

SEXUAL BEHAVIOUR OF ADOLESCENT HAWKERS IN ILORIN METROPOLIS: THE ROLE OF SOCIO-DEMOGRAPHIC PREDICTORS

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ABSTRACT: *The health of adolescents is greatly determined by their behaviour. An important and complex area of adolescent behavioural health is sexuality. Issues of experience and activity include the timing of first intercourse, number of sex partners, contraceptive use, pregnancy, and sexually transmitted infections (STIs). The purpose of this study therefore is to examine the prediction of socio-demographic factors on sexual behaviour of adolescent hawkers in Ilorin Metropolis. Survey research design was adopted. Five research questions guided the study. The population comprised of 400 adolescents in Ilorin Metropolis, Kwara State, Nigeria. A multi-stage sampling technique was adopted while purposive sampling method was used to select the participants, while a semi structured interview form and self-developed questionnaire was used for data collection. Reliability was estimated at 0.81. Data analysis involved mean, standard deviation, chi-square, and regression analysis. Results showed that Socio-demographic variables did have significant association with respondents risky sexual behaviour, ever had sex, practice of having more than one sexual partner, monetary reward for sex, and the practice of condom use during sexual intercourse. It was recommended that Socio- demographic factors indicated to have contributed to current extent of adolescents' sexuality while risky sexual behaviour exposes them to high sexual networking, sex related outcomes which includes among others, unwanted pregnancy which may lead to abortion and the likes.*

KEYWORDS: Adolescents, Sexual Behaviour, Hawker, Socio- Demographic Factors

INTRODUCTION

The Adolescent is typified by great energy, pursuit of adventure, dating, experimentation with sex and the attendant outcomes most often compromise the young person's sexual and reproductive health. The desire to be regarded as the "macho man" makes boys to start having sex early and to indulge in risky sexual behaviour (Adenike, & Amana, 2001 cited in Oke, 2014). Most girls are coerced into having sex by adolescent boy friends who want to prove masculinity. Adolescent boys and girls are lured into sexual intercourse with gifts and money by older men and women. At the time of first sexual intercourse, most adolescents lack knowledge about sexuality and reproduction and first sex is often through experimentation in which case the parties involved are not prepared for it. Adolescent girls may lack power, confidence and skills to refuse sex. For many of them, sex, even though unforced, is not voluntary. They are pressured into having sex and coerced by their opposite sex peers using sense of belonging as yardsticks.

According to the World Health Organization (WHO) there are more than 50% new HIV infections occurring among the 15-24 year-old. Approximately 17 million girls younger than 20 years give birth each year in developing countries, substantial numbers of youth are still engaging in high-risk sexual practices such as unprotected sexual intercourse (Khoza, 2011)

However, hawking in its simplest form is the selling of things along the roads and from one place to the other (Umar, 2009). The dramatic increase in street hawking in Nigeria can be attributed to several factors such as the rapid population growth of many less developed countries, high rates of unemployment, inflation, low wages and deplorable working conditions have contributed to incidents of street hawking (Sedgh, Bankole, Okonofua, 2009). The proliferation of industries can also be linked to an increase in street hawking. Social ills affecting hawkers have been an area of active empirical investigation. Indeed numerous studies exist on children, who along with their parents are homeless, and children who hawk on the streets before and after school and on weekends and holidays Sedgh, Bankole, Okonofua, 2009).

In Nigeria, this is traditionally done almost all the time by young children both males and females who move from house to house. The street hawkers usually display their wares by the roads for motorists' attention, under the trees, in kiosks or in buses (Ikechebelu, Udigwe, Ezechukwu, Ndinechi, & Joe-Ikechebelu, 2008). Or displaying wares for sale from one point to another by the seller; these wares could be pushed around in wheel barrows or carts, and or carried in flat trays or pans on heads by the sellers. The wares on display for sale usually includes fruits and vegetables, household items, detergents and soaps, clothing material, food items, fresh meat, bread and any other item as deemed fit. In major cities like Lagos, young teenagers hawk shoes, electronic gadgets, books and even clothing, there are also the newspaper vendors who move from one point to another to display and market their newspapers and magazines and lately young teenage girls and women work as vendors (Ikechebelu, Udigwe, Ezechukwu, Ndinechi, & Joe-Ikechebelu, 2008).

Selling and buying is done while vehicles are in motion, or waiting to be released by traffic lights or wardens. This category of hawking is done by mostly adolescent boys in major cities of Nigeria, but in other parts, it is normal to find girls also engaging in roadside hawking (Ikechebelu, Udigwe, Ezechukwu, Ndinechi, & Joe-Ikechebelu, 2008).

It is a well-known fact that, the health of adolescents is greatly determined by their behavior. An important and complex area of adolescent behavioral health is sexuality. Issues of experience and activity include the timing of first intercourse, number of sex partners, contraceptive use, pregnancy, and sexually transmitted infections (STIs). Each of these outcomes vary within and between ages, gender, race, socioeconomic status, and religious group (Shittu, Zachariah, Ajayi, & Oguntola, 2007).

In Nigeria, the sexual health of adolescents is of paramount importance towards the achievement of an economically, healthy and socio-culturally stable society (Adinma, 2002). Hawking predisposes adolescents to various problems resulting in unhealthy sexual practices and behavior in our society (Sedgh, Bankole, & Okonofua, 2009). An earlier study on street children in Nigeria found that more than 15.4 % of female adolescent hawkers had procured abortion at least twice, had been pregnant without knowing who was responsible, had experienced rape and also contracted sexually transmitted infections including HIV (Sedgh, Bankole, & Okonofua, 2009).

Oke (2014) cited the study of Dacey and Travers (1996) that showed that 30% of the violence experienced by girls on the street is sexual in nature. This is an issue of great importance because in the traditional African society, the concept of sexuality is enshrouded in secrecy. Most abused girls do not report the crime because of the stigma attached to the issue and threats

issued by perpetrators who commit such heinous acts. Although the society has sympathy for victims of sexual violence, it also visits them with some stigma.

Male adolescent hawkers that hawk around the motor parks have a high tendency of imitating the negative attitudes of touts. Generally, Akpan and Oluwabamide (2010) noted that motor park touts, motorcycle rider and commercial vehicle operators are very abusive and aggressive. They also engage in immoral acts such as touching the breasts of female hawkers or other female passersby.

Various factors have been established to be responsible for the persistence of adolescents' street hawking as a social phenomenon in our society (Oke, 2014). In other words, the impacts of street hawking on adolescents sexual behavior have been related to various factors such as: lack of parental guardian and care, inability to choose from right and wrong acts, peer influence on adolescents street hawkers, illiteracy and lack of sexual education, adolescents' personal will, adolescents' exposures to societal or public acts, parental poverty, lack of adequate socialization, communication gap between parents and the adolescents on reproductive and sexual health issues (Sedgh, Bankole, & Okonofua, 2009; Oke, 2014). Hawking thus exposes adolescent hawkers to sexual abuse and in some cases they end up being infected by HIV/AIDS (Sedgh, Bankole, & Okonofua, 2009). Thus, there is need to assess the prediction of socio-demographic factors on sexual behaviour of adolescent hawkers in Ilorin Metropolis.

Research Questions

1. What is the influence of socio-demographic variables on respondents' knowledge of risky sexual behaviour?
2. What is the relationship between respondents' socio-demographic variables and practice of ever had sex?
3. What is the relationship between respondent's socio-demographic variables and practice of having more than one sexual partner?
4. What is the relationship between respondent's socio-demographic variables and practice of monetary reward for sex?
5. What is the relationship between respondent's socio-demographic variables and practice of the use of condom during sexual intercourse?

METHODOLOGY

Study Area

Ilorin is the capital of Kwara State. It covers an area of about 160 sqkm and has a growth rate of 2.8% per annum. Ilorin is located on latitude 8° 3' North of the equator and 4° 35' East. It has an alternate dry and wet season. The mean monthly temperature ranges from 35^o – 37^oC and reaching the peak in March.

The religion of the inhabitants of Ilorin area is majorly Islam and Christianity. In 1820, it became a Muslim emirate associated with the Fulani Caliphate in Sokoto. The emirate subsequently annexed considerable territory. The British Government took over Ilorin in 1897.

The occupation of the inhabitants of Ilorin includes civil service, trading, weaving of Aso oke and farming. Higher institutions in Ilorin include the University of Ilorin, Kwara State Polytechnic, College of Education, School of Nursing and Midwifery, Ilorin.

By the year 1991, Ilorin was divided into 3 Local Government Areas namely, Ilorin West with twelve wards, Ilorin East with eleven wards and Ilorin South with ten wards. The original inhabitants of Ilorin were Yoruba speaking people which constitute more than 80% of the entire population. Other tribes include Hausa, Igbo, Nupes, Epira and Fulani. The culture in Ilorin is a mixture of Yoruba, Fulani and Hausa, which has been greatly influenced by Islamic culture. Ilorin became the capital of Kwara State in 1967. Ilorin city is the gate way between Northern and Southern Nigeria. It is an important cultural and industrial centre in the middle belt zone of Nigeria.

Population: Study population comprises of male and female adolescent hawkers in the major markets and motor parks from all the three Local Government Areas in Ilorin metropolis. The markets were new market, Oja Oba, Sawmill markets, Oloje market in Ilorin West local government. Pata market, and part of Ago market, Maraba, Sango, Idi Ape, Gambari, in Ilorin East Local Government., Part of Ago market, Yoruba road market, Oja Gada, in Ilorin South Local Government. Parks were Offa garage, Oja oba garage, Oloje garage, Sawmill garage, Oja-tuntun garage, all in Ilorin West local government. While Shao garage, Maraba garage were in Ilorin East local government and Station garage, Unity garage are in Ilorin South local government. From observations of adolescent hawkers in the major markets and major parks in Ilorin metropolis, an average of 350 adolescent hawkers from major markets and 33 hawkers from major motor parks were estimated, bringing the number of estimated hawkers to 4,500.

Study Design: The study was a descriptive cross sectional study which determined the sexual behaviour of Adolescent hawkers in Ilorin metropolis. The study comprises of 400 male and female adolescents aged 10-19 years that have been hawking for more than three months in Ilorin metropolis.

Sampling Technique: A multi-stage sampling technique was adopted. Firstly, simple random sampling by balloting was used to pick two major markets and one major motor park from each of the 3 Local government Areas in Ilorin Metropolis. In each major market and motor parks, adolescent hawkers were selected randomly. Secondly, all eligible adolescent hawkers seen in the major markets and parks on the date of data administration were used as respondents until the required sample size was achieved for each site.

Ethical Issues: Informed consent was obtained verbally from the respondent from each sample site before the questionnaires were administered. All information obtained was treated with confidentiality and participation was voluntary.

Instrumentation: A Semi structured interview form and self-developed questionnaire was used for data collection. The questionnaire was divided into four sections viz: Socio demographic background, Knowledge about risky sexual behaviours, Sexual practices/experiences of adolescent hawkers and factors responsible for their sexual behavior. The pre-testing of the research tool was carried out at Owode Motor Park and market at Offa. Ten percent (10%) of the sample population was used for the pre testing. Necessary modification of the pre tested tool was made before the final questionnaires were used for data collection.

Data Analysis: The data generated from the study was subjected to descriptive analysis and chi-square using EPI INFO 3.5.3.

RESULTS

Table 1: Influence of socio-demographic variables on knowledge of risky sexual behaviour of the respondents (N = 400)

Socio-demographic	Total	Knowledge Mean±SD	F-Test	p-value
Age (years)				
≤13	78	13.34±4.44	3.428	0.03*
14-16	149	13.64±4.20		
17-19	134	14.69±3.84		
Sex				
Male	69	13.28±4.82	0.126	0.90
Female	292	13.36±4.34		
Religion				
Christianity	64	13.11±4.59	0.606	0.55
Islam	297	13.49±4.36		
Tribe				
Yoruba	330	13.55±4.39		
Hausa	15	11.63±4.97	1.993	0.11
Igbo	4	17.40±3.28		
Others	12	13.93±4.42		
Family Type				
Monogamous	158	13.49±4.40		
Polygamous	203	13.14±4.48	0.722	0.48
School Attendance				
Yes	354	13.14±4.48		
No	7	10.11±5.60	1.563	0.27
Educational level				
No formal	4	10.11±5.60		
Primary	42	11.12±4.70		
Secondary	301	14.01±4.56	7.293	0.00**
Tertiary	5	20.60±1.51		
Others	9	14.56±3.05		

** Significant at .05, * Significant at .01

Age and Educational level of the respondents were found to be statistically significant with the mean knowledge score of respondent risky sexual behaviour. The knowledge of risky sexual behaviour of the respondent increases with their age this shows that the older they were the more knowledgeable they were. Respondents in tertiary school (mean knowledge score of 20.60±1.51) were more knowledgeable about risky sexual behaviour than other respondents who had secondary school education (mean knowledge score of 14.01±4.56), primary education (mean knowledge score of 11.12±4.70); other forms of education (mean knowledge score 14.56±3.05); and no formal education (mean knowledge score of 10.11±5.60).

Table 2: Relationship between socio-demographic variables of respondents and practice of ever had sex.

Sociodemographic	Ever Had Sex		X ²	p-value
	Yes (%) N=295	No(%) N=105		
Age				
<13	57(62.6)	34(37.4)	16.780	0.00**
14-16	120(70.2)	51(29.8)		
17-19	118(85.5)	20(14.5)		
Sex				
Female	238(76.5)	73(23.5)		
Male	57(64.0)	32(36.0)	5.561	0.02**
Religion				
Christianity	22(31.0)	49(69.0)		
Islam	273(83.0)	56(17.0)	81.543	0.00**
Status				
Single	278(73.0)	103(27.0)		
Married	16(88.9)	2(11.1)	2.610	0.27*
Divorced	1(100.0)	0(0.0)		
Family Type of respondent				
Monogamous	114(63.0)	67(37.0)		
Polygamous	181(82.6)	38(17.4)	19.801	0.00**
School Attendance				
Yes	287(73.4)	104(26.6)		
No	8(88.9)	1(11.1)	1.095	0.30
Father's Education				
Non-formal	97(72.9)	36(27.1)		
Formal	198(74.2)	69(25.8)	0.071	0.79
Mother's Education				
Non-formal	165(80.9)	39(19.1)		
Formal	130(66.3)	66(37.7)	10.943	0.00**

** Significant at .05, * Significant at .01

Age, religion, family type and educational status of respondent's mother were found to be significantly associated with respondents that ever had sex. Age shows that those respondent's whose age's falls between 14 -16years had a percentage of 70.2% and those whose age's falls within 17-19 had a percentage of 85.5% which shows that the older the respondents are, the more they had experienced sexual intercourse. More females (76.5%) had ever had sex than males (64.0%). Respondents with Islamic religion (83.0%) had ever had sex more than Christians (31.0%). Those from polygamous homes (82.6%) had ever had sex than respondents from monogamous homes (63.0%). Respondents whose mothers had no formal education (80.9%) had ever had sex than respondents with mothers who had formal education (66.3%). This might be because of respondent mothers' poor level of education about reproductive health.

Adolescent hawker's age, sex, religion, family type and mothers educational level shows significant association with ever having sexual intercourse. It could therefore be said that socio-

demographic factors associated with an individual life might be factors that may dispose an individual into sexual exposure.

Table 3: Relationship between respondent's socio –demographic variables and Practice of having more than one sexual partner

Socio-demographic	More than one sexual partner		X ²	p-value
	Yes (%) N=173	No (%) N=122		
Age				
≤13	23(40.4)	34(59.6)		
14-16	65(54.2)	55(45.8)	17.58	0.00**
17-19	85(72.0)	33(28.0)		
Sex				
Female	148(62.2)	90(37.8)		
Male	25(43.9)	32(56.1)	6.37	0.01**
Religion				
Christianity	20(40.8)	29(59.2)		
Islam	153(62.2)	93(37.8)	7.70	0.00**
Marital Status				
Single	165(59.4)	113(40.6)		
Married	7(43.8)	9(56.3)	2.22	0.33*
Divorced	1(100.0)	0(0.0)		
Family Type				
Monogamous	75(60.5)	49(39.5)	0.29	0.58
Polygamous	98(57.3)	73(42.7)		
School Attendance				
Yes	168(58.5)	119(41.5)		
No	5(62.5)	3(37.5)	0.05	0.89
Father's Education				
Non-formal	113(57.1)	85(42.9)		
Formal	60(61.9)	37(38.1)	0.61	0.43
Mother's Education				
Non-formal	94(67.1)	46(32.9)		
Formal	79(51.0)	76(51.0)	7.94	0.00**

** Significant at .05, * Significant at .01

Adolescent hawkers' age, sex, religion and mothers educational status was found to be significantly associated with their practice of having more than one sexual partner. Adolescents with more than one sexual partner increases with age. A higher number of females (62.2%) had multiple sexual partners compared to males with (43.9%). Respondents who practice Islamic religion had more sexual partners (56.2%) than Christians (40.8%). Respondents whose mothers had no formal education (67.1%) had more than one sexual partner than respondents who had mothers with formal education (51.0%).

Table 4: Relationship between respondent's socio- demographic variables and Practice of monetary reward for sex.

Socio-demographic	Monetary Reward for Sex		X ²	p-value
	Yes (%) N= 277	No(%) N=18		
Age				
≤13	55(96.5)	2(3.5)		
14-16	115(95.8)	5(4.2)	3.58	0.17**
17-19	107(90.7)	11(9.3)		
Sex				
Female	229(96.2)	9(3.8)		
Male	48(84.2)	9(15.8)	11.57	0.00**
Religion				
Christianity	16(51.6)	15(48.4)		
Islam	261(98.9)	3(6.1)	100.02	0.00**
Marital Status				
Single	262(94.2)	16(5.8)		
Married	15(93.8)	1(6.3)	15.44	0.00**
Divorced	0(0.0)	1(100.0)		
Family Type				
Monogamous	109(88.6)	14(11.4)		
Polygamous	168(97.7)	4(2.3)	8.75	0.00**
School Attendance				
Yes	269(93.7)	18(6.3)		
No	8(100.0)	0(0.0)	0.0003	0.99
Father's Education				
Non-formal	88(90.7)	9(9.3)		
Formal	189(95.5)	9(4.5)	2.54	0.11*
Mother's Education				
Non-formal	129(92.1)	11(7.9)		
Formal	148(95.5)	7(4.5)	1.43	0.23

** Significant at .05, * Significant at .01

Sex, religion, marital status and family type of respondents were significantly associated with monetary reward for sex. Female respondents (96.2%) practice transactional sex than male respondents (84.2%). Respondents who are Muslims (98.9%) practice transactional sex than Christian respondents (56.1%). Those that are single (94.2%) practice transactional sex than respondents who are married (93.8%) Respondents from polygamous families (97.7%) practice transactional sex than respondents from monogamous families (88.6%).

Table 5: Relationship between respondent's socio demographic variables and practice of the use of condom during sexual intercourse

Socio-demographic	Use of Condom during Sexual Intercourse		X ²	p-value
	Yes (%) N=118	No (%) N=177		
Age				
≤13	16(28.1)	41(71.9)		
14-16	39(32.5)	81(67.5)	15.01	0.00**
17-19	63(53.4)	55(46.6)		
Sex				
Female	67(28.3)	170(71.7)	69.11	0.00**
Male	51(87.9)	7(12.1)		
Religion				
Christianity	18(36.7)	31(63.3)		
Islam	100(40.7)	146(59.3)	0.26	0.61
Marital Status				
Single	112(40.3)	166(59.7)		
Married	6(37.5)	10(62.5)	0.71	0.70
Divorced	0(0.0)	1(100.0)		
Family Type				
Monogamous	49(39.5)	75(60.5)		
Polygamous	69(40.4)	102(59.6)	0.02	0.89
School Attendance				
Yes	116(40.4)	171(59.6)	Yates	
No	2(25.0)	6(75.0)	0.26	0.48
Father's Education				
Non-formal	28(28.9)	69(71.1)		
Formal	90(45.5)	108(54.5)	7.46	0.00**
Mother's Education				
Non-formal	47(33.6)	93(66.4)		
Formal	71(45.8)	84(52.2)	4.59	0.03**

** Significant at .05, * Significant at .01

Adolescent hawker's age, sex, and fathers educational level shows significant association with the practice of condom use during sexual intercourse. Use of condom during sexual intercourse increased with age. Males (87.9%) use condoms during sexual intercourse than females (28.3%). Those whose fathers had formal education (45.8%) practice the use of condom during sexual intercourse than respondents whose fathers had non-formal education (33.6%).

DISCUSSION

Finding from this study as regards respondents' sexual practices revealed that majority of the respondents had their first sexual experience before the age of 19. Few of them who were less than 12 years old had initiated sex while many of them had their first sexual experience between the ages of 12-18 years. The mean age at first sexual experience was 13.17. This could probably

be due to respondents' engagement in public hawking as the duration of hawking in years ($p < 0.05$) was found to have an influence on sexual initiation of respondents in this study. This was similar to the findings of Pamela, Morris, Lewis-Gess, Sarret-Casay, Sirl, Ries, & Sawyer, (2002) in a study carried out among African American girls in which 78% of teens had engaged in vaginal intercourse at least once, with the mean age for first experience of vaginal intercourse being 14 years. Early initiation to sex might be due to the fact that these young girls were coerced or forced to have sex by their male partners and some may submit willingly following promises of gifts and money. Early sexual initiation may also lead adolescent into behaviours that may place them on high risk for negative outcomes as they may not be informed as to how to protect themselves.

Socio-demographic variables such as age, sex, religion, family type and mother's educational level were found to be statistically significant with ever had sex by respondents. A higher proportion of respondents between the ages of 17-19 had ever had sex when compared to ages below. This could be as a result of the increasing early age of sexual maturation, respondent's lack of knowledge about sex, declining cultural and religion influences, urbanization and increasing numbers of early marriages (Wale, Femi, & Iyaji, 2008). A higher proportion of females had ever had sex compared to males. This can be attributed to the girl's poor negotiating power for sex, poor level knowledge for sex and misinformation on sex related issues from peers which is usually inadequate and often inaccurate. Religion was found to be statistically significant with respondents' ever had sex. This is similar to findings on a study where adolescents from families that stress faith and religious services attendance are less likely to demonstrate permissive behaviour (Longe, Chiemeké, Onifade, & Balogun, 2007). Respondents from polygamous homes were found to have ever had sex and this may be because most of the adolescent hawkers do not receive all the attention they need from their parents due to the fact that they are many and cannot be properly monitored by a single father.

Mother's level of education was also found to be statistically significant with ever had sex. This may be due to the low level of education of respondent's mother which hinders them from factual information about reproductive health issues and its consequences. Most of the respondents in this study had sex without the use of any protective measure even those who use condom at all are occasional users. This is in line with a study conducted in Nigeria which reported that at sexual debut, up to 56% of the respondents did not use any protection and only 29% used condom as a form of protection (Adebiyi & Asuzu, 2009). However this contradicts a study conducted by the society of Pediatric Nurses that condom use during sexual intercourse for both male and female adolescents increased from 4.2% to 56.8% (Taylor, & Lynn, 2000).

Variables such as age, sex and fathers' educational level and hawking in years of respondents showed significant association with the practice of condom use during sexual intercourse. This study showed a higher proportion of male respondents who make use of condom more than the females. This may be because condom is the commonest method known by the males and also due to poor negotiating power of the females. This can be corroborated by the result of a study carried out in Sub Sahara Africa which reported that men appear to control the condition of sexual intercourse including condom use and contraceptive use (Moore, 2006). This is contrary to the study conducted in Sweden that contraceptive acceptance and practice is independent of respondent's educational level and age (Shittu, Zachariah, Ajayi, & Oguntola, 2007). Hawking hours in years of adolescent was found to have an association with their use of condom. Respondents who hawk for more than three years with a mean score of 3.22 ± 1.98 use condom during sexual intercourse while those with a lesser year of hawking with mean score of 3.18 ± 1.85 do not use condom.

Findings of this study on practice of multiple sexual partners revealed that some of the respondents had multiple sexual partners with majority having two to three sexual partners and few having more than four sexual partners. A higher proportion of respondents who don't have more than one sexual partner have more knowledge about the risk involved in this practice. Respondents who are less than 13 years of age have less multiple sexual partners compared to respondents that fall within the ages of 14-19. This is in line with a study carried out in Kogi state, where a little above 83% of respondents were sexually active and had the feeling of sexual behaviour, about 77% have engaged in sex with their boyfriends to satisfy their sexual urge. The number of sexual partners varies from one individual to the other, but data shows that 54% of the hawkers were engaged in multiple sexual partnerships which have the propensity to increase the chains of sexual networking (Wale, Femi, & Iyaji, 2008).

Age, sex, religion, mother's educational level, and respondents years of hawking was found to be statistically significant with the practice of multiple sexual partners. Female hawkers in this study were found to practice more of multiple sexual partnerships than their male counterparts. This is also similar to a study carried out among American adolescents girls showed that 61% of the sexually active teens-reported having one sexual partner in the past 60 days and 20% reported having two or more sexual partners in the past 60 days (Pamela, Morris, Lewis-Gess, Sarret-Casay, Sirl, Ries, & Sawyer, 2002). This is contrary to a study carried out in Cameroon on gender differentials on adolescent sexual activity that having multiple sexual partners is a source of pride among young males (Dominque & Emmanuel, 1999). Religion was found to be significant with the practice of multiple sexual partners (Longe, Chiemeke, Onifade, & Balogun, 2007). Result shows that Muslims had more than one sexual partner as compared with Christian respondents. This might be due to the fact that Islamic religion is not against Polygamy. Respondents' duration of hawking in years was also found to have significant relationship with the practice of multiple sexual partners. It was observed that those that have longer years of hawking have more than one sexual partner. This may be a means for the adolescent hawkers to gain social status and respect among peers, have sexual experience and sexual satisfaction. This is also similar to a study carried out in Nigeria on Adolescent hawkers which reported that the nature of the hawking exposes them to risky sexual behaviour that makes them vulnerable to illicit sexual behaviour at early age (Wale, Femi, & Iyaji, 2008). Multiple sexual partners may increase the risk of pregnancy and STDs.

CONCLUSION AND RECOMMENDATION

This study has provided insight into the sexual behaviour of adolescent hawkers in Ilorin metropolis. In this study, it was found that risky sexual behaviour is prevalent among the adolescent hawkers. Socio- demographic factors indicated to have contributed to current extent of adolescents' sexuality while risky sexual behaviour exposes them to high sexual networking, sex related outcomes which includes among others, unwanted pregnancy which may lead to abortion, contraction of sexually transmitted infections and HIV/AIDS and social consequences like early marriage and school dropout.

Based on the results of these findings, the following recommendations were made:

1. Ministry of Health and information through the media should create more awareness on risky sexual behaviours of adolescent and the health risks associated with it in order to improve their practices.

2. A broader curriculum such as sexuality education should be included in the secondary school curriculum by the government so as to give adolescent enough information about their sexuality.
3. .Women affairs commission should encourage women education and empowerment since mother's educational status was found to have influence on sexual behaviour of adolescent hawkers.

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