



Risky Sexual Behaviour among New Undergraduate Students in Nigeria: Roles of Broken Homes and Socio-Demographic Characteristics

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Abstract

The role of broken homes and social-demographic characteristics as determinants of risky sexual behaviour among young people, particularly new students of higher institutions in Nigeria have not received the much-needed attention. In this light, this study examines risky sexual behaviour among new undergraduate students in Nigeria, with a particular focus on broken homes and the socio-demographic characteristics. Two hundred and thirty-five (235) new undergraduate students of Nasarawa State University, Keffi were included in this study. Of these, 128 (54.5%) were male and 107 (45.5%) were female. In this study, a cross-sectional survey design was used. For the study, three (3) hypotheses were tested at 0.05 level of significance of which results shows that broken homes significantly and positively predicted risky sexual behaviour ($\beta = -.323$, $t = -2.967$; $p < .01$). Broken households positively contributed to 31.3% of the difference in risky sexual behaviour, according to the observation of beta weight. Additionally, the findings showed that age, gender, and broken households all independently and collectively predicted risky sexual behaviour [$R = .427$ and $R^2 = .182$, $F(3, 79) = 5.876$; $p < .01$]. The final finding asserts that religion had no discernible influence on risky sexual behaviour [$F(1, 83) = .000$; $p > .05$]. While the study concluded that among the new undergraduate students in Nigeria, a broken home was a strong predictor of risky sexual conduct. In light of this, the study advocated stepping up efforts to deter dangerous sexual behaviour through strong laws and policies, and by extension, identifying students who exhibit symptoms suggestive of dysfunctional upbringing for treatment.

Keywords: Risky sexual behaviour, religion, socio-demographic characteristics, New undergraduate students,

Introduction

Psychologists and social scientists from all over the world have noted that risky sexual behaviour has been extensively studied for decades, just like other troubling behaviours among adolescents. Of course, there has been a profusion of media attention and publications on adolescents who engaged in risky sexual activity while at school. Adolescent undergraduate students have been

reported as one of the groups at higher risk for HIV infection and other risky sexual behaviours throughout the world (Atilola et al., 2010; Azuonwu et al., 2011; Delany-Moretlwe et al., 2014; Ishtiaq, Asif et al., 2017; Maarefvand et al., 2016; Sawal et al., 2016; Singh & Joshi, 2012; Ugoji, 2014; Nwasor et al., 2020). This claim is supported by research showing that first-year students frequently engage in unprotected sex with commercial sex workers (CSW), casual

sexual relationships, heavy alcohol consumption before sex, and other sexual risk behaviours (Aral & Holmes, 2006; Matovu & Sebadduka, 2014; Pandey et al., 2008; Sawal et al., 2016; Sunmola, 2005; Hall, 1990).

Studies have shown that sexual risk behaviour affects young people's lifestyles and has a variety of negative effects (Maarefvand et al., 2016; Sawal et al., 2016), but its prevalence is increasing due to a variety of factors, including a lack of knowledge about young people's sexuality (Ugoji, 2014; Nwasor et al., 2020). According to the UNAIDS estimate from 2013, there were 35 million individuals living with human immunodeficiency virus (HIV) worldwide, and young people between the ages of 15 and 24 were responsible for almost 33% of new HIV infections. According to the World Health Organisation (WHO) report, 333 million new cases of sexually transmitted infections (STIs) are reported annually worldwide, with at least 111 million of these infections affecting individuals under the age of 25 (Dadi & Teklu, 2014; WHO, 2018). University students in this age group are exposed to risky sexual behaviours like unprotected sexual intercourse that can result in HIV, other STIs, and unwanted pregnancies (Imaledo et al., 2012; Odeigah et al., 2019; Odimegwu et al., 2019). Adolescents in Nigeria (aged 18-35) represent one of the country's largest groups, making up about 35% of the population. Due to their age, the yearning to experience life, peer pressure, and the lack of preventive initiatives, students are more susceptible to problems with wider sexual and reproductive health as well as HIV/AIDS. The ability to live freely away from home allowed students to engage in sexual activity with a variety of partners without worrying about social rejection from their peers or the wider community. (Imaledo et al., 2012). This suggests that having a dangerous sexual lifestyle at universities is socially acceptable. Peer pressure, financial difficulties, and a lack of youth-friendly recreational facilities, along with the fact that they primarily reside on campuses with no borders or security, may make their dangerous behaviours even worse (Ayoade et al., 2015; WHO, 2018; World Health Organization, 2019; Jibril & Kibru, 2020). Similarly, teenagers who

engage in sexual activity in dangerous settings run the risk of developing numerous sexual and reproductive health issues (Isiugo-Abanihe, 1993). These have severe repercussions and can occasionally cause people to pass away too soon (Akinleye & Onifade, 1996). According to Slap et al. (2003), one-third of all teenagers in poor nations reside in Nigeria, and a large number of them are at risk of contracting STIs, HIV, and other side effects of unsanitary sex. In South-Eastern Nigeria 17% of teenagers demonstrate STI and HIV prevalence, while 32% underwent unsafe abortions (WHO, 2011). Additionally, numerous research in Nigeria demonstrates that premarital sex between adolescents and adults occurs before the age of 18 and that early sexual activity is linked to poorer results for sexual health (Akinleye & Onifade, 1996; Ayoade et al., 2015). The promotion of healthy behaviours and the prevention of risky sex among teenagers are crucial for the country's future health and the achievement of the Sustainable Development Goals (SDG) of 2030, which is why studies on adolescents' sexual behaviours are significant. Additionally, it is essential to comprehend the full range of risky sexual behaviours that young people engage in, to develop effective interventions to prevent and control sexually transmitted infections, including HIV (Jibril & Kibru, 2020). This requires a substantial amount of research, which is scarce in reality but has a significant impact on instilling moral behaviour in the nation as a whole and in the context of students at Nasarawa State University in particular. As a result, this study examined how socio-demographic characteristics and broken homes predicted risky sexual behaviour among new undergraduate students at Nasarawa State University in Keffi, Nigeria. Thus, the following are the study's specific objectives:

1. To ascertain the significance and positive prediction of broken homes on risky sexual behaviour among selected new undergraduate students of Nasarawa State University, Keffi, Nigeria.
2. To evaluate the significance and positive independent and joint effect of broken homes, age, and gender on risky sexual behaviour among selected new

undergraduate students of Nasarawa State University, Keffi, Nigeria.

3. To examine the significant and positive influence of religion on risky sexual behaviour among selected new undergraduate students of Nasarawa State University, Keffi Nigeria.

Hypotheses

Based on the several reviews of studies, the following hypotheses were tested for the present study:

1. Broken Homes will significantly and positively predict risky sexual behaviour among selected new undergraduate students of Nasarawa State University, Keffi, Nigeria.
2. There will be significant independent and joint effects of broken homes, age, and gender on risky sexual behaviour among selected new undergraduate students of Nasarawa State University, Keffi, Nigeria.
3. Religion will have a significant influence on risky sexual behaviour among selected new undergraduate students of Nasarawa State University, Keffi Nigeria.

Literature Review

Risky Sexual Behaviours

Sexual risk behaviours are sexual behaviours that have the potential to harm a person physically, psychologically, or socially (Meader et al., 2016). The biological behaviours associated with STIs, unprotected sex, early sexual relationships, and unintended pregnancy have been the ones that have been investigated the most (Benotsch et al., 2013). The WHO believes that more than 1 million STIs are contracted every day, thus it has stated that the policies in place to regulate these behaviours are insufficient (WHO, 2019). Risky sexual behaviours include those that young people engage in, such as having sex without using a condom, having several sexual partners, and having sex for reward (Eaton et al., 2010). The values, mores, religiosity, and cultural orientations of the person sending or receiving the sex all have an impact on it. According to studies (Barker et al., 2014; Ybarra et al., 2012; Benotsch et al., 2012), people who initiate and engage in sexual behaviour run a higher risk of doing so

than people who do not (Barker et al., 2014). Similar to WHO (2019, 2018), sexual risk behaviours are defined as sexual activities that put a person at risk of contracting HIV and other STIs. Examples include unprotected sex, early sexual debuts, drinking or using drugs before sexual activity, having multiple partners, engaging in sexual activity for reward, not using a condom, and using commercial sex workers. According to them, high-risk sexual behaviours frequently lead to outcomes like unintended pregnancy and STIs. Studies have also shown a link between high-risk sexual behaviours among young people and depression, suicidal thoughts, and suicide attempts, particularly those related to early sexual activity, multiple sexual partners, and sexual abuse (Ugoji, 2013; Odimgwu et al., 2019; Isiugo-Abanihe, & Oyediran, 2004).

Sexual risk behaviours are defined by Akinleye and Onifade (1996) as sexual behaviours that put a person at risk for sexual transmitted diseases (STDIs) such as the human immunodeficiency virus (HIV) and unintended pregnancies. Teenagers have a significant chance of engaging in sexually risky behaviour. According to Kalina (2012), RSB refers to those who exhibit behaviours that endanger their sexual health. These behaviours, according to Kalina, include early sexual debut, indiscriminate sexual partnering, inconsistent or disrespectful use of protection during sex, and compulsive sexual participation, among others. Ilesanmi, et al. (2014) referred to this by proposing that risky sexual behaviour is characterized by the display of non-normative behaviours such as casual unprotected sex, early sexual initiation, sex with several partners, sex for financial reward, and so forth. These foretell negative outcomes include teen parenting, unintended pregnancies, and the possibility of sexually transmitted infections (STIs). While the Centers for Disease Control and Prevention (CDCP) defined risky sexual behaviour as a behaviour that increases one's risk of contracting Sexually Transmitted Infections (STIs) and experiencing an unintended pregnancy, Glen-Spyron (2018) found that the most frequently used definition of risky sexual behaviour was unprotected vaginal, oral, or anal intercourse. The consequence is that some student behaviours and actions can put them at higher risk

of STIs, including HIV and unintended pregnancy unless proper higher institution-based interventions are implemented to stop the practice (Glen-Spyron, 2018).

Broken Homes

As different academics have varied ideas about this topic, the idea of broken homes is prevalent in literature. Boye-Laryea (2012) defines a broken household as one where one parent has passed away, where the parents have separated or divorced, or when one or both parents must be away for an extended period. In cases where husbands and wives are no longer cohabitating as a couple, the phrase "broken homes" is used. When there is a lack of affection, understanding, and emotions of insecurity among the family members, it is sometimes claimed that the family is broken. A family that has been shattered by death, divorce, or separation due to marital strife or other equally strong reasons is again considered to have a fractured house. Some academics also contend that long-term marital separation, divorce, or the passing of one or both parents are causes of broken homes. A broken household also includes emotional and psychological separations among family members who are physically residing under the same roof but are unable to get along for one reason or another. Divorce, separation, and desertion are examples of shattered homes that have been seen in contemporary society, according to Afful-Broni (2005). Colcord (1919) defined a broken household as one where one or both parents have left the home due to a parent's passing, divorce, desertion, separation, or extended absence. According to Polanen (1990), even though a broken household is typically understood to be one where one parent has left due to some circumstance, a home can still be damaged while both parents are still there. She contends that a couple's home is broken and turns into a house with roommates if there is no contact, interaction, or investment in one other's life. As a result of the foregoing, a house is said to be shattered when the couple that makes up it (i.e., the husband and wife), regardless of whether they physically reside together, ceases to live together functionally as an integrated unit. The chain of connection and communication that ought to exist

amongst family members as a single, integrated unit is mostly nonexistent in such a home. This supports Saheed's (1988) assertion that a broken home is one when all of the family members are either separated or divorced. It comprises a family that has been shattered by a parent's abandonment, divorce, or separation. Numerous studies on adolescents' risky sexual behaviour have identified a variety of factors that can be categorized into three main categories: psychological (extroversion, mental health, self-respect, and religiosity), behavioural (smoking, alcohol use), and social (family structure, parental monitoring and support) (Muche, 2017; WHO, 2019). According to Linbee, et al. (2000), family breakdown, the absence of a biological father following a divorce or separation, and poor parent-child interactions, particularly during early childhood and maturation, are factors that contribute to earlier menarche, earlier sexual activity, and a higher frequency of teenage pregnancies. There are connections between family structure and sexual initiation, according to additional research. Single parenthood and early sexual initiation have been linked, and vice versa, according to research (WHO, 2011). While a British study discovered that men from single-parent homes were 50% more likely than men from two-parent families to have started sex before the age of 17. In comparison to young males whose parents were divorced, young men reared in two-parent households had an average age of first sex that was two years higher (Afful-Broni, 2005). Lennhoff (1979) proposed that many of the children of delinquents in society today are the offspring of broken homes. He went on to say that this is the case because parents are unable to provide their kids with essential affection, guidance, and monitoring. Children who lack parental guidance undoubtedly succumb quickly to powerful peer pressure. These kids might easily start smoking and enlist in covert cults. Some girls may find comfort and contentment in the arms of a lover who eventually causes them to get pregnant or breaks their hearts. The child who lives in the shadow of a shattered household will be perplexed by comings and goings (Morrish, 1972). It is frequently claimed that several disadvantaged kids show signs of an undeveloped conscience and potential.

Socio-demographic Factors and Risky Sexual Behaviour

We have identified some important socio-demographic markers of risky sexual behaviours based on previous research. The age, gender, and religious affiliation of these factors are included. There are differences of opinion regarding religion in this area. For instance, Young and Denny (2005) asserted that the majority of traditional religions (including Christianity, Islam, Buddhism, Hinduism, and others) vehemently condemn permissiveness, adultery, and premarital sex. In the Owusu (2011) study, it was shown that religiousness was significantly ($P=0.05$) connected to many sexual partnerships among females at both the bivariate and multivariate levels of analysis. Additionally, Rohrbaugh and Jessor (1975) believed that religion produces social control through four pathways: (a) by enmeshing the individual in an "organized sanctioning network that is supportive of conventional activities and opposed to unconventional ones, (b) by making the individual sensitive to moral issues and acceptable standards of behaviour, (c) by offering a deity as a source of punishment and wrath, and (d) by fostering devoutness, thus creating a sense of community. Following this, the study by Odimegwu (2005) employing 1,153 campus-based adolescents aged 10 to 24 years revealed a significant correlation between adolescent sexual views and behaviour and religiosity. Owusu (2011) published a similar study, utilizing 1026 adolescents in the Lagos metropolis between the ages of 12 and 19, and the results showed that religiosity is substantially correlated with many sexual partnerships. Similar studies in other circumstances revealed that men's sexual debut was postponed by religious attendance (Jessor et al., 1986). Additionally, Crockett, et al. (1996) discovered that females were more likely to postpone their first sexual experience if they frequently attended religious services. Additionally, according to multiple research (Baier & Wright, 2001; Brewster et al., 1998; Meier, 2003; Rostosky et al., 2004), religious teenagers are less likely to participate in dangerous sexual behaviour. However, by discouraging young people from using condoms—both at the individual level (the

acceptance of faith-based norms) and societal level (the lack of access to thorough sex education and STI testing), religious norms may also increase vulnerability to unfavourable sexual and reproductive health outcomes. Malinakova, et al. (2019) used a sample of 4566 between 14.4 and 11 years old with 48.8% boys of teenagers to examine the connections between spirituality and religious attendance (RA) and health-risk behaviour (HRB) in a secular society. The prevalence of sexual activity as well as RA, spirituality, cigarette, alcohol, cannabis, and drug usage was assessed. The results showed that teenagers are only shielded against HRB by high spirituality if it is coupled with RA. In a related study, (Sinha et al., 2007) used three measures of religiosity and risk behaviours, gathering data from parents or caregivers on their children's involvement in religious activities. The study, which used a sample of 2104 teenagers (aged 11 to 18), found that youth who believe religion is important engage in religious worship and activities. It also found that perceived religious importance and involvement in religious activities were linked to fewer risky behaviours, such as smoking, drinking, truancy, sexual activity, marijuana use, and depression. However, according to some (Mott et al., 1996), attendance was only a predictor when the teenagers' male peers also attended religious events. For men, non-significant results were found by another research (Miller et al., 1997). Studies on the topic of gender have revealed a link between the two, with men being more likely than women to participate in dangerous sexual behaviour (WHO, 2019). Sinha, et al. (2007) found that gender influences risky sexual behaviour; males were more likely to engage in the non-use of condoms during sex and having sex with an unknown person on their first night, according to their cross-sectional study of the determinants of risky sexual behaviour among young adults who were born abroad and in Sweden. In addition, a study by Udigwe et al. (2014) examining risky sexual behaviours and risk factors for HIV/AIDS infection among private college students in north-western Ethiopia discovered that male respondents were more than four times as likely to have many sexual partners than female respondents.

The National Population Commission (2014) found that women are less likely than men to have many sexual partners. Compared to less than 40% of young women, more than 80% of sexually active young men reported having many partners in the previous year. This can be a result of the culturally established gender roles that distinguish between the sexuality of men and women. These results are consistent with the subcultural concept (African Union, 2015), which holds that female non-marital sexual behaviour is severely punished and that males hold positions of authority and control. The idea that men's sexual impulses are "irrepressible" is one of the gender norms that significantly contribute to the promotion of many sexual relationships. In their study of female adolescents, Udigwe et al. (2014) also found that the proportion of girls aged 16 to 17 who had ever had sex was the highest. They also discovered that low socioeconomic position and living apart from one's parents were factors connected to the propensity for early sexual debut and other RSBs. We did not anticipate our results to show that males had a later age at sexual debut compared to females because, as mentioned earlier, some research suggests that young men between the ages of 15 and 24 are more inclined to demonstrate their masculinity by engaging in early sexual debut. Young women in Nigeria may believe that having early sexual engagement affirms their femininity, which is one possible explanation for this finding (WHO, 2011). It might also be the outcome of child sexual exploitation of girls (WHO, 2018), sexual assault of women (Mott et al., 1996), and patriarchal cultures that support child marriage (Ugoji, 2014). Age may therefore affect sexual behaviour. On that topic, research has indicated that younger teenagers are more likely to contract HIV due to their propensity for unprotected sexual activity (Linbee et al., 2000). According to Atama, et al. (2020), young teens are less likely than older youth to know about and have access to contraceptive methods. This may account for the low rates of contraceptive use at first sex. Other researchers agree that older youth should be associated with protective sexual behaviours because they are more likely to have better knowledge and experience, which may affect their condom/contraceptive behaviour (Ugoji, 2014). Further, given that adolescence and young

adulthood are times of sexual experimentation, the overrepresentation of younger age groups in sexual risk behaviours is expected (Odimegwu & Adedini, 2013).

Methods

Research Design

In this study, a cross-sectional survey design was used. The main goal was to empirically study how socio-demographic factors and unstable families affected first-year undergraduate students at Nasarawa State University in Keffi, Nigeria, who engaged in risky sexual behaviour. Additionally, this strategy was used since data from all study participants were gathered simultaneously. Broken households, gender, age, and religion were all independent variables in the study. The dependent variable is risky sexual behaviour.

Research Setting

This study was conducted among first-year undergraduates at Nasarawa State University in Keffi. All nine (9) faculties were taken into consideration. Social science, agriculture, applied science, arts, administration, education, law, environmental science, and health science are some of them. The requirement for greater coverage and representation for the study led to the selection of this research environment.

Participants, Sample and Sampling Technique

Using the multistage sampling technique, participants for the study, which included 235 newly accepted students from the aforementioned faculties, were chosen. Their demographic characteristics indicates that those aged 18 to 30 (59.57%) are considered young, whereas those aged 31 and older (40.43%) are considered old. Male undergraduate students made up 128 of the respondents (54.5%), while female undergraduate students made up 107 of the respondents (45.5%). Conclusively, 168 (71.8%) were single, 58 (24.68%) were married, and 9 (3.8%) were divorced or separated.

Instruments

The study's instrument for gathering data was a structured questionnaire. Socio-demographic information and standardized scales with respectable psychometric qualities made up the

questionnaire. The following scales were included in the questionnaire: Participants' socio-demographic data, including age, gender, marital status, ethnicity, and religion, were gathered in Section A of the questionnaire. The 6-item Sexual Risk. The SRBS gauges how sexually risky adolescents have been acting over the previous three months. Examples of items on the scale are "I have consumed alcohol heavily before having sex in the last three months" and "I have engaged in casual sexual activity with a friend I just met in the last three months." The scale uses a 4-point Likert answer system, with 1 being never and 4 being always. There was no backward scoring for any of the scale's items. The behaviour Scale (SRBS), created by Lawal (2013), was used to assess Section B of the research instrument. Respondents with a mean score of 15.64 or above on the scale exhibit increased sexual risk behaviour, whereas those with a score below the mean do so. The authors claimed a psychometric property of 0.78, but in the current investigation, a pilot study with 50 participants produced a Cronbach Alpha of 0.88. This suggests that the device is trustworthy. The study's independent variable (broken homes), which was created by Boye-Laryea (2010) to identify child-broken households, was explored in Section C of the questionnaire. The scale comprises five items, each with a point value from 1 to 5, with 5 being the strongest agreement. The author reported a two-week test-retest reliability value of 0.78 and a Cronbach's alpha range of .87 to .90.

Procedure

Undergraduates at Nigeria's Nasarawa State University in Keffi participated in the study. The selection of this location was influenced by the proximity, convenience, and diversity of the students. Purposive sampling strategies were used to distribute questionnaires to the undergraduate students of the aforementioned school. The study's objectives were explained to the chosen participants to uphold study ethics. The following participants were also made aware that the data collected would be kept in strict

confidence and used only for research. The participants were also instructed to be honest in their comments because there was no right or incorrect response. Consequently, due to the sampling techniques and the mobility of the students, the data collection period required 4 weeks. 245 questionnaires were given out, 235 of which were returned, with 45 students declining to participate. According to the number of questionnaires found, 95.9% of the total distributed questionnaires were answered. However, 235 questionnaires that were correctly filled out were employed for data analysis in this study based on the sample size calculation.

Statistical Analyses

The SPSS Statistics version 26 program was used to enter and analyze the study's data. In the study, we calculated both descriptive and inferential statistics. The participant's demographics were described using descriptive statistics including frequencies, means, standard deviations, and percentages. To assess the study's hypotheses, multiple regression was used. Multiple regression analysis was employed to examine hypotheses one and two. The researchers can thus examine the independent and combined contributions of predictor factors to criterion variables. The third hypothesis was examined using analysis of variance (ANOVA), and all three were tested with a 0.05 level of significance.

Ethical considerations

The goals of the study were disclosed to all study participants. This reassured the respondents that the study's only goal was academic. The confidentiality and identity of the participants were further assured by the researcher. The participants willingly participated. More specifically, security and safety were other ethical factor.

Results

The study's findings are presented in this section following the tested hypotheses and interpretations that are provided after each table.

Table 1: Frequency table showing the participants' demographic characteristics.

Items	Group	Frequency	Percentage
Age	18 -- 30	140	59.57
	31 and above	95	40.43
	Total	235	100.00
Gender	Male	128	54.5
	Female	107	45.5
	Total	235	100.00
Marital Status	Single	168	71.48
	Married	58	24.68
	Divorced	9	3.8
	Total	235	100.00
Religion	Islam	130	55.31
	Christianity	105	46.68
	Total	235	100.00
Ethnicity	Hausa	171	72.76
	Yoruba	43	18.29
	Ibo	21	8.93
	Total	235	100.00

Hypotheses Testing

Hypothesis One

This hypothesis stated that broken homes significantly and positively predict undergraduate

students' sexual behaviour at Nasarawa State University, Keffi, Nigeria. This hypothesis was tested using linear regression analysis and the result is presented in Table 2.

Table 2: Summary of Linear Regression Analysis Showing the Influence of Broken Homes on Sexual Behaviour among Undergraduate Students of Nasarawa State University, Keffi Nigeria.

DV	Predictor(s)	β (Unstandardized)	β (Standardized)	t	p
Sexual Behaviour	Constant	79.930		11.016	<.01
	Broken Homes	-.955	.313	2.967	<.01

p<.01

Table 2 shows that there was a significant relationship between broken households and risky sexual behaviour among Nasarawa State University's undergraduate students in Keffi, Nigeria ($\beta = -.323$, $t = -2.967$; $p < .01$). Broken households positively explained 31.3% of the variation in risky sexual behaviour, according to the observation of beta weight. This finding verified the significance of hypothesis one, which predicted that "broken homes will significantly and positively predict fresh undergraduate students' risky sexual behaviour in the study".

Hypothesis Two

This hypothesis stated that broken homes, age and gender jointly and independently predict risky sexual behaviour among undergraduate students at Nasarawa State University, Keffi Nigeria. This hypothesis was tested using multiple regression analysis and the result is presented in Table 3.

Table 3: Summary of Multiple Regression Analysis Showing the Joint and Independent Prediction of Broken Homes, Age and Gender on Risky Sexual Behaviour among Undergraduate Students of Nasarawa State University, Keffi Nigeria

DV	Predictor(s)	β	T	P	R	R ²	F	df	P
Sexual behaviour	Broken Homes	.254	2.445	<.05	.427	.182	5.876	3, 79	<.01
	Age	-.215	-2.071	<.05					
	Gender	.189	1.849	>.05					

p<.01

Table 3 shows that undergraduate Nasarawa State University, Keffi students who come from broken households are more likely to engage in risky sexual behaviour [R=.427 and R²=.182, F(3, 79) = 5.876; p.01]. The three predictor factors (broken households, age, and gender) significantly and collectively accounted for 18.2% of the total variation seen in risky sexual behaviour among students, as demonstrated by the observation of the coefficient of determination (R² =.182). This finding led to the acceptance and confirmation of the significance of hypothesis two, which stated that "broken homes, age, and gender will significantly and jointly influence sexual behaviour among undergraduate students in Nasarawa State

University, Keffi Nigeria." On an independent basis, broken homes (β =.254; t = 2.445; p.05) and age (β = -.215; t = -2.071; p.05) were found to independently predict risky sexual behaviour among the sample populations; gender (β =.189; t = 1.849; p>.05) was not found to be a significant independent factor.

Hypothesis Three

This hypothesis stated that religion significantly influences risky sexual behaviour among undergraduate students of Nasarawa State University, Keffi Nigeria. This hypothesis was tested using a one-way analysis of variance (ANOVA) and the result is presented in Table 4.

Table 4: Summary of one-way analysis of variance (ANOVA) showing the influence of religion on risky sexual behaviour among undergraduate students of Nasarawa State University Keffi, Nigeria.

Sources of Variation	Sum of Squares	df	Mean Square	F	Sig
Between Groups	.031	2	.031	.000	.984
Within Groups	6104.392	233	73.547		
Total	6104.424	235			

p>.05, df=233

Table 4 shows that there was no discernible relationship between religion and risky sexual behaviour among Nasarawa State University's undergraduate students in Keffi, Nigeria [F (1, 233) =.000; p>.05]. This finding led to the rejection of hypothesis number three, which claimed that "religion will significantly influence risky sexual behaviour among undergraduate students of Nasarawa State University, Keffi, Nigeria."

Discussion

This study's major goal was to find out how socio-demographic factors and broken homes influenced undergraduate students at Nasarawa State University in Keffi, Nigeria, who engaged in risky sexual behaviour. The research found that broken households significantly predicted hazardous sexual behaviour among sample populations (β = -.323, t = -2.967; p.01) and observed beta weight (β = -.323), indicating that broken homes positively accounted for 31.3% of the variation in risky sexual behaviour. The frequency of family dissolution and other family

disorientation, which makes it difficult for parents to instil moral principles in their children and leads to moral degeneration in youths as well as early sexual activity, maybe the probable cause. This conclusion was supported by Lennhoff (1979), who proposed that many delinquent children today are the result of broken homes and that, of course, parents are unable to provide the children with the essential affection, guidance, and supervision. As a result, kids who lack parental guidance are more susceptible to the powerful pressure of risky sexual behaviour. According to recent theories (Aral & Holmes, 2006; Matovu & Sebadduka, 2014; Pandey et al., 2008), students' involvement in various sexual risks behaviours, such as unprotected sex, casual sexual relationships, heavy alcohol use before sex, and frequent unprotected sex with commercial sex workers (CSW), may be significantly impacted by their families' internal organizational structure. The study (Chawla & Sarkar, 2019) emphasised that risky sexual behaviour comprises all actions which satisfy a person's sexual desires, although current findings do not support this claim. According to study hypothesis two, broken households, age, and gender will jointly and independently predict risky sexual behaviour. This hypothesis was accepted and confirmed significant in this study. The findings indicate that among undergraduate students at Nasarawa State University in Keffi, Nigeria, having a broken household, being older, and being female, all had an impact on sexual behaviour. The coefficient of determination reveals that 18.2% of the overall variance in risky sexual behaviour among students was significantly and jointly accounted for by broken households, age, and gender. This outcome may have occurred as a result of societal pressure on the person, which has a detrimental impact on them as well. Additionally, the majority of people lack enough parental direction from both parents; as a result, the kids suffer morally and emotionally. Additionally, when it comes to sexual behaviour, demographic considerations might not be significant. This finding is consistent with earlier studies showing that young people believe that having sexual relations while they are younger demonstrates their masculinity and femininity (WHO, 2011; WHO, 2018). Further, given that adolescence and young adulthood are

times of sexual experimentation, the overrepresentation of younger age groups in sexual risk behaviours is expected (Odimegwu & Adedini, 2013). The findings concur with those of other researchers (Sinha et al., 2007), who discovered that gender influences risky sexual behaviour. After being put to the test with a one-way analysis of variance (ANOVA), hypothesis three of the study, which claimed that religion will significantly and positively influence risky sexual behaviour, was denied. This suggests that religion had no bearing on or has nothing to do with dangerous sexual behaviour. This is because premarital sexual activity, permissiveness, and adultery are strongly discouraged in traditional religions including Christianity, Islam, Buddhism, Hinduism, and others. This is due to a significant aspect of religion. One method through which families socialize their children is through religion, and parents frequently utilize religion as a framework for imparting key moral lessons and establishing appropriate behaviour. This supports the findings of other research (Odimegwu, 2005; Young & Denny, 2005) showing young involvement in religious activities was linked to fewer risk behaviours in the areas of frequent unprotected sex, smoking, alcohol use, truancy, sexual activity, and sexual illnesses. The outcome also conflicts with the research of Rohrbaugh and Jessor (1975), who claim that religion generates social control by entangling the person in an "organised sanctioning network that is supportive of conventional activities and opposed to unconventional ones, by making the person sensitive to moral issues and acceptable standards of behaviour, as well as by generating devoutness, thus creating an obedience orientation. The findings support previous studies (Cooksey et al., 1996; Dodge et al., 2005; Peltzer et al., 2016) that suggest that religious norms may make people more susceptible to poor outcomes in sexual and reproductive health by discouraging young people from using condoms—both on an individual and societal level.

Conclusion

It is important to note the connection between broken homes and social-demographic characteristics and risky sexual behaviour. Owing up to the fact that following several

studies (Sawal et al., 2016; Sunmola, 2005; Hall, 1904) broken homes may have a significant impact on the internal structure of the family and, as a result, influence students' involvement in a variety of sexual risk behaviours, such as unprotected sex, casual relationships, heavy alcohol consumption before sex, and frequent unprotected sex with commercial sex workers. Additionally, early adolescent religious convictions may operate as a barrier against initiating sexual relations, using contraceptives, and engaging in many partners while attending college. According to this interpretation, the study's findings support the assertion that participants' risky sexual behaviour is strongly and favourably predicted by their broken households. Age, gender, and broken households all separately and jointly contributed to risky sexual behaviour. Finally, a one-way analysis of variance (ANOVA) was used to assess whether religion had any effect on risky sexual behaviour. Of this, religion did not in anyway had influence on risky sexual behaviour.

Recommendations

Given the various findings of this study, the following recommendations are put forward:

- It is necessary to continuously inform parents about the significance of the family unit in their children's lives. This is essential so that parents may comprehend the implications and effects of broken households and mobilize all available resources to address the issues that result from the circumstance.
- University lecturers should be exposed to counselling, seminars and workshops to equip them with the ability/skills to easily identify students showing signs of evocative broken home backgrounds.
- There is a need for the university management to step up campaigns and ensure that lessons on sexual behaviour and promiscuity are incorporated into their school curriculum, as this will go a long way to address this noticed lapse in behaviour among the students.
- Religious and faith-based organisations should also create awareness and knowledge about sex-related issues for youths and adolescents by organizing seminars,

workshops, and symposiums to buttress their sense of morality.

- University management should endeavour to prioritize the issue of individual demographic characteristics.
- Lastly, therefore, there is a need to intensify efforts at discouraging child risky sexual behaviour through effective legislation and policies.

Strength and Limitations

This study has certain limitations that were noted. First of all, because the study was descriptive and cross-sectional, only connections and associations, not causation, could be determined. Second, because only first-year college students participated in the study, the results might not apply to the general population. Future studies are necessary to confirm the link between unstable home environments and risky sexual behaviour among undergraduates in different universities in and outside of Nigeria. Despite these drawbacks, the study adds to our understanding of adolescents' risky sexual behaviour in the student population.

Implications of the study

Given that it advances understanding of the risk environment for adolescents and young adults in Nigeria, this study has implications for policies relating to reproductive health. It offers a foundation for developing HIV/AIDS prevention, STD prevention, and other related sexual behaviour prevention techniques in the university setting for reproductive health education initiatives. Additional research should look into additional socio-demographic and psychological factors about the outcome variable (Risky Sexual Behavior). Additional proof of the rising level of sexual risk behaviours within the sample reported experiences have been supplied by this study. This supports the necessity for academic institutions to teach about reproductive health.

References

- Afful-Broni, A. (2005). *Educational leadership in Ghana*. Accra: Type Company Ltd.
- AFRICAN UNION, (2015). The Effects of Traditional and Religious Practices of Child Marriage on Africa's Socio-Economic Development.

- Alabi, O.B. (2014). Rampant sexual intercourse among female undergraduates in Nigeria and induced abortion related morbidity. *Journal of Study Social Science*, 8(1), 61-80.
- Atama, C.S., Odii, A., Igwe, I., Idemili-Aronu, N.J., & Onyeneho, K.G. (2020). Risky sexual behaviours among adolescent undergraduate students in Nigeria: Does social context of early adolescence matter. *Pan-African Medical Journal*, 38(188), 1-12.
- Atilola, G. O., Akpa, O. M., & Komolafe, I. O. (2010). HIV/AIDS and the long-distance truck drivers in South-West Nigeria: A cross-sectional survey on the knowledge, attitude, risk behaviour and beliefs of truckers. *Journal of Infection and Public Health*, 3, 166–178. doi: 10.1016/j.jiph.2010.08.002.
- Ayoade, O. T., Blavo, F. J., Farotimi, A. A., & Nwozichi, C. U. (2015). Sociodemographic factors as predictors of sexual behavior of secondary school students in Lagos State, Nigeria. *International Journal of Medicine and Public Health*, 5(2).
- Azuonwu, O., Erhabor, O., & Frank-Peterside, N. (2011). HIV infection in long-distance truck drivers in a low income setting in the Niger Delta of Nigeria. *Journal of Community Health*, 36, 583–587. doi: 10.1007/s10900-010-9344-4.
- Baier, C J. & Wright, B.R. (2001). ‘If You Love Me, Keep My Commandments: A Meta-Analysis of the Effect of Religion on Crime.’ *Journal of Research in Crime and Delinquency*, 38,3– 21
- Benotsch, E.G., Snipes, D.J., Martin, A.M., & Bull, S.S. (2013). Sexting, substance use, and sexual risk behaviour in young adults. *Journal of Adolescent Health*, 52(3), 307-313. <https://doi.org/10.1016/j.jadohealth.2012.06.011>
- Boye-Laryea, L.J. (2012) *The Effects of Broken Homes on Academic Performance of Pupils of Lower ManyaKrobo District* Dissertation submitted to the Department of Educational Foundations of the Faculty of Education, University of Cape Coast, in partial fulfillment of the requirements for the ward of the Masters of Education Degree in Guidance and Counselling.
- Brewster, K. L., Cooksey,E.C., Guilkey D.K., & Rindfuss, R.R. (1998). The Changing Impact of Religion on the Sexual and Contraceptive Behavior of Adolescent Women in the United States. *Journal of Marriage and the Family*, 60,493–504.
- Center for Disease Control (2020) *Adolescent and School Health. Alcohol and Other Drug Use*. <https://www.cdc.gov/healthyyouth/data/topics/index.htm>
- Chawla, N., & Sarkar, S. (2019). Defining “high-risk sexual behavior” in the context of substance use. *Journal of Psychosexual Health*, 1(1), 26–31. <https://doi.org/10.1177/2631831818822015>
- Colcord, J.C. (1919). *Family Desertions and Its Social Treatments*. W.M.F. Fell & Co. Printers. Philadelphia.
- Cooksey, E.C., Rindfuss, R.R., & Guilkey, D.K. (1996). The initiation of adolescent sexual and contraceptive behavior during changing times. *Journal of Health Social Behaviour*, 37, 59–74. <https://doi.org/10.2307/2137231>.
- Dadi, A.F & Teklu, F.G. (2014). Risky sexual behavior and associated factors among grade 9– 12 students in Humera secondary school, western zone of Tigray, NW Ethiopia,. *Science Journal of Public Health* 2, 410–416.
- Delany-Moretlwe, S., Bello, B., Kinross, P. K., Oliff, M., Chersich, M., Kleinschmidt, I., & Rees, H. (2014). HIV prevalence and risk in long-distance truck drivers in South Africa: A national cross-sectional survey. *International Journal of STD & AIDS*, 25(6), 428– 38. doi: 10.1177/0956462413512803.
- Dodge, B., Sandfort, T.G.M., Yarber, W.L., & De Wit, J., (2005). Sexual health among male college students in the United States and The Netherlands. Embassy. *Journal of Health Behaviour*, 30(7)444-501 <https://doi.org/10.5993/AJHB.29.2.8>.
- Glen-Spyron, C. (2018). *Risky Sexual Behavior in Adolescence*. <https://www.bellavida.co.za/>
- Hall, G.S. (1904). *Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion and education*, vol. I. New York: D Appleton & Company.
- Hoque, M. (2012). Sexual practices among university students in Botswana. *Gender and Behaviour*, 10, 4645–4656.
- Ilesanmi, O.S., Ige, O.K., & Alele, F.O. (2014). Religiosity and risky sexual behaviour among

- undergraduates in South West Nigeria. *Mediterranean Journal of Social Sciences*, 5 (23), 2345 – 2351. Google Scholar.
- Ishtiaq, R., Asif, A., Jamil, A., Irfan, A., & Ishtiaq, D. (2017, March 26). Knowledge and attitude about sexually transmitted infections amongst truck drivers in Southern Punjab, *Pakistan. Cureus*, 9(3), e1118.
- Isiugo-Abanihe, U.C., & Oyediran, K.A. (2004). Household socioeconomic status and sexual behaviour among Nigerian female youths. *African Population Studies*, 19 (1), 81–98.
- Jibril, M.K. & Kibru, M. (2020). Factors associated with risky sexual behavior among Jigjiga University students in Jigjiga Ethiopia, 2018. *Open Access Library Journal* 7, 1– 17. Google Scholar.
- Kovács, K. (2018). A comparison of factors influencing health risk behaviour of college students in the countries of the Carpathian Basin. *European Journal of Mental Health*, 13, 184–210. CrossRef Google Scholar.
- Lawal, A. M. (2013). Development and Validation of a Sexual Risk Behaviour Scale (SRBS) in Nigeria. *International Journal of Advanced Research*, 1(3), 68–86. [Google Scholar].
- Lennhoff, L.G. (1979). *Exceptional children*. New York: Allien and Unwin.
- Linbee, S., Valencia, B.S., & Cromer, B.A. (2000). Sexual activity and other high-risk behaviors in adolescents with chronic illness: A review. *Journal of Pediatrics and Adolescence*, 13(2), 53–64. [Google Scholar]
- Luigi-Boy, C. (2010). The effect of a Broken Family to a Student's Performance in School", A Research Proposal Presented to the Faculty of Rizal National Science High School in fulfilment of the Requirements in Research III (March) <https://www.bartleby.com/essay>.
- Maarefvand, M., Kassaie, B., Ghiasvand, H., Abolfathi Gharibdoosti, R., & Khubchandani, J. (2016). Sexual and drug use risk behaviours of internal long distance truck drivers in Iran. *Iran Journal of Public Health*, 45(5), 606–613.
- Malinakova, K., Kopcakova, J., Geckova, A. M., Dijk, J. P., Furstova, J., Kalman, M., & Reijneveld, S. A. (2019). "I am spiritual but not religious". Does one without the other protect against adolescent health-risk behaviour. *International Journal of Public Health, Springer: Swiss School of Public Health (SSPHI)*, 64(1), 115–124. doi:10.1007/s00038-018-1116-4.
- Matovu, J. K. B., & Ssebadduka, N. B. (2014). Knowledge, attitudes & barriers to condom use among female sex workers and truck drivers in Uganda: A mixed-methods study. *African Health Sciences*, 13(4), 1027–1033. doi: 10.4314/ahs.v13i4.24
- Meader, N., King, K., Moe-Byrne, T., Wright, K., Graham, H., Petticrew, M., & Sowden, A. J. (2016). A systematic review on the clustering and co-occurrence of multiple risk behaviours. *BMC Public Health*, 16(1), 657. <https://doi.org/10.1186/s12889-016-3373-6>.
- Meier, A. M. (2003). Adolescents' Transition to First Intercourse, Religiosity, and Attitudes about Sex. *Social Forces*, 81, 37–77.
- Mekuanint, Y. (2016). Assessment of early sexual initiation and associated factors among ambo university undergraduate students, Ambo, Ethiopia. *Journal of Contraceptive Studies* 1, 7. Google Scholar
- Morrish, I. (1972). *The sociology of education*. Chicago: The Dry Press Incorporated.
- Muche, A.A (2017) Prevalence and determinants of risky sexual practice in Ethiopia: systematic review and meta-analysis. *Reproductive Health* 14, 1–11. CrossRef Google Scholar PubMed.
- Musiime, K.E & Mugisha, J.F. (2015). Factors associated with sexual behaviour among students of Uganda Martyrs University. *International Journal of Public Health Research* 3, 1–9. Google Scholar.
- National Population Commission (NPC) (2014). [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- Nwasor, V.C., Unachukwu, G.C., & Nwosu, K.C. (2020). Demographic Variables as Predictors of Risky Sexual Behaviour among University Students in South East, Nigeria. *International Journal of Humanities and Social Science*, 10(12), 109-114.
- Odimegwu, C. & Adedini, S. A. (2013). Do Family Structure and Poverty Affect Sexual

- Risk Behaviors of Undergraduate Students in Nigeria? *African Journal of Reproductive Health*, 17(4), 137-149.
- Okonta, P.I. (2007). Adolescent sexual and reproductive health in the Niger Delta region of Nigeria -issues and challenges. *African Journal of Reproductive Health*, 11(1), 113-124. PubMed| Google Scholar.
- Omotoso, B.A. (2006). A study of the sexual behaviour of university undergraduate students in Southwestern Nigeria. *Journal of Social Sciences*, 12, 129–133. CrossRefGoogle Scholar.
- Pandey, A., Benera, S. K., Roy, N., Sahu, D., Thomans, M., Joshi, D. K., ... Prakash, A. (2008). Risk behaviour, sexually transmitted infections and HIV among long-distance truck drivers: A cross-sectional survey along National Highways in India. *AIDS*, 22(Suppl 5), S81–S90. doi: 10.1097/01.aids.0000343766.00573.15.
- Peltzer, K., Pengpid, S., Amuleru-Marshall, O., Mufune, P., & Zeid, A.A., (2016). Religiosity and health risk behaviour among university students in 26 low, middle and high income countries. *Journal of Religion and Health*, 55, 2131–2140. <https://doi.org/10.1007/s10943-2131-2140>.
- Rostosky, S S., Wilcox, B.L., Wright, C., & Randall, B.A. (2004). The Impact of Religiosity on Adolescent Sexual Behavior: A Review of the Evidence. *Journal of Adolescent Research* 19,677–697.
- Sawal, N., Hans, G. D. R., & Verma, G. (2016). Sexual practices, myths and misconceptions among long distance truck drivers in North India. *QJM: An International Journal of Medicine*, 109, 467–472. doi: 10.1093/qjmed/hcv205.
- Singh, R. K., & Joshi, H. S. (2012). Sexual behavior among truck drivers. *Indian Journal of Public Health*, 56(1), 53–56. doi: 10.4103/0019-557X.96976.
- Sinha, J. W., Cnaan, R. A., & Gelles, R. J. (2007). Adolescent risk behaviors and religion: Findings from a national study. *Journal of Adolescence*, 30(2), 231–249. doi:10.1016/j.adolescence.2006.02.005.
- Sunmola, A. M. (2005). Sexual practices, barriers to condom use and its consistent use among long distance truck drivers in Nigeria. *AIDS Care*, 17(2), 208–221. doi: 10.1080/09540120512331325699.
- Udigwe, I. ,Adogu, P. , Nwabueze, A. , Adinma, E. , Ubajaka, C. & Onwasigwe, C. (2014) Factors influencing sexual behaviour among female adolescents in Onitsha, Nigeria. *Open Journal of Obstetrics and Gynaecology*, 4, 987-995.
- Ugoji, F.N. (2014). Determinants of risky sexual behaviours among secondary school students in Delta State Nigeria. *International of Adolescence and Youth*, 19(3), 408-418.
- World Health Organization (WHO) (2011). The sexual and reproductive health of younger adolescents: research issues in developing countries. Geneva: Google Scholar.
- World Health Organization (WHO) (2018). Adolescents: health risks and solutions.
- World Health Organization.(2019). Sexually transmitted infections (STIs). <https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-stis>
- Xu, H., Xie, J., Xiao, Z., Xiao, H., Li, X., Goldsamt, L., & Wang, H. (2019). Sexual attitudes, sexual behaviors, and use of HIV prevention services among male undergraduate students in Hunan, China:a cross-sectional survey. *BMC Public Health*, 19(1), 250.