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Original Research Article

Risk-taking behaviours among out-of-school female adolescents in Ibadan north local government area, Nigeria

Ibiyemi Monisade E.[1]*, Ibirongbe Demilade O.[2], Omode Paulinus K.[2], Akinniyi Rotimi J.[2]

[1]Department of Health Promotion and Behavioural Science, University of Medical Science Ondo, Nigeria
[2]Department of Community Medicine, University of Medical Science Ondo, Nigeria

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***Correspondence:**
Ibiyemi Monisade E.,
E-mail: monisadeasaolu@gmail.com

ABSTRACT

Background: Adolescents participate in risky behaviors that put their health at risk. The study aims at identifying risky behaviors and to determine the characteristics that influence risky behaviors among out-of-school adolescents and young females in Ibadan North Local Government Area, Nigeria.
Methods: This was a cross-sectional study, involving 305 young females aged 10 to 24 chosen using a multistage random sampling technique. A self-administered questionnaire was utilized to gather quantitative data. Data was entered and analyzed using SPSS version 20, while chi-square test was used to analyze the data.
Results: Respondents' average age was 18.5±3.3 years. The majority (61.6%) have had sex, and 103 people (54.8%) did not wear a condom during their most recent sexual experience. The average age at sexual debut was 17.5±2.4 years. Of those sexually active, 76 (40.4%) had more than two sexual partners, while 123 (12.2%) have had transactional sex. Also, 54 (45.4%) consume alcohol, and 26 people (8.5%) had ever smoked. Heroin 9 (3.0%), cannabis 8 (2.6%), and cocaine 3(1.0%) were the substances commonly abused. It was shown that the respondents' living arrangements and alcohol consumption were highly correlated (p=0.00 and 0.00). Substance abuse and engaging in sexual activity or sex for profit were significantly correlated (p=0.00 and 0.01).
Conclusions: Using a multi-domain interventional approach can help to improve adolescents understanding on the harmful effect of risky behaviors and also reduce risk behaviors to avoid future health problems.

Keywords: Alcohol and substance use, Female adolescents, Out-of-school, Sexual risky behaviors, Young females

INTRODUCTION

Over 1.6 billion young people between the ages of 10 and 25 live in developing nations which account for 16 percent of the global population.[1] WHO classifies young people as individuals in the age 10-24 years.[2] In Nigeria young people has a large population with one in every four persons being an adolescent between the age of 10-19 years.[3] This young population constitutes a large and important proportion of the Nigerian population, but they are faced with various sexual and reproductive health issues. They engage in risky behaviors that put their health at risk, increase their risk of contracting STIs, HIV/AIDS, and unwanted pregnancy, or hinder their ability to succeed in the future. Examples of these behaviors include unprotected sexual intercourse, having multiple partners, having sex for money, initiating sexual activity at a young age, drinking alcohol, smoking cigarettes, and using drugs.[4] This impact may manifest as psychologically (unhappiness, loneliness, sorrow, moodiness) or physically (headaches, difficulty sleeping).[5]

A study in Nigeria showed that most respondents (63.9%) had a fair knowledge of sexual reproductive health and

consequences of engaging in risky behaviors.[6] Young girls who engage in sexually risky behavior face long-term consequences, including infertility and higher rates of morbidity and mortality for both mothers and babies. In a study done in Rivers State, 46% of adolescent begin sexual activity at the age of 13, and the median age for first sex was 15.7 years.[7] The 2023 Demography and Health survey (DHS) revealed that 15% of adolescents between the ages of 15 and 19 are either mothers already or are expecting their first child, this highlights the seriousness of the issue.[8]

According to the health belief model, a person's self-efficacy, beliefs about health issues, and their perceptions of the advantages and disadvantages of taking action, all contribute to their decision to engage in or refrain from engaging in health-promoting behavior. People who believe they are at high risk of contracting STIs or HIV and have received sexual and behavioral change education may find it easier to use a condom or abstain from sexual activity. In contrast, people who believe they are at low risk of HIV and do not have access to sexual and behavioral change information may need more intense external cues.

Though numerous studies on adolescent and young girls' sexual behavior have been conducted, there haven't been many studies conducted on the variety of risky behaviors, particularly substance use in young people and its interrelatedness with sexual behavior. Comprehending these relationships will facilitate the establishment of suitable interventions to tackle them effectively. Also, adolescents in school are the objective of previous studies in sub-Saharan Africa and Nigeria because they are easier to organize than those who are out of school. This study was therefore necessary to identify risky behaviors among out-of-school adolescent girls and young girls. This study examined risk behaviors and knowledge of the negative effects of risky behavior, as well as the factors that encourage female adolescents and young females to engage in risky behavior. Having a better grasp of these variables will aid in creating the right intervention. The purpose of this study is to determine the risk behaviors as well as the factors that lead to these behaviors among out of school female adolescents and young females in Ibadan North Local Government Area.

METHODS

Study design and population

A community-based cross-sectional study was designed, focusing on out-of-school female adolescents and young females. Respondents' self-administered questionnaires were utilized to gather data. The study population consisted of female adolescents and young females between the ages of 10 and 24 who had either completed or not completed their elementary or secondary education and were now pursuing apprenticeships or trades. The study excluded female adolescents who are with mental, hearing, or speech impairments. The study was conducted between June to December, 2019.

Sampling and participant selection

The study's responses were gathered using a multistage sampling technique. Out of the five local government areas (LGAs) in the city of Ibadan, one was chosen at random by balloting. Additionally, four wards were chosen at random from the LGA. The Local Government is made up of over fifty communities. Two communities were chosen at random from each of the four wards that were chosen. Each of these communities serves as a cluster, representing a small scale of the overall population. Three hundred and five (305) out-of-school female adolescents and young females from the eight communities that were chosen were purposefully chosen from their homes, workplaces, and marketplaces until the percentage designated for each community was reached. Adolescents and Young Females between the ages of 10 and 24 who were studying trades, apprentices, office/shop workers, and hawkers made up the responses.

Data collection

A self-administered, semi-structured questionnaire using a quantitative approach was used to gather data. The core elements of the health belief model and the literature review served as a guide for developing the questionnaire's variables. Having several sexual partners, having sex for money, engaging in unprotected sexual activity, perceived risk of HIV/AIDS, attitude toward drug use, and awareness of the consequences of risk behaviors were among the risk practices and influencing factors that were examined.

Data analysis

Data was imported and entered into the Windows version of the Statistical Package for Social Sciences (SPSS) 20 for analysis. Descriptive summary measures, which were represented as mean, median, standard deviation, range for continuous variables, and percentage for categorical variables, were used to summarize the findings. To determine relationships between categorical variables (independent and outcome variables), the chi-square test was used. Additionally, 95% confidence intervals for odds ratios (OR) were computed. Two-tailed tests at the 0.05 level of significance were used for all statistical analyses. Statistical significance was defined as p-values below 0.05.

Ethical consideration

Ethical approval was obtained for the study from Oyo State Ministry of Health, Ibadan. The participants' rights were protected by verbally obtaining informed consent. This was to protect participants' confidentiality both during and after data collection, no names were included in the questionnaire.

RESULTS

There were total of 305 respondents with the mean age of 18.52±3.3. Majority of respondents, 191 (62.6%) live with both parents, whereas 37 (12.1%) were staying with their sexual partner. Of the respondents, 184 (38.7%) have never worked for pay, while at the moment, 142 (46.2%) are not working for pay. Of those employed, 33.1% are shop assistants, traders make up 12.1%, and apprentices make up 20.7% (Table 1).

Table 1: Demographic characteristics of the respondents (n=305).

Demographic variables	Number	Percent
Age (years)		
10-14	34	11.2
15-19	161	52.8
20-24	110	36
Mean±SD	18.52±3.3	
Education level		
Primary	6	2.0
Secondary	299	98.0
Religion		
Christianity	226	74.1
Islam	78	25.6
African traditional	1	0.3
Ethnic group		
Yoruba	216	70.8
Igbo	53	17.4
Hausa	19	6.2
Others	2	0.7
Marital status		
Single	305	100
Living state		
Living with both father and mother	191	62.6
Living with father	12	3.9
Living with mother	31	10.2
Living with guardian	34	11.1
Living with sexual partner	37	12.1
Work history		
Work to get money	157	51.5
Do not work for money	141	46.2
Don't know	7	2.3
Type of work		
Shop/office assistants	101	33.1
Apprentice	63	20.7
Traders	37	12.1
Don't know	104	34.1

Table 2 shows sexual activity of the respondents was reported by 188 (61.6%) of the respondents, among whom 112 (59.6%) were in a continuous sexual relationship with a single person. The mean age at sexual debut was 17.7±2.89 years. Among respondents who were sexually active, 76 (40.4%) had multiple sexual partners in the preceding six months. Majority of sexual activities were for the purpose of pleasure, 119 (63.3%), while 26 (13.8%) were forced intercourse/rape. Also, 23 (12.2%) have had transactional sex. More than half of the 98 respondents (52.1%) who were sexually active had never advised their partners to use condoms to prevent HIV or pregnancy. Additionally, 85 (45.2%) of the respondents reported using condoms, whereas 103 (54.8%) did not. Lack of awareness regarding condom use was the main reasons why people did not use condoms (Table 3).

Table 2: Pattern of sexual activity among out-of-school female adolescents (n=305).

Patten of sexual behaviour	n=305	Percent
Ever had sex?		
Yes	188	61.6
No	117	38.3
Age at first intercourse	n=188	
Age range (years)		
10-14	26	13.8
15-19	113	60.1
20-24	49	26.1
Mean±SD	17.51±2.41	
Circumstances at first sexual intercourse	n=188	
Raped	26	13.8
Pleasure	119	63.3
To receive favour	43	22.9
Involvement in sex for money	N=188	
Yes	23	12.2
No	165	87.8
Number of sexual partners in the last six months	n=188	
One partner	112	59.6
Two partners	45	23.9
More than two partners	31	16.5
Respondents who had asked Partner to use condom	n=188	
Yes	90	47.9
No	98	52.1
Condom use during the last sex		
Yes	85	45.2
No	103	54.8
Reasons for not using condom	n=103	
I'm afraid of losing him	15	14.6
I will not enjoy sex	15	14.6
He will not love me again	7	6.8
Don't like using any methods	29	28.2
Don't know any methods	37	35.9

Of the responders, 119 (39.0%) had previously tasted an alcoholic beverage. Of these, 54 (45.4) currently consume alcohol. Of those, 12.5% have ever consumed alcohol, reasons for drinking alcohol included being sexually

active 21 (6.9%), feeling less anxious 13 (4.3%), and becoming mentally dependent 15 (4.9%), and peer pressure, 14 (4.6%). Among those whom their significant other drinks, mothers have the lowest frequency (3.1%) and friends have the largest frequency (56, 19.1%) (Table 4).

Table 5-8 revealed that 26 (8.5%) of respondents had previously smoked cigarettes, while nine (3.0%) of them continue to smoke.

Table 3: Alcohol and smoking use patterns of respondents.

Use of alcohol	n=305	Percent
Did you ever drink alcohol?		
Yes	119	39.0
No	116	61.0
Still drinking?	n=119	
Yes	54	45.4
No	65	54.6
Regularity of consumption	n=54	
Drink on a daily basis	7	12.9
Once every week	8	14.8
more than once every week	15	27.8
Once every month	24	44.4
Have you ever gotten drunk?	n=54	
Yes	38	70.3
No	16	29.7
Have a significant other who drinks alcohol	no	Yes
Dad	44	15.0
Mum	9	3.1
Brother/sister	16	5.5
Associate/friends	56	19.1
have you ever smoked cigarettes?		
Yes	26	8.5
No	277	91.5
Current smokers	n=26	
Yes	9	34.6
No	15	57.7

Table 4: Respondents' knowledge on consequences of risk behaviours.

Knowledge on consequences of risk behaviours	Number	Percent
Consequences of sexual risk behaviours		
Increased risk of HIV/AIDs transmission	226	93.4
Unwanted pregnancy	218	90.1
Become a teenage mother	213	88.0
Hold back educational career	194	80.2
Consequences of substance use		
Increase risk of HIV/AIDs transmission	83	36.7
Increase risk of cardiovascular disease	205	90.7
Increase risk of addiction	189	83.6
Domestic violence	182	80.5
Loss of employment	160	70.8

Table 5: Association of age with risky behaviours.

Age range (years)	Ever had sex, N (%)			X^2	df	p value
	Yes	No	Total			
10-14	9 (3)	25 (8.1)	34 (11)	101.731	24	0.000
15-19	80 (26.2)	81 (26.6)	161 (52.8)			

Table 6: Association of age with multiple sexual partners.

Age range (years)	Multiple sexual partners, N (%)			X^2	df	p value
	Yes	No	Total			
10-14	5 (2.7)	4 (2.1)	9 (4.8)	32.876	14	0.000
15-19	33 (17.6)	47 (25)	80 (42.6)			
20-24	38 (20.21)	61(32.4)	99 (52.7)			
Total	76 (40)	112 (60)	118 (100)			

Table 7: Respondents' alcohol consumption use and sexual risk behaviours.

Ever drank alcohol	Sexual risk behaviour, N (%)							
	Ever had sex?		Sex with money		Use of condom		More than two partners	Total
	Yes	No	Yes	No	Yes	No		
Yes	104 (55.3)	15 (12.8)	16 (8.5)	81 (43.1)	51 (27.1)	51 (49.5)	30 (60.5)	104 (55.3)
No	84 (44.7)	102 (87.2)	7 (18.1)	112 (59.1)	34 (18.1)	52 (50.5)	46 (39.5)	84 (44.7)
Total	188 (100)	117	23 (45.2)	193	85 (45.2)	103	76	188 (100)
	X^2= 54.744 df= 1 p= 0.00		X^2= 6.326 df= 1 p= 0.01		X^2= 2.063 df= 1 p=1.51		X^2=5.314 df=7 p= 0.622	

Table 8: Respondents' cigarette use and sexual risk behaviours.

Ever smoke cigarette	Sexual risk behaviours, N (%)						
	Had sex		Sex for money		Condom use		Total
	Yes	No	Yes	No	Yes	No	
Yes	23 (7.5)	3 (1)	6 (2.8)	15 (6.9)	11 (5.9)	11 (5.9)	23 (7.5)
No	165 (54.1)	114 (37.4)	17 (7.9)	178 (82.4)	74 (39.4)	92 (48.9)	165 (54.1)
Total	188 (61.6)	115 (38.4)	23 (10.7)	193 (89.3)	85 (45.3)	103 (54.8)	188 (61.6)
	X^2= 8.648 df=1 P= 0.00		X^2=7.854 df=1 P=0.01		X^2= 0.231 df=1 P=0.631		

DISCUSSION

Almost two-third (61.6%) of the study participants have had sexual intercourse; this finding is similar to a study conducted among out-of-school female adolescents in Ebonyi State, in which majority of adolescents ages 13-15 years had been sexually initiated.[9] These results reflect modern trends as adolescents now have more access to pornographic materials greater and social pressures from media. Also, abolishing of traditional and religious norms that frown on premarital sexual activities may be additional reasons and a significant predictor of sexual behavior.[10] Also, being economically dependent on a romantic partner hinders adolescents' ability to abstain from premarital sex. This corroborates with a study which explains that being in a lowest social class make adolescents practice risky sexual behavior than those from upper class.[11]

In this study, the mean age of sexual initiation is 17.51 years +2.41. This is similar to a study conducted among out of school adolescent in Ibadan.[12] Adolescents who begin sexual activity early are more likely to have more sexual partners, and therefore are more exposed to the risk of STIs, HIV and AIDS and unwanted pregnancy. More than a third of the respondents who engage in sexual activities have multiple sexual partners ranging between 2-20 in the last 6 months**.** This may also increase their risk of contracting STIs, including HIV and AIDS. The prevalence of condom use is low as more than half of the sexually active respondents did not use condom the last time, they had sex. This is similar to study conducted among adolescents in Anambra.[13] A study also showed that knowledge about HIV was lower among adolescent ages 15-17 year. In this study, Reasons for the low utilization of condom was lack of knowledge about condom usage, and a fear of being rejected by sex partners. Condom use is promoted globally as an effective means of reducing sexual risk, more specifically HIV and

sexually transmitted infections. Though many of the respondents in this study were aware that a consequence of non-condom usage was HIV transmission but few respondents had knowledge of HIV/AIDs as a negative consequence of substance use. A study in Nigeria also reported that most respondents (63.9%) had a fair knowledge of sexual reproductive health.[6] Increase knowledge about HIV and STIs transmission and prevention can reduce risky behavior and also delay the onset of sexual intercourse.[14]

Alcohol consumption and tobacco smoking were assessed as risk factors for risky sexual behavior. Among the respondents, more than one third reported they had ever drunk alcohol before, and almost three-quarters of these admitted to being drunk before. According to a study conducted among female adolescents, there is an increase in female involvement in alcohol because they belief it facilitates the flushing out of spermatozoa in the urine of a female who just had sexual intercourse.[9] In this study, peers mostly accounted for acquaintances that consume alcohol. Alcohol consumption has significantly influenced by their friends and not only parental influence.[15]

Also in this study, less than a tenth of the respondents admitted to smoking. This prevalence is low and comparable with findings in a study conducted among young adults in Northern Nigeria.[16] The low prevalence of smoking may be due to the disincentivizing message on cigarette advertisements in prime-time adverts supplying information that smokers are liable to die young. The use of other psychoactive drugs such as cocaine, heroin cannabis and others by the respondents was still low as less than 10 percent of respondents use them. This is also similar to study conducted among adolescents in Ibadan, which showed low prevalence of other psychoactive drugs among respondents.[17]

More than one third of the respondents in this study identified increased risk of HIV transmission as a consequence of substance use. The implication of this is that they do not consider drug use to reduce a person's cognitive ability to consider protective sex. This might be because out-of-school female adolescents are outside a formal school system and they miss out of the opportunity for learning in conducive environments. Their level of knowledge on other negative consequences of engaging in risk behavior is thus low.

There was only one limitation for the study, eight communities were studied and the results may not be generalized to out of school female adolescents and young females from all the communities in the local government.

CONCLUSION

This study revealed that most out-of-school adolescents between ages 15-19 are sexually active and also practice risky activities such as drug use and alcohol consumption. Engaging in drug use and alcohol consumption reduces person's cognitive to consider protective sex. Hence, negotiation of condom-use not considered. Poor knowledge on negative consequences of these behaviors and engaging in risky behaviors can contribute to major health problems and career setbacks. Educational intervention focusing on the negative consequences of taking drugs and alcohol needs to be intensified among adolescents. In addition, adolescents develop better skills for negotiating lower-risk sexual encounters and increase frequency of communications about safer sex if they know the benefits of avoiding risky behaviors outweighs the reasons for non-avoidance. Using a multi-domain interventional approach can help to improve adolescents understanding on the harmful effect of risky behaviors and also reduce risk behaviors to avoid future health problems.

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