

Prevalence and Determinants of Risky Sexual Behaviour among Street Children in Nigeria: Evidence from Lagos and Ibadan Metropolises

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Abstract

This study examined the prevalence and determinants of risky sexual behaviour among street children in Lagos and Ibadan metropolises, Nigeria. Many young people in the street are involved in a high level of sexual activity. In the context of lack of information and knowledge about the nature and dynamics of sexually transmitted infections (STIs) among young people, street children are particularly in grave danger because their social condition and environment make them more susceptible to the infections of Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV and AIDS) and STIs. The study aimed to understand the social forces propelling street children's involvement in risky sexual behaviour. A sample size of 2,000 respondents was selected for the quantitative study across the two locations (1,000 from each location), 50 in-depth interviews (IDIs), comprising 25 in each of the locations; and 20 focused group discussions (FGDs), consisting of 10 in Lagos and 10 in Ibadan, were conducted among street children. Results showed a high level of sexual activities among street children in both locations with 41.3% and 29.5% in Lagos and Ibadan respectively reporting that they were sexually active. Qualitative data revealed that a significant number of them were raped in their first sexual experience. In both locations, there were high levels of irregular use of condom and involvement in same-sex sexual intercourse. Findings suggest parents' experience of marital dissolution was significantly related to street children's sexual activities with $p < 0.001$. Similarly, drug and alcohol usage was found to be related to involvement in high sexual activities. As a way forward, the study recommended the introduction of programmes to reintegrate street children back to normal life, reunite those whose families are intact and relocate others to government facilities, as their needs and circumstances demand.

Keywords: *Street, children, HIV and AIDS, Lagos, Ibadan, sexual behaviour.*

Introduction

Street children represent one of the categories of social actors resulting from the rapid urbanisation of cities in developing countries. By definition, street children

are a special population comprising boys and girls under the age of eighteen years who spend most of their lives in the streets without any supervision or control from adults at home (Rurevo & Bourdillon, 2003). The United Nations Children's Funds (UNICEF) distinguished between two categories of this special population to include "children of the streets" and "children on the streets" (UNICEF, 2006). The former refers to children that have broken off contact with their families and live permanently in the streets day and night, while the latter consists of children who spend the day in the street generally seeking to earn a living, but return home at night.

Whatever definition is adopted to capture the phenomenon, having left home, children in the street are outside the reach of established social systems created to organize, promote and socialize children by families and communities in line with prevailing social norms in the society as they transit to adulthood and play their roles as responsible members of the society. Their separation from close monitoring and control by the family preclude them from acquiring important social skills and experiences necessary to function adequately and guide them against cultivating harmful lifestyle. Consequently, many of them indulge in activities that endanger their lives such as drug abuse, indiscriminate and risky sexual activities, stealing, gang violence and cultism among other social vices (Bakke, Jensen, Hulbert & Schor, 2006). Though living in the street is associated with a number of negative consequences in the lives of street children because of the lifestyles they are exposed to and street conditions (Wright, Kaminsky & Wittig, 1993), however, the present study is concerned with the prevalence and determinants of risky sexual behaviour of street children.

Evidence suggests that many children in the street are highly sexually active, and a significant number of them had their first experience of sex in the street with prostitutes, while the females among them tend to engage in sexual activity for money and expose themselves to the scourge of STIs (Bakke et al., 2006). Literature has established that street children are especially vulnerable to STIs and HIV and AIDS, particularly in developing countries. In studies in Ghana (Anarfi, 1997) and India (Karki, 2013), it was found that street children and labourers are extremely vulnerable to STIs and HIV. While the Ghana study attributed the vulnerability of street children to the high incidence of sexual abuse and exploitation they encountered in the street, Karki suggested that the vulnerability of labourers was due mainly to lack of adequate adoption of protective devices such as condom.

Indeed, children, especially in Africa, have been worst hit by the HIV and AIDS pandemic. For instance, reports show that every day, about 1500 children under age 15 years become infected with HIV, and an estimated 90 percent of them live in sub-Saharan Africa (World Health Organisation [WHO], 2006). In addition, about 94 percent of child deaths due to AIDS worldwide have occurred in Africa alone (Foster & Williamson, 2000). Similarly, in sub-Saharan Africa, an estimated 60 percent of all new HIV and AIDS infections occur among young people. Out of this figure, adolescent girls account for about 25 percent (UNICEF, 2013). This means that street children are particularly in a grave situation because their lack of information, their lifestyles and the nature of the environment they live in make them more susceptible to the infections of STIs, HIV and AIDS. Beyond the issues of vulnerability of street children to STIs, HIV and AIDS, high rates of unintended pregnancies, premature births and unsafe abortions are widespread among female street children (Raffaelli et al., 2001; WHO, 2014). Raffaelli et al. observed that the prevalence of these negative reproductive health outcomes (i.e., premature births, unintended pregnancies, unsafe abortions and STIs) is indicative of high frequency of unprotected sex among street children. The authors argued further that these children are likely to continue to be affected by the scourge of HIV and AIDS because they have very little knowledge about STIs, HIV and AIDS' prevention.

Furthermore, lack of adequate knowledge among street children has led to the emergence of a number of misconceptions about STIs, HIV and AIDS within this special population. For instance, Kruger and Richter (2003) revealed that street boys believed that one could be protected from AIDS by proper eating habits, being obedient to parents, living at home instead of living in the street, not sharing eating utensils with someone with AIDS, and by visiting traditional healers. Similarly, a study by Uddin et al. (2011) found that the majority of abandoned female children who live in the street had not heard about STIs and AIDS; although some were aware of names of some diseases relating to the sexual organs. They reported that due to excessive sexual acts, the *jonipath* (vaginal route) and anus were often injured, and in some cases, blood came out. In the view of the children, these injuries represented sexual diseases. Knowledge about the treatment and prevention of STIs was equally found to be lacking among both male and female street children. Among the males, the general perception was that, since they did not have sex with prostitutes who had sores in the anal or vaginal tract, it was impossible to contract STIs, HIV and AIDS. Similar reports on misconceptions are documented by Kruger and Richter (2003), Gurung (2004) and Ryckmans (2008).

It can be gleaned from the foregoing that there is a high prevalent rate of sexual activities and risky sexual behaviour among street children, and the demographic and health consequences of this situation are huge. The question is, what are the social forces that predispose street children to high levels of sexual activities and risky sexual behaviour? In Nigeria, a comprehensive demographic study on the reproductive health and the prevalence and determinants of risky sexual behaviour among street children is inadequate. It was the impetus to fill this gap that inspired the present study. The aim of the study is to investigate the influence of some selected variables (socio-demographic, household and lifestyle variables) on involvement in risky sexual behaviour among street children.

Materials and Methods

Data for the study came from a field survey across sixteen locations in Lagos and Ibadan metropolises, Southwest Nigeria, between April 15 and 25, 2016. The study adopted a mixed method involving both quantitative and qualitative approaches. The study population comprised male and female children between ages seven and seventeen years of age who live in the street. The sample size for the quantitative study was 2,000 street children consisting of 1,000 respondents from each of the locations (i.e., Lagos and Ibadan). The unorganised nature of the study population made a blanket adoption of the probability sampling technique difficult. So, the study relied mainly on snowballing and accidental sampling techniques for sample selection. Survey questionnaire and in-depth interview (IDI)/focused group discussion (FGD) guides constituted the principal instruments for data collection. The questionnaire was an admixture of open-ended and closed-ended questions, and contained 130 questionnaire items that cut across five sections. The administration of questionnaire adopted structured-interview approach. The qualitative aspect of the study involved 50 IDIs comprising 25 in Lagos and 25 in Ibadan, and 20 FGDs consisting of 10 in each of the two study locations.

Ethical Consideration

Participants were informed about the nature and purpose of the study. They were enlightened about the aim and objectives of the study, and their assent was obtained (verbally) before they were engaged. Their countenances were further observed to ensure that consent was obtained without coercion of any sort. The participants were informed about what participation in the study entailed, and were assured that declining to participate would not result in any judgment or penalty. In all events, pseudo names were used to avoid the possibility of tracing any of the participants to their responses.

Presentation of Data and Findings

As indicated in the preceding segment, the sample size was two thousand respondents, consisting of one thousand respondents from each of the two cities, Lagos and Ibadan. There was a response rate of 100 percent, which means that the two thousand copies of the questionnaire distributed in the study were all returned. In what follows, data from the survey are presented and analysed, beginning with socio-demographic characteristics of respondents. For the purpose of analytical precision and clarity on data generated from each of the two cities under consideration, data are first presented separately for each city (i.e., Lagos and Ibadan) and then aggregated to show the total for the entire study.

Socio-Demographic Profile of Respondents

Socio-demographic characteristics of people are important factors that determine how individuals behave and what may constitute their social expectations. Table 1.1 below is on the socio-demographic background of the respondents.

Table 1.1 Socio-Demographic Background of Respondents

Variable	Lagos Metropolis		Ibadan Metropolis		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Sex						
Male	622	62.2	516	51.6	1138	56.9
Female	378	37.8	484	48.4	862	43.1
Total	1000	100.0	1000	100.0	2000	100.0
Age of Respondents						
Below 10	33	3.3	155	15.3	188	9.4
10 – 14	215	21.5	394	39.4	609	30.5
15 – 17	752	75.2	451	45.3	1203	60.1
Total	1000	100.0	1000	100.0	2000	100.0
Position among Mother's Children						
First child	251	25.1	226	22.6	477	23.8
Second child	269	26.9	239	23.9	508	25.4
Third child	224	22.4	202	20.2	426	21.3
Fourth child	121	12.1	107	10.7	228	11.4
Fifth child	47	4.7	52	5.2	99	5.0
Last child	80	8.0	144	14.4	224	11.2
No response	8	0.8	30	3.0	38	1.9
Total	1000	100.0	1000	100.0	2000	100.0
Highest Level of Education						
None	91	9.1	113	11.3	204	10.2
Primary	389	38.9	484	48.4	873	43.6
Secondary	510	51.0	366	36.6	876	43.8
Others	10	1.0	37	3.7	47	2.4
Total	1000	100.0	1000	100.0	2000	100.0

Table 1.1 above shows information about the socio-demographic characteristics of the study's respondents. For the aggregate, the table indicates that majority of the respondents were males and constituted 56.9 percent of the respondents, and about 43.1 percent were females. A similar pattern is observed in the frequency distributions across the two cities, with male constituting the majority in both Lagos and Ibadan. The pattern of data distribution from the two cities calls for further interrogation on why males preponderate in the study. Could it be that males are more likely to live in the street, or that females tend to exhibit apathy towards social research? Does it have any cultural connotation on gender norms and expectations? Understanding this nexus will have important policy implications. Furthermore, Table 1.1 indicates that there is a higher concentration of children in the age category of 15-17 years for the total and across the two cities. However, relative to Lagos, the table revealed that Ibadan has a higher percentage of children age 10 years and below. This may suggest that children abandon home for the street much younger in Ibadan than Lagos.

On the position of respondents' birth order in the family, there seems to be a consistency of data between the two locations that the majority of street children are second-born children, with 26.9 percent and 23.9 percent for Lagos and Ibadan, respectively. This is followed by first born children with 25.1 percent for Lagos and 22.6 percent for Ibadan. It is not clear yet why second-born and firstborn children preponderate among street children. It is likely that lack of sufficient family-time allocation to higher order children as newborns arrive induce higher order children to leave home for the street. Earlier studies indicate that as the number of children increases, parental attention and family-time allocation tend to shift to later or lower order children (Scheper-Hughes & Hoffman, 1994). This lack of adequate parental attention might cause these children to leave home for the street. Table 1.1 equally shows that the majority (43.8%) of the respondents have up to secondary school education. This is similar to the situation in Lagos, where there is a larger concentration (51.0%) of street children in the secondary school category. However, in Ibadan, primary school leavers constituted the majority (48.4%) of the respondents.

Table 1.2 Socio-Demographic Background of Respondents (cont.)

Variable	Lagos Metropolis		Ibadan Metropolis		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
What is your ethnic group?						
Yoruba	773	77.3	800	80.0	1573	78.6
Hausa	67	6.7	114	11.4	181	9.0
Igbo	108	10.8	49	4.9	157	7.9
Others	52	5.2	37	3.7	89	4.5
Total	1000	100.0	1000	100.0	2000	100.0
What is your religion?						
Christianity	468	46.8	358	35.8	826	41.3
Islam	523	52.3	611	61.1	1134	56.7
Traditional	2	0.2	4	0.4	6	0.3
Others	7	0.7	27	2.7	34	1.7
Total	1000	100.0	1000	100.0	2000	100.0
How long have you lived in Lagos/Ibadan?						
0-1 years	246	24.6	22	2.2	268	13.4
2-6 years	362	36.2	137	13.7	499	25.0
7-11 years	78	7.8	258	25.8	336	16.7
12-17 years	251	25.1	466	46.6	717	35.9
No response	63	6.3	117	11.7	180	9.0
Total	1000	100.0	1000	100.0	2000	100.0

Table 1.2 is a continuation of socio-demographic characteristics of respondents started in Table 1.1. The table reveals that children from the Yoruba ethnic group constituted the majority across the two locations, and comprised 78.7 percent of the aggregate. Those from the Hausa ethnic group constituted the second largest category in Ibadan, while Lagos reported the Igbo as the second largest category. The preponderance of the Yoruba should not be interpreted that children from the Yoruba ethnic group are more likely to live in the street. Rather, it should be understood in the light of the study location. Lagos and Ibadan are cities located in Southwestern Nigeria which is home to and inhabited by the Yoruba people. Furthermore, Table 1.2 reveals that, on the whole, Muslims constituted the majority of the respondents with about 56.7 percent. This pattern appears to cut across the two study locations. That is, Muslims are the majority in both Lagos and Ibadan cities. Children from other religions not indicated in the options constituted about 1.7 percent of the total aggregate, while traditional religion is about 0.3 percent.

Table 1.3 Frequency Distribution of Respondents by Sexual Behaviour

Variable	Lagos Metropolis		Ibadan Metropolis		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Ever had sexual intercourse						
Yes	413	41.3	295	29.5	708	35.4
No	587	58.7	705	70.5	1292	64.6
Total	1000	100.0	1000	100.0	2000	100.0
Age at first sexual intercourse						
0-9	14	1.4	22	2.2	36	1.8
10-15	279	27.9	195	19.5	474	23.7
16-17	120	12.0	78	7.8	198	9.9
No response	587	58.7	705	70.5	1292	64.6
Total	1000	100.0	1000	100.0	2000	100.0
Reason for first sexual intercourse						
Economic (to get money)	35	3.5	54	5.4	89	4.5
Curiosity	95	9.5	102	10.2	197	9.8
Forced to/ raped	14	1.4	34	3.4	48	2.4
To satisfy sexual desire	265	26.5	101	10.1	366	18.3
Safety/protection	4	0.4	4	0.4	8	0.4
No response	587	58.7	705	70.5	1292	64.6
Total	1000	100.0	1000	100.0	2000	100.0
Relationship with first sexual partner						
Boy/girlfriend	320	32.0	200	20.0	520	26.0
Stranger	53	5.3	57	5.7	110	5.5
Man/woman friend	8	0.8	6	0.6	14	0.7
Others	32	3.2	32	3.2	64	3.2
No response	587	58.7	705	70.5	1292	64.6
Total	1000	100.0	1000	100.0	2000	100.0
Nature of relationship with sexual partner						
Permanent	157	15.7	122	12.2	279	14.0
Casual	208	20.8	225	22.5	422	21.6
No response	635	63.5	653	65.3	1288	64.4
Total	1000	100.0	1000	100.0	2000	100.0
Ever visited prostitutes						
Yes	130	13.0	84	8.4	214	10.7
No	492	49.2	432	43.2	924	46.2
No response	378	37.8	484	48.4	862	43.1
Total	1000	100.0	1000	100.0	2000	100.0

Table 1.3 presents information on sexual behaviour among the respondents. The table reveals that the majority (64.6%) of the respondents indicated that they had

never had sexual intercourse, while about 35.4 percent of them revealed that they had had sex. At the level of individual location, 41.3 percent of those in Lagos had ever had sexual intercourse, while only 29.5 percent said they had ever had sex in Ibadan metropolis. This finding corroborates earlier submission on high level of sexual activities among a significant number of children living in the street (Bakke et al., 2006). Unless something is done to check this tendency, these children will continue to be exposed to the scourge of HIV and AIDS because of their low level of knowledge of transmission of HIV and AIDS together with irregular use of condom (Karki, 2013). The table reveals further that majority of the respondents across the two locations had their first sexual intercourse between 10 and 15 years of age; though the percentage (27.9%) of those in Lagos is slightly higher than Ibadan (17.5%). Age at first sexual intercourse among members of a society is significant for fertility level, rates of abortion and spread of STIs in a population. Thus, this revelation is indicating an important public health concern for population researchers.

Although data on the reasons for respondents' first sexual intercourse suggest that the majority of those who responded to the question had the first sexual experience to satisfy curiosity, a significant number of them maintained that they were raped or forced in their first experience. This reinforces the problem of child sexual abuse in the country.

Table 2.1 Chi-square (χ^2) test on Socio-Demographic Characteristics by Sexual Activeness

Variable	Lagos Metropolis		Ibadan Metropolis		Total	
	Sexually Active		Sexually Active		Sexually Active	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Age (Years)						
0-10	4 (12.1)	29 (87.9)	16 (10.3)	139(89.7)	20(10.6)	168(89.4)
11 – 14	18 (8.4)	197 (91.6)	99(25.1)	295(74.9)	117(19.2)	492(80.8)
15 – 17	343 (45.6)	409 (54.4)	232(51.4)	219(48.6)	575(47.8)	628(52.2)
Total	365 (36.5)	635 (63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2 = 108.791, df = 2, p = .000$		$\chi^2=112.370, df = 2, p=.000$		$\chi^2=200.499, df = 2, p=.000$	
Gender						
Male	229(36.8)	393(63.2)	206(39.9%)	310(60.1)	435(38.2)	703(61.8)
Female	136(36.0)	242(64.0)	141(29.1%)	343(70.9)	277(32.1)	585(67.9)
Total	365(36.5)	635(63.5)	347(34.7%)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2=.071, df =1, p =.790$		$\chi^2 = 12.833, df =1, p = 000$		$\chi^2=7.935, df =1, p=.005$	
Education						
None	21(23.1)	70(76.9)	34(30.1)	79(69.9)	55(27.0)	149(73.0)
Primary	149(38.3)	240(61.7)	164(33.9)	320(66.1)	313(35.9)	560(64.1)
Secondary	189(37.1)	321(62.9)	139(38.0)	227(62.0)	328(37.4)	548(62.6)
Others	6(60.0%)	4(40.0)	10(27.0)	27(73.0)	16(34.0)	31(66.0)
Total	365(36.5)	635(63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2 = 10.071, df = 3, p=.018$		$\chi^2 = 3.900, df =3, p=.272$		$\chi^2=8.013, df = 3, p=.046$	

Table 2.1 shows a Chi-square test of significance at alpha (α) level of 0.05 to examine if a relationship exists between selected socio-demographic characteristics (age, gender and education) and sexual activeness of respondents at both the aggregate and specific (i.e., Lagos and Ibadan metropolises) levels. In the study, sexual activeness is a measure of the attitude and involvement of the respondents in sexual activities. Among the variables under investigation, only age and gender of the respondents are related to sexual activeness. However, the relationship between gender and sexual activeness did not cut across the two metropolises; only in Ibadan did the test revealed a relationship between the variables. With respect to age, it can be concluded that age of respondents exerts influence on respondents' sexual behaviours and activities. Although sex (gender) appeared to be related to sexual activeness in Ibadan, it failed to be a factor in sexual activeness of street children in Lagos.

As to the association between gender and sexual activeness, evidence from qualitative data in Ibadan supported the finding from the quantitative analysis; but the qualitative data are at variance with the finding from Lagos metropolis. Furthermore, the direction of the relationship was gleaned from the qualitative data. For instance, qualitative data revealed that male street children tend to have more sexual partners and engage in high coital frequency than female street children across the two metropolises. A male respondent who revealed that he started having sex when he was 14 years gave the following responses during an IDI session to the question on "How is it like on the street among boys and girls"?:

We dey meet ourselves and have sex with the girls on the street. There are girls that live on the street like us. Yes, we have a lot of girls amongst us on the street. Not those going back home for night. Some girls we have here are like us. We dey befriend them, so, we dey do ourselves. They like it too (IDI/Male/Ojoo/Ibadan/17yrs.).

The revelation from the transcript in Pidgin English is clear that they engaged in sexual activities. The term "we dey do" implies that they have sex among themselves. When the respondent was prompted further on how many sexual partners he had, and the frequency of his sexual intercourse, he responded thus:

I get like six girlfriends. I have sex with all, but no be every time. Anyone of them wen I call will come, and I have sex up to 4 times a week (Ibid).

From the foregoing, it can be argued that, though sexual activities were observed among both male and female street children, data suggest that male street children tend to keep higher number of sexual partners and have more coital frequency than the females. To illustrate, during an IDI session with a 17-year-old female respondent who indicated that she had a sexual partner, the following was revealed:

I have two boyfriends, one in Bodija and one in Mokola. But I have sex with only one. And we dey do like two to three times a week (IDI/Female/17yrs.).

Similar findings were observed from qualitative data in Lagos metropolis on sexual activities among street children. However, the data suggest that male children in Ibadan tend to have more sexual partners than their Lagos counterparts. So, whereas some street children in Ibadan have up to six sexual partners, the highest that was reported in Lagos was three. But unlike street children in Ibadan, those in Lagos visit commercial sex workers. For instance, during a focus group discussion (FGD) among males in Lagos, almost all the participants revealed that they have at least two sexual partners, but no participant reported having more than three sexual partners. And four out of six participants during one FGD session noted that they have visited commercial sex workers.

Table 2.2 Chi-square Test on Household Variables by Sexual Activeness

Variable	Lagos Metropolis		Ibadan Metropolis		Total	
	Sexually Active		Sexually Active		Sexually Active	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Parents' Experience of Marital Dissolution						
Yes	143(49.0)	149(51.0)	140(41.7)	196(58.3)	283(45.1)	345(54.9)
No	222(31.4)	486(68.6)	207(31.2)	457(68.8)	429(31.3)	943(68.7)
Total	365(36.5)	635(63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2 = 27.682, df. = 1, p = .000$		$\chi^2 = 10.839, df. = 1, p = .001$		$\chi^2 = 35.762, df. = 1, p = .000$	
Family Type						
Monogamous	197(33.2)	396(66.8)	196(30.8)	440(69.2)	393(32.0)	836(68.0)
Polygynous	168(41.3)	239(58.7)	151(41.5)	213(58.5)	319(41.4)	452(58.6)
Total	365(36.5)	635(63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2 = 6.759, df. = 1, p = .009$		$\chi^2 = 11.623, df. = 1, p = .001$		$\chi^2 = 18.251, df. = 1, p = .000$	

Table 2.2 above revealed no difference in the findings between Lagos and Ibadan on the association between parental experience of marital dissolution and sexual activities among street children in both locations. In other words, specific test on the respondents in both Lagos and Ibadan demonstrate clearly that parents' marital dissolution affects street children sexual activities with χ^2 values of 27.682 and 10.839 for Lagos and Ibadan respectively, with $p < 0.001$. The table revealed further that there is a relationship between family type and sexual activeness among street children in both metropolises.

Table 2.3 Chi-square Test of Household Variables by Sexual Activeness (cont.)

Variable	Lagos Metropolis		Ibadan Metropolis		Total	
	Sexually Active		Sexually Active		Sexually Active	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Family size						
0 – 5	193(31.6)	417(68.4)	179(31.3)	393(68.7)	372(31.5)	810(68.5)
6 – 10	143(46.4)	165(53.6)	105(40.2)	156(59.8)	248(43.6)	321(56.4)
11 -15	17(37.0)	29(63.0)	14(46.7)	16(53.3)	31(40.8)	45(59.2)
16 – 20	6(50.0)	6(50.0)	2(40.0)	3(60.0)	8(47.1)	9(52.9)
Total	359(36.8)	617(63.2)	300(34.6)	568(65.4)	659(35.7)	1185(64.3)
	$\chi^2 = 20.166, df. = 3, p = .000$		$\chi^2 = 8.418, df = 3, p = .038$		$\chi^2 = 26.416, df = 3, p = .000$	
Parents' Marital Status						
Married	158(29.4)	380(70.6)	170(27.6)	446(72.4)	328(28.4)	826(71.6)
Not Married	6(60.0)	4(40.0)	5(50.0)	5(50.0)	11(55.0)	9(45.0)
Widowed	88(49.4)	90(50.6)	61(52.1)	56(47.9)	149(50.5)	146(49.5)
Divorced	27(40.3)	40(59.7)	34(54.8)	28(45.2)	61(47.3)	68(52.7)
Separated	86(41.5)	121(58.5)	77(39.5)	118(60.5)	163(40.5)	239(59.5)
Total	365(36.5)	635(63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2 = 29.736, df. = 4, p = .000$		$\chi^2 = 43.516, df. = 4, p = .000$		$\chi^2 = 69.787, df. = 4, p = .000$	

The χ^2 test in Table 2.3 above shows that the variables under investigation (family size and marital status of parents) tend to exert some influence on respondents' sexual behaviour. However, the relationship between family size and sexual activeness did not cut across the two locations. Only in Lagos did the χ^2 test indicate a statistically significant relationship.

Table 2.4 Chi-square Test on Lifestyle by Sexual Activeness

Variable	Lagos Metropolis		Ibadan Metropolis		Total	
	Sexually Active		Sexually Active		Sexually Active	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Usage of Drugs						
Yes						
No	161(63.1)	94(36.9)	101(74.3)	35(25.7)	262(67.0)	129(33.0)
Total	204(27.4)	541(72.6)	246(28.5)	618(71.5)	450(28.0)	1159(72.0)
	365(36.5)	635(63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2=104.784, df.=1, p=.000$		$\chi^2=108.742, df.=1, p=.000$		$\chi^2= 209.116, df.=1, p=.000$	
Alcohol Consumption						
Yes	193(56.3)	150(43.7)	199(61.0)	127(39.0)	392(58.6)	277(41.4)
No	172(26.2)	485(73.8)	148(22.0)	526(78.0)	320(24.0)	1011(76.0)
Total	365(36.5)	635(63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2=88.023, df.=1, p=.000$		$\chi^2=148.130, df.=1, p=.000$		$\chi^2= 231.849, df.=1, p=.000$	
Place of Residence						
On the street	190(44.2)	240(55.8)	170(54.8)	140(45.2)	360(48.6)	380(51.4)
At home	175(30.7)	395(69.3)	177(25.7)	513(74.3)	352(27.9)	908(72.1)
Total	365(36.5)	635(63.5)	347(34.7)	653(65.3)	712(35.6)	1288(64.4)
	$\chi^2=19.228, df.=1, p=.000$		$\chi^2=80.414, df.=1, p=.000$		$\chi^2=87.234, df.=1, p=.000$	

Table 2.4 represents the result of a Chi-square (χ^2) test on lifestyles among children in the street and sexual activeness. In the study, lifestyle was conceptualised as the kind of activities the person is involved such as the use of substance and where they spend the night most of the times (Jain, 2007). Some of these activities, studies suggest, can predispose the individuals concerned to certain behaviours with associated health risks (Ives, 2018; Karki, 2013). Test of χ^2 significance in Table 2.4 demonstrates that the use of drugs, alcohol consumption and place of residence are statistically significantly related to sexual activeness among street children with $p < 0.001$, where $\alpha = 0.05$; and the relationship cuts across the two metropolises that constituted the study locations. As regards the usage of drugs, data from the qualitative aspect of the study suggest that street children who engaged in drug use tend to adopt it as a coping mechanism. To illustrate this point, a participant in an IDI session in Lagos revealed as follows:

Many of us wen dey here dey take gbana, some no go gree tell you. In fact, some girls self dey take gbana. When we take am finish, you no go feel any problem and you can talk to anybody and do anything. We no get house, we no get job, so, there is nothing we can do. So, we take gbana to be happy (IDI/Oshodi/male/18/4/2016).

Discussion

This study examined the prevalence and determinants of sexual activities and risky sexual behaviours among street children in Ibadan and Lagos metropolises, Nigeria. The phenomenon of street children in many cities around the world, especially in developing countries, is a major source of public concern to reproductive health scholars and policymakers. Studies have shown that children in the street, free from restraints imposed by being among family members, tend to engage in high coital frequency and diverse sexual behaviour (Bukuluki, Walakira, Sengendo & Mugumya, 2006). Given the low level of knowledge of the transmission of STIs, HIV and AIDS among young people (Anarfi, 1997; Karki, 2013; Uddin et al., 2011), street children are at greater risk of contracting life-threatening STIs because of their vulnerable condition. Consequently, understanding the prevalence and social determinants of risky sexual behaviour among street children is essential for curbing the rate of transmission and spread of STIs, HIV and AIDS among these young people in the street.

Findings from the study revealed a high level of coital frequency among the respondents. Data from the study showed that many of the study participants had their first sexual intercourse before age 15 years, and some were raped or forced in their first sexual experiences. This situation has grave implications for the health of these children. Early initiation into sex, without adequate knowledge of mode of transmission of sexually transmitted infections, can escalate the spread of HIV and AIDS, and consequently, shorting life expectancy in a population (Uddin et al., 2011). Records are clear that AIDS is one of the greatest enemies of the child. According to reports, most new cases on HIV and AIDS infections are among young children, and more than 50 percent of them die before reaching adulthood (UNICEF, 2006). Evidently, the revelations from the present study indicating early initiation into sex, high level of coital frequency and the issues of rape and forced sexual intercourse among some of the respondents will negatively affect the prospect of curtailing the transmission of STIs, HIV and AIDS among street children, except efforts are taken to address the situation.

Furthermore, tests results showed that personal characteristics of respondents (such as age and sex) and lifestyle (e.g., drug usage, alcohol consumption and place of residence) are important determinants of sexual activities among street children. It was also shown that male street children patronise commercial sex workers (CSWs); although the data indicated that male street children in Lagos tended to visit CSWs more than their counterparts in Ibadan. With reference to drug usage, qualitative data obtained from the field suggested that those who

engaged in drug use did so as a coping mechanism to provide them with a feeling of escape from the difficulties that characterise street life. For many of them, taking *gbana* (an argot for marijuana in the street, as one of the participants puts it) was the only way to cope with life situation in the street. In general, the prevalence of high coital frequency among the respondents, coupled with their patronage of CSWs and drug usage, amidst low knowledge of transmission of STIs, HIV and AIDS, is unsettling. In fact, the phenomenon of street children is likely to be a significant contributor to the high burden of HIV and AIDS among children in Africa (WHO, 2006).

The study also found that parents' experience of marital dissolution was significantly related to street children's sexual activities. In other words, street children's involvement in sexual activities tended to be influenced by the experience of marital instability of their parents. Consequently, minimizing the incidences of marital dissolution among couples can serve as an important pathway for curtailing sexual activities of children in the street. Although the study did not set out to investigate if marital dissolution among parents can make children leave home for the street, it may well be a propellant factor. If that is the case, there is need to increase research efforts to gain more insights into the dynamics of marital dissolution with a view to minimizing the phenomenon of street children and its associated consequences.

Conclusion and Recommendations

This study represents a departure from the usual attempts to investigate the consequences of risky sexual behaviour, level of knowledge of HIV and AIDS and STIs among street children. The study assumed that a proper understanding of the factors predisposing street children to risky sexual behaviour is central to mitigating street children's involvement in life-threatening sexual activities. From the findings of the study, it can be concluded that age, sex, family type, drug usage, alcohol consumption, place of residence, and parents' experience of marital dissolution are important social determinants of risky sexual activities among street children in Nigeria. The study observed high levels of involvement in the usage of drugs and sexual activities among the respondents. To this end, efforts should be intensified by relevant government agencies to control the proliferation and abuse of drugs, especially in areas where street children are mostly found such as market places and motor parks. The current effort by the government to ban the use of some substances such as codeine and the likes is commendable. Special attention should be focused on street children to minimise or totally

eradicate their access to drugs. In addition, there is need for programmes and initiatives that are designed to reintegrate street children back to normal life, reunite those whose families are intact and relocate others to government facilities, as their needs and circumstances may demand. Efforts should equally be channelled towards the development of programmes that are aimed at building these children in terms of skilling the unskilled. This can be done by supporting those who are inclined towards studying to have access to further education or go for vocational training and acquire useful skills that will enable them function as responsible members of society as they transit to adulthood. Also, the study revealed that some female street children were raped or forced in their first sexual experience. Studies have shown that the lack of consensual agreement that usually characterize the situation of rape or forced sexual intercourse does not permit the adoption of any form of contraceptive device, and the perpetrators themselves do not take the consequences of their actions on the victims into consideration (Bukuluki et al., 2006). Consequently, these girls are exposed to the risks of teenage pregnancy and contraction of STIs, thereby complicating their lives' condition in street. Thus, there is need to intensify efforts at discouraging child sexual abuse through effective legislation.

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