Gender Based Prevalence of Health Risk Behaviours among Adolescents in Ofu Local Government Area, Kogi State

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Abstract

The study investigated gender based prevalence of health risk behaviours among adolescents in Ofu local government area of Kogi State. The study was guided by three specific purposes and three research questions. A descriptive survey research design was adopted for the study and multistage sampling procedure was used to draw 1,920 adolescents from 960 households scattered throughout the eight wards in Ofu Local Government Area, Kogi State. A self structured questionnaire was used for data collection. Data collected were subjected to statistical analysis using descriptive statistics of frequency count, percentage, mean and standard deviation. Findings revealed that substance abuse was prevalent in the study area. Physical inactivity and unsafe sexual behaviour were not prevalent among adolescents. However, awareness should be created among parents and community members by the media to bring about behavioural changes in terms of alcohol consumption, smoking, sexual activities, healthy dietary habits, physical violence and physical activity practiced by the students.

Keywords: Prevalence, Health risk behaviour, Adolescents, Pattern

Introduction

Adolescence is a period of exploration and experimentation. But young people often lack the knowledge, experience and maturity to avoid the grave risks that confront them. In both developed and developing countries adolescents can face overwhelming health problems, such as early pregnancy, high school drop-out rates, substance abuse and violence, making them more vulnerable to life-threatening diseases and conditions. World Health Organisation (2014) and United Nations Children Education Fund (UNICEF), 2015) defined adolescents as individuals between the ages of 10 and 19 years, who constitute approximately twenty per cent of the world's population.

There are nearly 1.2 billion adolescents (10- 19 years old) worldwide. In some countries, adolescents make up as much as a quarter of the population and the number of adolescents is expected to rise through 2050, particularly in low- and middle-income countries (LMICs) (Lehtimaki & Schwalbe, 2020). Globally, each year there are more than 1.2 million adolescent deaths. While the majority of adolescent health issues are preventable or treatable, adolescents face multiple barriers in accessing health care and information (Patton et al., 2016). Although

not specifically mentioned in the Millennium Development Goals. Adolescents are future adults who will continue the human development achievements set for 2030. Therefore this stage in the life cycle is critical to ensuring effective cultivation. Preparation of healthy life-styles and continued wholesome health behaviours in future generations.

According to WHO (2015), adolescents comprise twenty per cent of the total world population, eighty-five of whom live in developing countries. Low education and unemployment often compound the problems of adolescents in developing world. Furthermore, the adolescent population in developing countries including Nigeria is burgeoning, with the number of urban youth growing to a projected six hundred per cent between 1970 and 2025 (WHO, 2015). For the most part, young people's health problems (adolescent suicide, unsafe sexual behaviours, violence, substance misuse and abuse) have been ignored, with little understanding of the potential impact of generation at risk in the future. If today's youth are to realize their adult potential, sustainable solutions must be found. These solutions will be based on understanding the complexities of adolescent cultures, how they experience health risks behaviours and what factors contribute to their vulnerabilities (WHO, 2017).

Despite the important relationship between health behaviour and overall health, many developing nations including Nigeria still lack basic comprehensive data on prevalence of adolescent health risk behaviours (United Nations, 2012). The Healthy People 2010 (2006) objectives for the nations relate to improvements in the following leading adolescent health indicators physical inactivity, substance misuse and abuse, suicidal ideation, self-injury and Violent aggression, Victimization, and sexual behaviours. The goal of Healthy People 2010, with its focus on prevention, to achieve longer and healthier lives for individual adolescent and the general population.

Springer et al. (2006) perceived health risk behaviour as general term used to describe adverse health behaviours adopted in adolescence. Lindberg et al. (2000) defined health behaviour as volitional involvement in established patterns of behaviour that threatens the wellbeing of adolescents/teens and limit their potentials for achieving responsible adulthood. These also commonly referred to as problem behaviours. Health risk behaviour is a vehicle by which adolescents begin to make the transition to adulthood. Biologically, health risk behaviours are attributed to genetic predispositions, hormonal and psychosocial changes mediated through pubertal timing (Blum et al., 2001). However, health risk behaviour refers to sum total of health-impairing behaviours or practices, which are initiated during adolescence.

One in five adolescents has smoked a whole cigarette and one in ten adolescents has tried marijuana before turning 13 years of age (Kelder et al., 1994). Substance misuse and abuse drastically reduce quality of life, and demands substantial economic costs to remedy such

abnormalities on the part of the family, and government. Several reasons have been implicated in this inordinate trend among adolescents in Nigeria. Omotowo et al. (2017) identified peer group influence, quackery, dearth of qualified medical personnel and proliferation of medicine stores as factors responsible for adolescents 'vulnerability to substance abuse and misuse. Given the acknowledge dangers inherent in substance misuse and abuse, and considering the fact that adolescents today will constitute the productive sector of the nation's future economy, sustainable solutions must be proffered to eradicate or minimize this threat to adolescent health.

Physically inactive youth with low levels of cardiovascular fitness, high percentage body fat and large amounts of visceral adipose tissue have unfavourable cardiovascular risk profiles (e.g., High Density Lipoprotein-HDL), which increase their risks of developing cardiovascular diseases later in life (The Healthy People, 2010). Although physical activity can help prevent excessive weight gain, more than a third of all middle and high school students do not get the recommended 30 minutes of moderate physical activity on most days of the week. Regular exercise and participation in sports or Physical Education classes can have positive effects such as building and maintaining strong muscles and bones, controlling weight, and providing positive psychological benefits. Regrettably, literature reveals that physical inactivity declines during children's transition from childhood through adolescence. This unusual trend is prevalent among adolescents of lower economic status.

Adolescent sexual behaviour in Nigeria is fast on the increase. Several authors including Omotowo et al. (2017), Adeleye et al. (2014), John et al. and(2012) have observed that adolescents particularly those in secondary schools are involved in risky sexual behaviours. Frequently, sexuality presents the first challenge to healthy adolescent growth. Often unplanned, and sometimes pressured, adolescent sexual relations occur before young people have adequate knowledge of contraception, sexually-transmitted infections (STIs) or health services available to them.

In developing countries, Nigeria inclusive, girls under the age of 18 years have a maternal mortality rate that is two to five times higher than women 18 to 25. Between 1 and 4.4million adolescent abortions occur each year, most of which are unsafe, performed by unskilled practitioners illegally. One out of 20 adolescents contracts a curable STI, excluding viral infections at least 11 million cases in persons under 25 each year. STIs often go undetected or untreated among young women, who, embarrassed or stigmatized by the presence of STI, are reluctant to seek help. Yet STI agents, such as Chlamydia and Humanpapilloma virus, can have dire consequences at later times, such as infertility or cervical cancer. Cervical cancer affects the entrance to the womb. The cervix is the narrow part of the lower uterus, often referred to as the neck of the womb. STIs may also facilitate the transmission of HIV (Springer et al., 2006).

Adolescence is a period of exploration and experimentation, but young people often lack the knowledge, experience and maturity to avoid the grave risks that confront them. In both developed and developing countries adolescents can face overwhelming health problems, such as early pregnancy, high school drop-out rates, substance abuse and violence, making them more vulnerable to life-threatening diseases and conditions (World Health Organization [WHO], 2018). Furthermore, a number of health risk behaviours of adolescents such as substance misuse and abuse; physical inactivity and unsafe sexual behaviours have often been a source of major concern to the society at large (WHO, 2018; Omotowo et al., 2017). This distress emanates from the significant risks that health risk behaviours pose to health and well-being of adolescents. Despite significant connection between health behaviour and overall health, many nations, regions and communities including Ofu LGA still lack basic data on pattern and prevalence of adolescent health risk behaviours. Literature (UNICEF, 2005; & Springer et al., 2006; Omotowo et al., 2017) reveals that health risk behaviours are perpetrated in developing nations including Nigeria in an unprecedented trend most especially among adolescents who inhabit urban slums and have recommended that concerted efforts should be made to investigate prevalence and pattern, correlates of health risk behaviours among adolescents including unschooled adolescents in Ofu LGA. However, given the investigator's personal observation of behaviours being perpetrated among many unschooled adolescents temptation may be to infer a high prevalence of health risk behaviours among them. However, it would be grossly wrong to draw the above assertion without an empirical study of prevalence and pattern of health risk behaviours among unschooled adolescents in Ofu LGA, Kogi State. This, in the main was the thrust of the study.

Purpose of the Study

The purpose of the study was to investigate gender based prevalence of health risk behaviours among adolescents in Ofu local government area, Kogi State. The study determined the prevalence of:

1. substance use among male and female adolescents in Ofu LGA;
2. physical inactivity among male/female adolescents; and
3. unsafe sexual behaviours among male and female adolescentsin Ofu Local Government Area.

Research Questions

The following research questions were posed to guide the study

1. What is the prevalence of substance abuse among male and female in Ofu Local Government Area?

2. What is the prevalence of physical inactivity among male and female in Ofu Local Government Area?
3. What is the prevalence of unsafe sexual behaviours among male and female in Ofu Local Government Area?

Materials and Methods

The study adopted a descriptive survey research design using a cross-sectional approach. This design covers the physical characteristics of people, behaviour as well as their knowledge, attitudes, beliefs and opinions that enhance explanation of behaviour, phenomena and practices that occurred or are occurring in the population. It is considered appropriate for this study as it has effectively been used by Lindberg et al. (2000) and Springer et al. (2006) in a similar study. The population for the Study comprised 38,434 adolescents of Ofu local government area (NPC, 2006). A sample size of 1,920 respondents was used for the study. This sample was obtained using a multistage sampling procedure. In the first stage, purposive sampling was used to draw eight political wards out of the eleven political wards. In the second stage, systematic random sampling technique was used to select 120 households from each of the eight sampled political wards, making a total of 960 households using the National Building Survey and Partnership for Transforming Nigerian Health Care System (PATHS) (2007) assigned household numbers. Finally, simple random sampling technique was used to select 1,920 unschooled adolescents used for the study. A structured and validated gender based prevalence of health risks behaviour among adolescents in Ofu LGA questionnaire (GPHRBAOQ) with dichotomous response options of 'Yes' or 'No' was used as the instrument for data collection. The instrument was made up of two sections, section A to elicit the basic information of the respondents while section B was used to extract information based on the objectives and research questions of the study. The questionnaire was subjected to face validity. The questionnaire was given to three (3) different experts in the Department of Human Kinetics and Health Education, Faculty of Education, Kogi State University, Anyigba. It was upon their approval that the instrument was administered. Also, to determine the reliability of the instrument, a pilot study was carried out in Ofakaga, Ofu, Local Government Area Kogi State. Twenty copies of the questionnaire were administered to the respondents, the result was collated and Cronbach's alpha (x) was used to determine the reliability and reliability coefficient of 0.89 was obtained. The researcher personally administered the questionnaire to the respondents in their various communities and on the spot collection was made. Data collected from the field was subjected to statistical analysis using the descriptive statistics of frequency counts and percentages, means and standard deviation with the aid of the software Statistical Package for the Social Sciences. Means were accepted using a cut-off mark of 1.5 respectively.

Results

Table 2: Responses on Prevalence of substance abuse among Adolescents (n = 1,805)

Items	YES				No				Mean±SD
	Male		Female		Male		Female		
	F	%	F	%	F	%	F	%	
Have you ever used alcohol in an excessive quality?	707	36.82	498	25.93	320	16.66	289	15.05	1.67±0.91
Have you ever used illicit drugs like cannabis or tramadol?	613	31.92	471	24.33	261	13.59	460	23.9	1.60±0.92
Have you used tobacco/cigarettes constantly in the last 12 months?	884	48.97	244	18.70	389	20.26	324	16.87	1.61±0.92
Have you ever used drugs without a physician's or medical doctor's prescription in the past 12 months	788	41.09	719	37.44	110	6.04	182	9.47	1.83±0.89
							Cumulative Mean		**1.68**

*SD- Standard deviation

Table 1 indicates that 707 male and 498 female of unschooled adolescents have at one point or the other consumed alcohol in an excessive quality while 320 males and 289 females have not used alcohol in an excessive quality;613 males and 471 female adolescents have used illicit drug like cannabis or tramadol while 261 males and 460 females disagreed that they have used such drugs. The table further indicates that 884 male and 244 female unschooled adolescents agreed to have use tobacco or cigarettes in the past 12 months. Also, 788 males and 244 females used drugs without adherence to medical doctor's prescription while 182 females and 110 males disagreed to using drugs without medical doctor's prescription in the past 12 months. The cumulative mean was 1.68 thus indicating the prevalence of substance abuse in the study area.

Table 2: Responses on Prevalence of Physical Inactivity among Adolescents (n= 1,805)

Items	Yes				No				Mean±SD
	Male		Female		Male		Female		
	F	%	F	%	F	%	F	%	
Have you ever participated in physical activities?	451	23.48	819	42.65	320	16.88	215	13.22	1.59±0.95
Have you ever considered participation in physical activities as harmful to your health?	521	28.86	431	23.87	401	22.21	452	25.16	1.41±0.94
Have you participated in any competitive sports in the past 12 months?	512	26.66	451	23.48	280	14.58	562	29.27	1.44±0.99
							Cumulative mean		**1.48**

*SD- Standard deviation

Table 2 shows that in general, about one-half (51.5%) unschooled adolescents participated in physical activities. percentage for each item presented to determine prevalence of physical inactivity among adolescents indicated that 1270 (451 males and 819 females) adolescents (70.4%) have taken part in physical activities while 535 (29.6%) are sedentary adolescents; 521 males and 431 females viewed participation in physical activities as detrimental to their health. The table further shows that 512 males and 451 females have participated in competitive sports in the past 12 months while 280 males and 562 females did not participate. With a cumulative mean score of 1.48; thus, physical inactivity was not prevalent among adolescents in the study area.

Table 3: Response on Prevalence of Unsafe Sexual Behaviours among Adolescents (n = 1,805)

Items	No				Yes				Mean±SD
	Male		Female		Male		Female		
	F	%	F	%	F	%	f	%	
Have you ever had sexual intercourse with somebody of the opposite sex?	631	32.86	780	40.62	148	7.70	246	12.81	1.14±1.01
Did you or your sexual partner use condom the first time you had sexual intercourse?	320	16.66	198	10.31	691	35.98	596	31.04	1.61±0.91
Have you ever had sexual intercourse with a person you did not know very well in the past 12 months?	191	9.94	172	8.95	826	43.02	616	32.08	1.69±0.99
Have you ever been sexually abused by somebody in the past 12 month	525	27.34	917	47.76	162	8.43	201	10.41	1.69±0.98
Have you ever terminated/assisted in terminating any unwanted pregnancy in the past 12 months?	106	5.52	173	9.01	864	45.06	662	34.47	1.73±0.85
Have you ever been pregnant or impregnated someone in the past 12 months?	136	7.06	75	3.90	631	32.86	963	50.15	1.77±0.86
						Cumulative Mean			**1.87**

*SD- Standard deviation

Table 3 reveals that overall; adolescents perpetrate unsafe sexual behaviours Percentages for each item presented to ascertain prevalence of unsafe sexual behaviours among adolescents indicated that 631 male and 780 female adolescents (78.2%) have had sexual intercourse With the person of the opposite sex;320 male and 198 female adolescents (28.7%) used condom the first time they had sexual intercourse;826 male and 616 female adolescents had sexual intercourse with strangers;162 male and 201 female adolescents have been sexually abused by somebody in the past 12 months;864 male and 662 female adolescents have terminated or assisted in termination of pregnancy in the past 12 months while 631 male 963 female have become pregnant or impregnated someone in the past 12 months. The cumulative mean score

was 1.87, thus indicating that there is prevalence of unsafe sexual behaviour among adolescence in the study area.

Discussion

Findings of the study revealed that substance abuse was prevalent (Mean =1.68) among unschooled adolescents. Although the difference is little, the finding was not expected and therefore surprising. This is because unschooled adolescents are vulnerable to substance abuse due to peer pressure, accessibility to various types of illicit drugs (Indian hemp, tramadol, among others) coupled with inaccessibility to health information on consequences of abuse of such substances. However, this finding is in consonance with McNeely and Falci (2004) who reported high prevalence of six health risk behaviours studied among their subjects. Also Omotowo et al. (2017) in their study found that only 54.5% had taken alcohol and 50.8% of the respondents had smoked cigarette.

Furthermore, result in table 2 showed that physical inactivity was not prevalent (Mean=1.48) among adolescents. This implies that unschooled adolescents participated in physical activities. This result was anticipated and consequently not a surprise. This could be attributed to adolescents' perception of health benefits inherent in physical activity participation. Also adolescents are known to be endowed with ample libidinal energy, which they seek every opportunity to expend either constructively or distinctively. This finding is in related with those of Kelder et al. (1994) who reported adolescents' participation in physical activity is prevalent in many communities.

Also, the findings revealed that except for non-utilization of condom at first sexual intercourse, was most prevalent; thusunsafe sexual behaviours was prevalent among adolescents (Mean=1.87). This finding was expected and therefore not a surprise. This is because unschooled adolescents are a group which characterized by possession of multiple sexual partners, poor knowledge of health consequences in such unsafe sexual behaviours, and sexually active. The finding is in line with those of Rongkavilit et al. (2004) who reported high intercourse without usage of condom at first sexual intercourse among their subjects.

Conclusion

In synopsis, this study was carried out to investigate the prevalence of health risk behaviour among adolescents in Ofu Local Government Area of Kogi State. The study found that substance abuse is prevalent in the study area; and substance abuse was very common among adolescents as most of them took medications without doctor's prescription. Also, physical inactivity was not prevalent and unsafe sexual behaviour was also prevalent among adolescents.

Recommendations

1. Awareness should be created among parents and community members by the media to bring about behavioural changes in terms of alcohol consumption, smoking, sexual activities, healthy dietary habits, physical violence and physical activity practiced by the students.
2. Efforts should be made by both government and private individuals to create skill acquisition centres across the country and ensure those who can't afford formal education after basic education should at least get vocational training to help them earn money to take care of their self properly.
3. Efforts should be made by government to ensure the proper implementation of laws against substance abuse and proper punishments should be put in place for anyone caught in the illegal act.

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