

**PRE-MARITAL SEX AND ITS MENACE AMONG IN - SCHOOL YOUTH.A CASE OF
SECONDARY SCHOOL STUDENTS IN ATIBA LOCAL GOVERNMENT OYO, OYO
STATE.**

BY

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SOC/11/0222

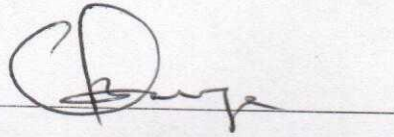
**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY,
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CERTIFICATION

I certify that this project was carried out by AKINOLA BASIT OLADAYO MATRIC NO: SOC/11/0222 under my supervision in the department of Sociology, Faculty of Humanities and Social Science, Federal University Oye Ekiti, Ekiti State.



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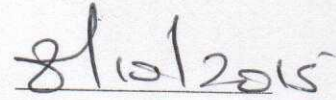
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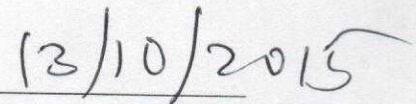
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DATE



DATE

DATE

DEDICATION

This project work is dedicated to Almighty God who in his grace grant me the strength to carry out this work successfully. I also dedicate this work to my father ALH. AKINOLA SULIAMON FOLARANMI who has been supporting me through the help of God. Thanks for your love and care.

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I thank God who has given me the grace and opportunity to get to this level in my life to achieve my BSC. Though the road seems tough but God see me through. I thank you God.

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ABSTRACT

This study examines the meaning, causes of Pre-Marital Sex and its menace among in School youths in Atiba Local government Oyo, Oyo state. The objectives were; to identify the factors that can prompt the youth to engage in premarital sex. The study utilizes an empirical survey design. The sample population consists of one hundred and fifty students randomly drawn from the four selected secondary schools in oyo town. The instrument used to elicit information from the respondents was a questionnaires designed by the researcher. Data was collected and analyzed with simple percentage while the hypotheses stated were tested with percentage (%). The study revealed that consumption of alcohol and use of drug was considered as an activity which influenced by peers. Drinking alcohol was a significant predictor for youths to engage in premarital sex. This could be high risk factors for early initiation of sexual behaviour because of a specific reasoning process due to which young people cannot control themselves. Pre-marital sex among in school characterized with numerous factors. Majority of youths do not use a contraceptive during pre-marital sex, a good number of youths are defiled, leading to pre-marital sex, and that youths after pre-marital sex tend to have sex with anybody. In conclusion, sex education should be part of school curriculum in order to educate youths. Parents should develop effective communication skill with their children, be their friends and have positive attitudes. Vocational training, strict laws among others are the measures that can help to reduce the way youths engage in pre-marital sex. It was concluded that pre-marital sex was rampant among the youths which could be speeding up the spread of HIV/AIDS and unwanted pregnancy. Hence, require immediate responses.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Premarital sex is a sexual intercourse engaged in by persons who are not married to each other. It is generally used in reference to individuals who are presumed not yet of marriage age, or between adults who may likely marry each other eventually, but who are engaging in sexual activity before marriage (Akinleye and onifade, 2010).

In the light of this, pre-marital sex is an illegal act against the norms of the society. It is only pertinent to note that the continued high rate of pre-marital sex in Nigeria is traceable to post Nigeria civil war due to low socio economic status of the people (Casper, 2009). In the traditional Nigerian society, sex outside marriage is forbidden, and people did not express their opinions and views on love, sex and marriage openly. Ukachi (2007) emphasized that there were strict norms that determined codes of conduct, established norms in order to guide individual members towards socially acceptable behaviours'. Hence, the bride and the groom may not have slept with each other until after the marriage rites. Such was the practice of most Nigerian communities. Also in the olden days, social punishments like songs of contempt and degradation were meted out at marriage to brides that

lost their virginity before the marriage night. This made most girls to abstain from premarital sex. They strove to maintain the good name of their families (Eze, 2008).

Furthermore, the advent of Christianity also strengthened the restrictive attitude towards premarital sexual expressions. Schools were built and managed by missionaries and very stringent codes of conduct were imposed on heterosexual activities. They aimed at preventing children from any type of sexual activity, which was regarded as an act of immorality and sin against God.

According to the study carried out by UNICEF (2001) on global morality, it was discovered that premarital sex was considered particularly unacceptable in "predominantly Muslim nations" such as Indonesia, Pakistan and Egypt, each having over 90% disapproval. While others people within Western European nations were the most accepting such as Spain, Germany and France having less than 10% disapproval. However, premarital sex has been morally unacceptable in almost every human society that regards marriage as the legitimate requirement for sexual behavior (Christensen, 2007).The family institution is where sexual activities or intercourse takes place between two adult of opposite sex. Pre-marital sex is not based on young people alone; a good number of older adult who are not married are also involved in pre-marital sex. (Andrew, 2006).

In a recent report released by Centre for the study of Adolescents in Kenya (2007), the age of sexual debut is now at all time low of between 8 and 12 years. Young people had sex before they reach the age of 20. This increases the chances of unwanted pregnancies, sexually transmitted diseases. Also, the consequences of pre-marital sex led to sexually transmitted diseases as well as HIV are higher for females. If a young girl becomes pregnant, she places herself and her unborn child at risk because, a young girl's body will not have developed to the point of being able to handle child birth safely. Even if a young mother escapes severe health consequences, she will still face serious responsibilities of parenthood (Alo, 2008). Modern society is becoming loose because people are doing things in different ways such that premarital sex is becoming more rampant, that is, existing or spreading everywhere in a way that cannot be controlled. youth who feel unloved or unappreciated are more likely to seek comfort in a sexual relationship (UNICEF, 2004).

Many people use sex as a way to create or get all what they need by engaging in such activity, some ladies used sex as the only source of getting money and most men and women engage in sex just to satisfy their sexual urge. The need for love, touch and attachment may lead some people to give in to sex in order to save a relationship. Those who mistake sex for love and base their relationship on

physical pleasure will find their relationship unfulfilling; eventually it will make it worse and dissolve (Alo, 2008).

1.2 Statement of the Problem

Researchers have observed that there is prevalence of premarital sexual practices among the youth and the teenagers in contemporary society, which leads to high incidence of teenage pregnancies and sexually transmitted diseases. It's therefore important to find out the causes and characteristics of pre marital sex since it facilitate the spread of HIV/AIDS and unwanted pregnancy which is dangerous to teenagers. Most writers and school authorities frown on adolescents' indulgence in premarital sex. Some communities carry out disciplinary action on youths who indulge in it.

The HIV/AIDS epidemic is the world's most deadly disease. UNICEF, in 1998 in Africa estimated that 200,000 lives were lost as a result of conflict and war. AIDS killed 2.2 million people. The disease is now the leading killer in the world. In sub Saharan Africa, it has killed 16.3 million lives since the epidemic began. A premarital sex case has recently spurred a major concern among the youth. This is a common question among the teenagers and engaged couples. For instance in Nepal one third of the students (39%) engage in pre-marital sex. However, youth are still practicing premarital sex and thus they share the blame and responsibility for the increase in the spread of HIV/AIDS (Ramesh 2008).

The Nigeria Federal Health Management Board, (2009) engages in series of campaigns on all our social media to create public awareness on the danger and circulation of sexually transmitted diseases. Early sexual activity usually exposes adolescents to risks of pregnancy and many diseases. The large proportion of the young aged population and the increasing incidence of unsafe sex among them, in many developing countries, expose them to greater social, economic and health-related problems, as this increases the threats of HIV and other STD, which can cause serious morbidity and even mortality.

Starrs (1999) indicated that induced abortion among teenagers is a problem in sub Saharan Africa but that the magnitude is difficult to establish due to social, moral and legal implications. In a situation where it is illegal to induce abortion, youth often sought help from health practitioners in a secret or covert manner. These practitioners are unskilled, inexperienced and work unsanitary conditions. The risks of unsafe abortion include such long term consequences such as chronic pain, inflammatory disease and secondary infertility. Pregnancies, therefore, occur to many youths before they are fully developed physically for childbirth. This exposes them to myriad health risks that may damage the reproductive tract, and in case of preference for abortion, abortion complication and elevated risks of maternal mortality and low birth weight. Owing to the social consequences of child birth such as dropping out in schools, ostracism by peers and emerging new social

status of motherhood, some youths preferred induced abortion. Pregnant youths may go on to becoming adolescent mothers who typically have low education attainment and often face economic hardships (Orubuloye, 2005).

It is basically on the above background that the youth have suffered a lot from unwanted pregnancy, the HIV/AIDS scourge and its infections have become a serious threat among the youth recently and this has shortened the life span of the youth. With high levels of the premature birth and an increase in the level of infant mortality rate, the spread of HIV has increased through pre-marital sex. It is based on the stated issue above that this work set out to find out the role of pre-marital sex in the spread of HIV. Finding out youths attitude will provide the necessary information for planning useful intervention programmes aimed at solving the problems arising from seemingly adolescent' premarital sexual practices.

1.3 Research Questions

- i) What is the attitude of in- school youth to pre-marital sex?
- ii) What factors could induce youth to engage in pre-marital?
- iii) What is the impact of peer group in pre marital sex?
- iv) What are the possible consequences of pre-marital sex on the youth?

1.4 Research Hypotheses

The following research hypothesis will be tested

Hypothesis 1

There is a significant relationship between parental neglect and premarital sex among the youths.

Hypothesis 2

There is no relationship between drug abuse and premarital sex among the youths.

Hypothesis 3

There is a significant relationship between the level of reproductive health information and premarital sex among in school youths.

1.5 The Objectives of the Study

- i) To examine the attitude of in- school youth about pre-marital sex.
- ii) To identify the factors that can prompt the youth to engage in premarital sex.
- iii) To identify the impact of peer group in pre marital sex.
- iv) To examine the consequences of pre-marital sex among the youths.

1.6 Significance of the Study

The findings will provide additional information to the already existing records about pre-marital sex that can be of much importance to the future scholars and those interested in researching on issues related to pre-marital sex. It will provide additional information to the already existing information about pre-marital sex and HIV/AIDS. It would also provide with the reasons why youths of this generation engage themselves more in pre marital sex. After the establishment of the causes and characteristics of pre-marital sex, various solutions and measures on how to prevent the vices among youth shall be provided. This provision will be of great value to the entire community. This research work could serve as a source of information to other researchers who might be interested in the areas of premarital sex and menace among the youths in Oyo town. For us to eradicate the rate of people involved in premarital sex, government should introduce sex education for the youth so as to lay emphasis on youth's emotional needs, components of relationships and the consequences of sexual decision such as pregnancy and diseases. This type of education is important, especially now that the youth are exposed to several media messages, provocative advertisement, which glosses over the complicated and emotional act of sex with adventure interest and excitement. It will also help government agencies to establish the importance of the parents in preventing pre-marital sex. The information of this

study will encourage the parents to monitor the movements of the youth to protect them from pre-marital sex. While parents and guidance can also gather relevant information from this work to assist their children and youth generally in dealing with issues of premarital sex among our youth who are the future leaders and hope of this nation.

1.7 Definition of Terms

Menace: It refers to something that threatens to cause evil, harm and injuries. It also considered as dangerous or harmful.

Pre- marital: Occurring or existing before marriage. Taking place or existing before marriage.

Pre-marital sex: This refers to sexual activity practiced by persons who are unmarried or sexual intercourse engaged in by persons who are not married to each other.

Sex: The activity in which a male and female join their sex organ in order to make babies or for pleasure.

In-School: Denoting an activity or process that takes place during school hours or on school premises.

Youth: The time when a person is young, especially the time before a child becomes an adult. This is a young person whose age falls within the ranges from 11- 19 years.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter is based on a review of the existing literature on present issues and past issues relating to premarital sex at regional, national and international level. The chapter mainly based on the set objectives namely; causes of pre-marital status among the youth, extent to which the teenager engage themselves in pre-marital sex and the roles of premarital status in the spread of incurable diseases such as HIV/AIDS. The school is the most important socializing institution outside the family; it may play a significant role in certain aspects of this transition to adulthood, including the decision to engage in pre-marital sex and the decision to practice contraception. (Lloyd and Mensch 2008).

Many years ago virginity of a girl until she got married was rewarded and various taboos were created round pre-marital sex. The trend is gradually changing and the incidence of adolescents and youths engaging in pre-marital sex is high and may constitute a problem (Isiugo-Abanihe, 2000). Some effect of this type of behavior include sexually transmitted infections (STI's) HIV, unwanted pregnancy and increase in the number of abandoned babies. This behaviour is prevalent

among student in secondary school and higher institutions of learning in Nigeria and maybe due to erosion of various custom and observances as well as factor associated with rapid urbanization. Other factors such as family background, peer pressure, media influence, economic situations and educational background of parents (Akinleye and Onifade, 2003).

Adolescents' ability to make instructed choices, to fulfill their individual potential and contribute to economic development, will be shaped by the way families, communities, nations and the world respond to their health, schooling and job needs. Puberty occurring earlier and average marriage age rising, young people today face a longer period of time during which they are sexually mature and, perhaps, sexually active (UNFPA, 2002).

Mensch 2008, in many parts of the world, sexual relations begin during adolescence. It is a critical period that lays the foundation for reproductive health of the individual's lifetime, in line with to the individual's cultural and social context. Therefore, adolescent reproductive and sexual health involves a specific set of needs that differ from those of adults (UNFPA, 2002).

A general sociological survey on adolescent sexuality is very difficult to conduct, since the topic is thought to be highly sensitive and personal, and information in this regard is also difficult to collect systematically. However, some

broad patterns of adolescent sexual and reproductive health-related behavior have been identified.

2.2 Causes of Premarital Sex among the Youths

The supply and amount of parental emotional resources (parenting style) for control can have a significant influence on the youth to have or not to engage in premarital sex (Magwaza and Bhana, 2001). In cases where the parents or guardians control of the child is limited, it increases the likelihood of the child to engage in sexual activities while when such control is too much, the child's perception may also change his/her behaviors thus engaging in premarital sex. Looking at peers, they often build tension as they are always a source of information as well as being close to them. Thornton, (2004), highlighted that the youth of neglectful parenting exhibit antisocial behavior as a teenager towards friends and family. They often experience depression and social withdrawal, and are more likely to engage in risky sexual behavior and drugs than children of authoritative parents. Many times children will grow up feeling resentment against their parents for being neglectful and often might be estranged from them into adulthood. It is commonly seen that family structure has an important influence on sexual behaviour, Parental conflict was found to have a major influence on sexual behavior of female adolescents in Nigeria. The absence of a congenial atmosphere

in the home leads young people to seek entertainment and pleasure outside the home, often in the wrong company, as they are still too young to understand or differentiate between the good and the bad amongst themselves. Good parental care with correct upbringing and assertiveness are recommended to have a positive value in reducing adolescent sexual activity (Twa- Twa, 2000). This study of school-going youth in Uganda also found that children who grow up with responsible parents are less likely to manifest excesses in sexual behavior Zabin (1999).

Ramesh (2008) found that a peer's behavior has a positive effect on prevalence of premarital sex. In his study he found that those students whose close friends had premarital sexual experience had also very high level of premarital sex. In this, he concluded that regarding peer sexual behaviour, prevalence of premarital sex is far higher for those who had close unmarried friends with sexual experience. The prevalence of premarital sex is varied with different settings. The analysis carried out by (Kiragu and Zabin, 1999) indicated that many of the individual characteristics, family variables and peer characteristics had significant association with experience of premarital sex. Individual characteristics such as alcohol consumption, smoking habits, drug use, and attitude towards male and female virginity, family characteristics such as parental status, fathers and mothers'

educational status and peer characteristics such as peer sexual behaviour have significant association with experience of premarital sex among adolescents.

2.3 Factors Affecting youth In Sexual Behaviour

Studies in some Asian and African countries found that many diverse factors influence youths' level of risky sexual behavior. Poulson (2001) states that, sexual bonding includes powerful emotion, psychological, physical and spiritual links that is so strong that the two people become one at least for a moment. Sexual intercourse is an intense, though brief physical bonding that leaves indelible marks on the participants.

The following are the factors responsible for pre- marital sex among the youths.

2.3.1 Age

Adolescents all over the world are sexually active, but the age at which they start having intercourse varies between regions and, within a country, between urban and rural settings (UNESCO and UNFPA, 2002). Many authors have documented the strong correlation between age and sexual experience (Abraham and Kumar, 1999); as age increases, the likelihood of participation in sexual activity increases. Age can also increase opportunities for independence and

decision making for adolescents, in many African traditions, sexual initiation of girls often started before age 16 may have also declined or remained stable in some other parts of Sub-Saharan Africa, such as Kenya, Ghana and Zimbabwe. . Some are concerned that increasing numbers of youth today experience sexual intercourse early in their lives. Others are concerned that as the country becomes more modernized, social and economic environments become more conducive to early sexual activity among adolescents while the family institution steadily loses its power to control their behavior.

2.3.2 Exposure to mass media

The explosion of telecommunications across cultural boundaries is influencing the sexual behavior of young people by providing so called “role models”. In many countries in the west, it is socially accepted, indeed encouraged that teenagers experiment with adult patterns of language, dress and sexual behavior (Kumar, 1999). In the developing world such as Nigeria, where there is insufficient of health care, emulating western patterns of behavior has disastrous consequences (UNESCO and UNFPA, 2002). While in the developed countries of the west teenagers are granted certain attitudes pertaining to adult behavior in the context of sexuality, they are also given the resources with which to practice those behaviors safely. This means, they have access to the appropriate health and

contraceptive services as and when required. In the developing world, teenagers try to follow their western counterparts; they are not equipped with the necessary health and family planning services. As a result, they are often faced with lack of adequate knowledge and access to services in this regard and practice unsafe sex.

During the period of market economy transition in most nations, easy access to various forms of mass media, both printed and electronic, and improved communication technology influenced adolescents' sexual behavior to a great extent. Although there are no research results in this regard, it is generally felt that the western influence has been very strong in the present generation of Nigeria adolescents. They like to follow the western concepts presented in the media without going deeper into the underlying issues, like culture, personal values and family norms, as well as pregnancy and the other consequences of unsafe sex. In the past, due to the early age at marriage the duration between puberty and marriage was short. Now in the context of fallen age of menarche and increasing tradition of later marriage the traditional attitude has been changing (Whitbeck et al, 1999). Declining influence of family, increasing urbanization, migration and the exposure to the mass media collectively contributed to major changes in adolescent social and sexual behavior (World Health Organization, 1989). Because of the social restrictions, premarital sexual activity is found to be rare however the incidence and prevalence of premarital sex is increasing in different societies.

2.3.3 Knowledge on Sexuality and Reproductive Health Issues.

According to a UNFPA (2002) survey of sex education studies in developed Countries, there was no increase in sexual activity among adolescents and clear evidence of higher level abstinence, a later start to sexual activity, higher contraceptive use, fewer sexual partners and/or reduced rates of unplanned pregnancy and STD. The report also noted that sexual health programs do not encourage sexual experimentation (UNFPA, 2002). However, it has been reported that adolescents' sexual behavior also depends on the content of the reproductive and sexual health program. Instruction on biological topics or contraception was found to be significantly associated with earlier initiation of intercourse, while instruction on AIDS or resistance skills (how to say no to sex) was significantly associated with later initiation in the USA (Douglas). However, this study did not measure the timing of instrumentation and initiation of intercourse. There continues to be controversy regarding the relationship between reproductive health knowledge and sexual activity, in part because of the varying definitions of "knowledge" in this context and in part because of the unclear direction of causality numerous studies in developing countries have shown that young people lack adequate knowledge about contraception and disease prevention and many

have misconceptions about reproductive health issues and sexuality. Equally inconclusive are the effects of attitudes toward sex or sexual behavior.

Most adolescents are found to have high knowledge about the existence of contraceptives and almost all of them have heard of HIV/AIDS/STD. However, many lack knowledge of the mode of transmission and consequences of STD/HIV/AIDS (UNFPA, 2002). Besides, due to their lack of knowledge in this regard, very few report to health personnel for treatment, some because they cannot identify their problem and others because they do not want to disclose about their infection. Therefore the limited number of cases that were reported to doctors, and lack of information about their sexual partners present a high risk in the context of society. Thus, while adolescents require the appropriate sexual and reproductive health education to prepare them for a better life and heal their future, the content of the sexual and reproductive health education program also need to be studied carefully.

2.3.4 Socioeconomic Status of Parents

It is generally accepted that the earliest social influence on an individual comes from the family. An important social correlate of adolescent sexual behavior is the family environment. Studies in Thailand, Kenya, Nigeria and Uganda found several relevant family characteristics that could affect adolescents' sexual

behaviour, like parents' socioeconomic status, family structure, parents' conflict, family relationships and interactions, and attitudes, values and norms of family members (Douglas, 2001). In-depth interview data from Tanzania indicated that involvements in petty trade activities as well as changes in parental roles were found to affect the adolescents' sexual behavior in that community. Involvement in petty trade activity causes parents to spend more time at work and therefore reduces their socialization and supervisory activities in the household. Their role as care givers and breadwinners changes to more of breadwinner. These changes were reported to have increased opportunities for young people to indulge in sexual activity and new moral values are interchanged with old values regarding sexual behavior (Soori and Pool, 1999).

However, in a similar study in Nigeria, adolescents whose families had higher socioeconomic status were found to be less likely to be sexually active, perhaps as a result of the social environment and perceived opportunities and role models available to them. However, a study conducted in India found that family socioeconomic status had no significant associations with sexual behavior (Abraham and Kumar, 2000). The youth sexual behaviour is linked to the socioeconomic status of the family, primarily through the education and incomes of the parents. Later onset of sexual intercourse and lower teen pregnancy rates are related to higher family incomes (Casper, 2009). Likewise, higher levels of

parental education have been associated with lower adolescent sexual activity, delayed sexual initiation, safer sexual practices and lower risks of pregnancy (Perkins et al, 1999).

In a study by Choe et al (2004), they showed that positive association between parents' education level and experience of premarital sex among their children. In developing countries, however, a higher level of parents' education through better economic conditions, may be associated with easy access to substances and opportunities for premarital sex, and therefore, higher prevalence of substance use and premarital sex during adolescence among their children.

2.3.5 Parent-Child Communication

UNFPA (2002), close parental supervision discourages adolescents' sexual activity by regulating the teenager's movements and providing opportunities to discuss topics such as sexual restraint. However, this sort of discussion is often difficult and research shows that only a minority undertake it. Furthermore Adolescents mostly find it impossible or uncomfortable for them to talk about sexuality with their parents or other family members. For the majority, therefore, the sources of information often are peers and adult movies and magazines, in that order. Most parents tend to give a lot of freedom to children especially after starting secondary school (Owuamanam, 2000). Evidence from Kenya supports this idea and it was seen that permissive parental attitudes were associated with

higher rates of sexual experience among adolescents. It may be useful to cite an example of a study conducted in Uganda where it was seen that, most of the boarding school students who had experienced pre-marital sex did so during holidays (Kiragu and Zabin 1999).

2.3.6 Peer Group Influence

Interaction with peers often exposes young people to attitude that are more likely to facilitate sexual behavior. The young may be more likely to perceive peer attitudes as desirable and behave according to their values (Isarabhakdi, 2004). The study pointed out that, peer influence is stronger in males than females because males are supposed to initiate love or sex and boys are more free than girls to live on their own and, most likely, to experiment with sex. Almost half the young people in a survey in Mongolia claimed to have received their sexuality information from friends (MHSW, 1999). It is commonly seen that, for adolescents in most developing countries, information on sexual matters comes either from their peers, who may be equally uninformed or incorrectly informed and are likely to be relatively inexperienced themselves, or from the media, which tends to represent sexual and gender stereotypes and extremes. Some studies have found a strong correlation between an individual's behavior and the perceived behavior of the best friend of the same sex, and between the individual's own attitudes and

perceived attitudes of the best same-sex friend both for males and females (Kiragu and Zabin, 1999). Also, in-depth interviews conducted in Africa showed that young single men exaggerate the number of their sexual partners to gain social prestige. Traditionally, premarital sex has been discouraged in most societies, though many condone it in some form, at least for boys. But this is changing too, and sex among unmarried teenagers is a problem that most societies confront.

2.3.7 Relationship With Opposite Sex

The risk of HIV infection is too high if the age difference among sexual partners is large and if individuals have multiple partners or unprotected sex (UNFPA, 2002). The general pattern common to most societies is that young women are seduced into sexual relationships with rich partners or 'sugar daddies'. This is similar to findings from Nigeria, where sexual initiation tends to be an affair between young peers.

Owuamanam, (2000). In his study, he found evidence that economic or material reward is not an important factor for the respondents' sexual relationships, which is indicated by the fact that majority of the partners were students. However, the situation might differ slightly in the context of Asia and the Pacific, where it is commonly believed that young women engage in sex with rich or older partners for economic reasons, though there is a lack of adequate scientific evidence in this

regard. Study in Thailand (Isarabhakdi, 2001) documented that risky sexual behavior was most common among men in the lower socioeconomic occupational groups. Young women are at higher risk due to biological factors and greater vulnerability to sexual abuse. According to the study carried out by (Ramesh, 2008) it was assumed that consumption of alcohol is considered as an activity which is mostly influenced by peers and friends. As the results revealed, drinking alcohol was a significant predictor for boys' to have premarital sex. This could be a high risk factor for early initiation of sexual behavior because of the lack of a specific reasoning process due to which young people cannot protect or control themselves (Dittus and Jaccard, 2000). Young people may use alcohol as a strategy to obtain sex; it therefore has a negative impact on judgment, inhibition and physical co-ordination and its association with reduced condom use. Basing on the study carried out from Thailand, premarital sex is not uncommon among the youth (Thailand 1994, Family and Youth Survey). The literature (Stewart 2004) suggests that, there is strong evidence of girls having sex for a number of reasons other than sex and there can be a significant factor in risk-taking behavior, including early sexual activity and inability to use contraception and STD/HIV infection, in addition to the emotional and psychological damage it causes.

2.4 Role of Pre-Marital Sex on the Spread of Hiv/Aids

According to the Uganda Aids Commission Annual Reports of (1999-2001), sex is a major cause of HIV/AIDS infection amongst the population. On to that note, therefore, given its promiscuity, youth are among the major practitioners of sex through incest, rape, defilement and fornication (pre-marital sex aspects).

Majority of young people engage in the practice especially girls with little knowledge on protective measures against HIV/AIDS that they are not perfect enough to safe guard the youths against the epidemic and therefore the try and error mechanism where they end up practicing cause them the diseases basically as a result of pre-marital sex (Konde et al, 2000).

There are several groups of the youth people with increased vulnerability for HIV transmission because of their social status. Among the growing number of street children or street girls, the risk of infection is worse due to a high prevalence of risky sexual behaviors and injecting drug use. Although the growing public awareness of the existence of the HIV crisis, the actual knowledge of the problem is superficial, particularly among adolescents, their understanding of the modes of transmission and prevention methods is incomplete and often misconstrued (Lucas, 2000). The ever increasing numbers of pre-marital sex practitioners among the youth is due to lack of self control as a result of condom introduction in the late 1990s not respecting the fact that condoms are not 100 percent perfect. Youth

practicing pre-marital sex have been lured into the act due to condom introduction (Centers for Disease Control and Prevention, 2000).

The desire to prove nature through pre-marital sex by several youths has got a hand in the spread of HIV/AIDS (Lucas, 2000). There is a natural belief that practice makes perfect which the youth have gone to the extent of conforming to the belief. Without assure protection moreover, need to prove manhood among the youths has sustained the prevalence of pre-marital sex and thus HIV/AIDS among the youths. Extreme poverty, harassment and threats of sexual violence often prevent girls from attending school, causing them to be increasing vulnerable to pre-marital sex in and around their homes and fields (Sewankambo and Martina 2004).

2.5 Consequences of Sexual Activity among the Youths

In Nigeria, problems associated with adolescents' sexual health include high rates of teenage pregnancy a rising incidence of sexually transmitted diseases, high rates of abortion mortality, etc. Medical problems associated with adolescents' sexual behaviour are a major health burden to Nigerians. Problems are not confined to pregnancy but include secondary infertility and development of cervical abnormalities in adolescents. Early sexual activity has negative consequences for young people. Adolescents who become sexually active enter an

arena of high risk behaviour that leads to physical and emotional damage. Each year, influenced by a combination of a youthful assumption of invincibility, and a lack of guidance (or misguidance and misleading information), millions of adolescents ignore those risks and suffer the consequences. Young men who have sex with men are at high risk for HIV and other sexually transmitted diseases. It has been found that individuals infected with an STD are at least two to five times more likely than uninfected individuals to acquire HIV if exposed to the virus through sexual contact. A study found that among gay male clinic patients screened for STDs, those 15 to 20 years old had the highest age-specific rates of rectal chlamydia and gonorrhoea. These findings suggest the need for effective sex education for the young ones. Onwuamanam (2009).

2.6 Review of Theories

There are so many theories that can successfully be utilized to explain the existence of pre-marital sex and its menace in our society. However, the differential association theory and deviance theory has been chosen as the most suitable for the argument presented in this project.

2.6.1 The Deviance Perspective Theory

This theory was propounded by Cesare Lombroso (1876). This theory propounds that, social deviance takes many forms, including suicide, prostitution, alcoholism and crime. The manifestation of this deviant behaviour constitutes serious disruption and interruption on the social and moral values of society. Deviance is any behavior that violates social norms and is usually of sufficient severity to warrant disapproval from the majority in the society. People who engage in deviant behavior are referred to as deviants. No society allows for free sexual drive or activity, the family institution is the only approved institution where sexual drive takes place between married couples of opposite sex. Young girls who engage in pre-marital sex are deviant because it is against the norms and expectation of the society. It is not ideal for young girls to engage in pre-marital sex. Hence deviants have some organic defects or pathology which they were born with and which influenced or caused their behaviours and also they were psychologically unbalanced due to some emotional disturbance in their past. This imbalance influenced or caused their deviant behaviour. The danger young girls encounter when they engage in pre-marital sex include unintended pregnancies, Different kinds of diseases, early parenthood which the society does not approve of or frowns at.

2.6.2 Differential Association Theory

The theory of differential Association is developed by Sutherland, (1966). The main idea of this theory is that pre marital sex behaviour is learned with interaction with people in a pattern of communication (Sutherland, 1966).

He argues that, diligent skills and values develop primarily within intimate personal contact. The choice of a delinquent behaviour depends much on the available patterns of social life as in a person's disposition.

Here the theory offers that, premarital sex arises through differential association. According to this theory, people will tend to learn premarital sex norms of the sub-culture into which they are socialized. The theory of differential Association reacted to the Chicago theory that, problem behaviour has positive correlation with deteriorated neighborhood and was learned.

Theoretical Framework

Differential Association theory will be adopted as the theoretical for the study because, it provides the much needed theoretical anchorage for the study by offering that, deviant behaviour is exhibited as a result that, people mostly teenagers indulge in the act and on each passing day new members are added.

Again most of those who engaged in premarital sex are people who interact together, congregating and sharing the same social values. Therefore, premarital sex involvement is mostly a learned culture. Differential association theory, believe that the behaviours of an individual are influenced and shaped by other individual they associate with. It is then assumed that if the individual is capable of leaning what is acceptable in society, they are also not capable of leaning what is considered unacceptable. From an onset, that an individual is being associated with the peers group, the norms and their motive is lean through communication. Interaction and observation are the same methods of communication through which peers are learning their premarital sex behaviour.

Premarital sex is primarily influenced by social group, since that is the intimate group they interaction with most of the time. However, premarital sex is influenced by peer group (through direct and indirect interaction) and through their intimate relationships with others.

Premarital sex behaviour like any other learned behaviour is not only lean through observation but through a specific channel like media, an internet or social network, like a facebook, whatsapp and yahoo.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

Research Design is a model, an account, or an outline of what to be done before hand. It is an “inscription” for empirical research aimed at answering specific research questions. (Olufemi 1999). A cross-sectional field survey design will be used for this research. Quantitative research method will be utilized.

3.2 Study Area

The study area will be oyo town in Atiba Local Government Area (LGA) of Oyo State. Oyo State is an inland state in south-western Nigeria, with its capital at Ibadan. It was formed in 1976 from Western State, and included Osun State, which was split off in 1991. Oyo State is homogenous, mainly inhabited by the Yoruba ethnic group who are primarily agrarian but have a predilection for living in high-density urban centers. Atiba is one the Local Government Area in Oyo State, Nigeria. Its headquarters are in the town of Ofa Mefa. It has an area of 1,757 km² and a population of 168,246 at the 2006 census. The postal code of the area is 203.the main occupation in the local government is farming due to favorable climatic condition. The study area is situated with the tropical rainforest region and the existence of a large number of smallholder farmers in the area, thus allow for a

reasonable sample of smallholder farmers. The climate in the study area is of tropical type with two distinct rainfall patterns. The local government area is known for production of food crops such as yam, maize and cassava, but as far back as 1964, the area has been identified as one of the charcoal producing areas in Oyo State. The local government comprises of ten political wards, made up of various towns and villages, among the towns and villages under the local government are Agunpopo, Ajegunle, Asipa, Basorun and Offa Meta.

3.3 Study Population

The adequate population for this study comprised of all the students in the selected secondary schools in oyo town. All existing arms of the classes in senior secondary schools were represented based on the sample size. Atiba local government consists of ten (10) schools and four was utilized for the study.

3.4 Sample Size.

The sample size of this study comprised of 20% of the total number of the students in the senior class (SS1-3) of all the selected secondary schools from all secondary schools, which is a good representative of the population because, I believe that they are mature enough to handle or response to the questionnaire.

The table below explains better the selected secondary schools, population of the targeted students and the sample size from each school. A total of one hundred and fifty students was selected which is a representation of the total population of the selected secondary schools in Oyo town; structured questionnaire were administered to elicit information on their individual experience on the menace of premarital sex among the youths. The selected secondary schools in Atiba local government Oyo town. Table 1 shows the distribution of the respondents.

Table 1: The Distribution of Students across All Selected Secondary Schools

S/N	Selected Secondary Schools	Population of students in senior secondary classes	Sample Size (20% of the population)
1	Alaafin Senior Secondary School	118	24
2	Bode Thomas memorial Gram	200	41
3	Community Secondary School	140	36
4	Commercial senior secondary school	206	49
	TOTAL	664	150

3.5 Sampling Technique

Because of the nature and peculiarity of the study, the multi stage sampling was explored. That is, the researcher used random sampling method to select four (4) out of 10 secondary schools in Oyo town. The purposive sampling technique was used to select the students in the selected secondary schools.

3.6 Instrument for Data Collection

The survey instrument was used for this study. The questionnaire was the major instrument used for data collection for the study, because it is most flexible and suitable for obtaining data from a representative sample of people and the findings would be generalized to the large population. The questionnaire which was constructed into four section consists (A, B, C and D). Section (A) is made up of the socio- demographic characteristic of respondents, while others section (B, C and D) centered on those questions related to the collection of information on the central issue of the research work.

3.7 Method of Data Collection

The researcher took the questionnaire to each school which was administered on the youth range 11- 19 year in S.SS1 and S.S.S 3.

A total of 150 self-administered questionnaires were administered to secondary school in four selected secondary in Atiba Local Government. The questionnaire was designed in English Language based on the research objectives

3.8 Method of Data Analysis

The quantitative data generated was analyzed with statistical package for social sciences (SPSS), followed by interpretation of the data gathered and the result of the analysis will be presented in a tabular format.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter is devoted to the analysis and interpretation of data gathered through the questionnaire from the sample respondents on the topic pre-marital sex and its menace among in school youths in Nigeria. A total of 150 questionnaires were distributed to the respondents.

4.2 Data Presentation

The data presentation would be based on the purpose of the study and the hypothesis proposed for the study. This will further serve as guidelines for the analysis. The simple percentages would be used in analyzing the Socio-demographic characteristics of the respondents, while chi- square technique would be used in testing research hypothesis. The validity and reliability of the proposed hypotheses would further be confirmed at 0.05 significant levels.

Table 4.1: Name of the School

Name of the school	Frequency	Percent
Bode Thomas Memorial Grammar School.	41	27.3
Commercial High School	49	32.7
Community Secondary School.	36	24.0
Alaafin High School	24	16.0
Total	150	100.0

Source: field work 2005

Section A: Socio - Demographic Characteristics of Respondents

Table 2: Age Distribution of Respondents

Variable	Frequency	Percent
11-15	40	26.7
16-19	78	52.0
20-23	25	16.7
Others	7	4.7
Total	150	100.0

Source: field work 2005

From the table above, majority (52.0%) of the respondents were within the ages of 16-19 years while 26.7% respondents were between the ages of 11-15 years, 16.7% respondents were within the ages of 20-23 years and 4.7% respondents were within the age of 24 years and above.

Table 3: Sex Distribution of Respondents

Sex	Frequency	Percent
Male	60	40.0
Female	90	60.0
Total	150	100.0

Source: field work 2005

From the table, it shows that out of 150 respondents, 60% of the respondents were female while 40% of the respondents were male.

Table 4: Religion Distribution of Respondents

Religion	Frequency	Percent
Christians	38	25.3
Islam	102	68.0
Traditional	6	4.0
Others	4	2.7
Total	150	100.0

Source: field work 2005

The table also shows that out of 150 respondents, majority (68.0%) of the respondents were Islam while 25.3% of the respondents were Christians, 4.0% of the respondents were Traditional and 2.7% of the respondents were chosen others.

Table 5: Father Occupation Distribution of Respondents

Father occupation	Frequency	Percent
Civil Servant	28	18.7
Businessman	80	53.3
Artisan	8	5.3
Others	34	22.7
Total	150	100.0

Source: field work 2005

The table also reveals that majority (53.3%) of the respondents confirming that their father was a Businessman while 18.7 % of the respondents claimed civil servant, 5.3% of the respondents chosen Artisan and 22.7% of the respondents were chosen others.

Table 6: Mother Occupation Distribution of Respondents

Mother occupation	Frequency	Percent
Civil Servant	21	14.0
Businesswoman	104	69.3
Artisan	10	6.7
Others	15	10.0
Total	150	100.0

Source: field work 2005

The table also shows that majority (69.3%) of the respondents confirming that their mother was a business woman while 14.0% claimed civil servant, 6.7% respondents was an Artisan and 10.0% of respondents were chosen others.

Table 7: Parent live together Distribution of Respondents

Parent live	Frequency	Percent
Yes	127	84.7
No	23	15.3
Total	150	100.0

Source: field work 2005

The table shows that out of 150 respondents, majority (84.7%) of the respondents claimed that their parent are living together while 15.3% of respondents do not live together.

Table 8: with whom do you Live Distribution of Respondents

With whom do you live	Frequency	Percent
Both Parents	116	77.3
Father Only	11	7.3
Mother Only	7	4.7
Grand Parent	12	8.0
Relatives	4	2.7
Total	150	100.0

Source: field work 2005

From the table, majority (77.3%) of the respondents claimed that they are living together with their own parents while 7.3% of the respondents claimed that they are living with their father alone, 4.7% of the respondents lived with their mother only, 8.0% of the respondents claimed that they are living with grandparent and 2.7% of respondents lived with relatives. The implication here is that most of the respondents lived with their own biological parents.

Table 9: Father Education Distribution of Respondents

Father education	Frequency	Percent
No Education	13	8.7
Primary	12	8.0
Secondary	73	48.7
Post Secondary	36	24.0
Others	16	10.7
Total	150	100.0

Source: field work 2005

The table shows the respondents distributions whether father are educated. Majority (48.7%) of the respondents claimed that their own father do not have less than secondary school certificate while 24.0% confirming that they were educated, 8.7% of respondents also confirming that they were not educated at all, 8.0% of respondents claimed primary school and 10.7% of the respondents chosen others. This implies that majority of the respondents father doesn't have less than secondary school certificates.

Table 10: Mother Education Distribution of Respondents

Mother education	Frequency	Percent
No Education	15	10.0
Primary	18	12.0
Secondary	62	41.3
Post Secondary	43	28.7
Others	12	8.0
Total	150	100.0

Source: field work 2005

The table shows the respondents distributions whether mother are educated. Majority (41.3%) of the respondents claimed that their mother do not have less than secondary school certificate while 28.7% confirming that they were educated, 10.0% of the respondents also confirming that they were not educated at all, 12.0% of the respondents claimed primary school and 8.0% of respondents chosen others. This implies that majority of the respondents mother doesn't have less than secondary school certificates.

Section B: Causes of Premarital Sex among the Youth

4.3 Analysis of Research Questions

Table 11: Have you ever engaged in sexual act before?

Sex before	Frequency	Percent
Yes	77	51.3
No	73	48.7
Total	150	100.0

Source: field work 2005

Table 11 above shows that majority (51.3%) of the respondents said “yes” while 48.7% of the respondents said “No”. This indicates that, majority of respondents had engaged in sexual intercourse

Table 12: Distribution of Respondents start engaging in sexual act

Age of Sex	Frequency	Percent
Below 13 years	21	14.0
14-18 years	38	25.3
Above 18 years	78	52.0
Not Sure	13	8.7
Total	150	100.0

Source: field work 2005

Findings of the study also revealed that majority (25.3%) of the respondents reported that teenager do engaged in sex before marriage were found to be around the range of 14 -18 years and while 14.0% of respondents below 13 years, 52% were within the ages of 14-18 years and 8.7% of respondents were not sure .This indicates that, majority of respondents believe that teenager do engage in sexual intercourse at the age of 18years.

Table 13: factors responsible to engage in premarital sex

Factors responsible	Frequency	Percent
Peer Group Influence	24	16.0
Lack of Parental Care	56	37.3
Partner Request	13	8.7
Exposure to Mass Media	13	8.7
Westernization and civilization	8	5.3
Poor background	22	14.7
Self control	6	4.0
Illiteracy	2	1.3

All of the above	44	29.3
Total	150	100

Source: field work 2005

Factors which influence the youth to engage in premarital sex, majority(37.3%) of the respondents indicated that lack of parental care among the youth influence them to engage in premarital sex , followed by those who indicated that Peer Group Influence (16.0%) , Partner Request (8.7%), Westernization and civilization representing (5.3%), Poor background (14.7%), Self control (4.0%), Illiteracy (1.3%) while 8.7% reported that Exposure to Mass Media and only 29.3% respondents illustrated that all these was among the factor that influence youth to engage in premarital sex. The implication is that not only Lack of Parental Care factor drives youth to engage in premarital sex.

Table 14: Response of youth as to whether having close friends who are married influences them to engage in premarital sex

Variable	Frequency	Percent
Agree	75	50.0
Not Sure	27	18.0
Disagree	48	32.0
Total	150	100.0

Source: field work 2005

The study findings also indicate that majority (50.0%) of the respondents agreed that having close friends who are married influence the youth to engage in premarital sex. While 32.0% of the total youth respondents disagreed and therefore 18.0% of the respondents were not sure. The implication from table 14 is that youth engage in pre-marital sex due to influence from married friends.

Table 15: Response of youth respondents as to whether the youth who use drugs engage in premarital sex

Variable	Frequency	Percent
Agree	112	74.7
Not Sure	24	16.0
Disagree	14	9.3
Total	150	100.0

Source: field work 2005

On the use of drugs and engaging in premarital sex, the study established that most of the youth respondents agreed represented by (74.7%). While (9.3%) of the youth disagreed that the youth who use drugs engage in premarital sex and (16.0%) respondents were not sure.

According to the table therefore, youths who use drugs, the drugs influence them to engage in pre-marital sex.

Table 16: Response of youth respondents on whether ones poor family background is likely to influence fellow youth to engage in premarital sex

Variable	Frequency	Percent
Agree	93	62.0
Not Sure	29	19.3
Disagree	28	18.7
Total	150	100.0

Source: field work 2005

The table above indicates that the majority (62.0%) of the respondents agreed that the youth from poor family background were likely to engage in premarital sex. On the other hand, 18.7% of the respondents disagreed that the youth from poor family background are likely to engage in premarital sex while 19.3% were not sure. According to table 16 therefore, some youth engage in premarital sex due to their poor family backgrounds.

Table 17: Response of youth respondents on whether neglect by parents influences youth to engage in premarital sex.

Variable	Frequency	Percent
Agree	108	72.0
Not Sure	26	17.3
Disagree	16	10.7
Total	150	100.0

Source: field work 2005

Most of the youth respondents (72.0%) agreed that neglected by parents engaged in Premarital sex. On the other hand, 10.7% of the youth respondents disagreed while 17.3% respondents were not sure. Therefore, table 17 puts clear that youth that are neglected by parents engage in pre-marital sex.

Table 18: Response of youth respondents as to whether parental education background do affect youth's to engage in sexual practice?

Variable	Frequency	Percent
Agree	79	52.7
Not Sure	29	19.3
Disagree	41	27.3
5.00	1	.7
Total	150	100.0

Source: field work 2005

The study further showed that most of the youth respondents (52.7%) agreed that the educational background of the youth's parents influence him/her to engage in premarital sex. On the other hand, 27.3% of the youth respondents disagreed while 19.3% of respondents were not sure. Table 18 therefore means that the educational background of parents influence the youths to engage in pre-marital sex.

Table 19: Response of youth respondent's reasons why youth engage in sexual act

Variable	Frequency	Percent
Physical Pleasure	28	18.7
Emotional	23	15.3
Gratification		
Procreation	16	10.7
Partner Desire	30	20.0
All of the Above	53	35.3
Total	150	100.0

Source: field work 2005

Reasons why youth engage in premarital sex, majority (35.3%) of the respondents indicated that all of these were among the reasons why youth engage in sexual act, 20.0% respondents followed by those who indicated that Partner Desire, 18.7% respondents claimed physical Pleasure, 15.3% respondents also claimed Emotional Gratification while only 10.7% respondents claimed Procreation. The implication is that all of these could lead youth to engage in premarital sex.

Section C: Information and Reproductive Health Practices

Table 20: youth respondent's as to whether they have heard about STDs infected disease before

Variable	Frequency	Percent
Yes	119	79.3
No	30	20.0
Not Sure	1	7
Total	150	100.0

Source: field work 2005

Table 20 above shows that majority (79.3%) of the respondents said “yes” while 20.0% of the respondents said “No” and 7 % of respondents were not sure. This indicates that, majority of respondents have heard about STDs infected disease before.

Table 21: Response of youths as to whether they use any contraceptive during sexual act

	Frequency	Percent
Yes	94	62.7
No	35	23.3
Not Sure	21	14.0
Total	150	100.0

Source: field work 2005

The table shows that majority (62.7%) of the respondents said “yes” while 23.3% of the respondents said “No” and 14.0% of respondents were not sure. This indicates that, majority of respondents mostly used contraceptive during sexual act.

Table 22: Response of youth respondent's if yes which one they use most during sexual act

Variable	Frequency	Percent
Condom	110	73.3
Pills	15	10.0
Injection	12	8.0
Withdrawal	1	7
All of the Above	12	8.0
Total	150	100.0

Source: field work 2005

The table shows that Majority (73.3%) of the respondents agreed that almost used condom during premarital sex, 10.0% claimed Pills. Additionally, 8.0% of the respondents used Injection while 7 % of the respondents used Withdrawal and 8.0% of respondents chosen all of the above.

The findings of the study also demonstrate that majority of the respondents agreed that the teenagers use some form of protection during sexual act.

Table 23: Response from youth respondents on whether having HIV+ do stop youth to engage in sexual act more often

Variable	Frequency	Percent
Agree	74	49.3
Not Sure	32	21.3
Disagree	43	28.7
5.00	1	.7
Total	150	100.0

Source: field work 2005

The findings of the study further revealed that (49.3%) of the respondents agreed that teenagers who are HIV+ tend to engage in premarital sex more often. On the other hand, 28.7% disagreed while 21.3% of the respondents were not sure. As table 23 shows, that majority agreed that the teenager do stop to engage in premarital sex more often.

Table 24: Response from youth respondents on whether female youths are often deceived to have sex without any protection

Variable	Frequency	Percent
Agree	112	74.7
Disagree	13	8.7
Not Sure	25	16.7
Total	150	100.0

Source: field work 2005

The table above shows that most of the youth respondents (74.7%) agreed that female youth are often deceived to have sex without any protection. On the other hand, 8.7% disagreed while 16.7 of the respondents were not sure. From table 24, it's therefore clear that teenage are often deceived to have sex without protection.

Table 25: Response from youth respondents on whether most youth after first sexual attempt do continue in the practice

Variable	Frequency	Percent
Agree	103	68.7
Not Sure	25	16.7
Disagree	22	14.7
Total	150	100.0

Source: field work 2005

The findings in the table above show that majority (68.7%) of the respondents agreed that most teenager after having premarital sex tend to continue in the practice . on the contrary, 14.7% of the respondents disagreed that most of the teenagers after having first premarital sex tend to go out with anybody while 16.7% of the respondents were not sure. Table 25 therefore, implies that the teenagers after having first pre-marital sex tend to continue in the practice

Section D: Measures to overcome premarital sex to reduce spread of HIV/AIDS and unwanted pregnancies.

Table 26 : Opinion of youths respondents on whether formal education will reduce the way youth engage in premarital

Variable	Frequency	Percent
Yes	93	62.0
No	35	23.3
Not Sure	22	14.7
Total	150	100.0

Source: field work 2005

The table above indicates that majority (62.0%) of the respondents agreed that formal education would reduce the way teenagers engage in premarital sex. On the other hand, 23.3% of the respondents disagreed while 14.7% were not sure. Therefore, according to table 26, keeping teenagers in school can prevent them from engaging in pre-marital sex.

Table 27: Opinion of youth respondents on whether which of these Practices can help in reduction in premarital sex among the youth

Variable	Frequency	Percent
Vocational Training	26	17.3
Sex Education	51	34.0
Community Sensation	20	13.3
Strict law	32	21.3
Good Parental care	23	15.3
Government policy	10	6.7
All of the Above	53	35.3
Total	150	100.0

Source: field work 2005

From the table, majority (35.3%) of the respondents indicated that all of these could help in reduction of premarital sex among the youths, 34.0% followed by those who indicated that sex education can be taken to overcome premarital sex among the youth ,strict law 21.3%, good parental care 15.3%, some indicated that government policy 6.7% can also help us to measure premarital sex while 17.3% reported that vocation training could be utilized in order to overcome premarital

sex among the teenagers and only 13.3% respondents illustrated that teenagers should engage in community sensitization so as to reduce premarital sex and its menace among in school teenager . The implication is that all of the respondents reported that all of these would help the youths refrain from pre-marital sex.

Table 28: Opinion of youth respondents on whether enforcing law against premarital sex on youth would control their engagement in sexual activities

Variable	Frequency	Percent
Yes	85	56.7
No	30	20.0
Not Sure	35	23.3
Total	150	100.0

Source: field work 2005

The study findings in the table above show that majority (56.7%) of the respondents overall agreed that if there is strict law that goes against premarital sex, it would help in control their engagement in sexual activities. However, at least 20.0% disagreed to this measure and 23.3% respondents did not take sides because they were not certain if it would work. Therefore, according to table 28,

enforcing strict law on teenagers would help control their engagement in sexual activities.

4.3 Test of Hypotheses

The hypotheses in the study were tested with the use of tables and chi-square test of independence.

4.3.1 Hypothesis One: there is significant relationship between youths with parental neglect and premarital sex.

Table: 4.3.1 Cross Tabulation of the Respondents' Parents Neglected and Premarital Sex

Parent neglected	Sex before		Total	P-value
	Yes	No		
Agree	63 (42%)	45 (30%)	108 (72%)	
Not sure	10 (6.7%)	16 (10.7%)	26 (17.3%)	
Disagree	4 (2.7%)	12 (8.0%)	16 (10.7%)	
Total	77 (51.3%)	73 (48.7%)	150 (100.0%)	X² P=.016

$X^2 = 8.284, df=2, p<0.5=\text{Sig } 0.16$

Majority of the respondents (42%) agreed that children who are neglected by parents are more prone to engage in premarital sex. Therefore, table puts clear that youth that are neglected by parents engage in pre-marital sex. Based on the result,

there is strong relationship between parent neglect and premarital sex. Hypothesis one is significant.

Also, in the findings researcher test whether there is a relationship between children with separated home and premarital sex

Cross Tabulation of the Respondents' Separated Home and Premarital Sex

Separated home	Sex before		Total	P value
	Yes	No		X ²
Agree	52 (34.7%)	41 (27.3%)	93 (62.0%)	
Not sure	16 (10.7%)	13 (8.7%)	29 (19.3%)	
Disagree	9 (6.0%)	19 (26.0%)	28 (18.7%)	
Total	77 (51.3%)	73 (48.7%)	150 (100.0%)	X² P=.079

X² = 5.080, df=2, p>0.5=Sig .079

Majority (34.7) of the respondents believed that separated home can be regarded as one of the crucial factors that can prone youth to engage in sexual activity although it doesn't have statistical significant.

4.3.2 Hypothesis Two: there will be no relationship between drug abuse and premarital sex.

Cross Tabulation of the Respondents' Premarital Sex and Drug Abuse

Drug use	Sex before			P value
	Yes	No	Total	
Agree	58 (38.7%)	54 (36.0%)	112 (74.7%)	
Not sure	13 (8.7%)	11 (7.3%)	24 (16%)	
Disagree	6 (4.0%)	8 (5.3%)	14 (9.3%)	
Total	77 (51.3%)	73 (48.7%)	150 (100.0%)	X² P=.783

$X^2 = .489, df=2, p>0.5=Sig .783$

Majority (38.7) of the respondents agreed that use of drugs can prone youth engaging in premarital sex, According to the table therefore, youths who use drugs may likely engage in pre-marital sex. Based on the results, hypothesis two is therefore not significant. This is because; the result showed that there is no a relationship between drug abuse and premarital sex.

Hypothesis three: significant relationship between the level of reproductive health information and premarital sex among in school youths

Cross Tabulation of the Respondents' Premarital Sex and Reproductive Health Information

Heard of STDS	Sex before			P value
	Yes	No	Total	
Yes	62 (41.3%)	57 (38.0%)	119 (79.7%)	
No	15 (8.7%)	15 (8.7%)	30 (20.0%)	
Not sure	0 (0.0%)	1 (0.7%)	1 (0.7%)	
Total	77 (51.3%)	73 (48.7%)	150 (100.0%)	X² P=.576

$X^2 = 1.104, df=2, p>0.5=\text{Sig } .576$

Majority (41.3%) of the respondents said that they have heard about STDS while 8.7% of the respondents said “No” and (0.0%) were not sure. This indicates that, majority of respondents still engaged in sexual intercourse after they might have heard about STDS infected disease before. Although statistical is not significant.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presents the summary, conclusion and recommendations about the findings in this study. The findings are discussed in relation to the study objectives, case study and literature review.

5.2 Summary of Findings

5.2.1 Discussions

The study found that most of the respondents reported that premarital sex among the youths normally starts at below the ages of 14-18 years. This finding agrees with Magwaza and Bhana (2001), Kiragu and Zabin (1999) and Choe et al (2004). W.H.O, reported that the age at which most youth of now a days engage in sex is below 18 years. This means that premarital sex is now becoming a social problem in our society.

Among the most noted causes that can prompt youths to engage in premarital sex is due to negligence on the part of the parents, as well their strict attitude towards their children. This finding is in agreement with Magwaza and Bhana (2001) suggestions that where parents or guardians control of the child is limited, it increases the likelihood of the child to engage in sexual activities yet on the other side, it would restrain such children. Therefore being strict on youth is

not entirely a cause of premarital sex but a measure which can be used to address the problem. It was noted that youths engage in premarital sex due to peer influence, a similar point which was found by Ramesh (2008). Peers behaviour has an effect on prevalence of premarital sex. Where peers engage in sexual activities, it is most likely that even all those who join such groups will practice the same thing, so as to identify themselves with the group.

Furthermore, youth whose close friends have had premarital sexual experiences, have a high level of premarital sex exposure; hence, peers can influence others to engage in such acts. Additionally, the study established that having close friends who are married among the youth influenced them to engage in premarital sex as compared to the likelihood of those who do not have close friends that are married. This finding agreed with Kiragu and Zabin (1999) who noted that family variables among which family friends had a significant influence on premarital sex. When children are close to others who are experiencing sexual relationships, it is most likely that such friends will openly discuss their marital affairs with them thereby influencing the unengaged youth into the same acts.

The findings also noted that youths who consume alcohol are likely to engage in premarital sex as compared to those who do not. Perkins et al (1999), Nunn and Andrew (2010) also found a similar relationship between alcohol consumption and premarital sex. Therefore, the more youths engage in alcoholism,

if they cannot control their intake of it, they stand a high chance to engaging in premarital sex. Just like alcohol, drugs like marijuana if used by teenagers can also expose them to premarital sex. The finding agrees with Inazu (2000) findings in which he found out that learners who were exposed to drugs like opium had a higher likelihood of engaging in sex than their counterparts. The study also found a close link between separated home background of the teenager and the likelihood of such teenager to engage in premarital sex. This finding is similar to Thornton et al (2004) assertion that separated family history may contribute to early engagement into sexual activities. Furthermore, just like Thornton et al (2004), this study found a relationship between child neglect and premarital sex. Children when neglected tend to have free time to share their feelings with other peer's experiences that may be related to sexual activities.

Therefore parent neglect prompt youths to engage in premarital sex. Similarly, the findings reported that the educational background of the parents had an influence on youth with regards to premarital sex. This was in agreement with Perkins et al (1998) finding in which higher levels of parental education has been associated with lower adolescent sexual activity, delayed sexual initiation, safer practices and lower risks of pregnancy. Therefore if the parents have a low education level, then, they are more likely to engage in premarital sex.

The study also found that youths who are HIV positive tend to engage in premarital sex more often than those who are negative; this increases the spread of the disease. In the same vein, Lucas (2000) also argued that majority of youths may not be aware of such disease; they further spread it to others hence infecting others. This is because they have multiple partners, which is coupled with the fact that some of them are unable to make the right decision which further precipitated the spread of HIV/AIDS. It was also found that the youths who are HIV positive tend to change their sexual behaviors thus engage more in premarital sex which increases the spread. As also found by Konde et al (2000), it is true to assert that when youth are diagnosed with HIV/AIDS, they change their behaviours either for good or for worse. Those who change for worse are prompted to spread the disease further by engaging in bad sexual behaviour and are not bothered about their lives while those who change for good treat themselves with respect and adopt behaviour that do not spread the disease further. It was found that some youth feared using condom during premarital sex yet they are not sure of their status which increases the likelihood of spreading or being infected with HIV/AIDS.

Moreover, Konde et al (2000) found that young people engage in the practice of premarital sex, especially girls who often have little knowledge on protective measures against HIV/AIDS hence cannot protect themselves against the epidemic. It was found that female youths were often deceived to have sex

without any protection, which increased the spread of HIV/AIDS. The Centre for Disease Control and Prevention (2000) in their study also found youth practicing premarital sex to have been lured into the act. This was more common for the girls than the boys. Additionally, since most of them have less knowledge about preventive means, they find themselves engaging in unprotected sex, which exposes them to the unwanted pregnancy and HIV/AIDS disease.

The study established that female youths who were raped have the likelihood of contracting HIV/AIDS. Sewankambo and Martina (2004) also found a similar fact which they related to sexual violence either as threats or physical acts. Such acts cause them to be increasingly vulnerable to the disease since most perpetrators hardly use any protective means as the act is by force. Youth who do not control their lifestyle were much more likely to engage in premarital sex even with people whom they did not know their HIV/AIDS status thus increasing the spread of the disease. Barbara et al (2001) documented a similar finding stating that as most youth have less control over their lifestyle as they keep learning new things and adventuring so they are often reckless and easily engage in premarital sex.

Keeping youths in school was found to prevent them from engaging in premarital sex. Thus, reducing the chance for the spread of HIV/AIDS infection. This was also suggested by Dittus and Jaccard (2000) as it keeps the youth in school for a slightly longer time thus preventing them from engaging in premarital sex.

Continuous counseling of the youth about engaging in sex before marriage was found as an alternative that could be utilized in order to overcome premarital sex among the youths. This same recommendation was made by Widmer (1997), and Ramesh (2008) he advised parents always to talk to their children especially regarding sexual relationships. This will get them accustomed to the effects of sexual activities.

Additionally, community sensitization on the risks of sex before marriage among the youth was reported to be instrumental in reducing youth engagement in premarital sex. Again using strict means of controlling the teenagers by the parents was found to be instrumental in reducing the likelihood of the youth in premarital sex. The study also established that majority of the respondents noted that employing strict laws can help us to counter premarital sex, the respondents also suggested that the parents should show love to the youths, not only these but they also pointed out that increased sensitization on the dangers of premarital sex among the youth can help in reduction . Moreover, youth agreed to the fact that sex education is effective, but most of them have insufficient knowledge about it, sex education is needful and necessary for young ones in order to enlighten them on their reproductive systems, sexually transmitted disease. Being mindful of the exposure given to our young one in school, media and among their peers, it is important to impact sex education on them. Parent therefore; play a vital role in

this area, family is the first agent of socialization through which a child grows, Akerele (2004) observed that in most African homes, parents are not fully equipped to answer questions on sexual matters usefully. Even those who try to, passes faulty information to their children. The whole subject thus becomes surrounded by secrecy and the children become too embarrassed to discuss these matters with their parent. Parents are in the appropriate position to provide information about sex to their children.

5.3 Conclusion

The study concluded that not only a factor can explain the causes that associated with premarital sex among in school youths. These range from peer influence, failure of the parents to guide and counsel the youth, weak societal settings which have given a lot of freedom to the youth all of these influence them to engage in premarital sex. By engaging in premarital sex, exposes the youths to numerous problems including HIV/AIDS, unwanted pregnancy and other disease. The research also shows that most of the youth have insufficient knowledge about sex education. Youth need to be provided accurate and correct information about sex in order to form good attitude and belief toward sex. This will prevent antisocial behaviour in our society such as (Teenage pregnancy and the spread of sexually transmitted disease).

5.4 Recommendations

From the findings of this research paper, the following recommendations are made;

- 1) In an attempt to reduce the risk factors that influence the youths to engage in premarital sex, the study recommends that there should be legislations on the consumption of alcohol and use of drugs among the youth, so as to keep them away from accessing the dangerous substances.
- 2) There should be community sensitization to both the parents about the dangers associated with being so strict on the youth and effects of premarital sex.
- 3) There should be approval and proper monitoring of the peer groups so as to check the activities that the teenagers engage in especially as a result of pressure emerging from the peer.
- 4) The study further recommends that counseling among the teenagers who are HIV+ be conducted so as to ensure a positive living among the infected youths in the community rather than engaging in premarital sex.
- 5) There should be numerous vocational training for the teenagers where they can get occupied, learn new things and positively channel their strength. This will reduced the rate of pre-marital sex as it has been suggested by the study.
- 6) The study recommends that government should employ strict laws to counter premarital sex so as to repel those who intend to engage in such activity

7) Sex education should be part of school curriculum in order to educate youth about pre marital sex.

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Appendix

QUESTIONNAIRE FOR THE YOUTHS

Department of Sociology
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Federal University Oye
Ekiti
Ekiti State.

Dear Respondents,

This questionnaire is intended to provide information on the influence of the premarital sex and its menace on unwanted pregnancies and spread of HIV/AIDS among the youths. This is an evaluative study, which is carried out in partial fulfillment of the requirement for the award of B.SC. (HONS) degree in Sociology, FUOYE, Ekiti State.

Instructions: Tick (---) the most applicable and fill in the blank spaces.

Thank you for your anticipated co-operation.

SECTION A: SOCIO - DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1. Age? (a) 11 – 15 (b) 15-19 (c) 19-23 (d) others (please specify) -----

2. Sex? (a) Male (b) female
3. What is your religion? (a) Christianity (b) Islam (c) Traditional (d) others (please specify) -----
4. What is your father's occupation? (a) Civil servant (b) Businessman (c) Artisan (d) (others please specify)-----
5. What is your mother's occupation? (a) Civil servant (b) Businesswomen(c) housewife (d) (others please specify)-----
6. Are your parents living together? (a) Yes (b) No
7. With whom do you live? (a) Both Parents (b) Father only (c) mother only (d) grandparent (e) relative (others please specify) -----
8. What is your Father's level of education? (a) No Education (b) Primary (c) Secondary (d) post secondary (e) others (specify) -----
9. What is your mother's level of education? (a) No Education (b) Primary (c) Secondary (d) post secondary (e) others (specify) -----

SECTION B: Causes of premarital sex among the youth

10. Have you ever engaged in sexual act before? (a) Yes (b) No (c) Not sure
11. If yes at what age please specify -----

12. At what age do you think people start engaging in sexual act? (a) Below 13 yrs
(b) 14– 18yrs (c) Above 18yrs (d) Not sure
13. what are the factors you think can be responsible to engage in premarital sex
(a) peer group influence (b) lack of parental care (c) partner request (d) exposure
to mass media (e) All of above (others specify) -----
14. Does having close friends who are married influence youth to engage in
premarital sex? (a) Agree (b) Not sure (c) Disagree
15. Do the youth who use drugs engage in premarital sex? (a) Agree (b) Not sure
(c) Disagree
16. People from poor family background likely to engage in premarital sex?
(a) Agree (b) Not sure (c) Disagree
17. Do you think youth who are neglected by parents are more prone to engage
premarital sex? (a) Agree (b) Not sure (c) Disagree
18. Do you sure parental education background do affect youth's to engage in
sexual practice? (a) Agree (b) Not sure (c) Disagree
19. What are the reasons why youth engage in sexual act? (a) Physical pleasure (b)
emotional gratification (c) procreation (d) partner desire (e) All of the above (other
specify)-----

20. State other factors which influence youth to engage in premarital sex.

i)

ii).....

iii).....

SECTION C: Consequence of premarital sex

21. Have you ever heard about STDs infected disease before? (a) Yes (b) No (c) Not sure

22. If yes in what way do you think people contract STDs (please specify) -----

23. Do the youths use any contraceptive during sexual act? (a) Yes (b) No (c) Not sure

24. If no why do you think they don't want to use it please specify -----

25.If yes which one do they use most and why ----- (a) condom (b) Pills (c)Injection (d)Withdrawal (e) All of the above (other specify)-----

26. Do you think that HIV+ do stop youth to engage in sexual act in order not to spread the virus. (a) Agree (b) Not sure (c) Disagree

27. Female youths are often deceived to have sex without any contraceptive (a) Agree (b) Disagree (c) Not sure

28. Do you think most youth after first sexual attempt do continue in the practice? (a) Agree (b) Not sure (c) Disagree

SECTION D: Measures to overcome premarital sex to reduce spread of HIV/AIDS and unwanted pregnancies

29. Do you think formal education will reduce the way youth engage in premarital sex? (a) Yes (b) No (c) Not sure

30. Which of the followings practice do you think can help in reduction in premarital sex among the youth? (a) Vocational training (b) sex education (c) community sensitization (d) All of the above (other specify) -----

31. Do you think enforcing law against premarital sex can help in reduction of the practice?

(a) Yes (b) No (c) Not Sure?

32. Suggest other ways which may be used to overcome premarital sex among youth.

i)

ii)

Thank you for participating in this research