respondents expressed similar views regarding the association between gender and preference for condom use. The following are some of the responses given by some of the respondents:

"Men don't like using condoms. They prefer having sex when it is skin-to-skin...My boyfriend tells me that sex is more pleasurable for him when he does not use condom" (female, 24 years old).

Another respondent's view is expressed below:

"Generally, I do not like using condom. But, I only do that after developing a certain level of trust with my partner. I cannot have sex with a stranger and not use a condom. That would be crazy and dangerous" (male, 23 years old).

A separate respondent's view is further expressed thus:

"Men are dubious. They will virtually do or say anything to avoid using a condom. I once had a boyfriend who said condoms don't size him. I find that unbelievable. We often spent a lot of time discussing this and he later confessed to me that he hates using condoms" (female, 24 years old).

A respondent had this to say on the posed question:

"I have had discussions like this amongst my friends. Female prefer if condoms are used in sexual relations more than males. I believe that men are more inclined to favour taking such risks as not using condoms over females" (male, 24 years old).

A respondent had this to say on the question asked:

"I believe that men prefer not using condoms while having sex. Personally, I find it uncomfortable. I also find it unnecessary. As long as I trust my partner, I do not use condoms. I prefer to pull out before ejaculation" (male, 24 years old)

2. Do males perform oral sex on their partners more than females?

The respondents expressed similar views regarding if males perform oral sex on their partners more than females. The following are some of the responses given by some of the respondents:

"I don't think there are a lot of men that would be eager to perform oral sex on their partner. I think this has to do with the perception that it is more dangerous when a man does it on a woman than if a woman does it on a woman" (male, 24 years old).

Another respondent's view is expressed below:

"Females perform oral sex on their partners more than males. This is probably because it is safer and enjoyable if a woman does it to a woman than if a man does it to a woman... I tried it once on my partner and I got nauseous" (male, 23 years old).

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A different respondent's view is cited below:

"Females perform oral sex on their partners a lot more than males. My husband would never perform oral sex on me despite me doing so on him...I once asked him why and he said it is not the place of a man to do such" (female, 24 years old).

A respondent expressed a similar view thus:

"I believe that females perform oral sex on their partner more than males do. This is probably because males are dominant in a relationship. If the male does not want to perform oral sex on his partner, which a lot of guys I know do not, it is hard for his partner to change his mind. In contrast, a female can be convinced easily to perform oral sex on her partner" (male, 24 years old).

Another respondent had this to say:

"Females perform oral sex on their partners more than males. I have even seen such occur when I went clubbing. I believe this shows how common it is for females to perform oral sex on partners" (female, 24 years old).

3. Express your view that older people are more conceivable to practice anal sex.

The respondents expressed somewhat similar views on if older people are more conceivable to practice in anal sex. The following are some of the responses given by some of the respondents:

"I think if you have not attained a certain level of maturity, you cannot have anal sex. It is for matured people, not teenagers.... You have to be careful not to hurt yourself and your partner as well" (female, 24 years old).

Another respondent's view is expressed thus:

"It is not meant for the immature. By immature, I mean that it should not be done by the timid. I tried it first when I was eighteen years old, it was painful. However, as I grew older, it became less painful. Despite this, I only do anal sex with my partner when I'm on my period" (female, 24 years old).

A respondent had this to say on the posed question:

"Anal sex is kind of dangerous if care is not taken. Before I did it with my partner, I had to meet with my older friends who advised me on how it should be done. We had lengthy discussions on it. To tell you the truth, I would not have even considered it when I was a teenage" (male, 23 years old).

Another respondent's view is expressed below:

"Anal sex is an abomination. It is a sin and age does not matter in determining engagement in it. Also, it is highly dangerous. I have heard of people infected with HIV by doing anal sex. I also read about someone who got cancer as a consequence of it" (male, 24 years old).

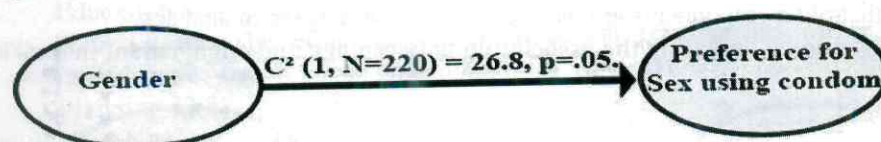
A different respondent's view is expressed thus:

"I believe that older people are more conceivable to engage in such. As we grow older, we tend to engage in certain risky acts, ignoring the consequences. A friend of mine recently told me about how he had anal sex. I told him that it was dangerous to do that, he brushed me off saying that he is no longer a child and can do what he wants" (male, 24 years old).

Discussion

Three hypothesis were subjected to test in this study. Hypothesis one revealed a significant association between gender and preference for sex with condom. (See Figure 1 for a diagrammatic representation). In essence, males are more conceivable to advocate for sex without the use of condom. This is against the findings of Tangmunkongvorakul, Carmichael, Banwell, Utomo, and Sleight (2011) who revealed that men were more conceivable to report more condom use, in order to prevent STIs from those casual partners. The study also reported that some women were unable to negotiate protected sex with their partner because they respected the man's decision or had prior uncomfortable experiences after asking their partner to use condom. Mayaud and Mabey (2004) as well revealed in their study that the price of condom is the determining factor in its level of usage. Pinyopornpanish, Thanamee, Jiraporncharoen, Thaikla, McDonald, Aramrattana and Angkurawaranon (2017) on the other hand revealed that personal income is what sways the decision to use condom and not gender. Findings from the interview conducted in this study revealed that males prefer to engage in sexual relations without the use of condoms more than females. The interviewees aired their views and a scenario was cited in which the male partner resorted to lying all in an effort to avoid the use of condom.

Figure 1: A model depicting the association between gender and preference for sex using condom

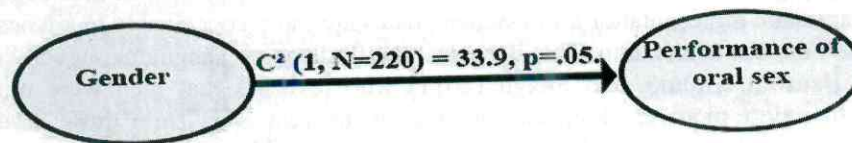


Source: Researcher's construction (2019)

Hypothesis two revealed a significant association between gender and performance of oral sex. (See Figure 2 for a diagrammatic representation) This indicates that females are more conceivable to perform oral sex on their partners than males. This supports claims by Odimegwu and Somefun (2017). In opposition to findings of this study, the works of Herbenick et al (2010) revealed that men are more conceivable to carry out oral sex than women. Chaturvedi et al (2008) revealed in a study that females perform oral sex more than males. This was justified on the grounds that performing oral sex on a woman might have higher infection risk than performing oral sex on a man (Tobian et al., 2011). Findings from the interview conducted in this study reveal that females are more conceivable to perform oral sex on their partner more than males. The respondents stated varying reasons for their responses; perceived health risk, culture of male dominance, etc.

Socio-Demographic Factors Influencing Risky Sexual Behaviour among Youths in Ilorin

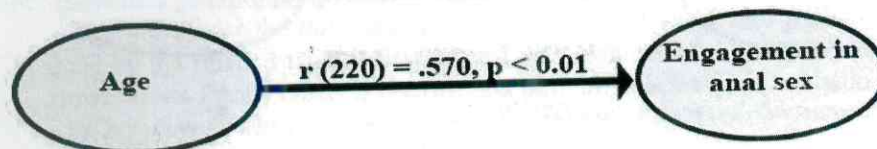
Figure 2: A model depicting the association between gender and performance of oral sex



Source: Researcher's construction (2019)

Hypothesis three revealed that a moderate positive association between age and engagement in anal sex. (See Figure 3 for a diagrammatic representation). This indicates that as respondents get older, the possibility of engaging in anal sex increases. In contrast to the findings of this study, Blanc (2001) and Pulerwitz (2002) indicated in their studies that women's decision to engage in anal intercourse is reflective of larger power dynamics at work in heterosexual relationships, in which women usually have less power than men. A study carried out by Reynold, Fisher and Rogala (2014) cited the following factors to be the determinants of engagement in anal sex; desire to avoid vaginal sex while on period, a desire to please one's partner, the woman's own desire for anal sex, quid pro quo (money or drugs exchanged for anal sex), under the influence of drugs or alcohol, and coercion. Findings from the interview conducted in this study further revealed that older respondents are more conceivable to engage in anal sex.

Figure 3: A model depicting the association between age and engagement in anal sex



Source: Researcher's construction (2019)

Conclusion and Recommendations

The findings from the conducted study indicate that socio-demographic factors have great bearing on youth's engagement in risky sexual behaviours. This was made apparent by the results of the three tested hypotheses. Taking risks seems to be part of youth behaviour. Youths often seek to explore their own abilities and limits, often disregarding boundaries and hence danger. This is the scenario with an engagement in risky sexual behaviour. It is an act of recklessness that can have grave consequences. In line with the findings of the study, the following recommendations are made: schools, parents and NGOs need to take sex education seriously. The youths need to be educated on various sexual activities, the risks involved and so on. A proper and lasting socialization on safe sexual behaviour at a young age will serve in preventing an engagement in risky sexual behaviour. The issue of female subjugation needs to be addressed. Youths should be educated to respect females. Females should have an equal

say in relationships. This will help in preventing situations in which females are cajoled to partake in deviant sexual behaviours.

Suggestion for Further Research

A host of research can be carried out to ascertain the nature of association between various socio-demographic factors other risky sexual behaviour such as starting sexual activity at a young age, having multiple sex partners, having a high-risk partner, someone who has multiple sex partners or infections, sex with a partner who has ever injected drugs, and engaging in sex work.

References

- Adeokun L.A, Ricketts O.L and Ajuwon A.J. (2009). Sexual and Reproductive Health Knowledge, Behaviour and Education Needs of In-School Adolescents in Northern Nigeria. *African Journal of Reproductive Health*, 13(4), 37–50.
- Akani, N.A. and Nkanginieme, K.E.O. (2001). The school health programme: A situation analysis. *Nigerian Journal of Paediatrics*, 28(1), 2-8.
- Akwara, P.A., Madise, N.J. and Hinde, A. (2003). Perception of risk of HIV/AIDS and sexual behaviour in Kenya. *J Biosoc Sci.*, 35(03), 385–411.
- Babbie, E. and Mouton, J. (2001). *The Practice of Social Research*. Cape Town, SA: South Africa Oxford University Press.
- Becker, M. H. (1974). The health belief model and personal health behaviour. *Health Education Monographs*, 2, 324–508.
- Blanc, A.K. (2001). The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence. *Studies in Family Planning* 32(3), 189–213.
- Chaturvedi AK, Engels EA, Anderson WF, Gillison ML (2008) Incidence trends for human papillomavirus-related and -unrelated oral squamous cell carcinomas in the United States. *J Clin Oncol* 26: 612–619.
- Dimbuene, Z. T., Emina, J.B.O. and Sankoh, O. (2014). UNAIDS 'multiple sexual partners' core indicator: promoting sexual networks to reduce potential biases. *Global Health Action*. 7 (1): 23103. doi:10.3402/gha.v7.23103
- Djukpen, R.O. (2012). Mapping the HIV/AIDS epidemic in Nigeria using exploratory spatial data analysis. *GeoJournal*, 77(4), 555–69
- Goli S, Rammohan A, and Singh D. (2015). The Effect of Early Marriages and Early Childbearing on Women's Nutritional Status in India. *Maternal Child Health Journal*, 1–17.
- Hall, P. A. (2004). Risky Adolescent Sexual Behavior: A Psychological Perspective for Primary Care Clinicians. *Topics in Advanced Practice Nursing eJournal*. Available on line at <http://www.medscape.com/viewarticle/467059>
- Health Link British Colombia (2016). High Risk Sexual Behaviour. Available online at <https://www.healthlinkbc.ca/health-topics/tw9064>
- Herbenick D, Reece M, Schick V, Sanders SA, Dodge B . (2010) Sexual behaviour in the United States: results from a national probability sample of men and women ages 14–94. *The journal of sexual medicine* 7 Suppl 5: 255–265.

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- Hindin, M.J., and Fatusi, A.O. (2009). Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. *Int Perspect Sex Reprod Health*, 35(2):58-62.
- Joint United Nations Programme on HIV/AIDS (2010) Report on the global AIDS epidemic. Available online at <http://www.unaids.org>.
- Maiman, L. A., & Becker, M. H. (1994). The health belief model: Origins and correlates in psychological theory. *Health Education Monograph*, 2, 336–353.
- Mayaud, P. and Mabey, D. (2004). Review Approaches to the control of sexually transmitted infections in developing countries: old problems and modern challenges. *Sex Transm Infect*, 80(3), 174-82.
- National Population Commission (2014). Nigeria Demographic and Health Survey 2013. Nigeria, NPC.
- Odimegwu, C. and Somefun, O.D. (2017) Ethnicity, gender and risky sexual behaviour among Nigeria youth: an alternative explanation. *Reproductive Health*, 14(16). DOI 10.1186/s12978-017-0284-7
- Okafor, K.C., Adam, V.Y. and Azuike, E.C. (2018). Risky sexual behavior of young people in an urban community, South – South, Nigeria. *Global Journal of Medicine and Public Health*, 7(4), 1-11
- Pinyopornpanish, K., Thanamee, S., Jiraporncharoen, W., Thaikla, K., McDonald, J., Aramrattana, A., & Angkurawaranon, C. (2017). Sexual health, risky sexual behavior and condom use among adolescents young adults and older adults in Chiang Mai, Thailand: findings from a population based survey. *BMC research notes*, 10(1), 682. doi:10.1186/s13104-017-3055-1
- Pulerwitz J, et al. Relationship power, condom use and HIV risk among women in the USA. *AIDS Care*. 2002;14(6):789–800
- Reynolds, G. L., Fisher, D.G. and Rogala, B. (2014). Why women engage in anal intercourse: Results from a qualitative study *Archives of Sexual Behaviour*. Available online at <http://dx.doi.org/10.1007/s10508-014-0201-1>
- Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health Education Monographs*, 15, 175–183
- Tangmunkongvorakul A., Carmichael G., Banwell C., Utomo I.D., and Sleigh A. (2011). Sexual perceptions and practices of young people in Northern Thailand *J Youth Stud*, 14(3),315-339.
- Tobian, A.A., Kong, X., Gravitt, P.E., Eaton, K.P. and Kigozi, G. (2011) Male circumcision and anatomic sites of penile high-risk human papillomavirus in Rakai, Uganda. *Int J Cancer* 129: 2970–2975.
- World Health Organization (2006). Investing in our future a framework for accelerating action for the sexual reproductive health of the young people. Philippines, Manila.
- Wight, D., Plummer, M., and Ross, D. (2012) The need to promote behaviour change at the cultural level: one factor explaining the limited impact of the MEMA kwa Vijana adolescent sexual health intervention in rural Tanzania. A process evaluation. *BMC Public Health*, 12(1), 788.