

**Social Factors as Predictors of Health Risk Behaviours among In-school Adolescents in Ibadan South East Local Government Area, Oyo State**

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**Abstract**

Health risk behaviour (HRB) in adolescence remains a significant public health concern, with sexual risk behaviour representing 21-64% among unmarried adolescents in sub-sahara Africa. Similarly, HRBs accounted for approximately two-thirds of all premature deaths in adults, originating from childhood risk behaviours. Despite this, there is a paucity of studies on HRBs related factors, specifically among in-school adolescents. This study therefore, examined social factors as predictors of health risk behaviours among in-school adolescents in Ibadan South East Local Government Area (IBSELGA), Oyo State. Descriptive survey research design was adopted using simple random, purposive and proportionate stratified technique were used to select 257 respondents; while questionnaire was used for data collection. Descriptive and inferential Statistics of multiple regression were used for data analysis. The results revealed that, there were significant joint prediction of social ( $F_{(4,252)}=223.040, p<0.05$ ) on health risk behaviours among in-school adolescents in IBSELGA. There were significant relative prediction of family background ( $\beta=0.530, p<0.05$ ), environment ( $\beta=0.313, p<0.05$ ), media ( $\beta=-0.440, p<0.05$ ) on health risk behaviours among in-school adolescents respectively; while peer influence ( $\beta=-0.012, p>0.05$ ) did not. Conclusively, there were significant joint prediction of social factors on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area. Family background, environment, media, had significant prediction on health risk behaviours among in-school adolescents respectively; while peer influence did not. The study recommends that the Department of Health should therefore, intensify efforts to organize periodic and effective health education programme on health risk behaviours, specifically for in-school adolescents in IBSELGA.

**Keywords:** Social factors, Health risk behaviours, In-school adolescents.

**Word Count:** 247

## **Introduction**

Health risk behaviours (HRBs) contribute to the leading causes of deaths and disabilities among adults and youths, as well as being associated with educational and social challenges worldwide. The World Health Organization reported that health risk behaviours accounted for approximately two-thirds of all premature deaths in adults, originating from childhood risk behaviours (Cybulski, Ashcraft & Carr, 2021). It is also estimated that adolescents form about 35% of the worldwide disease burden (Central for Disease Control and Prevention, 2023). Health risk behaviours in adolescence remain a significant public health concern with sexual risk behaviours representing 21-64% among unmarried adolescents in sub-saharan Africa (Baird, Ezeh & Azzopardi, 2022). These behaviours seldomly occur in isolation but tend to co-exist in a synergistic manner which often increase vulnerability to chronic diseases including physical and psycho-social health issues particularly pronounced in Low-and middle-income countries (World Health, Organisation (WHO), 2023).

Adolescence is a stage of identity formation, ranging from ages 10 to 19 years. It is a typical period when young people begin to challenge parental controls and values and to be influenced by their peers. A time of adoption of behaviours that bring health benefits or risks that can persist throughout lifetime. The profound changes in the brain especially the pre-frontal cortex, during this period are important to judgment, impulse control, and self-regulation. These changes affect how adolescents consider peer influence, novelty seeking and health consequences when making decisions. As a result of this, adolescence can be a particularly vulnerable period for the initiation of risk behaviours (Mytton et al., 2024).

Several studies have been carried out to reveal the health implications of health risk behaviours among adolescents in many nations. A study conducted from Asia (China and India) and sub-saharan Africa (Nigeria, Tanzania, Ghana, Burkina Faso, Ethiopia and Uganda) showed that one-third of adolescents exhibited the occurrence of health risk behaviours in Asia, while in sub-saharan Africa which is home to the largest proportion of adolescents and youth, approximately 89.2% of adolescents engaged in at least two health risk behaviours (Dessie, et al., 2024). Hence, the need to curb and stem the tide among the young adults.

Another study carried out among United Kingdom (UK) young adults in understanding adolescent health risk behaviours were perceived as stigma to appreciate those with lower level, thereby leading some participants to employ strategies to avoid such behaviours (tobacco use,

excessive alcohol consumption drug use, unhealthy diet) (Tinner et al., 2021). A similar study conducted among school-going adolescents in Bangladesh reported the influential factors of health risk behaviours recorded among adolescents whose fathers were illiterates, parents who never realize their child's worries and those who did not know what they did in their leisure time (Kundu et al., 2023).

The family background as a social factor is one of the most influential predictors of adolescent behaviours. The views and behaviours of adolescents are greatly influenced by a range of family background factors, such as parenting methods, parental education, and socioeconomic situation (Akindele & Adebayo, 2021). Studies repeatedly demonstrate that teenagers from lower socioeconomic situations may participate in health-risky activities, frequently as a result of having less access to resources, healthcare, and education (Pengpid, Peltzer & Rodríguez, 2024). Parents with lower educational attainment could be less able to model healthy behaviours or effectively explain about health hazards. Furthermore, a variety of parenting principles, from permissive to authoritarian, are quite important (Hannah, 2020). Adolescents who experience authoritative parenting which is defined by warmth and unambiguous expectations have healthier behaviour. On the other hand, loose or inattentive parenting can result in a lack of direction, which raises the possibility that teenagers would engage in harmful activities in an effort to be validated or given more autonomy.

Adolescents' health practices are greatly influenced by the larger environmental setting in which they live (Neufeld et al., 2022). High crime rates, a lack of recreational opportunities, and restricted access to healthcare services are common characteristics of communities that might encourage people to engage in risky conduct. Adolescents may be more prone to try with drugs or join gangs in areas where there is a high concentration of violence or drug use (Gladstone et al., 2022). Furthermore, educational surroundings are very important in forming healthy behaviour. Students who attend schools that foster a culture of health by providing extracurricular activities, counseling services, and extensive health education programs generally exhibit better behaviours (King, McQuarrie & Brigham, 2021). Conversely, educational institutions with little resources would find it difficult to offer sufficient assistance, which could expose pupils to unfavorable influences and peer pressure.

During adolescence, peers become increasingly influential in shaping behaviours (Laursen & Veenstra, 2021). The desire for acceptance and the need to fit in can drive adolescents to engage

in risky behaviours, especially if such behaviours are normalised within their social circles. Peer influence may take many different forms, ranging from overt encouragement to more subtly conveyed social signals. For instance, if an adolescent's peers routinely use substances or participate in dangerous sexual activities, they may feel forced to adhere to such behaviours, regardless of their personal values or views behaviours (Laursen & Veenstra, 2021). Studies have indicated that having a positive peer group can also help reduce hazardous behaviours. Adolescents who associate with other teenagers who value their health and wellbeing are less likely to partake in risky behaviours. Therefore, the quality of peer interactions is essential; positive friendships can promote healthy choices, while unfavorable affiliations can lead to a cascade of harmful behaviour (Smith et al., 2020).

Adolescents' attitudes and actions are greatly influenced in the current day. The widespread use of digital media, such as social media, television, and advertisements, exposes youth to a variety of messages on lifestyle and health choices. Often, these media depictions enhance's dangerous behaviours, from substance use to sexual promiscuity, possibly normalizing these activities for impressionable viewers (Lauricella & Cingel, 2020). Furthermore, false information can also be found on the internet. Adolescents have access to health-related material, but they are also vulnerable to negative messages that encourage unhealthy habits. Adolescents who use social media to share experiences and support certain lifestyles might increase the impact of their peers, normalizing dangerous actions (Freeman, Caldwell & Scott, 2023).

School setting is a place provided for good interpersonal relationship and cordial development for students and teachers most especially for their personal and social development. It is responsible for the transmission of behavioural norms and standards, representing an essential role in the adolescent's socialization process. The school makes avenue for different peer communities to gather together and promote self-esteem and cordial development for adolescents' thereby building strong resilience against health risk behaviours among the students. Therefore, this study investigated social factors as predictors of health risk behaviours among in-school adolescents in Ibadan South-East Local Government, Ibadan, Oyo state.

### **Statement of the Problem**

Health risk behaviour contributes to the leading causes of mortality and morbidity among adults and youths worldwide. Report from global burden of disease study revealed that adolescents

constitute about 35% of the global disease burden, mostly traceable to childhood risk behaviours emanating from home, school and community (Central for Disease Control and Prevention, 2024). In recent years, there has been increasing concern about health risk behaviour among adolescents, the absolute burden has been greater in developing countries. Taking risks and challenging social rules are seen as undeniable characteristics of adolescents' behaviours which may negatively influence their health and wellbeing throughout adult life.

Observational survey carried out by the researcher revealed that most in-school adolescents are engaging in health risk behaviours including unsafe sex, violence and unsafe activities, unhealthy dietary habits, consumption of alcohol among others. Few studies conducted among adolescents in many parts of the world revealed high prevalence of health risk behaviours in the United Kingdom, Asia and Sub-saharan Africa (Tinner et al., 2021). In Oyo State, a study carried out in the urban and rural areas showed that the prevalence of health risk behaviours was high (91.8%). Hence, this study investigated the social factors as predictors of health risk behaviour among in-school adolescents in Ibadan South East Local Government Area, Oyo State

### **Aim and Objectives of the Study**

This study investigated Social Factors as Predictors of Health Risk Behaviours among in school Adolescents in Ibadan South East Local Government Area, Oyo State.

The following objectives were observed:

- i. determine the joint prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area;
- ii. assess the relative prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area.

### **Hypotheses**

The following hypotheses were tested at 0.05 level of significance.

- H<sub>0</sub>1.** There is no significant joint prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area.

**H<sub>0</sub>2.** There is no significant relative prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area.

### **Methodology**

This study adopted a descriptive survey design. The research design was considered suitable for the study because descriptive survey is a design in which a group of people or items are studied by collecting and analysing data from only few people or items consisting to be the representative of the entire group. The population for the study comprised all 2,542 in-school adolescents in Ibadan South-East Local Government Area, Oyo State. The sample size consisted of 257 in-school adolescents. This was selected from each senior secondary school in Ibadan South-East Local Government Area, Oyo State. Multistage sampling procedure that comprises simple random, purposive and proportionate sampling techniques were used to select the respondents. Respondents were selected using a multistage sampling procedure. A self-developed and validated questionnaire titled SFPHRB was used as instrument for data collection in the study. The completed questionnaires were collected, coded and analysed using both descriptive and inferential statistics. The descriptive statistics of frequency count, percentage (%), mean and standard deviation was used for the demographic data and research questions, while inferential statistics of Multiple Regression was used to test the hypotheses at 0.05 level of significance.

### **Results**

The results and discussion of findings are presented based on demographic characteristics of the respondents and hypotheses as follows:

#### **Demographic Data Analysis**

The following are the socio-demographic characteristics of the respondents.

**Table 1: Distribution of the Respondents by Gender**

Gender	Frequency	Percent
Male	136	52.9
Female	121	47.1
Total	257	100.0

**Source:** Field Survey, 2025

Table 1 reveals that over half of the respondents (52.9%) were male, while female were below half (47.1%) of the entire sample size.

**Table 2: Distribution of the Respondents by Age**

Age	Frequency	Percent
13-15 years	73	28.4
16-18 years	160	62.3
19-21 years	21	8.2
22 years and above	3	1.2
Total	257	100.0

**Source:** Field Survey, 2025

Table 2 reveals that below two third (62.3%) of the respondents were in the age range of 16-18 years, over one quarter (28.4%) of the respondents were between 13-15 years, few (8.2%) were in the age range of 19-21 years; while few (1.2%) of the respondents were over 22 years.

### Hypotheses

The following hypotheses were tested at 0.05 level of significance:

**H<sub>01</sub>:** There is no significant joint prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area.

**Table 3: Summary of Regression Analysis of Joint Prediction of Social Factors on Health Risk Behaviours**

R=0.883						
R <sup>2</sup> =0.780						
Adj. R <sup>2</sup> =0.776						
Std. Error=2.11520						
Model	Sum of Squares	Df	Mean Square	F	Sig. (p value)	Remark

Regression	3991.580	4	997.895	223.040	0.000	Significant
Residual	1127.463	252	4.474			
Total	5119.043	256				

**Source:** Field Survey, 2025

As shown in table 3, it was found that the linear combination of social factors of family background, environment, peer influence, media was tested significant on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area ( $F_{(4,252)}=223.040$ ,  $p<0.05$ ). The result yielded a coefficient of multiple regression (R) of 0.883 and multiple R-square of 0.780. The result also revealed that adjusted  $R^2=0.776$ ; indicating that about 77.6% of variance was accounted for by the independent variables. This means that, there was a significant joint prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area. The null hypothesis was therefore rejected.

**H<sub>02</sub>:** There is no significant relative prediction of family background, environment, peer influence and media on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area.

**Table 4: Summary of Regression Analysis of Relative Prediction of Social Factors on Health Risk Behaviours**

Model	Unstandardized		Standardized		Sig.	Remark
	Coefficients		Coefficients			
	B	Std. Error	Beta	T		
(Constant)	20.422	1.690		12.084	0.000	
Family background	0.743	.068	0.530	10.983	0.000	Significant
Environment	0.469	.069	0.313	6.774	0.000	Significant
Peer influence	-0.038	.188	-0.012	-.204	0.839	Not Sig.
Media	-1.161	.097	-0.440	-11.920	0.000	Significant

**Source:** Field Survey, 2025

Table 4 shows family background, environment, peer influence and media, the unstandardized regression weight ( $\beta$ ), the standardized error of estimate ( $SE\beta$ ), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in this table, family background ( $\beta=0.530$ ,  $p<0.05$ ), environment ( $\beta=0.313$ ,  $p<0.05$ ) and media ( $\beta=-0.440$ ,  $p<0.05$ ) were independently tested significant on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area; while peer influence ( $\beta=-0.012$ ,  $p>0.05$ ) did not. This means that there were significant relative prediction of family background, environment and media on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area; while peer influence did not. The null hypothesis which stated that there would not be a significant relative prediction of family background, environment and media on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area was therefore rejected.

### **Discussion of Findings**

The findings of this study on socio-demographic characteristics of the respondents revealed that, over half of the respondents (52.9%) were male, while female were below half (47.1%) of the entire sample size. In addition, below two third (62.3%) of the respondents were in the age range of 16-18 years, over one quarter (28.4%) of the respondents were between 13-15 years, few (8.2%) were in the age range of 19-21 years; while few (1.2%) of the respondents were over 22 years.

The finding of this study in hypothesis one revealed that the linear combination of social factors of family background, environment, peer influence, media was tested significant on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area. The result further revealed that about 77.6% of variance was accounted for by the independent variables. This means that, there was a significant joint prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area. The finding of this study is in agreement with the outcome of a previous study which established that social factors had influence on attitudes and behaviours (Merino et al., 2024). The outcome of this present study is also in consonance with the finding of a previous study which established that cultural norms and values are shared beliefs, practices and traditions dictate acceptable behaviours and lifestyles within a community (Neufeld et al., 2022).

In hypothesis two, it was indicated in that family background, environment and media were tested significant on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area; while peer influence did not. This means that there were significant relative prediction of family background, environment and media on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area; while peer influence did not. The finding of this present study on peer influence is in contrast to the outcome of a previous study which established that peer influence had impact on individual behaviour and decision-making (Merino, et al., 2024). It was further established in the same study that, this influence is particularly pronounced during adolescence and young adulthood, as individuals are more susceptible to social pressures and eager to gain acceptance within their peer groups (Mytton et al., 2024).

Furthermore, the finding of this study is in line with the result of a study conducted on psychological factors predicting adolescents' involvement in drug use in Ibadan south-east local government Ibadan, Oyo state, Nigeria. The result revealed that peer pressure significantly independently predicted involvement in drug use (Laursen & Veenstra, 2021). The study also corroborates a study conducted on neighborhood-level influences and adolescent health risk behaviors in rural and urban sub-saharan Africa (Stephanie, Mihan & Davison, 2021). Furthermore, the result corroborates another study conducted *on the influence of family dynamics on adolescents' deviant and sexual risk behaviour in a migration affected community in South Africa*. The result indicated that family dynamic element that had a greater impact on sexually risky behavior has relationship with the mother that serves as family background. Sexually risky behavior was predicted by a number of factors, including living with siblings, connection with the mother and financial stability. Based on the findings, an evidence-based public health program was created to target adolescents who are at high risk of engaging in sexually risky behavior (Freeman, Caldwell & Scott, 2023).

## **Conclusion**

It was concluded in this study that the level of health risk behaviours was high among in-school adolescents in Ibadan South East Local Government Area. This study affirmed that there was a significant joint prediction of social factors (family background, environment, peer influence, media) on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area. It was established that there were significant relative prediction of family

background, environment and media on health risk behaviours among in-school adolescents in Ibadan South East Local Government Area; while peer influence did not.

### **Recommendations**

Based on the findings of this study, the following recommendations were made:

1. The Department in charge of health at Ibadan South East Local Government Area, should intensify efforts to organize periodic and effective health education programme on health risk behaviours, specifically for in-school adolescents in Ibadan South East Local Government Area. This is to ensure that the high level of health risk behaviours is addressed in the study location.
2. Periodic sensitization programme should be designed and implemented by the Department in charge of health at Ibadan South East Local Government Area; for in-school adolescents on the consequences of health risk behaviours.

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