PREDICTORS OF SEXUAL RISKY BEHAVIOR AMONG INTERNAL MIGRANT IN NIGERIA

BY

TESLIM ADISA AZEEZ

MATRIC NO: DSS/12/0909

BEING A PROJECT REPORT SUBMITTED

TO

THE DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS

FACULTY OF HUMANITIES AND SOCIAL SCIENCES,

FEDERAL UNIVERSITY OYE EKITI, EKITI STATE, NIGERIA.

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

AWARD OF BACHELOR OF SCIENCE DEGREE (B.SC) HONS IN

DEMOGRAPHY AND SOCIAL STATISTICS

SEPTEMBER, 2016

Table of content

iii

CERTIFICATION

This is to certify that **AZEEZ TESLIM ADISA** of the Department of Demography and Social Statistics, Faculty of Social Sciences, Federal University, Oye-Ekiti, carried out this research "Predictors of sexual risky behavior among internal migrant" in partial fulfillment of the requirements for the award of Bachelor of Science (B.Sc.) in Federal University, Oye-Ekiti under my Supervision.

....
DR . NTOIMO L.F.C
PROJECT SUPERVISOR

....
DATE

....
MR. BABALOLA B.I
PROJECT SUPERVISOR

....
DATE

....
PROF. OGUNJUYIGBE P. O
HEAD OF DEPARTMENT

...14/11/16........
DATE

....
EXTERNAL EXAMINER

....
DATE

DEDICATION

This project is dedicated to **GOD ALMIGHTY** for his support and mercy over my life, families and my studies. I bless His holy name for making this work a successful one, for granting me the wisdom and strength to make this work a success.

I also dedicate this project work to my late father Azeez Ayinla may his gentle soul continue to rest in the blossom of Allah (amen) and also to my lovely mother the best mother in the universe for her support financially, spiritually and physically may almighty Allah give her long live to reap the fruit of her labor in good and sound health (amen). You are the best in the whole world.

ACKNOWLEDGEMENTS

ABSTRACT

Migration is an important process of change, especially for populations in developing countries. Just by moving to new places, migrants are different from those who do not migrate in terms of socio-demographic characteristics. This study focuses on migration in Nigeria and its interaction with human immunodeficiency virus (HIV) risk. Two main research questions are addressed: What is the prevalence level of sexual risky behavior among internal migrants? To what extent do (socio demographic characteristics of internal migrants in Nigeria) influence sexual risky behavior in Nigeria? The analysis is based on the 2013 Nigeria Demographic and Health Survey data. The results indicate that internal Migration has influence on sexual risky behavior. Also, migration is significantly correlated with multiple sexual partners. There is a remarkable difference in the mean age of migrants and non-migrants; migrants on average are significantly older and more likely to be married than non-migrants.

Key words: Migration, internal migration, sexual risky behavior, NDHS, Nigeria

CHAPTER ONE

1.0 INTRODUCTION

Globally, migration is a key and unavoidable segment of the financial and social existence of every state, and that methodical and appropriately oversaw migration can be advantageous for both people and social orders (International Organization for Migration 2010).

"Migrant populaces have a more serious danger for weakness when all is said in done and HIV contamination specifically. This is because of the effect of socio-social examples of the migrant circumstance on health, their financial moves, lessened accessibility and openness of health services and the trouble of the host state health care frameworks to adapt to the conventions and practices of the immigrants"(Saggurti, 2008).

At the point when individuals relocate, they are presented to conduct and standards that have a tendency to be not quite the same as those of their place of starting point. Migration has been distinguished as an autonomous individual danger variable for the securing of HIV. As social control in migrant groups is regularly restricted, sexual connections that are denied at home are frequently conceivable abroad. Other than keeping on having a place with their home groups, migrants continuously adjust to their new groups abroad. In this manner, they embrace a so-called 'migrant personality' that can prompt a refusal of certain (sexual) conduct. A wide range of sexual conduct appear to be conceivable abroad, the length of other individuals don't discover (Wolffers, 2002).

Nigeria HIV and AIDS scourge is concentrated amongst most-at-risk populaces (MARP). These gatherings incorporate Intravenous Drug clients (IDUs), Female Sex Workers (FSWs) and their

customers, and Men engaging in sexual relations with Men (MSM). Migrant people, formally dressed service and transport specialists have additionally been recognized as at danger bunches. Notwithstanding, this information shows an account of migrants who turn customers of sex specialists both in nation and abroad. In Nigeria, several migrant laborers divert their focus which should naturally focus on job opportunity to sexual ambition. They become uncontrollable victims of STD which later transforms to the burden of their native nations. They later become object of transmission to people in their homeland, most especially family members.

It is important to note that abstinence and using necessary contraceptives helps to avoid AIDS, it becomes vital ramifications for health if the discernments are reasonable and lead to a readiness to stay away from risky conduct. Another important aspect is that it maintains comprehension of the relationship between impression of danger and sexual conduct which encourage the outline of AIDS-preventive measures important to check the spread of the illness among various populace subgroups. The present study endeavored to distinguish the sexual conduct of Nigeria migrant specialists and their apparent danger of HIV/AIDS.

Internal migration and risky sexual conduct may prompt sexually transmitted contaminations (STIs, for example, human immunodeficiency infection (HIV) disease. Be that as it may, we are still a long way from comprehension in point of interest exactly how and to what degree migration influences the spread of STIs (WHO 2013).

The danger in interior migration and the rate of urban development connected with financial and political moves in Africa, Asia, Latin America and the Pacific (Gurmu et al., 2000) have set migration at the focal point of advancement approaches and projects in these locales. Researchers progressively recognize urbanization as an inherent measurement of financial and

social improvement, mirroring the objective choices of a huge number of interior migrants to look for new open doors in urban areas (White et al., 2008). Nevertheless, there is impressive worry in Sub-Saharan Africa with respect to the ramifications of urbanization for advancement, neediness, health, natural quality and social welfare arrangement.

Research on the measurements of social and health effects of internal migration may drastically increase the comprehension of the outcomes of migration on risky sexual conduct, particularly the powerlessness of migrant populaces. Scholars have suggest that individuals who are more portable, or who have as of late changed residence, have a tendency to be at higher danger for STIs/HIV than those in more steady living courses of action (Nyanzi et al., 2004). In this way, it can be concluded that versatility makes favorable situations for high-hazard sexual conduct, which is dictated by the quantity of late heterosexual accomplices and by non-utilization of condoms with these accomplices. Specifically compelling is whether migrants past presentation to urban areas improves their probability of high-hazard sexual conduct in country areas, for instance, through socialization to less prohibitive sexual standards or securing of empowering qualities (e.g., riches) in urban areas (Kimuna and Djamba, 2005).

The relationship amongst migration and STD disease has been emphasized by different scholars in various studies (Lurie et al., 2003; Nyanzi et al., 2004; Lurie, 2006). Basically, the spread of irresistible ailments can be intensified by insufficient auxiliary courses of action that contain the illnesses inside a situation, particularly in provincial areas (Anarfi, 2005). This complicate the issue of spots with various health hazard profiles places individuals in situations where miigrants health is liable to new impacts and effects. This is on account of the individual's conduct far from home, evidently contrasts from one that is kept up while at home and the social standards that play significant impact on their conduct in native nation. For instance, in an investigation of

vagrant dealers in Uganda, (Nyanzi et al. 2004) found that the urban base and accessibility of social and financial open doors in these areas went about as magnates for work migration as well as give a situation that prompts risky sexual conduct with new accomplices. Nyanzi et al discovers that the vast majority of the nomad brokers were "single" around the local area and "wedded" in their provincial homes (Nyanzi et al., 2004). Their single status permits them to have a bunch of sexual systems, which includes different sorts of accomplices: business sex laborers, one-night stand women, semi-perpetual sex accomplices (or what in sexual conduct writing is known as "second office"), beaus, and lawful spouses.

At the point when these migrants move without their accomplices, and most likely in view of forlornness or as an aftereffect of social weight, they may participate in conduct that may put them at danger of contracting STD. The multiple dangers in internal migration with its effect of urban development have deep influence on the economy and politics of the city, Nigeria cities depict are inevitable examples. Researchers progressively recognize urbanization as an inherent measurement of financial and social improvement, mirroring the sane choices of a huge number of inward migrants to look for new open doors in urban communities (White et al., 2008). This complication of migration lies n the fact that urbanization without industrialization in the district has been a wellspring of developing destitution, as opposed to of financial dynamism. The agreement is that quick urbanization without financial development in a country like Nigeria results to the current destitution that effected on the inhabitants or populace who later find themselves living beneath the neediness line in packed ghettos and sprawling shanty towns around real urban areas, with specialist large amounts of unemployment and underemployment, wrongdoing, general crippling natural conditions, risky reproductive conduct and weakness results (UN-HABITAT, 2003, National Research Council and Institute of Medicine, 2005,

1.1 STATEMENT OF THE PROBLEM

In Nigeria, Many youth carelessly engage in sexual danger practices that can bring about unintended health results. More than 41% youths in Nigeria have engaged in sexual intercourse and 30% engaged in it even in the past 3 months. Statistics also shown that 43% did not utilize a condom the last time they engaged in sexual relations. Furthermore, 14% did not utilize any strategy to counteract pregnancy and 21% had intoxicated liquor or utilized medications before last sexual intercourse. Just 10% of sexually experienced understudies have ever been tried for human immunodeficiency infection (HIV). Premature exposure sexual practices place young people at danger for HIV contamination, other sexually transmitted sicknesses (STDs), and unintended pregnancy:

• Young individuals (matured 13-24) represent an expected 22% of all new STDI analyze in Nigeria (USAID 2013)

• Among young people (matured 13-24) who are discovered to have STD in 2014, 80% were gay and bisexual guys.

• Half of the about 20 million new STDs reported every year were among youth most especially people between the ages of 15 to 24.

• Nearly 250,000 children were destined to teenager young women matured 15–19 years in 2014.

To diminish sexual danger practices and related health issues among youth, schools and other youth-serving associations can help youngsters receive long lasting states of mind and practices that backing their health and prosperity including practices that decrease their danger for HIV,

different STDs, and unintended pregnancy. The National HIV/AIDS Strategy requires all Americans to be instructed about STD. This agency actively aware of how STDs are being transmitted and counteracted by people points out the practices that place people at most serious danger for contamination. HIV consciousness and instruction ought to be all around incorporated into every single instructive environment.

1.2 RESEARCH QUESTIONS

This study attempts to proffer answers to the following controversial questions about migration and the spread of STDs:

• What is the prevalence of sexual risky behavior among internal migrants?

• To what extent do socio demographic characteristics of internal migrants in Nigeria influence sexual risky behavior?

1.3 OBJECTIVES OF THE STUDY

Main Objective

The followings are the major aim and objectives of this research:

- To examine the prevalence of sexual risky behavior among internal migrant in Nigeria.

- To investigate the influence of socio-demographic factors on sexual risky behavior among internal migrants.

1.4 JUSTIFTCATION OF THE STUDY

The frail position of men and women in the public arena is reflected in the quick spread of HIV/AIDS. The sexual and financial subordination of women energizes the HIV/AIDS scourge in Nigeria among inside vagrant. Keeping in mind the end goal to break the cycle of disregard, which influenced inner vagrant in their life range and crosswise over eras, it is vital to attempt activity arranged examination, to give the missing data that would empower inward transient to settle on educated decisions and to enhance the nature of their lives. Given the developing measurements of HIV/AIDS, they have regularly been criticized and rebuked for "bringing on" HIV/AIDS and different STDs. They have much of the time been recognized as "supplies of contamination" or as "vectors of transmission" to their male accomplices (customers) and their posterity. This off base perspective had been deceiving, as it had kept research and projects from creating administrations, which addressed the issues of this sex vagrant. This study explores some existing literature that outline the examination and intercession methodologies which had been planned more to shield men from women, instead of to empower the sex transient to secure him or herself. In Nigeria today, powers either kept on denying that prostitution existed in the public eye, or on the other hand minimized its extension. Moreover, inquire about had not analyzed the information and sexual behavioral examples identified with STD and HIV/AIDS among vagrant. There was likewise constrained data on the critical region of whore sexual conduct, hazard observations and practices, and this study looked for this required data.

CHAPTER TWO

2.0 INTRODUCTION

This chapter explores existing scholarly contributions in the same field of study in order to emphasize the vacuum that this research wants to fill.

2.1 LITERATURE REVIEW

It is important to identify existing studies which enables readers to recognize how this work contributes to the body of knowledge. Migration is a spatial phenomenon which deals with the movement of people from one place to another with the intention of settling temporarily or permanent in a new location. There are various forms of migration, which basically includes internal and external or foreign migration. Internal migration refers to people within a country moving to another location within its borders.

The 2010 UNAIDS Report on the global AIDS epidemic estimates that in 2009, 33.3 million adults and 2.5 million children are living with HIV. As the epidemic continues to grow migrants are considered to be vulnerable population for HIV infection. According to the International Organization for Migration there are an estimated 214 million international migrants worldwide sending around 414 billion remittance home to their families in 2009 .One out of every 33 people in the world is a migrant. These numbers do not capture the tremendous heterogeneity both within and between migrant groups. Additionally, these numbers do not include all internal migrants, such as the estimated 16 million who move from rural to urban settings within their own countries. There has been a shift from viewing HIV risk as predominantly an individual behavior to viewing it as impacted by social, economic, political, and/or cultural determinants.

For example, HIV researchers have argued for understanding HIV risk through social vulnerability or combined ecological models. Such approaches are especially useful in understanding the complexities of migrants' HIV risk and guided this review. Migrants are frequently separated from their spouses, nuclear and extended families as they work in mines, fields, or markets. They are forced into physically demanding and dangerous jobs, low wages, sub-par living conditions and have limited access to health care. They have limited social support networks and are forced to adapt to foreign culture, customs and languages. All these factors may contribute to increased HIV risk, though many of these factors are not necessarily specific to migrants and are shared with other vulnerable populations.

Although the pathways through which migration leads to the HIV transmission are not entirely understood, there is a growing body of scientific literature across the health and social sciences examining this issue in various migrant populations. To date, this literature has not been reviewed as a cohesive body of knowledge. In organizing our approach to this review of the literature, we were guided by the need to look with a multidisciplinary perspective for potentially modifiable determinants about which sufficient evidence exists that we should consider trying to address them and which could be used to formulate multilevel interventions (e.g., those that intervene with one or more of the following: individuals, couples, families, social and sexual networks, institutions, and entire communities). The four categories of potentially modifiable evidence-based multilevel determinants identified were: (1) policy; (2) sociocultural context; (3) health and mental health, and (4) sexual practices.

This investigation conducted a comprehensive review of the scientific literature that investigated possible associations between migration and HIV risk. This review summarizes prior empirical

studies with a focus on examining evidence-based multilevel determinants that link migration and HIV risk. It also assessed for limitations and gaps in this prior research and provides recommendations for future research.

Risky sexual behavior can be defined as the increase risk of a negative outcome.

2.2 THEORETICAL FRAMEWORK

To our knowledge, there are few studies aimed at sexual and reproductive risk behaviors using health promotion theoretical frameworks in Nigeria, and no studies focused on unmarried rural-to-urban female migrants based on the theoretical frameworks such as the information motivation-behavioral skills (IMB) model. The IMB model developed by Fisher and his colleagues held that HIV prevention information, motivation, and behavioral skills are the fundamental determinants of HIV preventive behavior. This model has been tested of good fitness in many studies of STI/AIDS preventions among risk population recently. The IMB model assumed that an individual must be well-informed, motivated and possesses the self-efficacy behavioral skills to decreases risk behaviors. The constructs of the IMB model and the relationships among them had been well-supported across HIV risk populations and health promotion behaviors; however, little work had been done in SRH among migrants.

2.2.1 BEHAVIORAL MODEL

Respondents' perceived self-efficacy to perform key SRH preventive is employed using two scales. One scale is self-efficacy to safe sex and consists of 4 items (e.g. Do you think you can use condom during your sexual debut? Do you think you can discus safe sex with your partner?) All the 4 items constructed from answers on a 5-point Likert scale (1 completely unable to 5 completely able). The sum of the 4 item's score is converted into a total score as the scale of the self-efficacy to safe sex (SESS; Cronbach's alpha coefficient=0.72; range of 4–20). The other scale was the self-efficacy to RH containing 4 items (e.g. Have you ever wanted to get the health promotion of RH?; Do you have the effective way for RH consultation?). The sum of the 4 items' scores with the answers on a 4-point Likert scale (1 definitely no to 4 definitely yes) was changed into a total score as the scale of the self-efficacy to RH (SERH; Cronbach's alpha coefficient=0.69; range of 4–16). The higher the score, the more self-efficacy to SRH preventive skill the participant got.

2.2.2 PREVENTIVE MODEL

The reduction of risk behaviors can serves as the preventive behavior Literature reviews showed no established standard of sexual and reproductive risk behaviors measures associated with the IMB model We constructed sexual and reproductive risk behaviors with 6 items (e.g. Do you have the experience of premarital sex; Do you have the experience of unintended pregnancy?; Do you have the experience of abortion; Do you have the experience of STI; Do you have the experience of venereal infections; Do you not use condom during sexual intercourse?) which had been tested with good reliability and validity in the previous study. Each item is measured with "yes" (credited with a score of zero) or "no" (received a score of one). The sum of the 6 item's scores is converted into a total score as the scale of the prevention behaviors (Reducing sexual and reproductive risk behaviors; Cronbach's alpha coefficient=0.76; range of 0–6).The higher the score, the less sexual and reproductive risk behaviors the participant experienced. The score of sexual and reproductive risk behaviors is used as the main outcome and the dependent variable in this study.

2.3 CONCEPTUAL FRAMEWORK

```
┌─────────────────────────┐
│   SOCIO/DEMOGRAP        │
│    HIC FACTORS         │
│                        │
│  AGE                   │
│                        │
│  MARITAL STATUS        │              ┌──────────────────────┐
│                        │              │  DEPENDENT            │
│  EDUCATION             │              │  VARIABLE             │
│                        │─────────────▶│                      │
│  INCOME                │              │   SEXUAL RISKY        │
│                        │              │  BEHAVIOUR            │
│  AGE AT FIRST SEX      │              └──────────────────────┘
│                        │
│  PRE-MARITAL SEX       │
└─────────────────────────┘
```
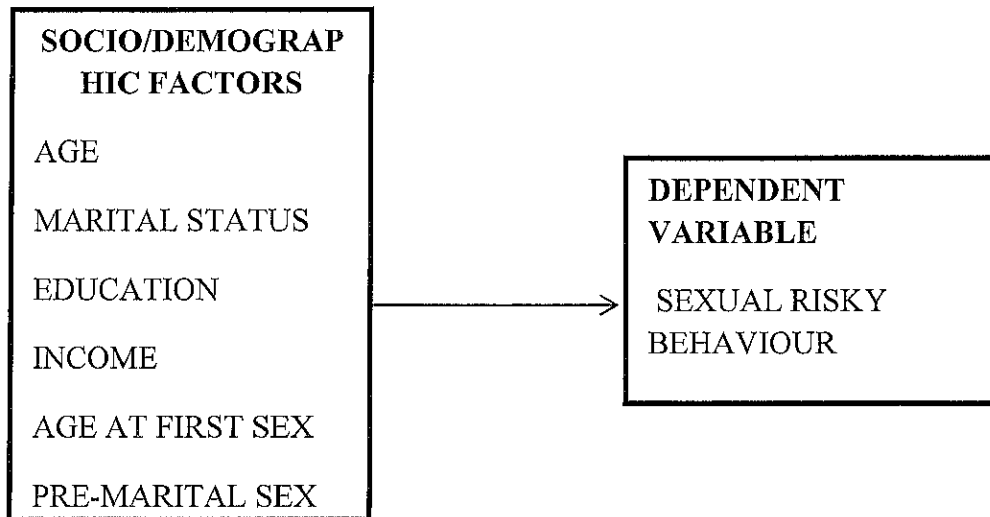
2.4 HYPOTHESIS

H_0: There is no significant relationship between internal migration and sexual risky behavior

H_1: There is significant relationship between internal migration and sexual risky behavior

16

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter outlines the methodology that is employed in the accumulation of data in this research work, and it gives relevant notes on the sources of the research data.

3.1 DESCRIPTION OF THE STUDY AREA

Nigeria is a federal constitutional republic comprising of 36 states and its Federal Capital Territory, Abuja. These states are subdivided into 774 Local Government Areas (LGAs). Furthermore, the states are regrouped by geographical location to form six zones, which are North Central, North -East, North-West, Southeast, South-South, and South-West. Nigeria is located in West Africa and shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east, and Niger in the north. Its coast in the south lies on the Gulf of Guinea in the Atlantic Ocean. The country is made up of diverse ethnic and cultural groups, with a low literacy level.

Evidence shows that the high level of awareness and knowledge of contraceptive methods in Nigeria. For example, about 70% of the women know of at least a method of contraception. However, the contraceptive prevalence rate has remained low. Sufficient evidences from the literatures show that low contraceptive prevalence rates are associated with high fertility behavior. Several factors play an important role in the use of contraceptives among women of childbearing age (15-49). The identification of these factors is crucial to the planning and implementation of suitable family planning programs.

This study investigates the determinants of sexual risky behavior among internal migrant in southwest Nigeria, and to examine the level of sexual risky behavior among internal migrant in southwest Nigeria.

3.2 TARGET POPULATION

The study population focuses on internal migrant and their influence on sexual risky behavior in Nigeria.

3.3 SAMPLE DESIGN AND SAMPLE SIZE

The sample for the 2013 NDHS is nationally representative and covers the entire population. The survey used as a sampling frame the list of enumeration areas (EAs) prepared for the 2006 Population Census of the Federal Republic of Nigeria, provided by the National Population Commission. The sample was designed to provide population and Health indicator estimates at the national, zonal, and state levels. The sample design allows specific Indicators to be calculated for each of the six zones, 36 states, and the Federal Capital Territory, Abuja. Administratively, Nigeria is divided into states. Each state is subdivided into local government Areas (LGAs), and each LGA is divided into localities. In addition to these administrative units, during the 2006-population census, each locality is subdivided into census enumeration areas. The primary sampling unit (PSU), referred to as a cluster in the 2013 NDHS, is defined based on EAs from the 2006 EA census frame. The 2013 NDHS sample was selected using a stratified three-stage cluster design consisting of 904 clusters, 372 in urban areas and 532 in rural areas. A representative sample of 40,680 households was selected for the survey, with a minimum target of 943 completed interviews per state (for further details on sample size and design, see Appendix B).

A complete listing of households and a mapping exercise are carried out for each cluster from December 2012 to January 2013, with the resulting lists of households serving as the sampling frame for the selection of households. All regular households are listed. The NPC listing enumerators are trained to use Global Positioning System (GPS) receivers to calculate the coordinates of the 2013 NDHS sample clusters. A fixed sample take of 45 households are selected per cluster. All women age 15-49 who are either permanent residents of the households in the 2013 NDHS sample or visitors present in the households on the night before the survey

were eligible to be interviewed. In a subsample of half of the households, all men age 15-49 that are either permanent residents of the households in the sample or visitors present in the households on the night before the survey are eligible to be interviewed. In addition, a subsample of one eligible woman in each household is randomly selected and each is asked additional questions regarding domestic violence. The 2013 Nigeria Demographic and Health Survey (NDHS) is the fifth DHS in Nigeria, following those implemented in 1990, 1999, 2003, and 2008. A nationally representative sample of 40,320 households from 904 primary sampling units (PSUs) is selected. All women age 15-49 who are usual members of the selected households or who spent the night before the survey in the selected households is eligible for individual interviews. As with previous NDHS surveys, the main objective of the 2013 NDHS is to provide reliable information on internal migration preferences, knowledge and use of knowledge of and attitudes toward HIV/AIDS and other sexually transmitted infections (STD). The survey was designed to produce reliable estimates for key indicators at the national level as well as for urban and rural areas, each of the country's six geographical zones, and each of the 36 states and the Federal Capital Territory (FCT). In addition to the female survey, a male survey is carried out at the same time in every second household selected for the female survey. In these households, all men age 15-49 who are usual members of the selected households or spent the night before the survey in the selected households were eligible for individual interviews. The survey collected information on their basic demographic status and their knowledge of and attitudes toward HIV/AIDS and other STIs.

3.4 SOURCES OF DATA

Secondary data sources are employed in the accumulation of data of this work. Data collection method will be collected by quantitative method and it is basically secondary data from 2013 Nigeria Demographic Health Survey (NDHS).

3.5 DATA PROCESSING AND ANALYSIS

Quantitative data is done using STATA 12.0 software and will be done at three levels;

Firstly, a UNIVARIATE analysis, which involved taking the percentage distribution and frequency count of the Socio-demographic characteristics of the respondents, is carried out.

The Second analysis will be a BIVARIATE analysis; it involved cross tabulations of two or more variables. The Chi-Square table is used to analyze some selected socio-demographic characteristics and the dependent variable (sexual risky behaviour).

The Third analysis is a MULTIVARIATE analysis; it involved using Binary Logistic Regression to analyze the effect of each level of the socio-demographic characteristics on the dependent variable (sexual risky behaviour).

3.6 MEASUREMENT OF VARIABLES

The variables to be used are classified into independent and dependent variables, they are briefly discussed below:

INDEPENDENT VARIABLES

The Independent variables are measured as follows:

Age: This is a nominal variable, it will be measured from the NDHS using the grouped age of respondents in five-year age group 20-24, 25-29, 30-34, 35-39, 40-44 and 45-49.

Place of Residence: It is divided into two (2) categories; Rural and Urban.

Level of Education: Is a categorical variable divided into four categories; No Education, Primary Education, Secondary Education and Higher Education.

Religion: Is measured in three categories; Christian, Islam, Traditional.

Wealth Index: Is a categorical variable divided into three categories; Poor, Middle, Rich.

Ethnicity: Is measured in two categories; Yoruba and others

DEPENDENT VARIABLE

Sexual risky behavior

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS OF RESEARCH FINDINGS

4.0 INTRODUCTION

This chapter comprises of the presentation and analysis of research data. It encapsulates the application of the theoretical the framework in the analysis of the data which results to the understanding of unilabiate, bivariate and multivariate analysis table and their interpretation in issue of migrants and STDs.

The profile of respondent is shown in univariate table. It shows the distribution of respondents by some selected socio demographic characteristics which include ages, gender, educational attainment religion, place of residence region. Table (4.1) shows the sexual risky behavior of among internal migrant. In table (4.2) deep emphasis is laid on the relationship between sexual risky behaviors among internal migrant. Bivariate table show the background characteristics or socio demographic variables (ages, level of education, place of residence, religion,) in relation to sexual risky behavior.

4.1 UNIVARIATE

VARIABLES	FREQUENCY	PERCENTAGE
REGION		
North Central	1,705	14.11
North East	1,524	12.61
North West	4,085	33.80
South East	1,153	9.54

South South	1,153	14.65
South West	1,847	15.29
Total	12,087	100.00
PLACE OF RESIDENCE		
Urban	5,162	42.71
Rural	6,924	57.29
Total	12,086	100.00
EDUCATIONAL LEVEL		
No Education	2,614	21.63
Primary	2,077	17.18
Secondary	5,869	48.56
Higher Institution	1,525	12.62
Total	12,087	100.00
RELIGION		
Yoruba	1,401	12.40
Hausa	3,560	29.46
Igbo	1,593	13.18
Others	5,433	44.96
Total	12,087	100.00
WEALTH INDEX		
Poor	4,237	35.06
Moderate	2,405	19.90
Rich	5,443	45.04

Total	12,087	100.00
LIVING CHILDREN		
0	6864	56.78
1-2	1,929	15.96
3+	3,294	27.26
Total	12,087	100.0
CONDOM USED DURING LAST SEX WITH MOST RECENT PARTNER		
No	6,041	81.60
Yes	1,362	18.40
Total	7,403	100.00
CURRENT CONTRACEPTIVE USED TO REDUCE RISK OF GETTING HIV		
Not Using		
Using	9,860	81.58
Total	2,226	18.42
	12,087	100.00
ALWAYS USED CONDOM DURING SEX		
Yes	1,578	13.81

No	8,837	77.29
Don't know	1,017	8.90
Total	11,433	100.00
CONDOM USED LAST TIME PAID FOR SEX IN LAST		
No	66	36.05
Yes	115	62.70
Total	183	100.00
HAVE EVER PAID ANYONE IN EXCHANGE FOR SEX		
No	7,599	94.15
Yes	472	5.85
Total	8,071	100.00
AWAY FOR MORE THAN ONE MONTH IN LAST 12 MONTH		
No		
Yes	5,204	59.32
Total	3,569	40.68
	8,773	100.00

Source: NDHS 2013

Table 1 show that those in the north western region has highest rate of migration (33.80%), follow by south western region (15.29%) while the least is found in the south eastern region (9.54%). Considering place of residence, the study also shows that people in the rural area

migrate more (57.29%) compare to their urban counterpart (42.71%). Also, those with secondary education migrate more (48.56%), follow by those with low education (21.63%), while people who have least migratory pattern are those with primary and higher education (17.18%) and (12.62%) respectively. Furthermore, Muslims have higher migration (51.59 %) while Christians follow (46.81%). This table further shows that other ethnic groups migrate more with (44.96%), followed by the Hausas (29.46%). The rich migrates more (45.04%), followed by the poor (35.06%).

4.2 BIVARIATE

Number of Sex Partners Excluding Spouse in last 12 months

CHARACTERISTICS	RISKY	NOT RISKY	TOTAL
MARITAL STATUS			
Single	4,400(68.76)	1,999(31.24)	6,399(100.00)
Married	5,008(93.15)	368(6.85)	5,376(100.00)
Widowed/Divorce/Separated	94(53.71)	81(46.29)	175(100.00)
Total	9,502(79.51)	2,448(20.49))	11,950(100.00)
Pearson chi2(2) = 1.1e+03 Pr = 0.000			
EDUCATIONAL ATTAINMENT			
No Education	2,268(95.94)	96(4.06)	2,364(100.00)
Primary	1,770(83.89)	340(16.11)	2,110(100.00)
Secondary	4,425(74.96)	1,478(25.04)	5,903(100.00)
Higher	1,039(66.05)	534(33.95)	1,573(100.00)
Total	9,502(79.51)	2,448(20.49)	1,950(100.00)
Pearson chi2(3) = 666.3984 Pr = 0.000			
RELIGION			
Christians	4,210(68.26)	1,958(31.74)	6,168(100.00)
Islam	5,133(91.78)	460(8.22)	5,593(100.00)
Others	159(84.13)	30(15.87)	189(100.00)
Total	9,502(79.51)	2,448(20.49)	11,950(100.00)

Pearson chi2(2) = 998.6610   Pr = 0.000

ETHNICITY			
Yoruba	1,099(70.58)	458(29.42)	1,557(100.00)
Hausa	2,912(97.33)	80(2.67)	2,992(100.00)
Igbo	1,071(71.45)	428(28.55)	1,499(100.00)
Others	4,420(74.89)	1,482(25.11)	5,902(100.00)
Total	9,502(79.51)	2,448(20.49)	11,950(100.00)

Pearson chi2(3) = 796.3543   Pr = 0.000

WEALTH INDEX			
Poor	3,737(91.08)	366(8.92)	4,103(100.00)
Moderate	1,952(77.55)	565(22.45)	2,517(100.00)
Rich	3,813(71.54)	1,517(28.46)	5,330(100.00)
Total	9,502(100.00)	2,448(20.49)	11,950(10000)

Pearson chi2(2) = 551.0264   Pr = 0.000

LIVING CHILDREN			
0	4,916(71.84)	1,927(28.16)	6,843(100.00)
1-2	1,611(85.55)	272(85.55)	1,883(100.00)
3+	2,975(92.28)	249(7.72)	3,224(100.00)
Total	9,502(79.51)	2,448(20.49)	11,950(100.00)

Pearson chi2(2) = 611.9915   Pr = 0.000

REGION			
North Central	1,457(75.69)	468(24.31)	1,925(100.00)

North East	1,550(88.17)	208(88.17)	1,758(100.00)
North West	3,089(96.74)	104(3.26)	3,193(100.00)
South East	816(72.53)	309(72.53)	1,125(100.00)
South South	1,357(61.60)	846(38.40)	2,203(100.00)
South West	1,233(70.62)	513(29.38)	1,746(100.00)
Total	9,502(79.51)	2,448(20.49)	11,950(100.00)
Pearson chi2(5) = 1.2e+03 Pr = 0.000			
RESIDENCE			
Urban	3,579(75.96)	1,133(24.04)	4,712(100.00)
Rural	5,923(81.83)	1,315(18.17)	7,238(100.00)
Total	9,502 (79.51)	2,448(20.49)	11,950 (100.00)
Pearson chi2(1) = 60.5167 Pr = 0.000			
No	4,020(77.25)		
Yes	2,387(66.88)		
Total	6,407(73.03)		
Pearson Chi2(1) = 115.5184 Pr = 0.000			

Source: NDHS 2013

HYPOTHESIS I

H_0: There is no significant relationship between internal migration and sexual risky behavior.

H_1: There is significant relationship between internal migration and sexual risky behavior

CRITICAL REGION: At 0.05 level of significance, Reject H_0 if P-value < 0.05. Hence, accept if otherwise.

Pearson chi2 (3) =115.5184	Pr = 0.000

Discussion: The result of the chi-square shows that there is significant relationship between internal migration and sexual risky behavior. This result indicates that internal migration has influence on sexual risky behavior.

MULTIVARIATE ANALYSIS

The binary logistic regression analysis is performed to determine the relative importance of the different categories of the independent variables in relation to sexual risky behavior which is the dependent variable.

TABLE 4:3 LOGISTIC REGRESSIONS

Characteristics	Odds ratio	P>z	95%	Conf. interval
AGE				
15-19	1.00(RC)			
20-24	1.098	0.132	.972	1.241
25-29	.626	0.000	.510	.767
30-34	.325	0.000	.244	.433
35-39	.960	0.779	.722	1.276
40-44	1.447	0.000	1.232	1.698
45-49	1.211	0.068	.985	1.489
MARITAL STATUS				
Single	1.00(RC)			
Married	.1522	0.000	.133	.173
Widowed/ divorced	2.040	0.000	1.453	2.865
EDUCATIONAL ATTAINMENT				

No Education	**1.00(RC)**			
Primary	1.717	0.000	1.312	2.247
Secondary	1.485	0.002	1.151	1.917
Higher	3.456	0.000	2.611	4.575
RELIGION				
Christian	**1.00 RC**			
Islam	.600	0.000	.514	.700
Traditionalist	.757	0.216	.487	1.176
ETHNICITY				
Yoruba	**1.00(RC)**			
Hausa	.353	0.000	.247	.505
Igbo	.882	0.371	.671	1.159
Others	1.122	0.278	.911	1.382
WEALTH STATUS				
Poor	**1.00(RC)**			
Middle	1.244	0.012	1.048	1.476
Rich	1.400	0.000	1.178	1.663

SOURCE: NDHS 2013

The likelihood ratio of the logistic regression in the table above reveals the influence of age on sexual risky behavior in Nigeria. In addition, taking the age group 15-19 as the reference category (1.00), the age group 20-24,40-44 and 45-49 are more likely to influence sexual risky behavior in Nigeria with (OR=1.098311, p>0.05), (OR=1.447323, p=0.00) and (OR=1.211433,

p=0.00) respectively are more likely to influence sexual risky behavior in Nigeria significantly to some extent.

The likelihood ratio of the logistic regression in the above revealed that marital status contribute to likely internal migration and sexual risky behavior. In addition taking single reference category (1.00) and also widowed/divorce are also more likely influence sexual risky behavior with (OR=2.040542, p=0.00) significantly while married have less likely contribute to sexual risky behavior with (OR=0.1522969,p=0.00) significantly.

The likelihood ratio of the logistic regression in the above table revealed that religion contributes to sexual risky behavior in Nigeria. In addition, taking Christianity as a reference category (1.00), both Islam and Traditionalist are less likely to influence sexual risky behavior with (OR=0.6005536, p=0.00 and OR=0.7572794, p>0.05).

The likelihood ratio of the logistic regression in the above reveals that educational attainment contribute to likely internal migration and sexual risky behavior. In addition taking no education reference category(1.00) and both primary, secondary and higher education attainment are also more to influence sexual risky behavior with(OR=1.717655,p=0.00, OR=1.485824,p<0.01 and OR=3.456739,p=0.00)significantly.

The likelihood ratio of the logistic regression in the table above reveals that wealth status contributes to the likely internal migration and sexual risky behavior in Nigeria. In addition, taking poor reference category (1.00), those who belong to the middle quintile and rich quintile are more likely to influence sexual risky behavior in Nigeria with (OR=1.244033, p=0.00 and OR=1.40040,p=0.00)significantly.

34

The likelihood ratio of the logistic regression in the above reveals that ethnicity contribute to the likely sexual risky behavior. In addition, taking Yoruba ethnic group as reference category (1.00), others ethnicity are also more likely to influence sexual risky behavior with (OR=1.122319, p=0.00) while Hausa and Igbo are less likely to influence sexual risky behavior with (OR=0.3539769, p=0.00 and OR=0.8828146,p=0.00)significantly to some extent.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 SUMMARY

High mobility among rural-to-urban Nigeria migrants appears to be associated with increased sexual risk. This finding, coupled with the observations that mobility is higher among single and younger migrants, underscores the importance of effective HIV/STD prevention efforts among this vulnerable population. Consistent with data from other countries the findings in the current study suggest a higher level of sexual risk among Nigeria migrant population, compared with the non-migratory population. For example, this study gives a critical exploration of migrants and their influence on the spread of STDs in Nigerian society, it discovers that sexual partners are substantially higher than similar reports among indigenous rural in Nigeria. In the absence of formalized access to education and health care, population is vulnerable to socially based diseased such a description is applicable to migrants in Nigeria. High mobility among rural to urban Nigeria migrants appears to be associated with increased sexual risk.

5.1 CONCLUSION

The perception that men migrate in search for job is confirmed by this study. It is also discovered that blue collar jobs are usually limited and it makes little effort in the reduction of the percentage of unemployed. The greater interdependence the migrants enjoy is usually to activate their sexual behavior and consciousness, consensual or coercive sexual relationships and more sexual partners (as the case may be). The emerging negative emotional or sexual health outcomes can serve as catalysts for increased risk of HIV/AIDS. However, the study could not statistically establish the link between the risk of HIV/AIDS and internal migration due to paucity of data on the subject matter. The summation on the issue is contingent upon the result of the analysis on the former. This work also discovers that high risk of HIV/AIDS among the current and prospective working population decreases the chance for industrial development in the long run. In the short run, it exacerbates the burden of sicknesses/diseases at the individual, family and community levels.

5.2 RECOMMENDATIONS

The study therefore recommends intensive sexual counseling for all migrants both at the rural and urban areas to instill responsible sexual behavior before, during transiting, and after reaching their destinations.

While our study provides evidence of a positive relationship between migration and high-risk sexual behavior in Nigeria, it shows that this relationship is not consistent across gender or different migrant flows. Allowing for data limitations, the evidence we have presented suggests that health interventions should follow two paths: 1) target specific groups of migrants (broadly, men in urban areas, women in rural areas, and persons moving from urban to rural areas) and (2) focus on spouses and partners of migrants, especially of male migrants, and their ability to negotiate safe sexual practices.

REFRENCES

Gurmu, E., Goldstein, S. & Goldstein, A. (2000.). *Migration, Gender and Health Survey in Five Regions of Ethiopia:1998. A United Nation Training and Research Project on the Interrelations of Migration and Economic Change, Women's Status, Reproduction and Health.* Addis Ababa: Addis Ababa University and Providence: Brown University.

Kimuna, S. R., & Djamba, Y. K. (2005). Wealth and extra-marital sex among men in Zambia. *International Family Planning Perspectives* , 31, 83-89.

Lurie, M. N. . (2006). The epidemiology of migration and HIV/AIDS in South Africa. . *Journal of Ethnic and Migration Studies* , 32, 649-666.

Lurie, M., Williams, B., Zuma, K., Mkaya-Mwamburi, D., Garnett, G., Sturm, A. W., Sweat, M. D., Gittelsohn, J., & Karim, S. S. (2003). The impact of migration on HIV transmission in South Africa: . *A study of migrant and non-migrant men and their partners.* , Sexually Transmitted Diseases, 30, 149-156.

Nyanzi, S., Nyanzi, B., Kalina, B., & Pool, R. . (2004). Mobility, sexual networks and exchange among bodaboda men in southwest Uganda. *Culture, Health & Sexuality*, 6, 239-254.

Nyanzi, S., Nyanzi, B., Kalina, B., & Pool, R. (2004). Mobility, sexual networks and exchange among bodaboda men in southwest Uganda. . *Culture, Health & Sexuality*, 6, 239-254.

Saggurti, N., Verma, R. K., Jain, A.RamaRao, S., Kumar, K. A., Subbiah, A., et al. . (2008). *HIV risk behaviors among contracted and non-contracted male migrant workers in India: Potential role of labor contractors and contractual systems in HIV prevention.* . London: AIDS London, England.

Wolffers, I, Fernandez, I. Verghis, S. & Vink, M. . (2002). Sexual behaviour and vulnerability of

migrant workers for HIV infection. *Culture, Health and sexuality,* 4(4), 459- 473.