

**MOBILITY AND SEXUAL BEHAVIOUR AMONG YOUNG MEN IN  
NIGERIA**

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**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF  
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**CERTIFICATION**

This is to certify that Ojo Michael Adeleye of the Department of Demography and Social Statistics, Faculty of Humanities and Social Sciences, carried out a Research on the Topic “Mobility and Sexual Behaviour among young men in Nigeria” in partial fulfilment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision

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## DEDICATION

This project is dedicated to God Almighty, the creator of Heaven and Earth, the giver of knowledge, wisdom and understanding.

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## ***Abstract***

*Mobility has been a useful tool even in the pre-modern era because it takes place with a view to reaching and satisfying such individual's socio-economic, cultural and political needs in different places (Adetunji, 2010). The frequency, pattern and complexity of such trips are usually influenced and constrained by physical, demographic, cultural and socioeconomic factors (Asiyanbola, 1999; Boarnet and Crane, 2001; Conger, 2001; Handy and Clifton, 2001; Ironmonger and Norman, 2007; Ipingbemi, 2010). Geographical mobility is widely recognized as one of the main facilitating condition of HIV/AIDS transmission in sub-Saharan Africa (Fontanent and Piot 1994; Hunt 1989). Multiple sexual partnerships are among the sexual behaviors that also put people at risk of HIV transmission. This study, examines the relationship between mobility and sexual behaviour among young men in Nigeria and thus relied on secondary data from Nigeria Demographic and Health Survey (NDHS, 2013), constituting about 922 young men of age group 15-24, who have migrated for more than 4 weeks preceding the survey as its source of information. Findings revealed that migrants contribute significantly to their sexual behaviours based on their status. This study therefore concludes that contraceptives service point should be provided for mobile young men who are single. Christians and also from the southern-southern and southern-western part of Nigeria.*

**Keywords: Mobility, Sexual behaviour, young men aged 15-24**

## CHAPTER ONE

### GENERAL INTRODUCTION

#### 1.0 Background of the Study

In 2013, approximately 232 million people, that is 3.2 percent of the world's population, lived outside their country of origin (UNFPA, 2013). The majority of such migrants relocated in search of better economic and social opportunities. Mobility has been a useful tool even in the pre-modern era because it takes place with a view to reaching and satisfying such individual's socio-economic, cultural and political needs in different places (Adetunji, 2010). The frequency, pattern and complexity of such trips are usually influenced and constrained by physical, demographic, cultural and socioeconomic factors (Asiyanbola, 1999; Boarnet and Crane, 2001; Conger, 2001; Handy and Clifton, 2001; Ironmonger and Norman, 2007; Ipingbemi, 2010).

Earlier patterns of migration involved the historical movement of mainly permanent settlers trying to escape conflict zones, oppressions or starvation in the phase of crises, famine and drought. During this period, able-bodied men and women were forcibly transferred as slaves from Africa to Europe, North America and the Caribbean in the fifteenth and sixteenth century (Rodney, 1976).

Documented history on migration revealed that selectivity of migration to economic centre of East, West and Southern Africa was based on sex and age, migrants were overwhelmingly young males, typically between age 15-30, in search of income to pay taxes and to support kin ( or alternatively, recruited to profit labour demand (Hiffe 1987). And these movement of persons from one country or locality to another, has long been understood as an underlying factor for transmission of sexually transmitted infections (STI), including HIV. Migrants not only exhibit higher risk for acquisition of HIV and other sexually transmitted



infections than non-migrants, but disproportionately transmit those infections to others (Brockerhoff and Biddlecom 1999; Gras, 1999; Hirsch, 2002; Hunt 1989; Lurie, 2003; Potterat, 1985; Quinn 1994; Zuma, 2003). Besides, separation of migrant from family and familiar socio-cultural norms, isolation/loneliness, more sexual freedom and available of some disposable income in hand, makes migrant more vulnerable (Barongo, Borgdorff, Moshia, 1993).

A recent survey on STI/HIV transmission in Nigeria, report that more emphasis was laid on the effect of return migrant on the spread of STI/HIV in their place of origin (UNFPA, 2013). Reasons that may explain why higher mobility can be linked with increase HIV/STI exposure include contact with higher-risk group in the place they migrated/moved to, marital instability caused by either long separation from the family or misunderstanding between the couples (married and unmarried partners and more opportunities for sexual contact with new partners (W.H.O. 2010). When it comes to men sexual behaviour especially with those that tends to migrate due to their occupation depending on how urgent and necessary it is (truck drivers), are highly active when it comes to sexual pleasure due to the kind of exposure. Most men don't migrate with their family due to their mode of occupation, financial reasons, psychological reasons etc. Besides separation of migrant from family and familiar socio-cultural norms, isolation/loneliness, more sexual freedom and available of some disposable income in hand, makes migrant more vulnerable.

Multiple sexual partnerships are among the sexual behaviours that also put people at risk of HIV transmission. Others include the early onset of sexual activity, unprotected sex, multiple concurrent sex partners, and commercial sex" (Kongnyuy, et al. 2006). Several risk factors associated with multiple sexual partnerships have been identified as alcohol use, education, wealth and the main protective factors for high-risk sexual behaviours have also been identified

as religiosity, religious affiliation and delaying sexual debut (Hill et al 2004; Kongnyuy et al 2006 and Uchudi et al. 2010). Thus, reduction of multiple and concurrent sexual partnerships among men and women have been earmarked as the key priority intervention to reduce incidence of HIV in sub-Saharan Africa (Halperin & Epstein, 2007). Therefore, recently there has been an increasing interest in understanding multiple sexual partnerships (MSP) among sexually active adolescents and adults (Masatu & Benefo, 2007). Mobility today is a manifestation of a process of very rapid socio-economic change in African population.

### **1.1 Statement of Research Problem**

Research efforts have been expended on understanding HIV transmission and main drivers of the HIV pandemic (Lurie and Rosenthal, 2009). It has been suggested that the main mode of HIV transmission is heterosexual sex (Ahlburg, et al., 1997 and Buve et al. 2002) and that the main drivers of HIV infection in sub-Saharan Africa are multiple and concurrent sexual partnerships, and, low prevalence of condom use and male circumcision (Halperin & Epstein, 2007 and Mah & Halperin, 2010). Geographical mobility is also widely recognized as one of the main facilitating condition of HIV/AIDS transmission in sub-Saharan Africa (Fontanent and Piot 1994; Hunt 1989). Braunvan (2004) noted that people tend to be pulled to the area of prosperity and pushed from area of decline. Migration are usually concerned with the benefit they hope to gain by moving and usually give less thought to the problem that they will incur as a result of the process. Some of these problems may impact more on the non-migrant left behind in the rural area and also on the host. Such mode of movement is common in Africa most especially West African country.

Miler (2004) stated that although sexual behaviour has been a focus of research investigation, research examining sexual risk behaviour and how they correlate with family, peer and community has been lacking, because sexuality is an important aspect of one's life and can alter an individual's familial, societal and cultural environment as a whole (Askun & Ataca, 2007). Studying risky sexual behaviour is important due to the fact that they can threaten both physical well-being and social interactions. Migration and HIV studies are subject to many methodological and measurement challenges in part because there are many forms of migration, from short-term circular labor migration to lifetime rural to urban migratory patterns (Deane et al. 2010; Vissers et al. 2008). Consequently, understanding of the great impact of migration on HIV risk is mixed, has evolved with the changing epidemic stage, and depends on social context and measurement methods across studies (Deane et al. 2010; Mundandi et al. 2006; Voeten et al. 2010). This study seeks to examine whether migrants have a higher propensity to engage in risky sexual behaviour.

## **1.2 Research Question**

1. What is the extent of mobility among young men in Nigeria?
2. Is there any relationship between mobility and sexual risk behaviour among young men?
3. Is there any relationship between men's age at first sexual intercourse and sexual risk?

## **1.3 Objective of the Study**

### **Main Objective**

The main objective of this study is to examine the relationship between mobility and sexual behaviour among Nigerian young men in the study.

### **Specific Objectives**

The specific objectives of the study are:

1. To identify and examine the relationship between mobility and sexual risk behaviour among young men; and,
2. To evaluate and discuss the relationship between the age at first intercourse and sexual risk behaviour.

#### **1.4 Justification of the Study**

Studies have shown that Nigeria has the second highest number of new infection reported each year and an estimated 3.7% of the population is living with HIV. Also approximately 80% of HIV infections are as a result of heterosexual sex among married couples and cohabitating partners. Studies in Sub-Saharan Africa have also shown that men have unlimited sexual freedom in and out of marriage, and that a man can be the husband of several wives.

Available data suggest that married women's greatest risk of contracting HIV is through sexual intercourse with their husbands. The implication is that men are acquiring HIV outside of marriage and infecting their wives (Nigeria Federal Ministry of Health, 2004). In view of this, there has been an upsurge in interest concerning understanding multiple sexual partnerships (MSP) among sexually active adolescents and adults (Masatu, et al, 2007 and Benefo, 2007). In particular, much attention has been given to the study of prevalence and determinants of multiple sexual partners (MSP) (Santelli, et al, 1998; Kimuna and Djamba, 2005 and Kongnyuy, et al, 2006). Although there is extensive literature on the sexual behaviour of married and never married people, little attention has been paid to the sexual behaviour of mobile young men. The current study is aimed at understanding the sexual behaviour of both mobile and non-mobile young men in Nigeria.

## 1.5 Operational Definition of Terms

**Mobility:** this is the movement of people in a population as from place to place etc.

**Transactional sex:** This involves the exchange of money, favours, or gifts for sexual intercourse in the 12 months preceding the survey.

**Sexual behaviour:** This is the manner in which humans experience and express their sexuality (sexual arousal).

**HIV:** Human immunodeficiency virus

**AIDs:** Acquired immune deficiency syndrome

**Age:** This involves the targeted population age ranging from 15-24.

**Push factor:** These are physical things in terms of facilities that make people leave their previous location and settle in their current location

**Pull factor:** These are physical things in terms of facilities that make people go into a city and leave their initial place of residence.

**STDs:** Sexually Transmitted Diseases

**Sexual assault:** This is any involuntary sexual act in which a person is coerced or physically forced to engage against their will.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.0 Literature Review

Multiple sexual partnerships are among the sexual behaviours that put people at risk of HIV transmission. Some other behaviours are early onset of sexual activity, unprotected sex, multiple concurrent sex partners, and commercial sex (Kongnyuy, et al. 2006). Several risk factors associated with multiple sexual partnerships have been identified as alcohol use, education, wealth and the main protective factors for high-risk sexual behaviours have also been identified as religiosity, religious affiliation and delaying sexual debut (Hill et al 2004; Kongnyuy et al 2006 and Uchudi et al. 2010). However, to date there has been little agreement on the relative importance of each of these factors. In this section, the likely impacts of the most important socio-economic characteristics on multiple sexual partner (MSP) behaviours are discussed.

It is generally perceived that alcohol use facilitates engagement in high-risk sexual behaviour. Kongnyuy & Wiysonge (2007) using data from 2004 Cameroon Demographic and Health Survey concluded that alcohol use increased the probability of having extramarital sex. These findings are supported by Uthman & Kongnyuy (2008) who reported that Nigerian women who drank alcohol were more likely to have multiple concurrent sex partners. Fisher et al (2007) carried out a systematic review and meta- analysis of African studies and reported that alcohol users were more likely to be HIV-positive implying that alcohol users are more likely to engage in risky sexual behaviour. People who lack human capital skills are more likely to engage in risky sexual behaviour; increasing human capital skills can greatly reduce the likelihood of involvement in risky sexual behaviour. It is generally accepted that formal education is one way of enhancing human capital development skills, hence people who are more educated are less

likely than their less educated counterparts to engage in multiple sexual behaviour. Furthermore, health education can also be acquired informally through the media, health promotion programmes and campaigns (Uchudi et al, 2010). Newspapers, radios and television may play an important role in health awareness and prevention of risky sexual behaviour.

There is no clear association between education and risky sexual behaviour. Three studies in Zambia, Cameroon and Brazil have shown that men with at least primary school education were more likely to engage in extramarital activities (Benefo, 2007; Kongnyuy & Wiysonge, 2007; Hill, et al., 2004). However, other studies in sub-Saharan Africa, Finland and Estonia showed the opposite; that formal education and exposure to media for both males and females reduced the likelihood of involvement in multiple sex partnerships (Uchudi et al., 2010; Nikula et al 2009). However, another Zambian study, showed no association between education and extramarital partnerships (Kimuna and Djamba, 2005).

Income is highly correlated with level of education, occupation and employment status. Wealth is hypothesized to be positively associated with multiple sexual partnerships (Kimuna and Djamba 2005 and Bingenheimer, 2010). However, there is no consensus on the association between wealth and high-risk sexual behaviour among men. In Cameroonian men, wealth was significantly associated with extramarital sex (Kongnyuy & Wiysonge, 2007) whereas in Zambian men, such an association was not found (Kimuna and Djamba, 2005). With regard to employment status, multiple sexual partnerships have also been attributed to physical separation between husband and wife due to work (Poudel et al, 2004 and Dube & Sachingongu, 2008). Therefore males who have a paid job are likely to have multiple sex partners especially if the job requires travelling (e.g. migrant labours and truck drivers), because of the temporary separation from their spouses. Santelli, et al (1998) reported that among women aged 15-44 years in USA,

working outside the home was one of the risk factors for having multiple sex partners in the previous month.

Although a few studies have taken age at first sex as a response variable (Masatu et al 2009), most studies have used this variable to explain multiple sexual behaviours among different populations (Santelli, et al 1998; Hill et al 2004 and Kongnyuy et al 2006). Uchudi et al (2010, p.13) stated that “early sexual activity leads to a long period of premarital sexual activity during which partner changes are relatively common, resulting in development of higher risk sexual orientation”. The empirical literature has consistently found that first sex at a young age is associated with increased risk of engaging in multiple sexual partnerships. However, the cut-off point for age at first sex is not clear from the empirical literature. The cut-off points for age at first coitus range from 13 to 17 years (Santelli, et al, 1998, Hill et al, 2004, Kongnyuy et al, 2006, Masatu et al, 2009 and Uchudi et al, 2010).

Culture has emerged as an important factor in explaining sexual behaviours in many societies. An example is the African culture that permits polygamy and condones males' promiscuity because there is a general belief that men's sexual drives cannot be controlled (Shelton, 2009). The proxy measures for culture which have been mainly used in the empirical literature are: place of residence (rural/urban), geographical regions, race and ethnicity. Although, living in an urban area has been associated with an increased risk of engaging in extramarital sex (Benefo, 2007), most studies did not find any significant difference in sexual behaviour of urban and rural residents (Kimuna and Djamba 2005; Maise et al, 2007; Kongnyuy & Wiysonge, 2007 and Uchudi et al, 2010). Differences in sexual behaviours between geographical regions have also been demonstrated (Hill et al, 2004; Kimuna & Djamba, 2005 and Kongnyuy & Wiysonge, 2007).



Previous research suggests that marital status is a significant predictor of multiple sexual partnerships (Santelli, et al. 1998; Kongnyuy et al 2006; Madise et al 2007). Although Kongnyuy et al (2006) reported that being married increased the risk of engaging in extramarital sex among Cameroonian men, most studies found marriage to be a protective factor from involvement in multiple sex partnerships (Santelli, et al 1998, Madise et al 2007, Hill et al 2004). However, Uchudi et al (2010) used a different approach all together. Instead of including marital status as a predictor variable in the regression model, they ran separate regression models for married and unmarried participants in addition to a model combining both married and unmarried participants. The rationale is that association between each predictor and multiple sexual behaviours differs by marital status. This is a reasonable argument since the results from Uchudi et al (2010) study show that the associations are different for some of the variables in terms of both significance and size of the coefficients. However, Uchudi et al (2010) study was not exhaustive since they excluded widowed/divorced/separated participants. It is very important to investigate how the sexual behaviour of the formerly married men or women compare with that of never and currently married men or women.

Numerous studies in China and other developing countries have cited increasing migration as one of the most important factors leading to the rapid spread of HIV/STDs (Jochelson, Mothibeli and Leger, 1991; Brockerhoff and Biddlecom, 1999; Skeldon, 2000; UNAIDS, 2001; Wolffers et al., 2002; Anderson et al., 2003; Li et al., 2004). Studies in the more developed countries, too, highlight the vulnerability of migrant workers to HIV/STDs and the subsequent spread of the diseases through migrant travel (McCoy, Correa and Fritz, 1996; Organista and Organista, 1997; Wallace et al., 1997; Gras et al., 1999; Lansky et al., 2000; Wallman, 2001).

From an epidemiological perspective, the spread of infectious diseases has always been associated with the movement of people. Migration brings more people into close contact and creates a greater mixing of people at places of destination, which provides the ready environment for disease transmission. Through the movement of infected persons, migration in turn offers a convenient vehicle to transport diseases to places where they are previously unknown. A number of studies have established that the AIDS epidemic tends to spread geographically along transport connections, trade routes, and migration systems, and socially along personal and social networks (Obbo, 1993; McCoy et al., 1996; Wallace et al., 1995, 1997; Wood et al., 2000). The existence of migrant and other personal or social networks shapes the socio geographic patterns of the distribution of HIV; the frequency, intensity, and mode of network contacts in turn determine the rate of HIV transmission in a specific location or for a specific population group (Yang, 2005).

However, unlike other infectious diseases, the transmission of HIV and STDs requires intimate personal contacts involving specifically the exchange of body fluids. As such, migration itself will not spread the AIDS virus and other STDs; it will do so only if the process of migration renders migrants vulnerable to certain HIV/STD risk behaviours and facilitates the diffusion of such behaviours. Accordingly, the search for the migration and HIV link must go beyond migration's roles as virus carrier and population mixer to identify and understand ways by which the process of migration leads to behaviour changes that increase migrants' risk to HIV/STDs.

Two broad theoretical perspectives help to shed light on the link between temporary migration, behaviour changes, and migrants' vulnerability to HIV. The first is Social Control theory (Gibbs, 1982; Black, 1984; Akers, 1985). The basic premise of Social Control theory is

that individuals behave in accordance with social norms because they fear the negative sanctions that may result from the violation of these norms. Each society or community has its own formal and normative structure through which it enforces individuals to conform to its norms (Coser, 1982). As such, in communities where anonymity and privacy are compromised by close interpersonal contacts and relationships, it is difficult for people to act in ways that are proscribed by social norms because their acts can be easily detected and sanctioned. Once anonymity prevails or individuals are detached from the social and normative control structure, they “can more easily contemplate deviance without much fear of being detected, reported, and caught” (Whyte and Parish, 1984:234).

Many temporary migrants work and live in cities without the company of families. The separation from family can disrupt not only their family life but also regular sexual relationships and thereby become “an unremitting source of anxiety” for migrants (Jochelson et al., 1991:163). This is presumably conducive to casual sex and/or dependence on alcohol or drugs as a way to escape loneliness, to bury anxieties about work and family, and to release sexual frustration (Jochelson et al., 1991; Caldwell, Anarfi and Caldwell, 1997; Brockerhoff and Biddlecom, 1999). But more importantly, the separation from family and home community may also create some sort of social control vacuum whereby temporary migrants feel less constrained by social norms since families and friends back home are unlikely to find out what they do while away from home (Konde-Lule, 1991; Yang, 2001). Thus, the more anonymous life and easier access to commercial sex and illicit drugs in the city together may help temporary migrants to break away from social norms of morality and sexual fidelity and encourage them to seek casual sex or other socially deviant behaviours.

The other general social theory that helps to explain temporary migrants’ vulnerability to

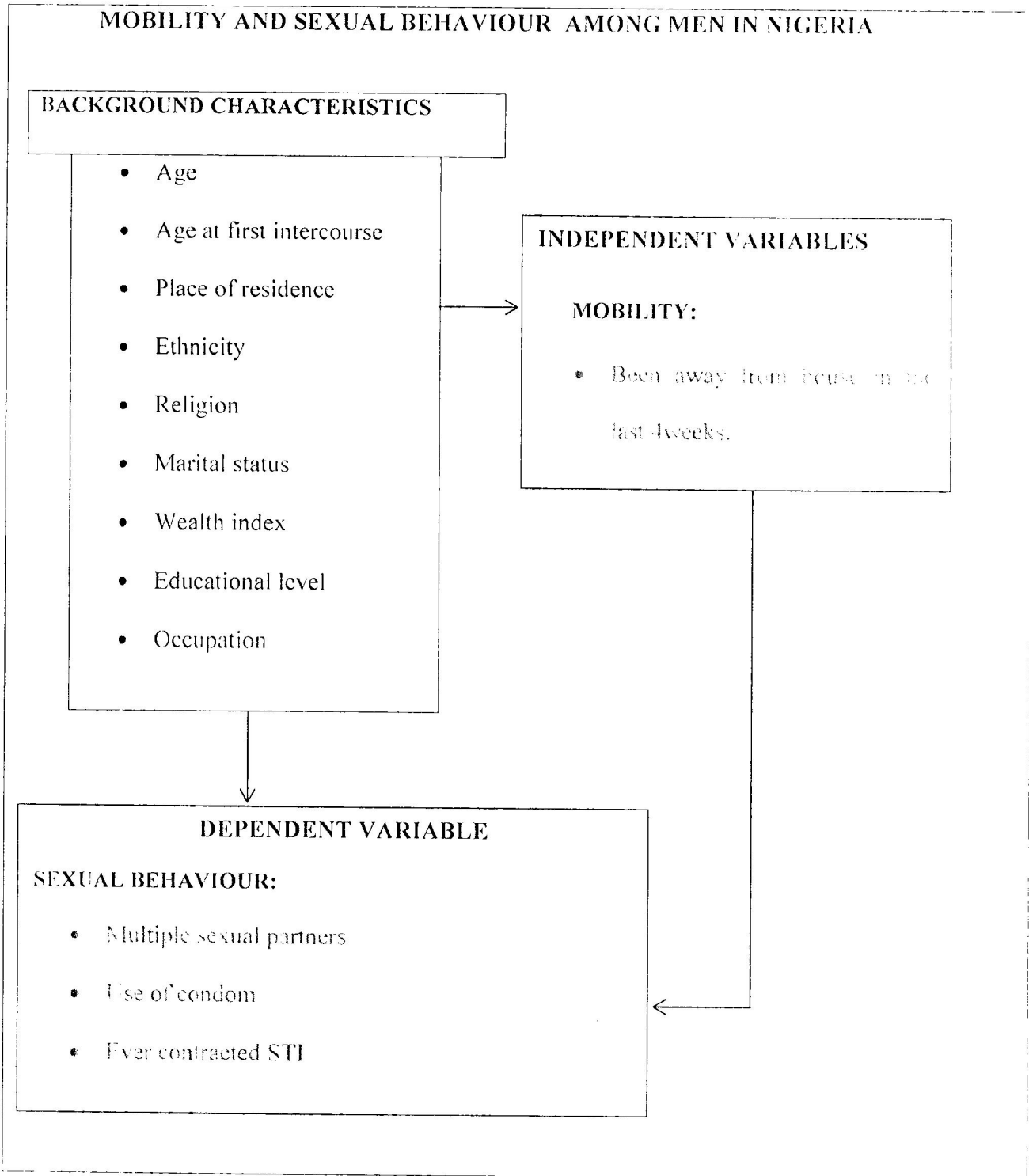
HIV/STD risk behaviour is the Social Isolation perspective (Wilson, 1987). According to Wilson, social isolation is characterized by a “lack of contact or of sustained interaction with the individuals and institutions that represent mainstream society” (Wilson, 1987:60). Being cut off socially and residentially from the mainstream society, individuals are deprived of exposure to role models and denied access to opportunities, which leads to economic marginalization, further exacerbating their social isolation (Whyte and Parish, 1984; Fernandez and Harris, 1992). If people feel that they are blocked off from access to opportunities through “diligent effort and orderly behaviour,” they are unlikely to conform to social norms (Whyte and Parish, 1984:234). This in turn may lead to socially deviant and HIV risk behaviours in an effort to release the frustration and anxieties associated with economic marginalization and social isolation.

Although not all are alike, many rural-urban temporary migrants in China are socially, culturally, and residentially isolated from a main stream at society in the place in which they live and work. Once arrived in the city, most temporary migrants live with fellow migrants at their place of work, such as construction sites, restaurants, and living quarters provided on-site by employers, or concentrate in the city’s fringe areas and/or migrant villages characterized by poverty, overcrowding, social disintegration, and lack of law enforcement and social and health services (Ma and Xiang, 1998; Zhang, 2001). Such a living environment is not only conducive to deviant behaviours, but it is also a place where socially proscribed and HIV risk behaviours, such as drugs and prostitution, are more acceptable or tolerated. Few migrants will have neighbors, friends, or co-workers who are local native residents: their social interaction in the city does not go beyond that with their fellow villagers or fellow migrants.

Consequently, many rural-urban temporary migrants experience little social or cultural assimilation in the city, feel helpless, insecure, discontented, and resentful, and are prone to

deviant and risk-taking behaviours (Situ and Liu, 1996; Solinger, 1999; Anderson et al., 2003:). In addition, the selectivity of temporary migrants in terms of social and demographic characteristics may lead to differentials in prevalence of HIV risk behaviours. There is ample evidence that rural-urban temporary migrants in China are predominantly single males in their late teens through early 30s (Goldstein, Goldstein and Guo, 1991; Wang, Zuo and Ruan, 2002; Fan, 2003; Liang and Ma, 2004). To the extent that males generally exhibit greater tendencies toward risk-taking than females, and young and single adults are more adventurous than older and married people, the sex, age, and marital status selectivity of temporary migrants would suggest that they are more likely to have unprotected casual sex with multiple partners and/or be drug users than non-migrant residents.

## 2.1 Conceptual Framework



### 2.2.1 Discussion

The conceptual frame work explains the interrelation between the independent variables and the dependent variable. The independent variables can influence the sexual behaviour of young men such as having multiple sexual partners, use of condoms and contracting sexually transmitted infections (STI). The background variables interact with the independent variables to affect the outcome of the dependent variable and they tend to either weaken or strengthen the dependent variable. The direction of the arrow indicates that as the independent variables move to influence the sexual behaviour of young men, the background factors will either weaken or strengthen the relationship. Also educational status of such respondent could be an intervening variable for making the use of condoms among young men that have been away from home for more than 4 weeks.

### 2.2 Hypothesis Testing

- ***H<sub>0</sub>***: There is no significant relationship between young men's mobility and sexual behaviour (in terms of the use of condoms, having multiple partners and engaging in transactional sex).

***H<sub>1</sub>***: There is a significant relationship between young men's mobility and sexual behaviour.

- ***H<sub>0</sub>***: There is no significant relationship between young men's age at first sexual intercourse and sexual risk (in terms of the use of condoms, having multiple partners and engaging in transactional sex).

***H<sub>1</sub>***: There is no significant relationship between young men's age at first sexual intercourse and sexual risk.

## CHAPTER THREE

### METHODOLOGY

#### 3.0 The Study Area

Nigeria is a federal constitutional republic comprising 36 states and a 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, South-East, South-South, and South-West. Nigeria is 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. Nigeria has a varied landscape. The far south is defined by its tropical rainforest climate, where annual rainfall is 60 to 80 inches (1,500 to 2,000 mm) a year. In the southeast stands the Obudu Plateau. Coastal plains are found in both the South West and the South East.

Nigeria gained independence in 1960, following years under British colonial rule. It has since alternated between democratically-elected civilian governments and military dictatorships. The country is often referred to as the 'Giant of Africa', owing to its large population and economy. With approximately 174 million inhabitants, Nigeria is the most populous country in Africa and the seventh most populous country in the world. The country is inhabited by over 500 ethnic groups, of which the three largest are the Hausa, Igbo and Yoruba.

#### 3.2 Target Population

The study is targeted at currently married and unmarried men (i.e. cohabitating unmarried couples) aged 15-24 which was collected by the Nigeria Demographic Health Survey (NDHS) 2013.



### 3.3 Sample Design

The NDHS (2013) was nationally representative and covered the entire population residing in non-institutional dwelling units in the country. The survey used as a sampling frame the list of enumeration areas (EAs) prepared for the 2006 Nigeria population census. The sample provided population and health indicator estimates at the national, zonal, and state levels. 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. A fixed sample take of 45 households were selected per cluster. All women age 15-49 who were 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 were either permanent residents of the households in the sample or visitors present in the households on the night before the survey were eligible to be interviewed.

### 3.4 Sample Size

The sample size used for this study according to NDHS 2013 for Nigeria after been filtered is 922 young men of reproductive years 15-24 who at least have migrated for more than 4 weeks in the last 12month preceding the survey.

### 3.5 Source of Data

Data collection method was by quantitative method. This involved secondary data from the 2013 Nigeria Demographic Health Survey (NDHS) using men recode dataset (NGMR6AFL.DTA).

### 3.6 Measurement of Variables

#### ❖ Independent Variables

Mobility: Been away from house in the last 4weeks.

#### Background Characteristics

- Age at first intercourse
- Age
- Marital status
- Level of education
- Ethnicity
- Religion
- Place of residence
- Occupation
- Wealth index
- Transactional sex

#### ❖ Dependent Variable

##### Sexual Behaviour:

- Multiple sexual partners
- Use of condoms
- Ever contracted sexually transmitted infection(STI)

### **3.7 Statistical Methods of Data Analysis**

Analysis of the quantitative data was done using STATA 12.0 software and was 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 was carried out.

The second analysis was a bivariate analysis. This involved cross tabulations of two or more variables. The Chi-Square table was used to analyze some selected socio-demographic characteristics and the dependent variable.

The third analysis provided a multivariate analysis. This required using Binary Logistic Regression to analyze the effect of each level of the socio-demographic characteristics on the dependent variable.

### **3.8 Ethical Consideration**

Ethical approval was obtained from federal government of Nigeria Ethics Committee, Ministry of Health. Verbal informed consent was duly sought and obtained from research participant who take part in the study. The research participants were assured of confidentiality of information elicited.

## CHAPTER FOUR

### ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.0 Introduction

This chapter examines the socio-demographic characteristics of men with respect to sexual behaviour. These characteristics include age, level of education, marital status, religion, wealth index, place of residence, occupation, ethnicity, age at first intercourse, employment status etc. While for the dependent variables include: multiple sexual partner, use of condom and ever had STI.

#### 4.1 Presentation of Findings

This study examined only respondents who at least have moved away from home for more than four weeks in the last 12 month preceding the survey. The result of the analysis, at univariate, bivariate and multivariate level is shown below. Table 4.1 reveals the percentage distributions of mobile young men in the last twelve months according to their age group. The respondents are categorized into two age groups. Age group 20-24 constitutes 76.35% of the respondents while those in age group 15-19 make up 23.65%.

Young men who reside in the urban area tend to be mobile with 55.76%, followed by those who reside in the urban area with 44.26%. This is predicated upon higher industrialization in the urban centres. As for ethnicity, the Igbo/Ibo have the highest proportion of mobile young men with 45.27%, followed by the Yoruba with 33.11%, and then the Hausa/Fulani with 8.78%. 81.08% of the Christian respondents were mobile, followed by the Muslims with 18.08%. 88.18% of the respondents had never been in union while 0.34% was no longer in union. This is because of the age category (15-24) which suggests that some respondents were still living with

their parents. The study further reveals that rich respondents were 60.14% while 15.88% were poor.

In relation to educational status, respondents with secondary education are more mobile with (59.80%) than others. Also, working class respondents are more mobile with 55.07% than those that are not working with 44.93%. This is as a result of the distance of their place of work from home. It was also observed that respondents with multiple sexual partners (68.58%) are more mobile than those that do not have (31.42%). This is as a result of the location in which this partner resides. Those that have ever had STI are more mobile (97.30%) than those that never had (2.70%).

In addition, those that had their first sexual intercourse at age range 18-20, tend to more mobile with 48.31% and the least to be among those that had theirs 20 years and above. Those that made use of condom in their last intercourse are more mobile (60.94%) than those that did not with (39.06%). In conclusion, those that engage in transactional sex are more mobile with (96.62%) than those that did not (3.38%).

4.1.1 Table 1: Distribution of Men by Selected Socio-Demographic Characteristics and Mobility

BACKGROUND VARIABLES	MOBILITY (%)
<b>AGE</b>	
15-19	23.65
20-24	76.35
<b>RESIDENCE</b>	
Urban	55.74
Rural	44.26
<b>ETHNICITY</b>	
Hausa	8.78
Igbo/Ibo	45.27
Yoruba	33.11
Others	12.84
<b>RELIGION</b>	
Christianity	81.08
Islam	18.92
<b>MARITAL STATUS</b>	
Never in union	88.19
Married	11.49
No longer in union	0.34
<b>WEALTH INDEX</b>	
Poor	15.88
Average	23.99
Rich	60.14
<b>EDUCATIONAL STATUS</b>	
No education	2.36
Primary	8.78
Secondary	59.80
Higher	29.05
<b>OCCUPATION</b>	
Not working	44.93
Working	55.07
<b>EVER HAD STI</b>	
Yes	97.30
No	2.70

**AGE AT INTERCOURSE**

<15	11.15
15-17	32.43
18-20	48.31
20+	8.11

**CONDOM USE**

No	39.06
Yes	60.94

**TRANSACTIONAL SEX**

No	3.38
Yes	96.62

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Source: Author's construct. 2015 (Data from NDHS 2013)

4.1.2 Table 2: Percentage Distribution of Mobile Young Men in Terms of Their Sexual Behaviour by Selected Background Characteristics

BACKGROUND VARIABLES	SEXUAL BEHAVIOUR OF MOBILE YOUNG MEN					
	SEXUALLY TRANSMITTED INFECTION		USE OF CONDOM IN THE LAST SEXUAL INTERCOURSE		MULTIPLE SEXUAL PARTNER	
	YES(%)	NO	YES(%)	NO	YES(%)	NO
<b>AGE</b>						
15-19	0.00	100.00	60.00	40.00	70.00	30.00
20-24	3.54	96.46	61.20	38.80	68.14	31.86
<b>RESIDENCE</b>						
Urban	2.42	97.58	71.43	28.57	71.52	28.48
Rural	3.05	96.95	48.60**	51.40**	64.89	35.11
<b>ETHNICITY</b>						
Hausa	3.85	96.15	38.89	61.11	34.62	65.38
Igbo/Ibo	2.99	97.01	58.65	41.35	67.91	32.09
Yoruba	2.04	97.96	72.73	27.27	76.53	23.47
Others	2.63	97.37	52.94**	47.06**	73.68**	26.32
<b>RELIGION</b>						
Christianity	2.92	97.08	61.66	38.34	71.67	28.33
Islamic	1.79	98.21	57.50	42.50	55.36**	44.64
<b>MARITALSTATUS</b>						
Never in union	2.68	97.32	69.19	30.81	75.48	24.52
Married	2.94	97.06	11.76	88.24	14.71	85.29
Formally married	0.00	100.00	100.00**	0.00**	100.00**	0.00**
<b>WEALTH INDEX</b>						
Poor	2.13	97.87	37.50	62.50	53.19	46.81
Average	1.41	98.59	57.89	42.11	74.65	25.35
Rich	3.37	96.63	69.12**	30.88**	70.22**	29.78
<b>EDUCATION</b>						
No education	0.00	100.00	33.33	66.67	28.57	71.43
Primary	3.85	96.15	36.36	63.64	61.54	38.46
Secondary	2.82	97.18	55.22	44.78	66.10	33.90
Higher	2.33	97.67	81.69**	18.31**	79.07**	20.93



<b>OCCUPATION</b>						
Not working	1.50	98.50	72.92	27.08	72.18	27.82
Working	3.68	96.32	52.55**	47.45**	65.64	34.36
<b>TRANS.SEX</b>						
Yes	2.45	97.55	61.78	38.22	68.88	31.12
No	10.00	90.00	37.50	62.50	60.00	40.00

Source: Author's construct, 2015(Data from NDHS, 2013)

## Discussion

Table 2 shows the significance of the relationship between the dependent variable on their socio-demographic characteristics. It shows the variables of sexual behaviour which are contracting STI and having multiple sexual partners. The use of condom have a significant relationship with religion, place of residence, ethnicity, marital status, wealth index, level of education and occupation, while having multiple sexual partner have a significant relationship with ethnicity, religion, marital status, wealth index and level of education that is significant. This simply implies that the use of condom and having multiple sexual partners is influenced with the above variables among mobile young men.

In addition, 90 out of the 126 respondents who are residing in the urban centres (71.43%) choose Yes while the remaining 36 respondents (28.57%) choose No. Also, 52 of the 107 respondents resident in rural centres (48.60%) choose Yes while the remaining 55 respondents (51.40%) choose No. This implies that condom use among mobile young men in the urban centre is higher compared to usage in rural areas. Of the 233 respondents, 18 are Hausas, 104 are Igbo/Ibo, 77 are Yoruba, while others constitute the remaining 34. Out of these 18 Hausa, 7 of them with (38.89%) choose no and 11 of them with (61.11%) choose yes. Out of the 104 young men that are Igbos/Ibos, 61 of them with (58.65%) choose yes and 43 of them with (41.35%) choose no. Out of the 77 respondent that are Yorubas, 56 of them with (72.73%) choose yes and

21 of them with (27.27%) choose no. Also, of the 34 respondent that belongs to the group of others, 18 of them with (52.94%) choose yes and 16 of them with (47.06%) choose no. This simply implies that the highest proportion of condom use is rampant among the mobile Yoruba young men.

More so, out of the 233 respondent of the total population, 198 of them are never in union, 34 are married and just only 1 of them is formally married. Out of the 198 respondent that are never in union, 137 of them with (69.19%) choose yes and the remaining 61 respondent with (30.81) choose no. Out of the 34 respondent that are married, 4 of them with (11.76%) said yes and the remaining 30 respondent with (88.24%) choose no, while 1 respondent that is formally married with (100%) choose yes. This simply implies that the rate of condom use is common among never in union young men who are mobile.

Out of the 233 respondent of the total population, 40 of them are poor, 57 are on the average and 136 of them are rich. Out of the 40 respondent that are poor, 15 of them with (37.50%) choose yes and 25 of them with (62.50%) choose no. Out of the 57 that belong to the average category, 33 of the respondent with (57.89%) choose yes and the remaining 24 with (42.11%) choose no. Also, out of the 136 that are rich, 94 of the respondent with (69.12%) choose yes and the remaining 42 of them with (30.88%) choose no. This implies that the rate of condom use is common among the rich young men who are mobile due to the fact that they can afford it.

Of the 233 respondent of the total population, 6 of them had no education, 22 of them have primary education, 134 of them have secondary education and the remaining 71 of them had higher education. Out of the 6 respondent that have no education, 2 of the respondent with

(33.33%) choose yes and the remaining 4 of them with (66.67%) choose no. Out of the 22 respondent that have a primary education, 8 of the respondent with (36.36%) choose yes and the remaining 14 of them with (63.64%) choose no. Out of the 134 respondent that have a secondary education, 74 respondents with (55.22%) choose yes and the remaining 60 with (44.78%) choose no. Also, out of the 71 that have higher education, 58 respondents with (81.59%) choose yes and the remaining 13 of them with (18.31%) choose no.

Out of the 233 respondent of the total population, 96 of them are not working, while 137 of them are working. Out of the 96 respondent that are not working, 70 of the respondent with (72.92%) choose yes and the remaining 62 of them with (27.08%) choose no. Out of the 137 that are working, 72 of the respondent with (52.55%) choose yes and the remaining 65 of them with (47.45%) choose no. This simply implies that mobile young men who are not working tend to have the highest proportion of condom use.

Out of the 296 respondent of the total population, 240 of them are Christians, while 56 of them are Islam. Out of the 240 respondent that are Christians, 172 of the respondent with (71.67%) choose yes and the remaining 68 of them with (28.33%) choose no. Out of the 56 that are Islam, 31 of the respondent with (55.36%) choose yes and the remaining 25 of them with (44.64%) choose no. This simply implies that mobile young men who are Christians tend to have the highest proportion of multiple sexual partners.

More so, out of the 296 respondent of the total population, 261 of them are never in union, 34 are married and just only 1 of them is formally married. Out of the 261 respondent that are never in union, 197 of them with (75.48%) choose yes and the remaining 64 respondent with (24.52%) choose no. Out of the 34 respondent that are married, 5 of them with (14.71%) said yes

and the remaining 29 respondent with (85.29%) choose no, while just 1 respondent that is formally married with (100%) choose yes. This simply implies that the rate of multiple sexual partners is high among never in union young men who are mobile.

Out of the 296 respondent of the total population, 47 of them are poor, 71 are on the average and 178 of them are rich. Out of the 47 respondent that are poor, 25 of them with (53.19%) choose yes and 22 of them with (46.81%) choose no. Out of the 71 that belong to the average category, 53 of the respondent with (74.65%) choose yes and the remaining 18 with (25.35%) choose no. Also, out of the 178 that are rich, 125 of the respondent with (70.22%) choose yes and the remaining 53 of them with (29.78%) choose no. This implies that the rate of multiple sexual partners is high among the average young men who are mobile.

Out of the 296 respondent of the total population, 7 of them had no education, 26 of them have primary education, 177 of them have secondary education and the remaining 86 of them had higher education. Out of the 7 respondent that have no education, 2 of the respondent with (28.57%) choose yes and the remaining 5 of them with (71.43%) choose no. Out of the 26 respondent that have a primary education, 16 of the respondent with (61.54%) choose yes and the remaining 10 of them with (38.46%) choose no. Out of the 177 respondent that have a secondary education, 117 respondents with (66.10%) choose yes and the remaining 60 with (33.90%) choose no. Also, out of the 86 that have a higher education, 68 respondents with (79.07%) choose yes and the remaining 18 of them with (20.93%) choose no.

## 4.2 Test of Hypotheses

### Hypothesis One

- ***H<sub>0</sub>***: There is no significant relationship between young men's mobility and the use of condoms.
- ***H<sub>1</sub>***: There is a significant relationship between young men's mobility and the use of condoms.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(1) = 0.4252	Pr = 0.514
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- **Decision:** Since P-value (0.514)  $> 0.05$ , therefore we accept the Null hypothesis and conclude that there is no significant between young men's mobility and the use of condoms.
- ***H<sub>0</sub>***: There is no significant relationship between men's mobility and having multiple partners.
- ***H<sub>1</sub>***: There is a significant relationship between men's mobility and having multiple partners.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson chi2(1) = 1.6840	Pr = 0.194
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**Decision:** Since P-value (0.194) > 0.05, therefore we accept the Null hypothesis and conclude that there is no significant between young men's mobility and having multiple sexual partners.

- ***Ho:*** There is no significant relationship between men's mobility and engaging in transactional sex.
- ***H1:*** There is a significant relationship between men's mobility and contracting STI.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value < 0.05. Hence, accept if otherwise.

Pearson chi2(1) = 1.6148	Pr = 0.204
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**Decision:** Since P-value (0.204) > 0.05, therefore we accept the Null hypothesis and conclude that there is no significant between young men's mobility and contracting STI.

### Hypothesis Two

- ***Ho:*** There is no significant relationship between young men's age at first intercourse and their use of condom.
- ***H1:*** There is a significant relationship between young men's age at first intercourse and their use of condom.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value < 0.05. Hence, accept if otherwise.

Pearson chi2(3) = 2.1891	Pr = 0.534
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- **Decision:** Since P-value (2.1891) > 0.05, therefore we accept the Null hypothesis and conclude that there is no significant between young men's age at first intercourse and their use of condom.

- **Ho:** There is no significant relationship between young men's age at first intercourse and contracting STI.
- **HI:** There is a significant relationship between young men's age at first intercourse and contracting STI.

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value < 0.05. Hence, accept if otherwise.

Pearson chi2(3) = 1.1092	Pr = 0.775
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**Decision:** Since P-value (1.1092) > 0.05, therefore we accept the Null hypothesis and conclude that there is no significant between young men's age at first intercourse and contracting STI.

- **Ho:** There is no significant relationship between young men's age at first intercourse and having multiple sexual partners.
- **HI:** There is a significant relationship between young men's age at first intercourse and having multiple sexual partners

**Critical Region:** At 0.05 level of significance, Reject  $H_0$  if P-value  $< 0.05$ . Hence, accept if otherwise.

Pearson $\chi^2(3) = 4.4778$	Pr = 0.214
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**Decision:** Since P-value (4.4778)  $> 0.05$ , therefore we accept the Null hypothesis and conclude that there is no significant relationship between young men's age at first intercourse and having multiple sexual partners.



4.1.3 Table 3: Binary Logistic Regression Predicting Sexual Behaviour among Young Men Aged between 15 and 24

BACKGROUND VARIABLES	SEXUAL BEHAVIOUR OF MOBILE YOUNG MEN								
	SEXUALLY TRANSMITTED INFECTION			USE OF CONDOM IN THE LAST SEXUAL INTERCOURSE		MULTIPLE SEXUAL PARTNER			
	O.R	CONFIDENCE INTERVAL		O.R	CONFIDENCE INTERVAL		O.R	CONFIDENCE INTERVAL	
<b>AWAY</b> No Yes	RC NA								
<b>AGE</b> 15-19 20-24	RC NA	RC NA		RC 1.68	RC .75	3.78	RC 1.25	RC .60	2.61
<b>RESIDENCE</b> Urban Rural	RC 1.53	RC .30	7.74	RC .49	RC .24	.98**	RC 1.17	RC .61	2.24
<b>ETHNICITY</b> Hausa Igbo/Ibo Yoruba Others	RC .50 .50 1.00	RC .02 .02 .02	11.5 10.8 46.4	RC .75 .92 1.22	RC .10 .14 .15	5.34 5.80 9.66	RC 2.66 5.30 5.87	RC .60 1.3 1.0	11.7 21.1** 32.7**
<b>RELIGION</b> Christianity Islamic	RC .44 NA	RC .02 NA	7.84	RC 1.01 NA	RC .31 NA	3.30	RC .55 NA	RC .20 NA	1.49
<b>MARITALSTATUS</b> Never in union Married Formally married	RC .51 NA	RC .04 NA	5.39	RC .07 .38	RC .02 NA	.24**	RC .03 NA	RC .00 NA	.10**

<b>WEALTH INDEX</b>									
Poor	RC	RC		RC	RC		RC	RC	
Average	.67	.03	11.9	1.93	.72	5.18	1.77	.67	4.64
Rich	2.31	.19	27.8	1.60	.61	4.22	1.00	.40	2.48
<b>EDUCATION</b>									
No education	RC	RC		RC	RC		RC	RC	
Primary		NA		.27	.01	4.16	1.01	.07	13.8
Secondary		NA		.48	.03	7.11	.61	.04	7.71
Higher		NA		1.18	.07	19.0	1.32	.09	17.6
<b>OCCUPATION</b>									
Not working	RC	RC		RC	RC		RC	RC	
Working	1.85	.27	12.5	.91	.45	1.85	1.81	.93	3.49
<b>TRANS.SEX</b>									
Yes	RC	RC		RC	RC		RC	RC	
No	2.84	.40	45.6	1.10	.18	6.72	2.91	.54	15.5
<b>AGE INTER</b>									
<15	RC	RC		RC	RC		RC	RC	
15-17	1.39	.10	17.8	.82	.27	2.48	.87	.33	2.26
18-19	.63	.04	9.37	.91	.30	2.69	1.18	.45	3.13
20-	1.70	.07	40.6	.37	.08	1.63	1.09	.27	4.42

Source: Author's construct, 2015(Data from NDHS, 2013)

\*RC= Reference Category

\*\*p value< 0.05

## Discussion

The table above presents the results of the logistic regression analysis of the relationship between each of the Socio-demographic characteristics and the sexual behaviour of mobile young men in Nigeria. For the sexual behaviour of mobile young men, it shows that only level of education, religion, ethnicity, age at first intercourse, transactional sex and their marital status has a significant influence.

The odd ratio of mobile young men who reside in the rural area is 53% higher (CI: 0.30, 7.74) compared to those in the urban area which is the reference category. This shows that mobile young men that reside in the rural area are more likely to contract STI compare to mobile urban young men in Nigeria.

The odd ratio of mobile young men who are Igbos/Ibos is 50% lower (CI: 0.02, 11.5) compared to those who are Hausas which is the reference category, 50% lower among young men who are Yorubas (CI: 0.02, 10.8) and 100% higher among young men who belong to the others (CI: 0.02, 46.4). This shows that mobile young men who belong to the others are more likely to contract sexually transmitted Infection that those who are Hausas, Ibos/Igbos and Yorubas in Nigeria.

The odd ratio of mobile young men who are married is 49% lower (CI: 0.04, 5.39) compared to those who are never in a union (Reference Category). This simply implies that mobile young men who are married are less likely to contract sexually transmitted infection than those who are never in a union. The odd ratio of mobile young men who belong to the average is 33% lower (CI: 0.03, 11.9) compared to those that are poor and 131% higher among young men who are rich (CI: 0.19, 27.8). This simply implies that mobile young men who are rich are more

likely to contract sexually transmitted infection compared to those who are poor and those that belong to the average in Nigeria.

The odd ratio of mobile young men who are working is 85% higher (CI: 0.27, 12.5) compared to those that are not working (Reference Category). This simply implies that mobile young men that are working are more likely to contract sexually transmitted infection compared to those that are not working in Nigeria. The odd ratio of mobile young men who engage in transactional sex is 184% higher (CI: 0.40, 45.6) compared to those who don't engage in transactional sex. This simply implies that mobile young men who engage in transactional sex are more likely to contract sexually transmitted infection compared to those who don't engage in transactional sex in Nigeria.

The odd ratio of mobile young men who are married is 93% lower (CI: 0.02, 0.24) compared to those who are never in a union (Reference Category). This simply implies that mobile young men who are married are less likely to make the use of condoms than those who are never in a union and those that are formally married in Nigeria. The odd ratio of mobile young men who are Igbos/Ibos is 166% higher (CI: 0.60, 11.7) compared to those who are Hausas which is the reference category, 430% higher among young men who are Yorubas (CI: 1.33, 21.1) and 487% higher among young men who belong to the others (CI: 1.05, 32.7). This shows that mobile young men who are Yorubas are more likely to have multiple sexual partners than those who are Hausas, Igbos/Ibos and others in Nigeria.

The odd ratio of mobile young men who are married is 97% lower (CI: 0.00, 0.10) compared to those who are never in a union (Reference Category). This simply implies that mobile young men who are married are less likely to have multiple sexual partners than those who are never in a union.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.0 Introduction

This chapter is the concluding chapter of the study. It presents the summary of findings and conclusion. It also proffers helpful recommendations.

#### 5.1 Summary of Findings

This study has examined the socio-demographic factors influencing the sexual behaviour of mobile and non-mobile young men in Nigeria. The factors identified are age, level of education, marital status, religion, wealth index, age at first intercourse, transactional sex, place of residence, ethnicity and occupation. The analyses of data showed that there exists a relationship between all these variables and the sexual behaviour of mobile and non-mobile young men in Nigeria. However not all the relationships were significant. Also the binary logistic regression was employed to explain the effect of the variables on sexual behaviour within the study group. The study further realized that geographical mobility is one of the main facilitating conditions of HIV/AIDS transmission in sub-Saharan Africa (Fontanent and Piot 1994; Hunt 1989).

#### 5.2 Conclusion

The study concluded that place of residence, ethnicity, marital status, wealth index, level of education, occupation, age at first intercourse and education have significant relationship with sexual behaviour (use of condom, contracting STI and having multiple sexual partners) in term of their mobility. Also there is a higher proportion of contracting STI, use of condoms and having multiple sexual partners among mobile Yoruba, Igbos/Ibos young men in Nigeria.

### 5.3 Recommendations

- Contraceptives service point should be provided for young men who are mobile most especially those in the South-West and South-South who are age 15-24.
- Contraceptives use among mobile Hausa young men should be encouraged in order to curb the issue of overpopulation in Nigeria.
- Religious leaders should encourage contraceptive use among their member place of worship.

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