

ELICITING SOCIAL CULTURAL PREDICTORS OF RISKY SEXUAL BEHAVIOUR AMONG ADOLESCENTS AND YOUNG ADULTS IN NIGERIA

Agbonlahor Nafisa Loveth^{1*} and Osagiede Florence Isoken²

¹Department of Human Kinetics and Health Education,
Ambrose Alli University Ekpoma, Edo State, Nigeria

²Department of Human Kinetics and Health Education,
Ambrose Alli University Ekpoma, Nigeria

*Email: lovethshows23@yahoo.com

(Received 17 February 2019; accepted 5 April 2019; published online 30 July 2020)

To cite this article: Loveth, A. N., & Isoken, O. F. (2020). Eliciting social cultural predictors of risky sexual behaviour among adolescents and young adults in Nigeria. *Malaysian Journal of Movement, Health & Exercise*, 9(2), 57-70. <https://doi.org/10.15282/mohe.v9i2.437>

Link to this article: <https://doi.org/10.15282/mohe.v9i2.437>

Abstract

The thrust of this paper was to elicit socio-cultural predictors of risky sexual behavior among adolescents and young adults in Nigeria. Socio-cultural parameters were seen to be those factors in the social environment that influences behavior. The socio-cultural theory holds that people learn through interactions within the socio-cultural environment. Such interactions include the home (parental influence, social/economic status of family), peers and culture (religious practices, age norms, and gender issues). This paper further examines these factors and how they predict risky sexual behavior such as early marriage, non-utilization of contraception, early sex initiation, induced abortions, having multiple sex partners, sex under the influence of alcohol, and indulging in sex for financial and material gains, among adolescents and young adults in Nigeria. It was therefore concluded that the socio-cultural environment is a strong predictor of adolescent and young adult sexual risk behavior in Nigeria. Thus, it is recommended that social/cultural environment should be shaped for optimum reproductive health behavior among adolescents and young adults in Nigeria.

Keywords: Socio-cultural, Risky sexual behavior, Adolescents, Young Adults.

Introduction

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood; sets the stage for health beyond the reproductive years for both women and men; and affects the health of the next generation. At each stage of life individual needs differ; however, there is a cumulative effect across the life course and events at each phase having important implications for future well-being. Therefore, failure to deal with reproductive health problems at any stage in life sets the stage for later health and developmental problems (United Nation Population Information Network, 2018). Consequently, reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. From the premise above, healthy sexuality is a vital component of reproductive health, both in its own right as an aspect of emotional and mental well-being, and as a determinant of other aspects of reproductive health. Healthy sexuality should include the concept of volition and informed decision-making. According to the United Nations Population Fund (UNFPA)(2016), unmet needs for sexual and reproductive health deprive women of the right to make "crucial choices about their own bodies and futures", affecting family welfare thus reproductive and sexual ill-health accounts for 20% of the global burden of ill-health for women and 14% for men and it is a part of sexual and reproductive health and rights. Reproductive health is a universal concern, but is of special importance for adolescents and young adults, because adolescents and young adults have unique reproductive and sexual health needs; teen sex, sexually transmitted infections, birth control, sexual education, and teen pregnancy are a few of the relevant clinical and social issues. The World Health Organization (WHO) (2018), defines 'Adolescents' as individuals in the 10-19 years age group and Youths as the 15-24 year age group, while Young People covers the age range 10-24 years. Around 1.2 billion people, or 1 in 6 of the world's population, are adolescents aged 10 to 19. Globally, there are 44 births per 1000 to girls aged 15 to 19 per year. Also, in 2015 an estimated 1.2 million adolescents died; over 3000 die every day, mostly from preventable or treatable causes (WHO, 2018). The behavioral patterns established during these developmental periods help determine young people's current health status and their risk for developing chronic diseases during adulthood. Although adolescence and young adulthood are generally healthy times of life, some important health and social problems either start or peak during these years. Some young people engage in risky sexual behaviors that affect their health, such as risky sexual behaviors (HRSB), include multiple sexual partners, inconsistent condoms use, sex for favors, drugs and alcohol abuse that culminate in sexually transmitted infection (STI), including Human Immunodeficiency Virus (HIV), unplanned pregnancy and abortion (Johnson, 2011). Johnson further stipulates that HRSB are established during adolescence, and often maintained into adulthood, affecting the health and wellbeing of an individual later in life. High risk sexual behavior of young adults has become of serious concern because pregnancy during adolescence is associated with higher risk of health problems like anemia, sexually transmitted infections, unsafe abortion, postpartum hemorrhage, and mental disorders (like depression). Pregnant adolescents also bear negative social consequences and often have to leave school, reducing their employability and leading

to long-term economic implications. Unmet needs for family planning especially for spacing are high among adolescents. (WHO, 2017). Young people have specific health problems and developmental needs that differ from those of children or adults. The leading causes of illness and death among adolescents and young adults are largely preventable and health outcomes are frequently both behaviorally mediated and linked to multiple social factors. These young people are tomorrow's parents. The reproductive and sexual health decisions they make today will affect the health and wellbeing of their communities and of their countries for decades to come.

Nigerian adolescents are a sizeable share of the population, making them integral to the country's social, political and economic development. Nigeria's development has been compromised by the sexual and reproductive health issues afflicting its youth. Adolescents and young adults indulge in a lot of risky behaviors such as having multiple sex partners, non-utilization of contraception (unprotected sex), sex with commercial workers, illegal immigration, sex under the influence of alcohol and induced abortions. Over 1.3 million unintended pregnancies occur annually in Nigeria, and over half (760,000) of these pregnancies result in abortion. Abortion is illegal in Nigeria, except to save a woman's life. As such, the majority of the abortions occurring in the country are unsafe. Experts believe that unsafe abortion accounts for up to 40 percent of maternal deaths in Nigeria. Even when young women are fortunate enough to survive an unsafe abortion, they often experience complications, including infection, hemorrhage, anemia and septic shock. There are also long-term consequences to unsafe abortion such as pelvic pain, pelvic inflammatory disease and infertility. Fifty-five percent of Nigerian women who have abortions are under 25 years old (Guttmacher Institute, 2008). Nigeria has a mixed epidemic, meaning that while HIV prevalence among the general population is high, certain groups still carry a far greater HIV burden compared to the rest of the population. HIV prevalence is highest in Nigeria's southern states (known as the South-South Zone), and stands at 5.5%. In 2016, 240,000 adolescents (between the ages of 10-19) were living with HIV, making up 7% of the total number of people with HIV in Nigeria (United Nations International Children Emergency Fund (UNICEF), 2017). HIV prevalence among this age group varies regionally, with 4.3% of 15-19 year olds living with HIV in the South- South, compared to 1.3% in the South East. Health outcomes for adolescents living with HIV in Nigeria are poor, and Nigeria is the only country in the world where mortality in 10-14 year olds is rising (Slogrove et al., 2018).

Despite all this evidence of risky sexual behavior and its health implications on adolescents and young adult's health, there continues to be an increase in risky sexual behavior among adolescents and young adults in Nigeria and this can largely be attributed to the social/cultural environment in the country. The social/cultural environment has been known to influence behavior and this has been exploited by some researchers such as Leo Vygotsky (1978), who propounded the social cultural theory as a response to behaviorism. Vygotsky believed that parents, relatives, peers and society all play an important role in forming higher levels of functioning. He believed that every function in the child's cultural development appears twice: first, at the social level, and later, at the individual level. This means that the skills children learn first are related to interactions with others and they then take that information and use it within themselves (Vygotsky, 1978). For Vygotsky, the environment in which children grow up will

influence how they think and what they think about, individual development cannot be understood without reference to the social and cultural context within which it is embedded, and thus individual behavior have their origin in social processes. Therefore, cognitive development which translates to behavior varies across cultures (Mcleods, 2018). Stemming from the above premise, the social/cultural environment in Nigeria is unique from other environment and as such has its peculiar influences on risky sexual behavior uptake among adolescents and young adults in the country.

Home background and risky sexual behavior

The family environment plays an important role in determining whether those raised in the family will be well-adjusted children, teenagers and finally responsible adults or not. In other words, the family as a social unit performs the initial socialization functions for the child. Children are educated and molded after what is obtained in the family. Many facets of the family have great impact on the children, adolescents included (Orluwene, Ekechuwku, & Ojiugo, 2015) In the adolescent years, the informal context of home environment provides a framework (whether smoothening or constraining) which structures behavior, perhaps in different ways from the formal contexts of the school and influence of groups and associations in the wider environment (Adeboyejo, & Onyeonoru, 2002). Information on household composition is critical for understanding family size in relation to age and sex distribution, educational status, employment status and wealth quintile because it is a determinant of health status and wellbeing. According to the Nigeria Demographic and Health Survey (NDHS) (2013), the broad base of the population pyramid indicates that Nigeria population is young, with an age-sex structure that is approximately the same for the age range of 10-24 years, while the proportion of children under 15 years is around 46 percent. This implies that a vast percentage of the population is still in the developmental stage and thus can be influenced by the home. The factors in the home that can influence adolescents and youths risky sexual behavior in Nigeria include the educational status of the family, employment status and income.

Education

Education is an important determinant of an individual's attitudes and outlook on various aspects of life. In Nigeria, 38 percent of women and 21 percent of men have no education. With respect to wealth, men are more likely than women to be in the fourth and highest wealth quintiles, while women are more likely than men to be in the lowest two quintiles (NDHS, 2013). A way of life involving risks for ill-health is in general more common among people in lower social classes or those with a poorer education. These behaviours include, for example, smoking, excessive alcohol consumption and engaging in high-risk activities and sexual practices (Marmot et al., 1991). In Nigeria, about one in five women and men have completed some primary education (19 percent and 21 percent, respectively). Also, only six percent of women and nine percent of men have more than a secondary education with a large percentage of both men (30 percent) and women (40 percent) having no education. More so households in rural areas are far below their urban counterparts in educational attainment; 54 percent of women in rural

areas and 22 percent in urban areas have no education, and the corresponding rates for men are 40 percent and 14 percent. Across the geopolitical zones, the northeast and northwest lag behind others in educational attainment, with more than 60 percent of women and about half of men having no education (NDHS,2013). These percentages suggest a vast number of uneducated parents in the households in the country. The Nigeria Demographic Health Survey of 2013 also gives age-sex specific attendances rates for adolescents in the country; the age sex specific attendance rate is approximately the same for children age 6; however, at age 16, attendance rates begin to decline with increasing age. This the decline is faster for women than men after 15. This data has far reaching consequences for the country, because limited education has been shown to have impact on the growth and development of nations in practically almost every sector. Research has also shown that illiteracy limits knowledge and practices necessary for self-care, particularly among women, and this has a negative impact on household health (UNESCO, 2006). Parents who are not educated will not have basic scientific knowledge as regards reproductive health risk and thus would not be able to appropriately guide adolescents and young adults on risky sexual behaviours. Among other things, illiteracy increases the likelihood of high-risk sexual behavior, due to lack of awareness regarding sexual and reproductive health, as well as inadequate use of contraception. Unawareness of contraceptive methods increases the likelihood of adult and adolescent pregnancy. Studies have shown that the birth rate declines only among those who have completed primary school or higher levels of education. In addition, schooling helps prevent the spread of disease, provides reliable information on AIDS and encourages the adoption of protective practices (Schearer, 2005).

Employment and Income Status and risky sexual behavior

There are strong reasons to think that families and their economic circumstances in particular, influence children's behaviours (Conger & Conger, 2008). Economic pressure exacerbates negative effects which can take many forms, such as despondency, depression, anger, or aggression. For adolescents, that can mean increases in risky behavior and less development of the sorts of competencies that protect them from those risks. (National Center for Biotechnology Information (NCBI), 2011). From an economic perspective, literacy and schooling have been shown to significantly affect individual income. Income and schooling are strongly correlated; young people who do not complete primary schooling are less likely to obtain jobs good enough to avoid poverty (Goicovic, 2002). Poor families often place work before education, due to the opportunity cost of the latter. The pressing need to work, in order to help support their families, is the chief cause of school dropout among young people. Moreover, the temptation to leave school is increased by the perception that those who complete their education are not rewarded with wages and job prospects. Poor youths are more inclined to leave school as a result (Marinho, 2007).

Unemployment is very common in Nigeria and this has been a problem for many years. The unemployment rate in Nigeria increased to 18.80 percent in the third quarter of 2017 from 16.20 percent in the second quarter of 2017, while the youth unemployment rate in Nigeria increased to 33.10 percent in the third quarter of 2017 from 29.50 percent in the

second quarter of 2017. The youth unemployment rate in Nigeria averaged 21.73 percent from 2014 until 2017, reaching an all-time high of 33.10 percent in the third quarter of 2017 (Trading Economics, 2018). When unemployment becomes as it is in Nigeria, that standard of living begins to go down, with some no longer able to pay bills or even feed their families (Eskay, 2018). The children of families living in poverty are more likely to suffer health conditions and poorer health status, as well as lower access to and use of health care service. In neighborhoods that are characterized by poverty, adolescents tend to have early onset of sexual intercourse, low use of contraception, and high adolescent pregnancy rates (Upchurch, Aneshensel, Sucoff, & Levy-Storms, 1999). This is common among certain communities in the South-south region of Nigeria. Also, because of the pressure of unemployment, some young people emigrate; foreign embassies are jammed with Nigerian youths seeking for visas to get out of the country because of the scourges of unemployment. They leave the country for jobs only to engage in risky sexual behavior like prostitution for both young girls and boys respectively. Furthermore, unemployment increases number of dependents on those that are working, and these dependents often times are young people who constitute the labor force; however, because of their dependence, they are often helpless when they get favors in exchange for risky sexual experimentation (Eskay, 2018).

Peers and risky sexual behavior

A component of that social environment that plays a role in forming an individual's behavior is the peer group. One consistent factor that impacts adolescents' behaviors takes the form of perceived risk behavior among peers (Brechwald & Prinstein, 2011). The peer group is the closest group for an individual and has the potential to influence the individual towards risky behaviors. Adolescents with peer groups that tend towards negative behaviors are more likely to engage in risky sexual behaviours. Peer group environment affects adolescent's behavior and as such without high self-efficacy, individuals tend to be influenced by peer group's behavior. In addition, sex education among adolescents is a controversial issue that is begging to be resolved, while parental aversion towards discussing sexuality issues with their children is becoming increasingly high. Parents are shy to educate their adolescents on sex and sexual behaviours because of the fear that such discussion may stimulate their interest in sex, while others see education as immoral as a result of religious beliefs that discourage adolescents from pre-marital sex (Oluyemi, Yinusa, Abdullateef, Kehinde, & Adejoke, 2017). Thus, many families are shifting their role of educating adolescents on sex to other agents of socialization like schools and peer groups (Olubayo-Fatiregun, 2012).

The most consistent findings in the literature on adolescent sexual activity in Nigeria revealed a strong statistical association between adolescents' self-reported sexual initiation and their perceptions about the sexual activity of their close friends. In a study in Jos by Envuladu, Van de Kwaak, Zwanikken, and Ayuba (2017), from their focus group discussions, peer pressure was a common reason given by all the groups for engaging in sex. Most mentioned that they were influenced by their friends to initiate sex to show that they were matured and caught up with what their friends were doing. Also in a similar study on the correlation between peers and sexual behavior in Anambra

state in Nigeria revealed three-quarters of respondents between 15 and 24 years indicated that their age mates were already sexually active, and 92 % indicated that most of their friends had regular sexual partners. The use of condoms by sexually active friends was reported by 58.5 % of respondents. Almost half (47.1 %) of respondents indicated that they were under pressure by friends to engage in pre-marital sex, and 22.1 % indicated that the pressure was moderate or severe in degree. These findings are consistent with the injunctive norms perspective that adolescents do what they believe their friends think they should do (Bingenheimer, Asante, & Ahiadeke, 2015).

Culture and risky sexual behavior

Culture has a strong influence on development, behavior, values and beliefs. Parents and family life are the foundations for building an adolescent's personality and identity, instilling values and social norms that are the basis for a teen's decision-making process and social behavior. Parenting practices are influenced by culture, and an adolescent's upbringing is affected by the ethnic group, values, and traditions that he belongs to. Teens who come from different backgrounds are influenced by different cultural norms and parental expectations that stem from different attitudes toward values and norms in society. These different social norms may change the rate of development and affect an adolescent's development in terms of individual identity, social behavior, while puberty and the issues of becoming an adult are similar for all teens, what they implicitly emphasize in how they grow differs based on culture (Verial, 2017).

Biological factors alone do not explain women's disparate burden. Their social disadvantages have a detrimental impact on their reproductive health. The status of girls and women in society, and how they are treated or mistreated, is a crucial determinant of their reproductive health. Educational opportunities for girls and women powerfully affect their status and the control they have over their own lives and their health and fertility. The empowerment of women is therefore an essential element for health. (United Nations Population Information Network, 2018). In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable (UNFPA, 2016). Adolescent girls are both biologically and psychosocially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual relations. The trend towards early sexual experiences increases the risk of unwanted and early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, for young women early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on the quality of their lives and the lives of their children (UNFPA, 2016).

Traditional gender roles are based on the unequal distribution of power between men and women, which further aggravates these gender inequalities (Wingood & DiClemente, 2000). It can be argued that traditional gender role-based attitudes reflect individual endorsement and internalization of giving social norms, more power to men

than women, and women to risky sexual situations. Also, men who internalize such social norms may feel pressure to behave in a stereotypical masculine manner which may include having multiple and casual sexual partners, and women may leave the important sexual decisions to men (Shearer, Hosterman, Gillen & Lefkowitz, 2005). Power relations around sex, reproduction, and the complex intersections of gender profoundly affect women's health-seeking behavior and health outcomes (van der Kwaak & Wegelin-Schurmga, 2006). These gender power imbalances in sub-Saharan Africa have been identified as one of the major reasons for unwanted pregnancies, STIs, and feminization of the epidemic of HIV/AIDS.

Studies in Nigeria have proven that socially defined roles and power ascribed to men and women affect the reproductive health of adolescent differently (Makwe & Ahmad, 2014). In Nigerian masculinity is defined by strength, a desire for sex and not allowing oneself "to be dominated by a woman." This traditional model of masculinity encourages men, young and old, to dominate relationships with women. In male-dominated relationships, men may be less likely to accept a woman's request to use a condom or her desire to abstain from sexual engagement entirely, thereby increasing sexual and reproductive health risks for both partners. A young woman's difficulty in negotiating condom use is further exacerbated in cross-generational relationships, which are fairly common in certain parts of Nigeria. The age gap limits a young woman's autonomy and her ability to make decisions, including her ability to negotiate condom use or refuse to have sex with a husband who is known to be unfaithful for have an STI. The inequality faced by Nigerian women on the basis of the gender norm that places the male child above the girl has been reported to affect the ability of women to assert their right to negotiate sex or condom use. This is because of the perceived superiority of the man and the expectations that a female should always submit to the demands of the man. (Oladepo & Fayemi, 2011). Also Envuladu, Van de Kwaak, Zwanikken, and Ayuba (2017) from their study revealed that most men in school reported sexual act as a proof of their manhood and to show their capabilities to friends, while the men out of school mentioned it was an expectation to fulfill as a man.

In addition, ethnic practices may increase the likelihood of HIV infections among young women, for instance, the practice of early marriage in some ethnic groups increases likelihood of infections and obstetric fistula. In Nigeria, 43% of girls are married off before their 18th birthday. 17% are married before they turn 15. The prevalence of child marriage varies widely from one region to another, with figures as high as 76% in the North West region and as low as 10% in the South East (UNICEF, 2016).

Religion and risky sexual behavior

Religion describes a belief system of the people and affects a number of health related outcomes, Religiosity appears to be an important factor in explaining variations in sexual activity and contraceptive usage among adolescents. While adolescents' religious commitment diminishes their propensity to engage in sexual intercourse, it is associated with less effective contraceptive usage among those who do become sexually active (Diddy, 2011). According to Adeyemo and Williams (2009), a significant relationship

exists between religiosity and risky sexual behavior in its relative contribution. Fitzjohn and Eberhart (2000) also found that individuals who attend religious services frequently and who value religion in their lives are probably more likely than others to develop sexual attitudes and behavior that are consistent with their religious doctrines.

Findings in the literature on adolescent sexual activity in Nigeria show a strong statistical association between religion and sexual behavior. Odimegwu (2005), from his study on Influence of Religion on Adolescent Sexual Attitudes and Behavior among Nigerian University Students, he concluded that there was a strong relationship between religiosity and adolescent sexual attitudes and behavior. Most people in Northern Nigeria practice Islam and those in Southern Nigeria practice Christianity (Catholics and Protestants). Contraceptive use is also common among women of all religious denominations. Results from a study on simple relationship between religion and contraceptive use, the odds of current contraceptive use were 3.76 times higher for Christians than for Muslims (Herbert, 2014). However, this difference declined 66% when taking the other variables into account. When considering education level, age, type of residence, region, and desire for more children, the odds of current contraceptive use for Christians were 1.29 higher than Muslims (Herbert, 2014). In another similar study on the interaction effects of ethnicity and religion on current use of contraceptives (CUC), for religion, CUC was significantly lower for the Muslim women (5.6%), and higher for women of Other Christian (26.4%) (Obasohan, 2015). In another study, Onipede (2015), asserted that Religion could not independently predict non-use of modern contraceptives. Women of Islam and Traditional religions were more likely to have never used or not to be using modern contraceptives compared with Catholics and Protestants in 2008. This can be explained by their poorer socioeconomic status relative to Catholics and Protestants. However, Ejembi, Tukur and Aliyu (2015) found lower odds of use of modern contraceptives in the northern zones of country, which is similar to findings from other studies. These findings persisted after individual-level factors were controlled for, tending to suggest the role of contextual community factors in shaping contraceptive behavior in these regions. The northern regions are populated predominantly by Muslims, who have a more conservative culture. Religion may be acting in synergy with other factors to negatively influence uptake of contraceptives. This study confirmed previous findings of the negative association between predominantly Muslim communities and modern contraceptive use.

Conclusion

Reproductive health of adolescents and young adults in Nigeria is of paramount importance if the country is to thrive in its development pace, and also if the country is to meet the sustainable development goal 3 by 2030. However, there are factors in Nigeria social/cultural environment that influence adolescents and young adults sexual behavior and they include; factors in the home, educational status of parents and adolescents and young adults, employment and income status in the home. Also peers, culture and religion also play significant role in the indulgence of risky sexual behavior by adolescents and young adults. Having reviewed these factors in the country, it was

therefore concluded that a socio-cultural environment is a strong predictor of adolescent and young adult sexual risk behavior in Nigeria.

Recommendations

From the premise above, the following recommendations are made:

1. As noted above, one of the most convincing arguments in favor of human resource development is the fact that literacy and increased schooling improve productivity and drive economic growth. Over the last few decades, knowledge has become the key ingredient of the new production paradigm, and education has become an essential factor in the modernization of production systems and the economic behavior of individuals. If income gaps are to be reduced, the coverage and quality of educational systems must be improved and thus Government should do more in the area of affordable and accessible quality education for all at all levels of education.
2. Promotion of mutually respectful and equitable gender relations and, in particular, meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality.
3. Provision and implementation of laws on sexual rights for women which can be helpful to shield them from any sexually transmitted diseases.
4. Government should do more in educating her youths on the consequences of illegal immigration.
5. Planned Parenthood should be advocated for in the country. Parents should be educated on the importance of having children they can take care of in order to avoid these children from become subject to sexual risky behavior for material or financial gain.
6. The government should provide more jobs and employment opportunities so as to reduce dependency of a lot of young adults because better distribution of income will also facilitate greater social cohesion.
7. Adolescents and young adults should be molded to have an internal sense of health locus of control.
8. Youth friendly services should be made available in every local community to ensure adolescents and young adults get the right information on sexuality and not from their peers.
9. Having recognize that religious affiliation impart on sexual behavior either negatively or positively, it is imperative that religious leaders should play a major role in clarifying any misconceptions within their tenets and exploring those that promote healthy sexual living among adolescents and young adults.

References

- Adeboyejo, T. I. & Onyeonoru, I. P. (2002). Aspects of home environment and adolescent sexual behavior in South Western Nigeria. *African Population Studies*, 20(1), 45-58. <https://doi.org/10.11564/20-1-386>
- Adeyemo, D. A. & Williams, T. M. (2009). Some correlations of risky sexual behavior among secondary school adolescents in Ogun State, Nigeria. *Child and Youth Services*, 31, 53-69. <https://doi.org/10.1080/01459350903505587>
- Bingenheimer, J. B., Asante, E. & Ahiadeke, C. (2015). Peer influences on sexual activity among adolescents in Ghana. *Studies in Family Planning*, 46(1), 1-19. <https://doi.org/10.1111/j.1728-4465.2015.00012.x>
- Brechwald, W. A. & Prinstein, M. J. (2011). Beyond homophily: A decade of advances in understanding peer influence processes. *Journal of Research on Adolescence*, 21(1), 166-179. <https://doi.org/10.1111/j.1532-7795.2010.00721.x>
- Conger, R. D. & Conger, K. J. (2008). Understanding the process through which economic hardship influences families and children, Handbook of families and poverty. Crane, D. R., Heaton, T. B. (Eds), C.A. Sage Thousand Oaks.
- Diddy, A. (2011). Inequalities in under 5 mortality in Nigeria, Do ethnicity and socio-economic position matter? *Journal of Epidemiology*, 21(1), 13-20. <https://doi.org/10.2188/jea.JE20100049>
- Ejembi, C. L., Tukur, D., & Aliyu, A. A. (2015). Contextual factors influencing modern contraceptive use in Nigeria. DHS working papers No. 120. Rockville Maryland, USA: ICF International.
- Envuladu, E. A. Van de kwaak, A., Zwanikken, P., & Ayuba, I. A. (2017). Exploring the factors influencing adolescent sexual behavior in Plateau State Nigeria. *American Journal of Medicine and Medical Science*, 7(1), 1-6.
- Eskay (2018). 10 effects of unemployment on Nigeria's economic development. Info guidenigeria.com. <https://infoguidenigeria.com>. Accessed 3/9/18.
- Fitzjohn, P. & Eberhart, P. (2000). Emotional intelligence. New York: Bantam Books.
- Goicovic, I. D. (2002). Education, school dropout and youth labour integration. Last decade Chile, Centre for Social Studies, www.redalyc.org. accessed 27/8/18.
- Guttmacher Institute (2008). In brief: reducing unsafe abortions in Nigeria, Washington SC.
- Herbert, A. (2014). Christian-Muslim disparity in contraceptive use in Nigeria. www.paa2014.princeton.edu. Accessed 25/08/18.

- Johnson, A. (2011). Multicontextual influencing high risk behavior among college students haverne. Um dissertation publishing.
- Makwe, E. & Ahmad, H. A. (2014). Attitude, sexual behavior and risk perception to sexually transmitted infections including HIV/AIDS among students of University of Abuja, Nigeria. *British Journal of Education, Society and Behavioural Science*, 4(3), 350-361. <https://doi.org/10.9734/BJESBS/2014/6103>
- Marinho, M. L. (2007). The missing link between education and employment: Analysis on the perception of low income urban youth in club Santiago de Chile, Cepal.
- Marmot, M. G., Davey, S. M., Stansfield, S., Patel, C., North, F., Head, J., White, I., Brunner, E. & Feeney, A. (1991). Health inequalities among civil servants: The white hall II study handout, (337), 1387-1393. [https://doi.org/10.1016/0140-6736\(91\)93068-K](https://doi.org/10.1016/0140-6736(91)93068-K)
- Mcleods, S. A. (2018). Lev Vygotsky Retrieved from <https://www.simply psychology .org/vygotsky.html>.
- National Centre for Biotechnology Information (2011). The science of adolescent risk taking: Workshop report. The influence of environment. www.ncbi.nlm.nih.gov/books/NBK53409. Retrieved 29/8/18.
- Nigeria Demographic Health Survey (2013).
- Obasohan, P. E. (2015). Religious, ethnicity and contraceptive use among reproductive age women in Nigeria. *International Journal of Maternal and Child Health and AIDS*, 3(1), 63-73. <https://doi.org/10.21106/ijma.39>
- Odimegwu, C., & Okemegbo, C. N. (2008). Men's perception of masculinities and sexual health risks in Igbo land, Nigeria. *International Journal of Men's Health*, 7(1), 21-40. <https://doi.org/10.3149/jmh.0701.21>
- Odimegwu, C. & Somefun, O. D. (2017). Ethnicity, gender and risky sexual behavior among Nigeria youth: An alternative explanation. *Reproductive Health, NCBI*, 14(16). <https://doi.org/10.1186/s12978-017-0284-7>
- Odimegwu, C. (2005). Influence of religion on adolescent sexual attitude and behavior among Nigerian University Students. Affiliation or Commitment? *African Journal of Reproductive Health*, 9(2), 125-140. <https://doi.org/10.2307/3583469>
- Okonkwo, P. I., Fatusi, A. O., & Uika, A. L. (2015). Perception of peers behavior regarding sexual health decision making among female undergraduates in Anambra State. *African Health Sciences*, 5(2), 107-113.

- Oladepo, O. & Fayemi, M. M. (2011). Perceptions about sexual abstinence and knowledge of HIV/AIDS prevention among school adolescents in a Western Nigerian City. *BMC Public Health*, 11(1), 304. <https://doi.org/10.1186/1471-2458-11-304>
- Olubayo-Ftiregun, M. A. (2012). The parental attitude towards adolescent sexual behavior in Akoko-Edo and Etsako West Local Government Area of Edo State Nigeria. *World Journal of Education*, 2(6). <https://doi.org/10.5430/wje.v2n6p24>
- Oluyemi, J. A. Yinusa, M. A., Abdullateef, R. Kehinde, K., & Adejoke, J. (2017). Parental influence on adolescent sexual behavior among secondary school students in Ogbomosho, Nigeria. *African Journal of Social Works*, 7(1), 37-43.
- Onipede, W. (2005). Religious influence on non-use of modern contraceptives among women in Nigeria: Comparative Analysis of 1990 and 2008. *NDHS Journal of Biosocial Science*, 47(5), 593-612. <https://doi.org/10.1017/S0021932014000352>
- Orluwene, G. W., Ekechukwu, R., & Ojugo, A. B. (2015). Impact of family dysfunction on indiscriminate sexual behavior of adolescent students of Unity schools in South South Zone of Nigeria. *European Journal of Research and Reflection in Educational Sciences*, 3(3), 55-62.
- Shearer, C. L., Histerman, S. J., Gilen, M. M., & Lepkowitz, E. S. (2005). Are traditional gender role attitudes associated with risky sexual behavior and condom related beliefs. *Sex Roles*, 52(5), 311-324. <https://doi.org/10.1007/s11199-005-2675-4>
- Slogrove, A. L., Schomaker, M., Davies, M. A., Suna, B., Jihane, B. F., Nancy, C.... & Leroy, V. (2018). The epidemiology of adolescents living with prenatal acquired HIV across region global cohort analysis. *Plos Medicine*, 15(3). <https://doi.org/10.1097/COH.0000000000000449>
- Trading Economics (2018). Nigeria unemployment rate 2006-2018. <https://tradingeconomics.com/nigeria/enemploymentrate>. Accessed 3/9/18.
- Uchurch, D. M., Anestrensens, C. S., Sucoff, C. A., & Levy-Storms (1999). Neighbourhood and family contexts of adolescent sexual activity. *Journal of Marriage and Family*, 61, 920-933. <https://doi.org/10.2307/354013>
- UNESCO (2016). Why literacy matters in UNESCO (Eds) Education For All. Literacy for life, pp. 135-145. Paris: UNESCO Publishing.
- UNFPA (2014). Adolescent reproductive health. www.unfpa.org. accessed 29/8/18.
- UNFPA (2016). Sexual and reproductive health. www.unfpa.org. accessed 26/8/2016.
- UNICEF (2016). Adolescent health. <https://www.unicef.org>. accessed 28/8/18.
- UNICEF (2017). Statistical tables.

- United Nations Population Information Network (UNPIN) (2018). Guidelines on reproductive health. <http://www.undp.org/popu>. Accessed 27/8/18.
- Vander Kwaat, A. & Wegelin-Schuringa, M. (2006). *Gender and health: Policy and Practices: A global sourcebook*. Amsterdam KIT Publishers. <https://doi.org/10.3362/9780855987268>
- Verial, D. (2017). How cultural differences influence adolescent development. *Livestrong.com*. www.livestrong.com, accessed 26/8/2018.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher processes*. Cambridge, M. A: Havard university press.
- Wikipedia (2013). <https://simple.wikipedia.org/w/index.php?socialculturaltheory&olded=5740863>. Retrieved 6/7/18.
- Wingood, G. M. & Diclemente, R. J. (2000). Application of the theory of gender and power to examine HIV related exposures, risk factors and effective interventions for women. *Health Education & Behavior, 27(5)*, 539-565. <https://doi.org/10.1177/109019810002700502>
- World Health Organization (2017). Adolescents sexual reproductive health. www.searchwho.int. accessed in Nigeria Washington DC.
- World Health Organization (2018). Adolescents Health risk and solutions.