



Consequences of Youth Involvement in Sexualized Substance Use on their Reproductive Health in Niger State

¹Martins Nyen Inyang & ²Ezemdi Favour Ukamunna

¹Department of Social Work, Faculty of Social Science,
Federal University of Lafia, Nigeria

²Department of Sociology/Anthropology, Faculty of Social Sciences,
Nnamdi Azikiwe University, Awka, Nigeria

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Abstract

Sexuality and substance use (SSU) represent an essential and sensitive dimension of human experience, deeply rooted in biological, cognitive, emotional, behavioural, and social factors. The use of substances to enhance sexual performance and pleasure among youths has become a growing public health concern globally and in Nigeria, particularly in Niger State. This study explores the consequences of SSU on the reproductive status of youth in Niger State. An explanatory sequential mixed-methods design was adopted, using both quantitative and qualitative methods of data collection. The study found that SSU was highly indulged in in the study area and consequences include increased vulnerability to STIs and fatal abortions. It is recommended that access to illicit substances be systematically restricted through legal measures and proactive community-based interventions as well as enhanced access to youth-friendly sexual and reproductive health services.

Keywords: *Consequences, Reproductive status, Sexuality, Sexually Transmitted Diseases, Substance use*

Corresponding Author: Martins Nyen Inyang

Background to the Study

Globally, the concept of sexuality and substance use represents an essential and sensitive dimension of human experience, deeply rooted in biological, cognitive, emotional, behavioural, and social factors. It is closely linked to overall health and quality of life. Sexual desire and expression are natural aspects of human functioning and integral to healthy living (Ukaumunna & Mathias, 2024). Sexual and reproductive health forms a crucial component of the Sustainable Development Goals (SDG 5), which aims, among other objectives, to ensure universal access to sexual and reproductive health services and rights. The World Health Organization (2024) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction, or infirmity. Within this framework, sexual health emphasizes a positive and respectful approach to sexuality and sexual relationships, fostering pleasurable and safe experiences that are free from coercion, discrimination, and violence. Similarly, reproductive health is defined as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system, encompassing the capacity to reproduce and the freedom to decide if, when, and how often to do so. Access to accurate information and quality healthcare services is therefore central to achieving comprehensive sexual and reproductive well-being.

In contrast to these ideals, the use of psychoactive substances to enhance or alter sexual experiences poses significant threats to sexual and reproductive health. Historically, the use of such substances before or during sexual activity has been documented across various civilizations. Marcantonio and Jozkowsky (2021) observed that this practice has long been a topic of global health concern, while Melnyk and Marcone (2011) noted that ancient Chinese, Indian, Egyptian, Roman, and Greek societies believed certain substances could enhance sexual desire, pleasure, or performance. Shamloul (2010) explained that aphrodisiac substances were often employed to address erectile dysfunction and reproductive challenges, and Bella and Shamloul (2014) added that performance enhancement was a major motivation.

Statement of Research Problem

Many young individuals, both single and married, engage in sexualized substance use to meet perceived cultural or partner expectations, prolong intercourse, or heighten sexual satisfaction. This behaviour is driven by social myths, peer pressure, media misinformation, and emotional distress. Emerging studies indicate that youths misuse substances such as tramadol (an opioid analgesic) in attempts to delay ejaculation, enhance sexual performance, or influence reproductive outcomes—despite the absence of medical endorsement and the potential for serious side effects. The intersection of substance uses and sexual behaviour significantly contributes to high rates of unprotected sex, multiple sexual partners, and casual sexual encounters, which escalate health risks. These practices further increase the risk of drug dependency, sexual violence, and sexual and reproductive health hazards such as infertility, unintended pregnancies, unsafe abortions, and sexually transmitted infections (STIs) (Yahaya, Adebayo & Abdulkarim, 2022).

Research over the years has established that substance use and risky sexual behaviour are interconnected, and that young people are particularly vulnerable due to psychological and

social influences. Factors such as anxiety, depression, curiosity, wrong perceptions, and societal pressures have all been linked to drug use during sexual activity. In Niger State, these issues are compounded by religious and cultural dynamics. As a Muslim-majority region, the community places high value on fertility, virginity, sexual virility, and polygamy, and these expectations can pressure young men and women to turn to unregulated substances. Young men are often assumed to resort to substances to meet societal expectations and escape humiliation resulting from low sexual performance, while some young women use substances to appear more sexually attractive to their partners or to artificially restore lost virginity. This pursuit of extreme sexual stamina and satisfaction, often fuelled by social expectations, has normalized drug use as a coping mechanism for perceived inadequacy, with numerous sexual and reproductive health consequences.

A major driver of this behaviour is the failure of sex education in effectively addressing youth sexual and reproductive health needs. In Niger State, as in many parts of Nigeria, sex education remains poorly structured, inconsistent, and culturally constrained. Consequently, young people grow up with limited or distorted knowledge about their bodies, sexual relationships, and the consequences of unsafe sexual practices. The absence of comprehensive, age-appropriate, and factual sexuality education leaves a vacuum that is filled by peers, social media, and unverified online sources. Additionally, environmental conditions like the widespread availability of drugs in informal settlements in Niger State further encourage risky behaviour. Although some studies have indicated that media portrayals of idealized sexual performance enhance the use of substances, the case of Niger State does not necessarily require much media influence, substances for sexual enhancement are easily accessible within the reach of both chronic users and unsuspecting first-time users.

Objectives of the Study

The general objective of this study is to examine the consequences of sexualized substance use on sexual and reproductive health of youths in Niger State, Nigeria. However, the study identified the following specific objectives;

1. To examine the social determinants of sexualized substance, use among the youths in Niger State, Nigeria.
2. To explore the consequences of sexualized substance, use on sexual and reproductive health among the youths in Niger State.

Significance of the Study

The findings from this study may contribute to the refinement or development of theoretical models related to substance use and sexual and reproductive health, particularly the young people. Understanding the theoretical underpinnings of sexualized substance use might be crucial for developing effective intervention strategies in Niger State. Practically, consumption of illicit substance for optimal sexual satisfaction among the youths is a practical social problem that needs commensurate practical solutions. Most importantly, it is an issue that has to do with life and well-being of young people. Therefore, the findings of this study may inform the development of intervention programmes aimed at reducing the prevalence of sexualized substance use and its consequences on sexual and reproductive health of the youths in Niger

State. This can include targeted educational campaigns, access to healthcare services and substance abuse prevention programmes.

Definition of Terms

For easy comprehension and conceptualization, the following terms are defined based on the context of this study:

Erectile Dysfunction: This refers to the inability to achieve or maintain an erection sufficient for sexual intercourse.

Health: This refers to a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

High-risk behaviour: This refers to actions that increase the likelihood of negative consequences, often in the context of sexual health or drug use.

Illicit drug: This refers to illegal or unlawful drugs which are detrimental to health.

Reproductive health: This refers to as safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so

Sexual dysfunction: This refers to as significant impairments in a person's ability to experience sexual pleasure

Sexual health: This refers to sexual practices devoid of harmful or dangerous experience

Sexualized Substance: These refer to drugs specifically manufactured for sexual purposes

Sexually Transmitted Infections: These refer to infections primarily transmitted through social sexual behaviours such as HIV, AIDS, syphilis, gonorrhoea etc.

Youths: This refers to young people within the age brackets of 15 and 35 years.

Review of Empirical Literature

Sexualized Substance Use and Consequences on Sexual and Reproductive Health

Oluwagbemiga *et.al* (2024) explored the relationship between substance use and risky sexual behaviours among Nigerian youths using the National HIV/AIDS and Reproductive Health Survey (NARHS) data. Their findings revealed that frequent alcohol consumption significantly increased risky sexual behaviour, with an adjusted odd ratio (OR) of 1.40 ($p < 0.001$). The study further reported that cigarette smoking was associated with higher sexual frequency and inconsistent condom use (unadjusted OR = 0.19, $p < 0.001$). It simply means that Substance use among the youths doubles the likelihood of STIs, including HIV, especially in individuals engaging in multiple sexual partnerships.

Adebayo *et.al* (2023) conducted a cross-sectional survey among university students in Niger State, Nigeria, assessing the prevalence of substance use and its impact on sexual health. The findings showed that 67% of respondents reported using alcohol before sexual activity, leading to reduced inhibitions. 45% of those who engaged in sexualized substance use admitted to unprotected sex. Rates of unintended pregnancies and self-reported STIs were significantly higher among substance users ($p < 0.05$). This indicates that substance use among students is a significant driver of poor sexual and reproductive health outcomes and this call for integrated sexual health and substance abuse interventions.

Tam, Benotsch and Xiaoming (2020) reported a study which examined the relationship between sexual enhancement expectancy, illicit drugs and sexual risk behaviours in college students. Online data were collected from 453 US college students with lifetime Non-Medical Used Prescription Drugs (NMUPD). The findings revealed that a majority of college students with lifetime NMUPD engaged in past-three-month sexual risk behaviours, showing that 36% reported having sex under the influence of drugs, 41.5% reported having sex after drinking too much, having multiple sexual partners (28%), while 55% reported having unprotected sex. A clinical study conducted by Bonar, Cunningham and Chermack (2014), as cited in Tam, Benotsch and Li (2020), among 3,922 adolescents and young adults at a hospital emergency department in Michigan, found that 11% to 15% reported inconsistent condom use, 13% to 16% reported having multiple sexual partners and 14% to 21% reported substance use before sex, particularly among users of stimulants, sedatives and opioids. These findings suggest that young adults engaging in sexualized substance use are more susceptible to sexual risk behaviours (Centers for Disease Control and Prevention [CDC], 2018).

Theoretical Review

Differential Association Theory

Differential association theory, developed by Edwin Sutherland, explains deviant behaviour as a learned process acquired through interaction with others. Individuals learn not only the techniques but also the motives and rationalizations for engaging in behaviours deemed acceptable within their social group. The theory assumes that behaviour is learned, occurs primarily within intimate groups, and that the frequency, duration, priority, and intensity of associations influence the likelihood of adopting behaviour. It also posits that an excess of definitions favourable to deviance over definitions unfavourable leads to deviant behaviour. Applied to sexualized substance use among youths in Niger State, the theory suggests that individuals are more likely to engage in such behaviours when exposed to peers or social networks where substance use during sex is normalized or positively reinforced. Attitudes that downplay risks like STIs, unwanted pregnancy, or addiction can also be learned and reinforced within these groups. While the theory emphasizes the social roots of behaviour and the role of peer influence, it is limited in explaining why some individuals resist deviant behaviours despite exposure, and it underestimates individual psychological factors and broader structural influences such as poverty or cultural norms. Nevertheless, it is highly relevant to this study as it highlights how social interactions and learned behaviours contribute to sexualized substance use among youths.

Research Design

An Explanatory sequential Mixed-methods research design was considered relevant and adopted in this study, for the fact that the combinations of qualitative and quantitative approaches provide robust data that would help to systematically explore the depth of this study. The adoption of a mixed-methods approach is justified by its ability to integrate numerical trends with detailed contextual understanding, thereby enriching the quality of data. On this premise, instruments for data collection involved the use of well-structured questionnaire and In-Depth Interview (IDI) guide. Therefore, by employing both a questionnaire and in-depth interviews, this study provided a comprehensive exploration of psychosocial determinants and consequences of sexualized substance use among youths in Niger State.

Study Area

The study was conducted in Niger State, Nigeria. Niger State was created in 1976, with Minna as its capital, covering about 76,363 square kilometers. Niger State was originally called Nupe Province (1918–1926). The state was named after the River Niger and includes the Kainji and Shiroro Dams, two major hydroelectric power stations. It also hosts Kainji National Park, Nigeria's largest national park. The main indigenous tribes are Nupe, Gbagyi, Kamuku, Kambari, Gungawa, Hun Saare, Hausa and Koro (Oyebanji, 2017). Niger State borders seven states: Kaduna, Kebbi, Kwara, Zamfara, Katsina, Kogi and Abuja (Oguntoyinbo, Fajana & Fadare, 2015).

The main religions are Islam and Christianity, with Islam being the predominant (Akintunde, 2018). Culturally and religiously, polygamy and multiple children are permitted and encouraged, these have been considered the source of the boost in their agricultural economy and while its adverse effect on formal education, sexual and reproductive health is conspicuous. This social structure often influences sexual behaviours, including substance use. Economically, over 80% of the population engages in agriculture. Niger State also has rich natural resources like uranium, coal, gold, tin, crude oil and gypsum. The high nerves of commercial activities in Niger State attract non-indigenous people from different parts of the country. Politically, it is divided into three senatorial districts (Niger East, North and South) with 25 Local Government Areas. Due to its vast size and connections with other states, Niger has been witnessing a rise in criminal activities, as well as operation of commercial sex work and substance abuse. Recent issues like kidnapping, banditry and terrorism have increased sexual vulnerability, heavily influenced by substance (Bulwark Intelligence, 2022).

The state's diverse geography and influx of people with varying sexual orientations contribute to the prevalence of sexualized substance use and its impact on sexual and reproductive health makes Niger State a relevant area /location for this study.

Population of the Study

The population figure of Niger State is 3,954,772, comprising of 2,004,350 males and 1,950,422 Females (NPC, 2006). The projected population is put at 5,577,810. The target population for this study comprises 1,073,529 youths aged 15–35years, both males and

females, residing in Niger North and East Senatorial Zones. A sample size of 1,109 was drawn from the population, using Taro Yamane (1967) formula with a 3% margin of error.

Scope of the Study

The scope of the study is to examine the health consequences of youth involvement in sexualized substance use particularly on sexual and reproductive health. The time frame of the study covered data collection and fieldwork carried out between January to May 2025 and findings reflected the trends and behaviours within this specific timeframe.

Results

This sub-section consists of the analysis of data and interpretation of findings with regards to the objectives of the study.

Socio-Demographic Data of Respondents

Table 1: Distribution of respondents by their socio-demographic characteristics

Variables	Frequency	Percent
SEX		
Male	787	74.5
Female	256	25.5
Total	1043	100
AGE		
15-19	61	5.8
20-24	206	19.8
25-29	462	44.3
30-35	314	30.1
Total	1043	100
MARITAL STATUS		
Single	828	79.4
Married	211	20.2
Widowed	4	0.4
Total	1043	100
EDUCATION		
No Formal Education	206	19.8
FSLC	315	30.2
SSCE	417	40.0
B.Sc./HND	105	10.1
Total	1043	100
RELIGION		
Christianity	101	9.7
Islam	942	90.3
Total	1043	100
OCCUPATION		
Civil Servant	79	7.6
Trader	380	36.4
Farmer	409	39.2
Student	175	16.8
Total	1043	100
LOCAL GOVERNMENT AREA		
Bosso	319	30.6
Paikoro	300	28.8
Agaie	213	20.4
Lapai	211	20.2
Total	1043	100
MONTHLY INCOME		
24,000- 48,000		
48,001-72,000	566	54.3
72,001-96,000	215	20.6
Above 96,000	189	18.1
Total	32	3.1
	41	3.9
	1043	100

Source: Field Survey, 2025

The data presented in Table 1 provide a comprehensive overview of the socio-demographic characteristics of the respondents, revealing significant insights into the population's composition. The gender distribution indicates a pronounced male dominance, with 74.5% identifying as male compared to only 25.5% female respondents. This disparity may reflect broader societal norms or economic factors influencing participation in the survey. Age-wise, the majority of respondents fall within the 27-31 age bracket (44.3%), suggesting that this demographic is either more engaged or more accessible for research purposes, while younger individuals aged 15-20 represent only 5.8%.

Consequences of sexualized substance use on sexual and reproductive health of the youths in Niger State, Nigeria

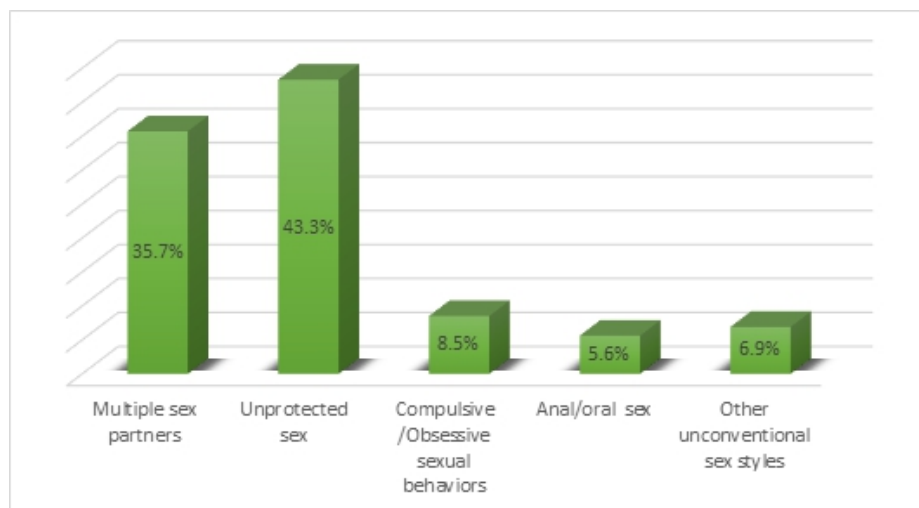


Fig. 1: Respondents' views on risky sexual behaviours that one is likely to exhibit by using substance

The data presented in Figure 1 illustrates respondents' views of risky sexual behaviours associated with substance use. The highest percentage of respondents, at 43.3%, identified unprotected sex as a likely behaviour exhibited under the influence of substances, indicating a critical area for intervention given the implications for sexually transmitted infections (STIs) and unintended pregnancies. Following this, 35.7% of respondents noted that having multiple sex partners is another prevalent risky behaviour linked to substance use, which also raises concerns about the potential for increased exposure to STIs.

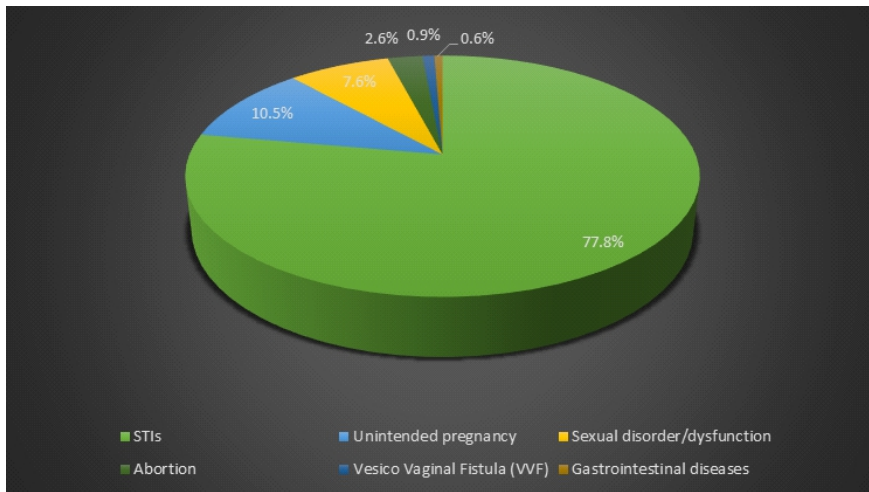


Fig. 2 above explains respondents' views on the common sexual and reproductive health consequences of substance use for sex

The data presented in Figure 5 illustrated the perceptions of respondents regarding the sexual and reproductive health consequences associated with substance use, revealing a significant concern for sexually transmitted infections (STIs), particularly HIV, which was identified by 77.8% of the respondents as a common consequence. This overwhelming percentage underscores the critical link between substance uses and increased vulnerability to STIs, likely due to impaired judgment and risky sexual behaviours often associated with intoxication. In contrast, unintended pregnancies were noted by only 10.5% of the respondents.

Sexual disorders or dysfunctions were acknowledged by 7.6% of the participants, indicating that some individuals recognize the impact of substances on sexual performance and satisfaction. The lower percentages for abortion (2.6%), Vesico Vaginal Fistula (VVF) (0.9%) and gastrointestinal diseases (0.6%) suggest that these issues are either less recognized or considered fewer common consequences of substance use in the context of sexual health.

This finding aligns with the submission of an IDI participant:

*Hmm..., the effects are serious. Some youths here who use drugs for sex end up engaging in risky behaviours. One major issue is unprotected sex, which increases the chances of getting infections like HIV and other STIs. Some also have multiple partners because, under the influence of drugs, they don't think clearly. Unplanned pregnancies are also common, leading to unsafe abortions and serious health risks. The issue of VVF which is commonly experienced by minors is our daily health emergence. Also note that chronic use of substances like alcohol, opioids, or stimulants can lead to erectile dysfunction, reduced libido, or anorgasmia (inability to reach orgasm). Some substances also increase susceptibility to urinary and reproductive tract infections. So, the consequences are numerous.
(Female, 35years, Medical Doctor, Lapai).*

Another IDI participant noted:

*Sincerely speaking, drugs make young people take risks they normally wouldn't. They act on impulse and later, some regret their actions, but by then, the damage might already be done. SSU increases the likelihood of engaging in multiple and concurrent sexual partnerships, raising exposure to STIs and unintended pregnancies. You know, youths under the influence of substances may neglect condom use, increasing STI transmission and pregnancy risks. Very often some substances, such as cocaine and methamphetamine cause heightened arousal and impulsivity, making safe sex practices less likely. They can also lead to hyper-sexuality, where individuals engage in compulsive, forceful or unconsented sexual acts which increase trauma and injuries. The Anal and Oral Sex which are the high-risk behaviour associates with substance use carry a higher risk of HIV transmission due to the fragility of rectal tissues and can still transmit STIs such as herpes, gonorrhoea and HPV.
(Male, 36 years, Epidemiologist, Agaie).*

The IDI participants above highlighted that sexualized substance use among youths significantly heightens sexual and reproductive health risks. Many described how these substances impair judgment and lower inhibitions, leading to unprotected sex, multiple partners, and high-risk practices such as anal and oral sex. Chronic or excessive use was reported to affect sexual functioning, reducing libido or causing erectile dysfunction, while some traditional substances carry hidden toxic effects, potentially harming fertility or causing complications during pregnancy.

While the findings of this study align with international patterns, the present study highlights important contextual differences. While previous studies focused on alcohol and regulated drugs, the Niger State context is marked by the widespread availability of both conventional and unconventional substances, many of which are unregulated and easily obtainable. This unmonitored access, combined with limited sexual health services and cultural restrictions on discussing reproductive health, amplifies the dangers associated with sexualized substance use. Thus, while the broader literature affirms the link between substance use and unprotected sex, the current study adds the critical insight that in Niger State, the problem is intensified by an unmonitored drug market and socio-cultural barriers, pointing to the need for targeted, context-specific interventions that address both substance control and comprehensive sexual and reproductive health education.

Discussion of Findings

This study found that unprotected sex is the most prevalent consequence of sexualized substance use on the sexual and reproductive health of youths in Niger State, Nigeria. This is consistent with global evidence linking substance use to risky sexual behaviours. Cheng *et al* (2016) report that substance use impairs judgment and lowers inhibitions, increasing the likelihood of unprotected sex and, in turn, elevating the risk of STIs and unintended pregnancies. Unprotected sex is proven to be the major consequence of sexualized substance use on sexual and reproductive health of the youths in Niger State, Nigeria. Increased levels of

substance use are directly correlated with higher instances of unprotected sex. This is in tandem with the findings of Woldeamanuel, Anteneh, Yohannes and Abdissa (2020) who argued that prevalence of substance uses precipitate exposure to risky sexual behaviours. This correlation is usually as a result of impaired judgment and reduced inhibitions when under the influence of substances, leading individuals to engage in sexual activities without considering the potential consequences, such as sexually transmitted infections (STIs) or unintended pregnancies. This is true as Oluwagbemiga, Johnson, Bolajoko and Tolushe (2024) warned that sexual frequency and risks of sexually transmitted infections (STIs) are the implications of substance abuse on Nigerian youths. Moreover, environments characterized by substance availability often led to an increase in risky sexual behaviours, including unprotected intercourse (Ajayi, Chantler & Radford, 2022). Intensification of sensitization on health risks was found to be the major strategy to control and regulate sexualized substance use among the youths in Niger State. This approach emphasizes the importance of education and awareness-raising as fundamental components in addressing substance abuse and its associated health risks.

Conclusion

This study has illuminated how sexualized substance use among youths in Niger State influence substance use behaviours and associated risks is deeply embedded within the complex of social and psychological factors. In doing so, it contributes to a growing body of literature that recognizes the interplay between individual choices and structural influences on health-related behaviour.

Addressing the issues surrounding sexualized substance use requires more than isolated health campaigns. It demands integrated, multi-level interventions that are both evidence-based and culturally grounded. By engaging families, community/religious leaders, policymakers and the education sector, it becomes possible to shift the narratives, norms and opportunities that shape youth decision-making towards substance use. This study's context-specific insights offer a valuable foundation for designing such interventions and underscore the urgency of prioritizing youth sexual and reproductive health in public health agenda. In the long term, success will depend on sustained collaboration across sectors, continuous monitoring and a commitment to aligning policy and practice with the lived realities of young people.

Recommendation

Based on findings from the field, this study therefore recommends the following as a strategic measure to mitigate the scourge of illicit use of sexualized substances among the youth of Niger State and elsewhere in Nigeria.

1. Educational programmes should be implemented to raise awareness about the dangers of sexualized substance use and its consequences on sexual and reproductive health. These initiatives should also aim to address exaggerated perceptions of sexual satisfaction promoted by media and peers, emphasizing that sexual fulfilment depends on emotional well-being and mutual satisfaction rather than the length of sexual intercourse. Such programmes can be integrated into school curricula, community outreach initiatives, and youth-focused programmes, targeting adolescents and young

- adults, with the support of educational authorities, health agencies, NGOs, and community-based organizations.
2. Stringent penalties should be enforced for both users and suppliers of sexualized substances, particularly when minors are involved. These measures should be complemented by rehabilitation programmes that provide support to users, ensuring that punitive actions are balanced with opportunities for recovery. Consistent enforcement of these laws is essential to maintain accountability among drug control agencies and reduce the circulation of illicit substances.
 3. Access to youth-friendly sexual and reproductive health services should be enhanced to provide confidential STI testing, contraceptive provision, counselling on substance use, and mental health support. Strategically locating clinics near schools, recreational centres, and youth hubs can improve accessibility and reduce stigma, allowing youths to seek help without fear of judgment. These initiatives can be led by the Ministry of Health in collaboration with state and local government health departments, supported by NGOs and international organizations such as UNFPA, and facilitated through school health services and youth associations.

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