PARENTAL AUTHORITY AND CONTRACEPTIVE USE DISPOSITION AS PREDICTORS OF ATTITUDES TOWARDS PREMARITAL SEX AMONG SELECTED UNDERGRADUATES

BY

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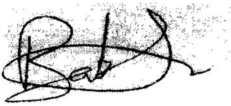
CERTIFICATION

This is to certify that this research work was carried out by OMOLAJA, Olamikunle Ayomide with the matriculation number PSY/14/2044 in the Department of Psychology, Faculty of Social Sciences, Federal University Oye Ekiti, under my supervision.



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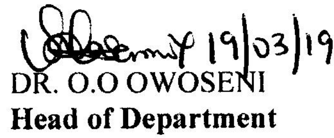

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DEDICATION

This project is dedicated to Almighty God for his protection and guidance towards the completion of this project. My profound recognition goes to my parents, Mr & Mrs Omolaja. You are like a wine that never loses it taste for your constant provisions now and time past.

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Abstract

The main objective of this research is to examine parental authority and contraceptive use disposition as predictors of pre-marital sexual attitudes of some selected undergraduates of Federal University Oye-Ekiti. Ex-post facto research design was used in the study. Two hundred and fifty undergraduates (250) undergraduates were selected using the convenient sampling method. Participants were administered the Parent Authority scale, Contraceptive Attitude Scale and Attitude towards Premarital Sex Questionnaire. Data were analysed using independent sample t-test and multiple regression. Results indicate that fathers' parenting dimensions jointly predicted attitudes towards premarital sex [F (3, 246) = 3.49, p = .016, R^2 = .04] with authoritarian [β= .32, p = .049] and authoritative parenting [β = -.36, p = .02] respectively predicting premarital sex attitudes positively and negatively. Also, mothers' parenting dimensions jointly predicted attitudes towards premarital sex [F (3, 246) = 3.91, p = .009, R^2 = .05] with permissive style predicting premarital sex attitudes positively. In addition, participants with positive attitudes towards contraceptive use had positive attitudes towards premarital sex than participants with negative attitudes towards contraceptive use [t (248) = -2.46, *p* = .02]. Further, males had positive attitudes towards premarital sex than females [t (248) = 2.45, *p* = .015]. Based on findings, it was suggested that parents should encourage communications with their children by using more of the authoritative parenting towards adaptive sexual attitudes.

Word Count: 226

Key words: Pre-marital sex; Contraceptive Use; Parental authority; Gender, Undergraduates

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Involvements in sexual activities among adolescents have been reported to be increasing worldwide. Several studies in Sub-Saharan Africa have documented high premarital sexual activities among adolescents (World Health Organization, 2001). Cultural taboos hinder young people in many developing countries to discuss sexual matters explicitly with their parents (Ayodele, Omolayo & Bose 2012). Most information for their patchy knowledge comes from peers of the same sex who may themselves lack adequate information or are incorrectly informed. Young people often face enormous pressure especially from peers to engage in sex and more influence through exposure to unlicensed erotic video films and the desire for economic gain. As a result of this, significant numbers of adolescents are involved in sexual activities at an early age (Alexander & Hickner, 1997; Taffa, Sundby, Holm-Hansen, & Gunner 2002).

Up to the late 19th century nearly all the cultures around the world viewed with seriousness, the engagement of unmarried males and females in sexual intercourse. The culprits were sanctioned with their punishment which ranged from the psychological consequence of been tagged a disgrace to the physical infliction of injuries by stoning or excommunication (Idoko, Muyiwa & Agoha 2015). In the traditional Nigerian society, sex outside marriage was seen as repugnant and forbidden, and people were not expressing their opinions and views on love, sex and marriage openly (Ayodele et al., 2012). Ukachi (1980) emphasized that the ancient African was far from being an abode of laissez-faire morality. There were strict moral principles that determined code of conduct. Established moral code guided individual members on the social behaviours. Moreover it was a feature for both the bride and the groom to be ignorant about sexual act until their marriage night. Such was the

practice of most Nigerian communities. Also social punishments like songs of contempt and degradation meted out at marriage, to brides that lost their virginity before the marriage night, made most girls refrain from premarital sex experiences (Ayodele et al 2012). They strove to maintain the good name of their families (Eze, 1989).

In recent time, premarital sexual activities among youths now appear to be a reality that cannot be ignored. With adolescents living independently in the hostels, beyond parental watchful eyes and with access to products of modern technology, there is an ample opportunity for various sexual experimentation among adolescents (Isiugo-Abanihe & Oyediran 2004). Technological and social developments appear to have spurned reforms in the sexual attitudes and behaviour (Boggers & Brander 2000).

It has also been noticed that most behavioural responses of young people habitually revolve around sexual activities (Inyang, 2007). Engagement in the pleasure of romantic intimacy, usually end up in sexually intercourse among the students (Idoko, Muyiwa & Agoha 2015). Many reasons are often postulated by the students who engage in reckless romantic and sexual explorations to justify their sexual behaviour. Some people believe that premarital sex is necessary because everyone is entitled to engage in sexual intercourse but the person must have safe sex while others sees premarital sex to be a taboo (Rena, 2006). Premarital cohabitation has been reported as a common phenomenon among Nigeria university undergraduates because sex is a predisposing factor in the initiation of such activity (Alo, 2008). Furthermore, Ibrahim (2003), opined that the life style of university students have changed over the years because students, seem to value free sexual life on campus. WHO (2001), stated that premarital behaviours of university students, tend to pose major threats to life and the future of the country as students involved in reckless sexual activities. Public opinion polls have consistently shown that premarital sex is wrong and

dangerous to health, resulting in abortions, teenage mothers and sexually transmitted disease (Aaron, 2006).

Psychological control defines parental behaviour that intrudes upon the child s psychological world (e.g., guilt-induction and love withdrawal). Developmental and socialization research has recently witnessed a renewed interest in the concept of parental psychological control and has consistently demonstrated the negative emotional and behavioural developmental outcomes associated with a psychologically controlling rearing style. Psychological control refers to parenting behaviours that intrude upon children s thoughts and feelings, and has been characterized as typical of parents who excessively use manipulative parenting techniques such as guilt-induction, shaming, and love withdrawal (Barber, 1996). As psychological control is thought to inhibit adolescents development towards autonomy and to interfere with the acquisition of a secure sense of self, it would lead to disturbances in psychosocial functioning (Barber & Harmon, 2002). Although the concept of psychological control was already identified as a crucial parenting dimension in the 1960 s (Schaefer, 1965a), socialization research has only begun to systematically examine its role in children s and adolescents psychosocial functioning since the 1990 s (Barber, 1992, 1996; Barber, Olsen, & Shagle, 1994; Steinberg, 1990). Despite this increase in research on psychological control, there are still a number of lacunae in our understanding of the dynamics involved in intrusive parenting, such as the antecedents of psychological control, the mediating mechanisms of psychological control, and the relation of psychological control to negative consequences in a child such as the negative attitude towards premarital sexual intercourse.

1.2 Statement of Problem

Sex is supposed to be preserved till marriage, but the prevalence of premarital sex in this contemporary time with its accompanying consequences cannot be ignored, (Adebaoyejo

& Onyeonoru, 2005). Researchers have observed that there is prevalence of premarital sexual practices among youths in contemporary society, which leads to high incidence of unintended pregnancies and sexually transmitted diseases. Researchers have also observed that the prevalence of premarital sex has led to high incidence of unintended pregnancies and sexually transmitted diseases. Evidence suggests that adolescents are engaging in premarital sex at younger age than ever before. To understand sexual attitudes and behaviours of un-married adolescents there is need to research on both parental authority and attitudes towards contraceptive usage. Sexual attitudes and behaviour is always in a context. In the adolescent years, the informal context of home environment provides a framework which structures behaviour, perhaps in different ways from the formal contexts of the school and influence of groups and associations in the under environment. There is also need to investigate the contraceptive use among singles who are vulnerable to pre-marital sex. It seems those in this category are actually the main users of contraceptives which is cause for alarm.

The difference in each home environment may be viewed along the lines of family type which includes monogamy, single parent, and paternal control/warmth and maternal control/warmth (Abumere 1992;Oyelese, 1971;Akorede, 1974). Most adolescent begin having sexual intercourse during their teenage years (Moore et al 2002). Even though significant dollars were spent on discouraging premarital sex and increasing sex education, unmarried teen pregnancy still persists (Saw hill 2000).

Research Questions

i. Does Fathers authority influence attitudes towards premarital sex?

ii. Does Mothers authority influence attitudes towards premarital sex?

iii. Does participants with positive attitudes towards contraceptive use have high scores on attitude pre-marital sex than the participants with negative attitudes towards contraceptive use?

iv. Is there gender difference in the attitudes towards pre-marital sex?

1.3 Objectives

The main objective of this research is to examine the influence of parental authority and contraceptive use disposition on the pre-marital sexual attitudes of undergraduates. The specific objectives of this research are

i. To examine the influence of fathers authority on the attitude towards pre-marital sex of participants

ii. To examine the influence of mothers authority on the attitude towards pre-marital sex of participants

iii. To investigate differences in contraceptive disposition on the attitudes towards pre-marital sex of participants

iv. To examine the gender difference in the attitudes towards pre-marital sex of participants

1.4 Significance of Study

The study provides knowledge as to the relationship between parental authority and dispositions to premarital sex. Predicting sexual attitudes of those practicing premarital sex from parental authority and the usage of contraceptive use will facilitate a broader knowledge of pre-marital sexual attitudes. Given the amount of public concern for the consequences of apparent adolescents indulgence in premarital sex, finding out the adolescents attitude will provide the necessary information for planning useful intervention programmes aimed at solving the problems arising from seemingly adolescent premarital sexual practices.

CHAPTER TWO

LITERATURE REVIEW

The present chapter presents theoretical framework pertaining to theoretical frame-work and review of literature on parental authority, contraceptive use and attitude towards premarital sex.

2.1 Theoretical Framework

2.1.1 Self Determination Theory

Self-determination theory (SDT; Deci & Ryan, 1985, 2000, 2008) uses the concept of innate, universal, psychological needs to understand human motivation. All human beings have the fundamental needs to feel related, competent, and autonomous in order to develop and function optimally (Deci & Ryan, 2000). The paramount importance given to the need for autonomy is the core feature of SDT. It refers to the experience of freedom in initiating or endorsing behaviours, that is, to authentically concur with the internal or external forces that influence behaviours (Deci & Ryan, 2000; Ryan & Deci, 2000b). It is important not to confound this need with independence or selfishness (Deci & Ryan, 2000). Rather, autonomy is about volitional, harmonious, and integrated functioning, in contrast to more pressured, conflicted, or alienated experiences. Intrinsic motivation and internalization are the two processes underlying personality and social development (Deci & Ryan, 2000). Individuals naturally seek to engage in interesting activities (i.e., intrinsic motivation), but also naturally seek to integrate in their sense of self less interesting but important values and behaviours of their social environment (i.e., internalization). Self-determination theory suggests that children have an innate propensity toward mastery of their environment, and that the internalization of values, behaviours, and attitudes in the social surround is a spontaneous, natural process (Ryan, 1995).

The organismic assumption that there are innate integrative or actualizing tendencies underlying personality and social development (Ryan, 1995) is in line with attachment theories that posit a biologically driven propensity to comply with society s norms (Stayton, Hogan, & Ainsworth, 1971). Self-determination theory highlights the role of the social context, which can either facilitate or undermine children s intrinsic motivation and internalization. Both intrinsic motivation and internalization are likely to function optimally when children s need for autonomy is supported by parents and teachers (Ryan & Deci, 2000a). It is not merely that children can develop well without external pressure and control: external pressure that goes against children s developmental tendencies can actually have a negative effect on their development to be self-initiating and autonomous (Ryan, Deci, Grolnick, & La Guardia, 2006) and it is one of the three key components of successful parenting (with the others being involvement and structure). When parents want to encourage children to do certain activities, there is autonomy support if the goal is to foster autonomous self-regulation rather than mere compliance.

For interesting activities, all there is to do is to avoid controlling strategies and let the developmental process of intrinsic motivation flourish. In contrast, when the targeted tasks are not inherently enjoyable (e.g., clean-up, homework) and internalization needs to take place, supporting children s autonomy takes a more proactive form. In an experimental study with young children, Koestner and colleagues showed that it was possible to encourage children to comply with behavioural limits without adversely affecting children s intrinsic motivation, as long as the limits were provided in an autonomy-supportive manner (Koestner, Ryan, Bernieri, & Holt, 1984).

Although the actual behavioural guidelines were identical in the different conditions, the manner in which they were provided had a strong differential impact on children s experience. Autonomy support was operationalized in terms of four ingredients: (1) providing

rationale and explanation for behavioural requests; (2) recognising the feelings and perspective of the child; (3) offering choices and encouraging initiative; (4) minimising the use of controlling techniques. This operationalization was derived from the child psychologist Haim Ginott s method of empathic limit-setting (Ginott, 1969). Subsequent experimental studies have shown that autonomy support, operationalized in this manner, is associated with greater internalization and integration of important but uninteresting activities (Joussemet, Koestner, Lekes, & Houlfort, 2004).

In contrast to autonomy support, psychological control is thought to undermine intrinsic motivation and produce non-optimal forms of internalization. Psychological control is defined as parental control that intrudes on the child s psychological world (Ryan, 1982). This type of control aims to change the child. Parents can pressure their child to think, feel, or behave in particular ways by using a variety of techniques, such as guilt induction, love withdrawal, and invalidation of feelings (Assor, Roth, & Deci, 2004; Barber, Stolz, & Olsen, 2005). It is important to differentiate psychological control from behavioural control, which refers to parents communicating clear expectations about appropriate behaviours and monitoring children s behaviour related to those expectations (Barber, 1996; Barber et al., 2005; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006). Whilst most studies on behavioural control relied on a monitoring scale (parental knowledge of child behaviour), the construct refers more broadly to the imposition of a clear, consistent, and developmentally appropriate structure on children s behaviour (enforced rules, regulations, limits; Barber et al., 2005; Schaefer, 1965). Whilst the structure inherent in behavioural control supports competence and fosters healthy development, the power assertion inherent to psychological control is detrimental for children (Barber, 2002; Grolnick, 2003).

By pointing to psychological control as a threat to optimal internalization, SDT is in line with the parenting styles literature (e.g., Barber, 1996; Baumrind, 1971). In this research

on the promotion of child adaptation, authoritative parenting (i.e., provision of structure in a warm and democratic way) has often been found to be associated with the best child outcomes (Baumrind, 1967, 1978; Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Maccoby & Martin, 1983) When the authoritative parenting construct was first unpacked into its components of acceptance, behavioural control and autonomy support, each component was shown to make an independent contribution to school success (Steinberg, Elmen, & Mounts, 1989). Variety of factors can lead parents to be controlling rather than autonomy- supportive. Grolnick (2003) argues that parental experiences of pressure lead to more controlling behaviours because autonomy support requires time and psychological availability, which are both reduced under pressure. Internal forms of pressure, like worry and anxiety, have such negative effects (Grolnick, Gurland, DeCourcey, & Jacob, 2002).

One recent study suggested that parents perceptions of external threat in their child s environment as reflected in worries about the future, limited resources, and unpredictability were also associated with controlling behaviours (Gurland & Grolnick, 2005). Children s behaviour can also contribute to the pressure experienced by a parent and contribute to controlling parenting. Indeed, an early experimental study involving a child confederate trained to act cooperatively versus oppositional during a play session showed that mothers level autonomy-supportive versus controlling behaviours varied depending on the behaviour of the child (Jelsma, 1982). Research with actual parent child pairs has generally failed to demonstrate significant relations between children s temperament and parents level of autonomy support (Joussemet et al., 2005; Landry et al., in press), but this may be due to the use of insensitive or imprecise measures of temperament. It does seem likely that children with motivational or self-regulatory deficits will elicit more controlling and less autonomy-supportive behaviour from parents. SDT would predict, however, that the consequence of parents responding to their children s poor self-regulation with controlling

strategies would be to forestall positive developmental change amongst these children. Ego-involvement in parents may also influence the provision of autonomy support versus control.

When a person is ego-involved in a task, her feelings about herself depends on a good performance on that task (Ryan, 1982). It is also possible to be ego-involved in the performance of one s child (Grolnick et al., 2002). One study showed that when mothers became ego-involved in the performance of their child, they tended to be more controlling (Grolnick et al., 2002). Another recent study examined how mothers interact with their 4th-grade children when they feel that their children s social skills are being put to the test (Grolnick, Price, Beiswenger, & Sauck, 2007) and included a measure of the degree to which mothers hinge their self-worth on their children s social outcomes. In the evaluation condition, mothers were told that children would be evaluated by other children. In the no-evaluation condition, there was no mention of evaluation.

Results showed that mothers who were ego-involved in their child s social outcomes and who were in the evaluation condition were most controlling. Thus, an interaction between individual and situational factors seems to play a role in the level of autonomy support versus control displayed by parents.

2.1.2 Theory of Planned Behaviour and Reasoned Actions

Several theoretical frameworks have been employed in attempts to deal with behaviours that reduce the risk of HIV infection. Social cognitive theory (Bandura, 1989, 1992) stresses the importance of information about AIDS, skills for managing the self and others in relation to high-risk behaviours, self-efficacy beliefs concerning AIDS prevention, and social influence factors. There is considerable evidence for the importance of self-efficacy as a predictor of AIDS-prevention behaviour (see Bandura, 1992; Fisher & Fisher, 1992, for reviews). However, the various factors in social cognitive theory have not been clearly structured in relation to AIDS-preventive behaviours, and an integrated, multivariate

model has not been tested as yet (Fisher, Fisher, Williams, & Malloy, 1994). A different set of factors is held responsible for performance of AIDS preventive behaviours in the health belief model (Becker & Joseph, 1988).

This model assumes that risk-reducing behaviour, such as condom use, is a function of beliefs concerning vulnerability to HIV infection, severity of the disease, effectiveness of the preventive behaviour, other benefits or costs of the behaviour, as well as more general health motivations, faith in the medical establishment, demographic characteristics, and so forth. Empirical applications of the health belief model have produced mixed results, showing that it can at best account for only a small proportion of variance in AIDS-preventive behaviour (Fisher & Fisher, 1992; see Abraham, Sheeran, Abrams, & Speers, 1993, for a review).

More successful have been applications of the theory of reasoned action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975) to the prediction of AIDS-risk reduction. According to this theory, risk-reducing behaviour is largely under volitional control and can accurately be predicted from a person s intention to engage in the behaviour under consideration, for example, the intention to use condoms. Intentions, in turn, are assumed to be determined jointly by attitudes toward the behaviour and by subjective norms (perceived social pressure). Empirical evidence in support of this model has been reported for the prediction of safer-sex intentions and behaviours among gay men (Cochran, Mays, Ciarletta, Caruso, & Mallon, 1992; Fishbein et al., 1992, 1993), heterosexual college students (Chan & Fishbein, 1993; Fisher, Fisher, & Rye, 1993; Galligan & Terry, 1993), and adolescents (Moore, Rosenthal, & Boldero, 1993).

The theory of reasoned action, however, is explicitly limited to behaviours over which people have a high degree of volitional control (Ajzen, 1988; Ajzen & Fishbein, 1980). Although the theory has been shown to account for a substantial amount of variance in some

risk-reduction intentions and behaviours, the theory fails to take account of factors that facilitate or inhibit performance of behaviours over which people have only partial control. Safer sex and other AIDS-risk-reduction behaviours may fall into this category because they often require cooperation by other people, as well as possession of knowledge or skills without which behavioural enactment is difficult or impossible (Fisher & Fisher, 1992). The theory of planned behaviour (Ajzen, 1988, 1991) was developed partly in response to these concerns. Consistent with Bandura s (1977, 1982) work on self-efficacy expectations, the theory incorporates a construct that deals with people s perception of control over the behaviour, that is, their beliefs that they can perform the behaviour if they so desire, that they have the required time, skills, cooperation, and other resources. As in the original theory of reasoned action, a central factor in the theory of planned behaviour is the individual s intention to perform a given behaviour. Intentions are assumed to capture the motivational factors that influence a behaviour; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behaviour. The theory postulates three conceptually independent determinants of intention. The first is the attitude toward the behaviour and refers to the degree to which the person has a favourable or unfavourable evaluation of the behaviour in question.

The second predictor is a social factor termed subjective norm; it refers to the perceived social pressure to perform or not to perform the behaviour. The third and novel antecedent of intention, which was not part of the theory of reasoned action, is the degree of perceived behavioural control. This factor refers to the perceived ease or difficulty of performing the behaviour, and it is assumed to reflect past experience as well as anticipated impediments and obstacles. As a general rule, the more favourable the attitude and subjective norm with respect to a behaviour, and the greater the perceived behavioural control, the stronger should be an individual s intention to perform the behaviour under consideration.

Intention, in turn, is viewed as one immediate antecedent of actual behaviour. That is, the stronger people s intentions to engage in a behaviour or to achieve their behavioural goals, the more successful they are predicted to be.

However, the degree of success will depend not only on one s desire or intention, but also on such partly non-motivational factors as availability of requisite opportunities and resources (e.g., time, money, skills, cooperation of others, and so forth; see Ajzen, 1985, for a review). Collectively, these factors represent people s actual control over the behaviour. To the extent that a person has the required opportunities and resources, and intends to perform the behaviour, he or she should succeed in doing so. Of greater psychological interest than actual control, however, is the perception of behavioural control and its impact on intentions and actions. According to the theory of planned behaviour, perceived behavioural control, together with behavioural intention, can be used directly to predict behavioural achievement. At least two rationales can be offered for this hypothesis. First, holding intention constant, the effort expended to bring a course of behaviour to a successful conclusion is likely to increase with perceived behavioural control. The second reason for expecting a direct link between perceived behavioural control and behavioural achievement is that perceived behavioural control can often be used as a substitute for a measure of actual control.

Whether or not a measure of perceived behavioural control can substitute for a measure of actual control depends, of course, on the accuracy of the perceptions. Perceived behavioural control may not be particularly realistic when a person has relatively little information about the behaviour, when requirements or available resources have changed, or when new and unfamiliar elements have entered into the situation. Under those conditions, a measure of perceived behavioural control may add little to accuracy of behavioural prediction. However, to the extent that perceived control is realistic, it can be used to predict the probability of a successful behavioural attempt (Ajzen, 1985). The original formulation of

the theory of planned behaviour (Ajzen, 1985) postulated an interaction between perceived behavioural control and intention. Logically, it requires both motivation and ability to enact a behaviour, especially if the behaviour is not under complete volitional control (Locke, 1965; Vroom, 1964). We would generally expect intentions to predict behaviour to the extent that perceived behavioural control is relatively high. Although research conducted to date has revealed primarily main effects of intentions and perceived behavioural control (Ajzen, 1991), the present research again tested for the presence of interaction effects. Note that the predictors in the theory of planned behaviour are assumed to be sufficient to account for intentions and actions, but that they are not all necessary in any given application. The relative importance of attitude, subjective norm, and perceived behavioural control in the prediction of intention, and the relative importance of intention and perceived behavioural control in the prediction of behaviour are expected to vary across behaviours and populations.

Thus, in some applications, it may be found that only attitudes have a significant impact on intentions; in others, that attitudes and perceived behavioural control are sufficient to account for intentions; and in still others, that all three predictors make independent contributions. Similarly, to predict behaviour, it may sometimes be sufficient to consider only intentions while in other instances intentions, as well as perceptions of behavioural control may be needed. Studies testing the theory of planned behaviour have provided support for its ability to account for intentions and behaviours in various domains. Moreover, in virtually every case, inclusion of perceived behavioural control is found to significantly improve prediction of intentions, and, in many instances, also prediction of behaviour (e.g., Ajzen & Driver, 1992; Ajzen & Madden, 1986; Beale & Manstead, 1991; Doll & Ajzen, 1992; Godin, Valois, LePage, & Desharnais, 1992; Madden, Ellen, & Ajzen, 1992; Netemeyer, Burton, & Johnston, 1991; Schifter & Ajzen, 1985; Van Ryn & Vinokur, 1992)

The theory of planned behaviour can be directly applied in the domain of AIDS-risk reduction. The behaviour of interest for present purposes is use of condoms in heterosexual intercourse. Condom use can serve at least two distinct purposes: birth control and prevention of sexually transmitted diseases, including AIDS. (For evidence showing that measures of the constructs in the theory of planned behaviour can reliability discriminate between these two aspects of condom use, see Reinecke, Schmidt, & Ajzen, 1995.) The research reported in the present article dealt with the use of condoms for purposes of AIDS-risk reduction. Specifically, the behavioural criterion was defined as using condoms with new sexual partners. It is hypothesized that intentions to use condoms with new sexual partners can be predicted from attitudes, subjective norms, and perceived behavioural control with respect to the behaviour; and that actual condom use can be predicted from intentions and perceptions of behavioural control. The prediction of actual behaviour, however, depends on the temporal stability of intentions and perceived behavioural control (Ajzen, 1991; Doll & Ajzen, 1992). If these variables change prior to observation of the behaviour, they can no longer permit accurate prediction. In addition, accurate behavioural prediction also depends, as mentioned earlier, on the veridicality of perceived behavioural control. Only if perceptions of control are reasonably accurate will a measure of this variable improve prediction of behavioural achievement.

2.1.3 Eysenck Personality Theory and Sexuality

At the time Eysenck's book on personality and sexuality (1976) first appeared it met with somewhat mixed reviews with one of the reviewers (Broadhurst, 1977) calling for replication and extension of Eysenck's work. What then is the status of this theory 20 years later? A scan of the Social Science Citation Index revealed that there were a total of 132 citations of Eysenck's book, with an average of 6 citations per year. In examining the articles that have cited Eysenck's theory two things become evident. First, it seems that there have still been

relatively few empirical studies conducted that have actually collected empirical data to directly test Eysencks's theory. The second thing that becomes evident in reading these papers is that Eysenck's theory is still a very comprehensive and respected theory in the area of personality and sexuality. Empirical studies that have been conducted have generally found support for the major tenets of the theory, and no rival theories seem to have been developed to supplant the theory. In fact, the newer theories that have been developed to explain individual differences in sexual behaviour on the basis of evolutionary principles (Gangestad & Simpson, 1990; Rushton & Bogaert, 1989) are quite compatible with Eysenck's theory.

Based on his personality theory Eysenck (1976) postulated that extraverts, because of their weaker socialization and higher sensation seeking needs, would be more inclined to engage in a wider range of sexual behaviour and be more active in this area than introverts. With regard to the Neuroticism dimension, Eysenck (1976) predicted that high N scorers would be more likely to be anxious about, and find certain aspects of sex to be disgusting. On the P dimension Eysenck (1976) predicted high P scorers would be more interested in impersonal sex or aggressive sex, and be more inclined to participate in socially disapproved acts. In addition to predicting different patterns of sexual behaviour based on personality, Eysenck (1976) also noted that differences in sexual arousal patterns would also occur. Eysenck (1976) cited an unpublished study by Nelson in which Extraverts were shown to habituate more rapidly to sexually explicit material. Other important contributions in Eysenck's (1976) book included his development of a scale to measure sexual attitudes, his analysis of genetic contributions to differences in sexual behaviour, and his analyses of gender differences in sexual behaviour. In this paper we will be focusing primarily on the first two areas mentioned above including: 1) the association between personality and sexual

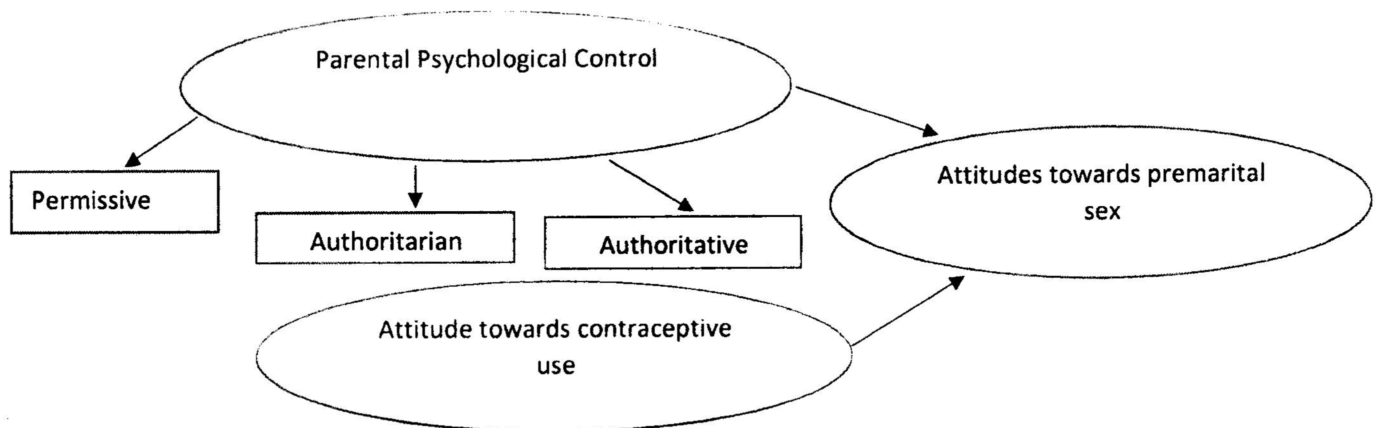
attitudes and behaviour, and 2) the association between personality and sexual arousal patterns.

In the Eysenck (1976) book the evidence pertaining to the relationship between personality and sexual attitudes and behaviour was derived from three studies including a university sample survey, an adult sample survey, and a survey administered to patients from the Broadmoor hospital for the criminally insane. In the university sample survey data generally supported the theory with extraverts characterized by more promiscuity, high N scorers by lower satisfaction and more sexual problems, and high P scorers by promiscuity, an impersonal approach, and more hostility. Correlations between personality and sexual behaviour were much weaker in the adult sample. In the prison sample E scores were positively correlated with sexual libido and sexual behaviour, while N and P scores were negatively correlated with sexual satisfaction. Efforts to replicate and extend the research by Eysenck (1976) on the relationship between personality and sexual attitudes and behaviour have not been extensive. Bentler and Peeler (1979) examined the associations between the Extraversion and Neuroticism scales and scores on the Bentler (1968) Heterosexual Behaviour Scale in a female sample. Results showed a positive correlation with Extraversion ($r= .22$) and a negative correlation with Neuroticism ($r = -.16$). In a German study, Schenck and Pfrang (1986) reported that the relationship between extraversion and having a more active sex life applied primarily in young unmarried men. Wilson and Gosselin (1980) collected data in Britain on a large sample of sexually variant men (including sadomasochists, rubberites, leatherites, transvestites and transsexuals) and a small sample of sexually dominant women. The variant groups were compared with controls matched for age and, social class and the results showed that the male variants were primarily Neurotic Introverts, while the Female dominant women scored high on the Psychoticism dimension.

A variety of interpretations were offered for these data including the possibility that the variant males, by virtue of their higher neuroticism and introversion, may have been more readily conditionable and susceptible to develop accidental associations with sexual arousal In one of the more extensive studies designed to directly test Eysenck's (1976) theory of personality and sexuality, Barnes, Malamuth and Check (1984a) examined the associations between EPQ scale scores and a wide range of sexual attitudes and behaviour, in a sample of 307 male Introductory Psychology students. Results generally supported Eysenck's theory with Extraverts being characterized by a hedonistic outlook on sex and more active participation in a variety of sexual activities. High P scores were found to be associated with more favourable attitudes toward and enjoyment of aggressive and less conventional sexual activities. Correlations between the N scale and sexual attitudes and behaviour were generally quite weak in this sample. In another interesting Canadian study Jim Check (1985) looked at the effects of exposure to explicit sexual images that were dehumanizing or degrading on sexual attitudes including reported likelihood of rape and forced sex acts. Results showed that high P scorers were more strongly influenced than low P scorers by exposure to this type of hard core pornography. The research by Barnes (Barnes et al., 1984a; Barnes et al., 1984b) was part of a larger program of research being conducted by Neil Malamuth at the University of Manitoba that focused primarily on sexual aggression against women and the possible predictors of this sexual aggression. In this program of research a number of studies were conducted in which the Psychoticism dimension was incorporated as one of the possible predictors of sexual aggression against women. Recently a longitudinal follow up study (for a description of the methodology used in this study see Malamuth, Linz, Heavey, Barnes and Acker, 1995) has been completed on a sample of 132 males that allows us to examine the associations between Psychoticism scores in young adulthood and patterns of sexual attitudes and behaviour ten years later. The association between Psychoticism scores in early

adulthood and sexual attitudes and behaviour ten years later is of interest for several reasons. First, the data linking personality with sexual attitudes and behaviour beyond early adulthood is quite thin. Second, as noted by Rushton, Fulker, Neale, Nias and Eysenck (1989), prosocial tendencies tend to increase with age while the opposite pattern holds for anti-social tendencies. Rushton et al. (1989) have speculated that hormonal changes may mediate these shifts in behaviour. If men are maturing out of Psychoticism as they grow older, perhaps the linkage between Psychoticism and aggressive sexual attitudes and behaviour will be weakened as well.

2.2 Conceptual Framework



The diagram above illustrates the study s conceptual framework. It demonstrates that parental authority with three dimensions as permissive, authoritarian, and authoritative and attitude towards contraceptive use will predict the attitude towards premarital sex of undergraduates.

2.3 related empirical studies

2.3.1 Prevalence of Pre-marital sex in Africa

Sexual activities among adolescents have been reported to be increasing worldwide. Several studies in Sub-Saharan Africa have also documented high and increasing premarital

sexual activities among adolescents (World Health Organization, 2001). However, viewing youth as a specific group with their own needs is a relatively recent practice, especially in developing countries (Judith, 1999). Cultural taboos hinder young people in many developing countries to discuss sexual matters explicitly with their parents. Most information for their patchy knowledge comes from peers of the same sex who may themselves lack adequate information or are incorrectly informed. Taffa et al. (2002) suggested that young people have limited knowledge about sexual and reproductive health and know little about the natural process of puberty.

This lack of knowledge about reproductive health may have grave consequences. Moreover, sexual activities are occurring in the midst of an HIV/AIDS pandemic that is proportionately affecting adolescents and young adults. On the other hand, young people often face enormous pressure especially from peers to engage in sex, unlicensed erotic video films and the desire for economic gain. As a result of this, significant number of adolescents are involved in sexual activities at an early age (Alexander and Hickner, 1997; Taffa et al., 2002). Young people in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy and STIs/HIV/AIDS.

Studies have shown that in Ethiopia 60% of pregnancies are unwanted or unintended (WHO, 2001). Fikadu and Fikadu (2000) opined that premarital sex is one of the reproductive health problems witnessed among youth. Studies have also revealed that the prevalence of premarital sex among school youth is higher in Oromia (31.3%) than nationally (19%) (HAPCO, 2000). However, factors that contribute to such an early initiation of sexual practices were not dealt with in the study area. Due to sensitivity of this issue, young people receive inadequate education, guidance and services on reproductive health (Judith, 1999). With their limited knowledge about their bodies and their sexuality, they find themselves vulnerable to sexually transmitted diseases and infections, including HIV/AIDS, unplanned

early childbearing and unsafe abortions. In the USA, sexual behaviour differed by ethnicity, age, and urban/rural location (Grunbaum et al., 2002). In Thailand and Philippines, family structure was associated with premarital sex; youths living with one parent have higher rate of sexual activity than those living with both parents (Choe et al., 2004).

For many adolescents, experimenting with tobacco, alcohol, sex, and drugs are rites of passage. Associations between sexual activity and substance use have been a consistent research finding. In Kenya, the single most important predictor of sexual activity among adolescent women was the use of alcohol, drugs, or tobacco (Kiragu and Zabin, 1993). Studies from the USA also reported similar findings (Coker et al., 1994). There is a growing evidence of young men having sex with men (MSM) exploratory behaviour among boys in Bangladesh; though no national data on young MSM is available.

A need assessment study for prevention of HIV/STIs among MSM in the age group of 21 to 30 years in Dhaka revealed that the mean age of first sex with other males was mostly between 10 to 12 years (Rani et al., 2003). Most of them sold sex with seven or eight clients per night and 40% did not know anything about condoms. Mehmet (2006) concluded that among the background variables considered mother education, age, ethnicity and employment status were among the most important predicators of attitudes towards women premarital activity. Allen (2003) had earlier reported that several polls have indicated peer pressure as a significant sexual activity predicator, while on the contrary, sexually inducing drugs and alcohol have been identified as factors which may encourage unintended sexual activities (UNICEF, 2001). In south western Nigeria, sex before now was regarded as sacred and limited only to adult males and females within marriage but today, many adolescent engage in various delinquent behaviour such as drinking of alcohol, smoking and premarital sexual activities (Alo, 2008).

Premarital sex, particularly if it occurs outside of a stable union that will lead to marriage, is considered socially as a taboo. Nnachi (2003) observed that in terms of behavioural problems, sex abuse appeared to be one of the most serious offences committed by children and youth. Obiekezie-Ali (2003) supported this instance with a United Nation s (2000) information on reproductive health, which shows that many Nigerian girls are known to start involvement in active sex at the early age of thirteen years. The age of initial sexual experience and involvement thus becomes younger than fifteen years as found by Esen (1974). Okonkwo and Eze (2000) observed that today s situation shows a sharp contrast to the traditional Nigerian societal context in which girls avoided pre-marital sexual experiences for fear of social punishments usually meted out to girls who lost their virginity before marriage. Apart from the blame apportioned to parents for their negligence as earlier mentioned, some people are of the opinion that adolescents are naturally open to the normal sex drive Adeoye et al. 7 while this drive is incensed by the impact of permissive Western culture transmitted through the sexual stimuli conveyed by the mass media. Denga (1983) pointed out that sexually explicit movies expose young people to adult issues at an impressionable age. Others opine that the use of pornographic materials as well as knowledge and use of contraceptives, especially the condom that has been excessively advertised, has contributed immensely to the involvement of adolescents in sexual practices (Onuzulike, 2002).

2.3.2 College Students Attitudes towards Contraceptive Usage

In the 1970s, social scientists and governments confronted rapid population growth by focusing on family planning, but by the 1980s, they learned that contraceptive technology alone did not slow population growth (Sclarra, 1993). Thus, they integrated maternal and child health with family planning and focused on maternal and child health. In 1987, various

groups like Planned Parenthood organization and pathfinder formed the safe motherhood initiative to reduce maternal mortality.

The initiative incorporates adequate primary health care and family planning, comprehensive prenatal care, help of trained delivery personnel for all women in childbirth and effective access to maternity hospital services for women with high rate of pregnancies and for women in dire emergencies. Family planning programmes strive to prevent unwanted pregnancies, help achieve birth spacing and help couples limit family size so as to reduce maternal mortality. The health care needs of the adolescent and how these needs may optimally be met is the focus on contraception and the adolescent. The patients profile has changed in adolescent pregnancy between the 1950s and the present and contraceptive options have increased (Hardee 1991). The lack of education and family planning services led to increased rates of unwanted pregnancy at tremendous social, economic and emotional costs. Prevention involves making wise sexual choices and access to contraceptive services and counselling to discourage premature sexual activity until education is completed. (Ugoji, 2004). According to Eschena (1993) most adolescents prefer oral contraceptives but have misconceptions about the relationship of oral contraceptive use to breast cancers and reproductive tract cancers. Barrier methods particularly condoms, need to be encouraged because of their effectiveness against the spread of Human immunodeficiency virus (HIV) and sexually transmitted infections (STIs).

According to Barker (1999) adolescents who are well informed about sexuality and contraception and trained in decision making, self-esteem and responsible parenthood are likely to postpone sexual activity. Information on sex and contraception should be made available at puberty and should include the form of use, contraindications, advantages and disadvantages of all methods appropriate and they should understand that it is not abnormal or does not imply homosexuality and that other avenues of sexual expression are available.

Access to contraceptives has become increasingly crucial for adolescents because many are sexually active at earlier ages than in the past. Research done by Kahn in (1999) in Gambia showed that during the mid-to-late 1950s 8% of adolescent females had intercourse by age 16, in contrast with the mid 1980s where 21% of female teenagers had sex by age 16. Also in 1990s 50% had sex by age 18 compared with 27% of adolescents of similar ages in the 1950s. The proportions who had done so by age 20 were 76% and 61% respectively. Although increased numbers of adolescents are sexually active, pregnancy rates among sexually experienced teenagers declined by 19% between 1972 and 1990, from 254 to 207 pregnancies per 100 sexually active adolescent. Unwanted pregnancy rates decreased between 1981 and 1994 from 78 to 71 per 1000 adolescents, and abortion rates decreased from 43 to 32 per 1000 adolescents. The primary explanation is increased contraceptive use. Kiragu (1995) carried out a study in Kenya and is of a different view about young adults and contraceptive use. According to him sexually active young people are less likely to use contraceptive than adults. Why do more young people not use contraceptives if they are having sex? The most common reasons that both young men and women give for not using contraceptives is that they did not expect to have intercourse. The second most common reason is that they did not know about contraceptive use. Eggleston, Jackson and Hardee (1999) investigated sexual attitude and behaviour among adolescents.

The study revealed that sexual attitude and behaviour of adolescents have been significantly sharpened by socio-cultural norms. According to them young adolescents need better sex education and greater access to family planning services. Eggleston, Jackson and Hardee (1999) surveyed a total of 490 girls, 455 boys measuring firm specific variable relating to reproductive health. These were knowledge of reproduction, attitude about sexual behaviour, attitude about family planning and attitude towards pregnancy. Some findings arising from the study shows that male students are more favourably disposed in their attitude

towards knowledge of reproduction with 77.7% as against 52.5% of their female counterparts. Similarly Speizer, Mullen and Amagee (2001) reported that women 57.5% disapprove positive attitude towards sexual and reproductive behaviour as against 70.1% of male that approve positive attitude towards sexual and reproductive behaviour. Serlo and Aavarinne (1999) investigated the attitude of University students towards HIV/AIDS in Finland.

The purpose was to access University students attitude and feelings towards HIV/AIDS and other sexually transmitted infections. The findings revealed very significantly that the knowledge in reproductive health does not increase the use of safe sex but limits sexual behaviour. Female students were also reported to be more sexually active than male students. In a study of sexual behaviour and attitude of unmarried urban youths in Geneva, Gorgen, Yansare, Marx and Millimounour (1998) reported that young people are exposed to health hazards through sexual behaviour and attitude. The study recommends that timely gender specific sexuality education must be made available. This recommendation results from the finding that majority of young men and women are sexually very active and have limited knowledge with respect to the use of contraceptives. Several studies on reproductive health knowledge and attitude have been carried out in the Nigerian setting such as those of (Orubuloye, Caldwell and Caldwell 1991: Feyisetan and Pebley 1989: Otoide, Oronsaye and Okonofua 2001: Okonofua Odimegwu, Ajabor, Daru and Johnson 1999). The studies identified above investigated at various times in different parts of Nigeria, the attitude of Nigerian young adults and adolescents towards reproductive health knowledge. Young people often know little or have incorrect information about contraception. Young men are more likely than women to mention lack of knowledge and are much more likely to say that it is their partners responsibility to avoid pregnancy.

Even when young people can name contraceptives they often do not know where to get them or how to use them. Adolescents have negative attitudes about contraception, have heard false rumour and have received misleading information about contraception. For example, students in Kenya and Nigeria had heard about contraceptives but incorrectly cited dangerous side effects (Barker, 1991). Even when young adults know about contraceptives, few use them. This may be because it is more difficult for young adults to obtain contraceptives than it is for older married couples.

They do not know where to go and many are unable to pay for services. Often laws prohibit or limit providing contraceptive services or even information to young people. Even where access is not restricted by law, some family planning services have policies or prejudices against serving unmarried people (Kahn, 1999). Even when young people have information about contraceptives and access to services, many contextual factors affects their contraceptive practices. The extent of communication between partners attitudes about social and sexual roles and the taboo nature of their sexual activity all influence young adults sexual decision making. For example in many cultures young unmarried people are less likely to discuss contraception. Many of them see it as something only for married adults who want to space children.

The poor correspondence between knowledge and use of modern methods has drawn attention to adolescents perceptions about the positive and negative aspects of modern contraception. In a study concluded in Burkina Faso, Gorgen, Biraga and Diesfeld (1993) noted that the reluctance to use modern methods stemmed from a fear that uses might cause infertility that the contraceptive pill might produce damaging side effects and that forgetting to take the pill was a serious risk. Another perceived barrier to method use stems from the alienation that many adolescents feel when they attend maternal and child health clinics, the primary sources of contraceptive methods, they are looked at as commercial sex workers.

Because of overt social disapproval of premarital sexual activity and the general lack of privacy at these clinics, many adolescent girls feel that when they attempt to procure contraceptives they subject themselves to gossip and to negative attitudes from health personnel (Gorgen, Biraga and Diesfeld 1993; Berglund 1997, Senderowitz 1997). Other adolescents believe that condoms are unnatural that they reduce pleasure or sensation (Agyei and Epema 1992. Havanon, Bennett and Knodel, 1993) and that their use indicated a general lack of respect for the female partner (Agyei and Epema 1992). While some girls feel that a partners wish to use a condom suggest that they, the girls are not clean, that they are commercial sex workers, or that they are involved in extra relationship sexual activity (Feldman, Peggy and Yinglu 1997). Girls who carry condoms around may be perceived as being ready for sex or sexually available, a situation that would reduce their eligibility as potential wives. Such beliefs have been found to produce a strong negative attitude to past condom use and to current intentions to use condoms among students in tertiary institutions (Edom and Harvey, 1995)

2.3.2 Parenting and sexual values

Social learning theory and other socialization perspectives suggest that parents are influential on their children s attitudes and behaviours (Arnett, 2000; Bandura & Walters, 1963; Maccoby, 1992; Ream& Savin-Williams, 2005). Indeed, across broad and substantive domains, the influence of parental values appears to extend well into adulthood. As for the relationship between parenting and youth sexual activity, a longitudinal study among rural African American male youths showed that the lack of parental care or harsh and inconsistent parenting during childhood was associated with higher odds for risky sexual activities in these youths. Their risky sexual activities were found to persist into young adulthood (Murry et al. 2013). Two other studies conducted in the US and UK showed similar findings, where parental care or support significantly protected youths from being sexually active or involved

in risky sexual activities (Rodgers and McGuire 2012; Parkes et al. 2011). Furthermore, an interventional study in rural Uganda showed that an improvement in family support was able to encourage open communication between youth and their family members, leading to positive attitude towards safe sex and thus a reduction in risky sexual activities among the youths (Ismayilova et al. 2012).

It also is believed that parents sexual values shape, in various degrees, their children s beliefs about sex and sexuality (Ansuini, Fiddler-Woite, & Woite, 1996; Katchadourian, 1990; O Sullivan, Meyer-Bahlburg, & Watkins, 2001). It bears noting that such broad-based parental influences may even have biological or genetic origins (Kandler & Reimann, 2013). A rather large number of studies on parent child communication about sex has emerged in the last several decades. With the preponderance of those studies having focused on the prevention of child sexual abuse (Burgess & Wurtele, 1998; Geasler, Dannison, & Edlund, 1995; Thomas, Flaherty, & Binns, 2004), unintended pregnancies (Driscoll,Biggs, Brindis, & Yankah, 2001; Holcombe, Carrier, Manlove, & Ryan, 2008; Hull, Hennessy, Bleakley, Fishbein, & Jordan, 2011), and sexually transmitted infections (STIs), particularly HIV/AIDS (Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006; Lefkowitz,Romo,Corona,Au,&Sigman,2000;Stulhofer, Soh, Jelaska, Bacak, & Landripet, 2011). The underlying assumption inherent to most parent child communication studies about sex is that adolescents ought to abstain or significantly delay sexual activity. As examples, Jaccard and Dittus (1991) found that 80 % of parents in their sample believed adolescent sex was unacceptable. Raffaelli, Bogenschneider, and Flood (1998) and Raffaelli, Smart, Van Horn, Hohbein, and Kline (1999) found over 53 and 60 % of parents in their respective samples disapproved of adolescent and/or premarital sex. As Fingerson (2005) reported, Parents want to control their children s sexual behaviour as well as protect them from the dangers of sex such as health and emotional risks . With such focus on the

negative consequences of unprotected sex and the virtue of abstinence, in all likelihood some parents inadvertently or intentionally instil fear and reinforce negative attitudes about sex and sexuality in the minds of young people. It is therefore acknowledged that unintended pregnancies, STIs, and engaging in sexual activity earlier than when one is ready are problematic and worthy of attention. However, the reality is that approximately half of all adolescents in the US and elsewhere are sexually active (Chandra, Mosher, Copen, & Sionean, 2011; Darroch, Singh, & Frost, 2001). As such, the researcher contend that youth are better served when the adults in their lives acknowledge the fact that sex is a natural part of life (Klein, 2006). Parent child discussions that convey favourable and healthy attitudes about sex and are based on medically accurate information likely afford adolescents and young adults the liberty to explore appropriately their sexuality (Bruckner & Bearman, 2005; Velezmoro, Negy, & Livia, 2012). That notwithstanding, like most pleasurable human activities (e.g., eating, driving a car, etc.), adolescents must be taught that sex ought to be undertaken with caution. Sex can have adverse consequences when individuals are not equipped with accurate knowledge to help reduce potential consequences (Santelli, 2008; Trenholm et al., 2007).

Aside from being taught to avoid unintended pregnancies and STIs, largely missing from parent child sexual communication studies is what parents actually communicate to their offspring about various forms of sexual activity. As stated by Regnerus (2005),

although many parents claim to be talking to their adolescent children about sex and birth control, what exactly parents are communicating is less clear (p. 102). Moreover, researchers who have examined what parents communicate to their adolescent children about sex typically have focused on pre-marital intercourse exclusively; they also have measured the communications in a dichotomous fashion, whereby parents are asked to indicate if they

approve or disapprove of pre-marital sex (see Fingerson, 2005; Jaccard & Dittus, 1993, 2000; Raffaelli et al., 1998, 1999).

2.4 Hypotheses

i. Fathers authoritarian, authoritative, permissive will significantly influence attitudes towards premarital sex.

ii. Mothers authoritarian, authoritative, permissive will significantly influence attitudes towards premarital sex.

iii. Participants with positive attitudes towards contraceptive use (ATCU) will have high scores on attitude towards pre-marital sex (ATPS) than their counterparts with negative attitudes towards contraceptive use

iv. There will be gender difference in attitudes towards pre-marital sex.

2.5 Operational Definition of Terms

Parental authority: This is the perceived level of control parents have of their children in the rearing process. It is measured using the Parental Authority Scale (Buri, 1991) with three dimensional orientations: authoritative, authoritarian and permissive parenting using. Higher scores indicate greater perception of authority of parents from any of the three dimensions.

Disposition towards contraceptive use: This is the feelings experienced towards the usage of contraceptives. Individual have either positive or negative feeling when discussing topics related to contraceptive usage. The variable is measured using Contraceptive Attitude Scale (Kyes, 1998). High scores indicate more positive attitude towards contraception.

Attitude towards premarital sex: Attitude towards premarital sex are the feelings and beliefs attached to have sexual intercourse before marriage. This is measured using Attitude towards Premarital Sex Questionnaire (Nwankwo, 1997). High scores indicate positive attitude towards pre-marital sex.

Gender: This is a socio-cultural phenomenon that divides people into various categories such as male and female, with each having associated roles, dressing, stereotypes, etc.

CHAPTER THREE

METHOD

3.1 Research Design

This study adopted an ex post-facto research design. In this case, the researcher does not make any form of manipulation of the research variables as the research variables were inherent among research participants prior to the conduct of the current research. The independent variable in this research is parental authority and contraceptive use while the dependent variable is the attitude towards pre-marital sex.

3.2 Setting

The setting for this research is the Federal University Oye Ekiti, Ekiti State. The environment of the University is relatively conducive for research to take place.

3.3 Participants and Sampling

The study was carried out among 250 undergraduates of Federal University Oye- Ekiti which includes 139 (55.2%) males and 112(44.8%) females with age range 15-30. Participants were selected using the convenient sampling method. According to marital status, 235(94%) of research participants were single while 15(6%) were married. some selected undergraduates. 235(94%) of research participants were single while 15(6%) are married. Regarding religious affiliation, 222(88.8%) were Christians, 23(9.6%) are Islam, while 4(1.6%) were traditional worshippers. Based on academic levels, 99(39.6%) were 100 level students, 91(36.4%) were 200 level students, 48(19.2%) were 300 level students while 12(4.8%) were 400 level students.

3.5 Research Instruments

The instruments for the study are divided into section A, B and C. They are presented as follows:

3.5.1 Section A

Section A consists of items measuring socio-demographic information of the participants, such as sex, age, and level of study, marital status and the religious affiliation of the research participants.

3.5.1 Section B

Parent Authority Scale

The PAQ (Buri, 1991) is designed to measure parental authority, or disciplinary practices, from the point of view of the child (of any age). The PAQ has three subscales: permissive, authoritarian, and authoritative/flexible. Mother and father forms of the assessment are identical except for references to gender. The 30 items in the scales are rated on a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). The PAQ is scored easily by summing the individual items to comprise the subscale scores. Scores on each subscale range from 10 to 50. In the present study, Cronbach alpha reliability coefficients obtained for the PAQ range from .83 - .87 for both fathers and mothers. Higher scores indicate greater perception of authority of parents from any of the three dimensions.

3.5.2 Section C

Contraceptive Attitudes Scale (CAS)

CAS developed by (Kyes, 1998) is a tool to measure attitudes towards the use of contraceptives in general, as opposed to attitudes towards specific type of contraceptive. It consists of 30 in which respondents indicate their agreement or disagreement. All items are scored using 5-point rating ranging from 1 (strongly disagree) to 5 (strongly agree). Sample of items include, "*I believe that it is wrong to use contraceptives; contraceptives make sex seem less romantic, I would feel embarrassed discussing contraception with my friends*"

etc. Negatively worded items were reversed scored. The total score is sum of responses to each item. Score ranges from 32 to 160. The Cronbach alpha reliability coefficient obtained for the CAS in this study was .95. High scores indicate more positive attitude towards contraception.

3.5.3 Section D

Attitude towards Premarital Sex Questionnaire

Attitude towards Premarital Sex Questionnaire developed by Nwankwo (1997). It is a 20-item scale measuring the adolescents disposition towards pre-marital sex. Response to the scale is in the Likert response format ranging from 1 (strongly disagree) to 5 (strongly agree). In the present study, the co-efficient alpha obtained for the scale is 0.42. High scores indicate positive attitudes to premarital sex.

3.6 Procedure

The research started with obtaining ethical approval from the Department of Psychology. After the permission, participants were approached and administered the questionnaire within the space of a week in the University premises and some of them were administered in their various homes and departments. 250 questionnaires were distributed and 250 questionnaires were collected. Inform consent was obtained from participants and they were assured of the confidentiality of their response to survey instruments.

3.7 Statistical Method

Data were analysed by the aid of Statistical Packages for Social Sciences (IBM SPSS 20.0). Descriptive statistics such as frequency, percentages, means and standard deviation were used. Pearson s correlation was used to establish relationship between the independent variables and dependent variable. The first and second hypotheses were tested using multiple regression. The third and last hypotheses were tested using independence t-test

CHAPTER FOUR

RESULTS

Table 1: Distribution of Social-demographics

N = 250	n	%
Sex		
Male	138	55.2
Female	112	44.8
Age		
15-19	80	32.0
20-24	156	62.4
25-29	10	4.0
26-30	4	1.6
Level		
100	99	39.6
200	91	36.4
300	48	19.2
400	12	4.8
Marital status		
Single	235	94
Married	15	6
Religious affiliation		
Christianity	222	88.8
Islam	24	9.6
Traditional	4	1.6

The socio-demographic distributions of participants are shown in table 1. Majority of participants were males (55.2), between ages 20-24 (62.4%) and Christians (88.8%). More than 75% of participants are in their 1st and 2nd year in the University while only 6% are married.

Table 2: Means (M) and Standard Deviations (SD)

Variable	α	M	SD
1. Permissive (F)	.87	32.24	10.60
2. Authoritarian (F)	.869	33.92	10.41
3. Authoritative (F)	.869	33.76	10.43
4. Permissive (M)	.83	34.04	10.03
5. Authoritarian (M)	.859	34.96	9.84
6. Authoritative (M)	.863	34.78	10.16
7. Attitude towards contraceptive use	.945	57.00	89.9
8. Attitude towards pre-marital sex.	.42	51.34	18.94

Table 3: Bivariate correlations between independent variables and dependent variable

	Father			Mother			ATCU
	Permissive	Authoritarian	Authoritative	Permissive	Authoritarian	Authoritative	
ATPS	.13*	.14*	.07	.17**	.09	.12	.10

** *p < .01 (2-tailed)* * *p < .05 (2-tailed)*

ATPS = Attitudes towards premarital sex; ATCU = Attitudes towards contraception use

The result of correlation analysis between independent and dependent variables are shown in table 3. Attitude towards premarital sex was positively correlated with permissive [*r* (248) = .13, p = .036] and authoritarian parenting [*r* (248) = .14, p = .03] in father but not authoritative parenting [*r* (248) = .07, p = .29]. In mothers, attitude towards premarital sex was positively correlated with permissive parenting [*r* (248) = .17, p = .008] but not authoritarian [*r* (248) = .09, p = .17] and authoritative parenting [*r* (248) = .12, p = .06]. Attitude towards premarital sex was not related with attitudes towards contraception use [*r* (248) = .10, p = .12]

Hypothesis 1

Fathers authoritarian, authoritative, permissive will significantly influence attitudes towards premarital sex. The hypothesis was tested using multiple regression. The result is presented in table 4.1

Table 4.1: Multiple regression analysis- fathers authority on attitudes towards premarital sex

Variable	**β**	**T**	**R^2**	**F**
Permissiveness	.16	1.18		
Authoritarian	.32*	1.97	.04	3.49*
Authoritative	-.36*	-2.34		

Dependent variable: attitudes towards premarital sex
* *p < .05*

Table 4.1 showed that fathers' permissive, authoritarian and authoritative parenting jointly predict attitudes towards premarital sex [F (3, 246) = 3.49, p = .016, R^2 = .04]. Independently, authoritarian [β= .32, p = .049] and authoritative parenting [β = -.36, p = .02] had influence on attitudes towards premarital sex while permissive parenting did not [β = .16, p = .24]. This

shows that increase in authoritarian parenting significantly predicts increase in attitudes towards premarital sex while increase in authoritative parenting significantly predicts decrease in attitudes towards premarital sex. Therefore, hypothesis one is supported

Hypothesis 2

Mothers' authority will significantly influence attitudes towards premarital sex.

Table 4.2: Multiple regression analysis- mothers' authority on attitudes towards premarital sex

Variable	β	T	R^2	F
Permissiveness	.38**	2.76		
Authoritarian	-.28	-1.90	.05	3.91**
Authoritative	.04	.28		

Dependent variable: attitudes towards premarital sex

** *p < .01*

Table 4.2 showed that mothers permissiveness, authoritarian and authoritative parenting jointly predict attitudes towards premarital sex [F (3, 246) = 3.91, p = .009, R^2 = .05]. Independently, only permissive parenting [β= .38, p = .006] had influence on attitudes towards premarital sex while authoritarian [β = -.28, p = .059] and authoritative parenting [β = .04, p = .79] did not. This shows that increase in permissive parenting significantly predicts increase in attitudes towards premarital sex. Therefore, hypothesis two is supported.

Hypothesis 3

Participants with positive attitudes towards contraceptive use (ATCU) will have high scores on attitude towards pre-marital sex (ATPS) than their counterparts with negative attitudes towards contraceptive use

Table 4.3: Independent sample t-test ATCU on ATPS

	Attitude towards contraceptive use					
	Negative (n = 128)		Positive (122)			
	M	SD	M	SD	$t_{(248)}$	95%CI
Attitude towards pre-marital sex	48.50	17.49	54.33	19.99	-2.46*	[-10.50, -1.16]

** *p < .01 (2-tailed)*

Independent sample t-test (table 6) showed that the difference in attitude towards pre-marital sex scores between participants with negative (M = 48.50, SD = 17.49) and positive

(M = 54.33, SD = 19.99) attitudes towards contraceptive use were statistically significant, t (248) = -2.46, p = .02. This means that participants with positive attitudes towards contraceptive use had positive attitudes towards premarital sex than participants with negative attitudes towards contraceptive use. Therefore, hypothesis three is supported.

Hypothesis 4

There will be gender difference in attitudes towards pre-marital sex.

Table 4.4: Independent sample t-test ATC on ATPS

	Gender					
	Male (n = 137)		Female (112)			
	M	SD	M	SD	$t_{(248)}$	95%CI
Attitude towards pre-marital sex	53.95	20.33	48.12	16.60	2.45*	[1.13, 10.53]

$^{**}p < .01$ *(2-tailed)*

An independent sample t-test (table 4.4) showed that the difference in attitude towards pre-marital sex scores between males (M = 53.95, SD = 20.33) and females (M = 48.12, SD = 16.60) were statistically significant, t (248) = 2.45, p = .015. This means that males had positive attitudes towards premarital sex than females. Therefore, hypothesis three is supported.

CHAPTER FIVE

5.0 DISCUSSIONS, CONCLUSION, RECOMMENDATION

One of the research findings in the current study is that fathers permissive, authoritarian and authoritative parenting jointly predict attitudes towards premarital sex and that mothers permissiveness, authoritarian and authoritative parenting jointly predict attitudes towards premarital sex. This means that increase in authoritarian parenting significantly predicts increase in attitudes towards premarital sex while increase in authoritative parenting significantly predicts decrease in attitude towards premarital sex. This research finding is related to some established facts as it is believed that parents sexual values shape, in various degrees, their children s beliefs about sex and sexuality (Ansuini, Fiddler-Woite, & Woite, 1996; Katchadourian, 1990; O Sullivan, Meyer-Bahlburg, & Watkins, 2001). Parents have their influence on their children sexual orientations for example Jaccard and Dittus (1991) found that 80 % of parents in their sample believed adolescent sex was unacceptable. Raffaelli, Bogenschneider, and Flood (1998) and Raffaelli, Smart, Van Horn, Hohbein, and Kline (1999) found over 53 and 60 % of parents in their respective samples disapproved of adolescent and/or premarital sex which was also oberseveed in their children respectively. As Fingerson (2005) reported, Parents want to control their children s sexual behaviour as well as protect them from the dangers of sex such as health and emotional risks . There has been such a focus on the negative consequences of unprotected sex and the virtue of abstinence. In all likelihood some parents inadvertently or intentionally instil fear and reinforce negative attitudes about sex and sexuality in the minds of young people. Although some parents think it is unavoidable they try their best to ensure their children keep away from it.

Also, it was discovered that participants with positive attitudes towards contraceptive use had positive attitudes towards premarital sex than participants with negative attitudes towards

contraceptive use. Some researchers have come to understand the contraceptive use disposition among young adults and their findings seem very interesting. Kiragu (1995) carried out a study in Kenya and is of a different view about young adults and contraceptive use. According to him sexually active young people are less likely to use contraceptive than adults. Why do more young people not use contraceptives if they are having sex? According to that study, the most common reasons that both young men and women give for not using contraceptives is that they did not expect to have intercourse. The second most common reason is that they did not know about contraceptive use. This particular finding however contradicts the finding of the current research.

This study discovered that there is gender difference in the pre-marital sexual attitudes of undergraduates as such male participants had positive attitudes about pre-marital sex than their female counterparts. Eggleston, Jackson and Hardee (1999) surveyed a total of 490 girls, 455 boys measuring firm specific variable relating to reproductive health. These were knowledge of reproduction, attitude about sexual behaviour, attitude about family planning and attitude towards pregnancy. Some findings arising from the study shows that male students are more favourably disposed in their attitude towards knowledge of reproduction with 77.7% as against 52.5% of their female counterparts. Similarly Speizer, Mullen and Amagee (2001) reported that women 57.5% disapprove positive attitude towards sexual and reproductive behaviour as against 70.1% of male that approve positive attitude towards sexual and reproductive behaviour. The study recommends that timely gender specific sexuality education must be made available. Young people often know little or have incorrect information about contraception. Young men are more likely than women to mention lack of knowledge and are much more likely to say that it is their partners responsibility to avoid pregnancy.

5.2 Conclusion

Based on study findings, it was concluded that:

I. Fathers' authoritarian and authoritative parenting predicted attitude towards pre-marital sex. Independently, authoritarian and authoritative parenting predicted attitude towards pre-marital sex.

II. Mothers permissiveness, authoritarian and authoritative parenting jointly predict attitudes towards premarital sex. Independently, only permissive parenting predicted attitude towards pre-marital sex.

III. Participants with positive attitudes towards contraceptive use had positive attitudes towards premarital sex than participants with negative attitudes towards contraceptive use.

IV. Males had positive attitudes towards premarital sex than females.

5.3 Recommendation

The essence of the current research was to examine the influence of parental authority and contraceptive use disposition on the pre-marital sexual attitudes of undergraduates. Parents should be given awareness as to the important role they play in shaping the sexual attitudes of their children. They should encourage communications with their children so as to reveal their actual sexual preferences so as to change it if it deviates from the societal norms. As a matter of fact, unmarried youths who make use of contraceptives through it purchase from local vendors should be admonished to get married rather than engage in pre-marital sex.

5.4 Limitation

There are several limitations to the level at which the inferences made from this research can be generalized. Firstly, the research findings is limited to only undergraduates and not to a large population of unmarried youths and unmarried adults. Also, the research

finding is limited on the setting of the research and so may not speak for a wide variety of young adults and youths alike. The small size of the research samples may limit the generalization of the findings of the current study. This is because of the low level of research participants when compared to the entire population.

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FEDERAL UNIVERSITY OYE-EKITI
DEPARTMENT OF PSYCHOLOGY
QUESTIONNAIRE

Dear Respondent,
I am a final year student of Department of psychology, Federal University Oye-Ekiti, Ekiti State. I am conducting a research in the area of psychology and behaviour
Please give your immediate impression about the question in the survey. There is no right or wrong answers. Your response will be treated with upmost confidentiality
Omalaja Olakunle
Please indicate your interest in partaking in the research by ticking yes or no
I agree to participate YES ( ) NO ( )

SECTION A

Sex: Male ( ) Female ( ) Age
Level . Department:
Religious Affiliations: Christianity ( ) Islam ( ) Traditional ( )

SECTION B:

INSTRUCTION: ***circle the choice that best represents how you are most of the time during the past month. Be sure to read all the statements carefully before making your choice.***

1=Strongly Disagree	2=Disagree	3= Neutral	4= Agree	5=Strongly Agree

S/N	Items	1	2	3	4	5
1	I believe that it is wrong to use contraceptives.					
2	Contraceptives reduce the sex drive.					
3	Using contraceptives is much more desirable than having an abortion.					
4	Males who use contraceptives seem less masculine than males who do not.					
5	I encourage my friends to use contraceptives.					
6	I would not become sexually involved with my spouse if he/she didn t accept contraceptive responsibility.					
7	Contraceptives are not really necessary unless a couple has engaged in intercourse more than once.					
8	Contraceptives make sex seem less romantic.					
9	Females who use contraceptives are promiscuous.					
10	I would not have intercourse if no contraceptive method was available.					
11	I do not believe that contraceptives actually prevent pregnancy.					
12	Using contraceptives is a way of showing that you care about your partner.					
13	I do not talk about contraception with my friends.					
14	I would feel embarrassed discussing contraception with my friends.					
15	One should use contraceptives regardless of how long one is married.					
16	Contraceptives are difficult to obtain.					
17	Contraceptives can actually make intercourse seem more pleasurable.					
18	I feel more relaxed during intercourse if a contraceptive method is used.					
19	I prefer to use contraceptives during intercourse.					
20	In the future, I plan to use contraceptives anytime I have intercourse.					
21	I would practice contraception even if my partner did not want me to.					
22	It is no trouble to use contraceptives.					
23	Using contraceptives makes a relationship seem too permanent.					
24	Sex is not fun if a contraceptive is used.					
25	Contraceptives are worth using, even if the monetary cost is high.					
26	Contraceptives encourage promiscuity.					
27	Couples should talk about contraception before having intercourse.					
28	If I or my partner experienced negative side effects from a contraceptive method, we would use a different method.					
29	Contraceptives make intercourse seem too planned.					
30	I feel better about myself when I use contraceptives.					

SECTION C

INSTRUCTION: ***circle the choice that best represents how you are most of the time during the past month. Be sure to read all the statements carefully before making your choice.***

1=Strongly Disagree	2=Disagree	3= Neutral	4= Agree	5=Strongly Agree

S/N	Items	1	2	3	4	5
1	I like engaging in premarital sex.					
2	I like to have sexual relations before marriage.					
3	I desire breast fondling.					
4	I enjoy sex plays.					
5	I desire oral-genital sex.					
6	I like using pornographic materials.					
7	I like having intimate kissing.					
8	I cherish casual kissing.					
9	I cherish petting without affection before marriage.					
10	I cherish coitus without affection before marriage.					
11	I like prostitution as a business.					
12	I enjoy petting with little affection before marriage.					
13	I enjoy coitus with little affection before marriage.					
14	There is nothing wrong with premarital sexual intercourse.					
15	Nothing is wrong with a boy who has had sexual intercourse with many girls.					
16	Nothing is wrong with a girl who has had sexual intercourse with many boys.					
17	Nothing is wrong with serious necking before marriage.					
18	Sexual intercourse before marriage without emotional attachment is good.					
19	Nothing is wrong with receptive anal intercourse.					
20	Nothing is wrong with inserted anal intercourse					

SECTION D

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don t spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly Agree

Statement					
1. While I was growing up my mother felt that in a well-run home the children should have their way in the family as often as the parents do.	1	2	3	4	5
2. Even if her children didn t agree with her, my mother felt that it was for our own good if we were forced to conform to what she thought was right.	1	2	3	4	5
3. Whenever my mother told me to do something as I was growing up, she expected me to do it immediately without asking any questions.	1	2	3	4	5
4. As I was growing up, once family policy had been established, my mother discussed the reasoning behind the policy with the children in the family.	1	2	3	4	5
5. My mother has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.	1	2	3	4	5
6. My mother has always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	1	2	3	4	5
7. As I was growing up my mother did not allow me to question any decision she had made.	1	2	3	4	5
8. As I was growing up my mother directed the activities and decisions of the children in the family through reasoning and discipline.	1	2	3	4	5
9. My mother has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	1	2	3	4	5
10. As I was growing up my mother did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.	1	2	3	4	5
11. As I was growing up I knew what my mother expected of me in my family, but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable.	1	2	3	4	5
12. My mother felt that wise parents should teach their children early just who is boss in the family.	1	2	3	4	5
13. As I was growing up, my mother seldom gave me expectations and guidelines for my behavior.	1	2	3	4	5
14. Most of the time as I was growing up my mother did what the children in the family wanted when making family decisions.	1	2	3	4	5
15. As the children in my family were growing up, my mother consistently gave us direction and guidance in rational and objective ways.	1	2	3	4	5

16. As I was growing up my mother would get very upset if I tried to disagree with her.	1 2 3 4 5
17. My mother feels that most problems in society would be solved if parents would not restrict their children s activities, decisions, and desires as they are growing up.	1 2 3 4 5
18. As I was growing up my mother let me know what behavior she expected of me, and if I didn t meet those expectations, she punished me.	1 2 3 4 5
19. As I was growing up my mother allowed me to decide most things for myself without a lot of direction from her.	1 2 3 4 5
20. As I was growing up my mother took the children s opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.	1 2 3 4 5
21. My mother did not view herself as responsible for directing and guiding my behavior as I was growing up.	1 2 3 4 5
22. My mother had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.	1 2 3 4 5
23. My mother gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.	1 2 3 4 5
24. As I was growing up my mother allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.	1 2 3 4 5
25. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don t do what they are supposed to as they are growing up.	1 2 3 4 5
26. As I was growing up my mother often told me exactly what she wanted me to do and how she expected me to do it.	1 2 3 4 5
27. As I was growing up my mother gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.	1 2 3 4 5
28. As I was growing up my mother did not direct the behaviors, activities, and desires of the children in the family.	1 2 3 4 5
29. As I was growing up I knew what my mother expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.	1 2 3 4 5
30. As I was growing up, if my mother made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit it if she had made a mistake.	1 2 3 4 5

FREQUENCIES VARIABLES=Sex Age Level Dept RA MS
/ORDER=ANALYSIS.

Frequencies

Statistics

		Sex	age	level	department	religous afflilation	marital status
N	Valid	250	250	250	250	250	250
	Missing	0	0	0	0	0	0

Frequency Table

sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	138	55.2	55.2	55.2
	famale	112	44.8	44.8	100.0
	Total	250	100.0	100.0	

age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15-19	80	32.0	32.0	32.0
	20-24	156	62.4	62.4	94.4
	25-29	10	4.0	4.0	98.4
	26-30	4	1.6	1.6	100.0
	Total	250	100.0	100.0	

level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	100	99	39.6	39.6	39.6
	200	91	36.4	36.4	76.0
	300	48	19.2	19.2	95.2
	400	12	4.8	4.8	100.0
	Total	250	100.0	100.0	

department

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Demography	34	13.6	13.6	13.6
	peace and conflict	36	14.4	14.4	28.0
	Psychology	30	12.0	12.0	40.0
	Economic	19	7.6	7.6	47.6
	Mathematics	19	7.6	7.6	55.2
	Crimilogy	17	6.8	6.8	62.0
	micro biology	20	8.0	8.0	70.0
	Political	18	7.2	7.2	77.2
	English	18	7.2	7.2	84.4
	English	6	2.4	2.4	86.8
	therat and media	9	3.6	3.6	90.4
	mass communition	9	3.6	3.6	94.0
	Computer	7	2.8	2.8	96.8
	animal scienc	8	3.2	3.2	100.0
	Total	250	100.0	100.0	

religous afflilation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	christain	222	88.8	88.8	88.8
	islam	24	9.6	9.6	98.4
	traditional	4	1.6	1.6	100.0
	Total	250	100.0	100.0	

marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	married	15	6.0	6.0	6.0
	unmarried	235	94.0	94.0	100.0
	Total	250	100.0	100.0	

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PermissiveF	250	10	50	32.24	10.603
AuthoritarianF	250	10	50	33.92	10.405
AuthoritaiveF	250	10	50	33.76	10.425
PermissiveM	250	9	45	31.09	9.035
AuthoritarianM	250	10	50	34.96	9.840
AuthoritaiveM	250	10	50	34.78	10.160
Attitudes towards contraceptive	250	57.00	128.00	89.9000	9.40317
Valid N (listwise)	250				

Reliability

Scale: Permissive Parenting F

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	.0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.874	10

```
RELIABILITY
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 /SCALE('Authoritarian F') ALL
 /MODEL=ALPHA.
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Reliability

Scale: Authoritarian F

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	.0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.869	10

```
RELIABILITY
 /VARIABLES=qf4 qf5 qf8 qf11 qf15 qf20 qf22 qf23 qf27 qf30
 /SCALE('Authoritative F') ALL
 /MODEL=ALPHA.
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Reliability

Scale: Authoritative F

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	.0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.869	10

RELIABILITY
/VARIABLES=qm1 qm6 qm10 qm13 qm14 qm17 qm21 qm24 qm28
/SCALE('Permmisive M') ALL
/MODEL=ALPHA.

Reliability

Scale: Permmisive M

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	.0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
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RELIABILITY
/VARIABLES=qm2 qm3 qm7 qm9 qm12 qm16 qm18 qm26 qm25 qm29
/SCALE('Authoritarian') ALL
/MODEL=ALPHA.

Reliability

Scale: Authoritarian

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.859	10

RELIABILITY
/VARIABLES=qm4 qm5 qm8 qm11 qm15 qm20 qm22 qm23 qm27 qm30
/SCALE('Authoritative M') ALL
/MODEL=ALPHA.

Reliability

Scale: Authoritative M

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	.0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.863	10

RELIABILITY
/VARIABLES=qa1 qa2 qa3 qa4 qa5 qa6 qa7 qa8 qa9 qa10 qa11 qa12 qa13 qa14 qa15 qa16 qa17 qa18 qa19 qa20 qa21 qa22 qa23 qa24 qa25 qa26 qa27 qa28 qa29 qa30
/SCALE('Contraceptive') ALL
/MODEL=ALPHA.

Reliability

Scale: Contraceptive

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	.0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.422	30

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RELIABILITY
/VARIABLES=qc1 qc2 qc3 qc4 qc5 qc6 qc7 qc8 qc9 qc10 qc11 qc12 qc13 qc14 qc15 qc16 qc17 qc18 qc19 qc20
/SCALE('Pre-Marital sex') ALL
/MODEL=ALPHA.
```

Reliability

Scale: Pre-Marital sex

Case Processing Summary

		N	%
Cases	Valid	250	100.0
	Excluded[a]	0	.0
	Total	250	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.945	20

Scale: Contraceptive

Correlations

		PermissiveF	AuthoritarianF	AuthoritaiveF	PermissiveM	AuthoritarianM	AuthoritaiveM	Attitudes towards contraceptive	Attitude towards pre-marital sex
PermissiveF	Pearson Correlation	1	.874**	.858**	.823**	.802**	.794**	.042	.133*
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.507	.036
	N	250	250	250	250	250	250	250	250
AuthoritarianF	Pearson Correlation	874**	1	902**	.777**	.844**	.812**	.048	.137*
	Sig. (2-tailed)	.000		.000	.000	.000	.000	.447	.030
	N	250	250	250	250	250	250	250	250
AuthoritaiveF	Pearson Correlation	.858**	.902**	1	.756**	.811**	.851**	.048	.068
	Sig. (2-tailed)	.000	.000		000	.000	.000	.448	.285
	N	250	250	250	250	250	250	250	250
PermissiveM	Pearson Correlation	823**	777**	756**	1	.854**	833**	.017	.168**
	Sig. (2-tailed)	000	000	000		.000	.000	.790	.008
	N	250	250	250	250	250	250	250	250
AuthoritarianM	Pearson Correlation	.802**	.844**	811**	.854**	1	.871**	-.043	.088
	Sig. (2-tailed)	.000	.000	000	000		.000	.501	.166
	N	250	250	250	250	250	250	250	250
AuthoritaiveM	Pearson Correlation	.794**	.812**	.851**	.833**	.871**	1	.127*	.121
	Sig. (2-tailed)	.000	.000	.000	.000	.000		.044	.055
	N	250	250	250	250	250	250	250	250
Attitudes towards contraceptive	Pearson Correlation	.042	.048	.048	.017	-.043	.127*	1	.099
	Sig. (2-tailed)	.507	.447	.448	.790	.501	.044		.120
	N	250	250	250	250	250	250	250	250
Attitude towards pre-marital sex	Pearson Correlation	.133*	.137*	.068	.168**	.088	.121	.099	1
	Sig. (2-tailed)	.036	.030	.285	.008	.166	.055	.120	
	N	250	250	250	250	250	250	250	250

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

```
T-TEST GROUPS=ATTCONCAT(1 2)
 /MISSING=ANALYSIS
 /VARIABLES=ATTPRMA
 /CRITERIA=CI(.95).
```

T-Test

Group Statistics

	Attitudes towards contraceptive	N	Mean	Std. Deviation	Std. Error Mean
Attitude towards pre-marital sex	Low	128	48.5000	17.48925	1.54585
	High	122	54.3279	19.98820	1.80965

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Attitude towards pre-marital sex	Equal variances assumed	1.943	.165	-2.457	248	.015	-5.82787	2.37241	-10.50051	-1.15523
	Equal variances not assumed			-2.449	240.174	.015	-5.82787	2.38001	-10.51623	-1.13950

```
REGRESSION
 /MISSING LISTWISE
 /STATISTICS COEFF OUTS R ANOVA COLLIN TOL
 /CRITERIA=PIN(.05) POUT(.10)
 /NOORIGIN
 /DEPENDENT ATTPRMA
 /METHOD=ENTER PermissiveM AuthoritarianM AuthoritaiveM.
```

Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	AuthoritaiveM, PermissiveM, AuthoritarianM[b]		Enter

a. Dependent Variable: Attitude towards pre-marital sex
b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.213[a]	.046	.034	18.61498

a. Predictors: (Constant), AuthoritaiveM, PermissiveM, AuthoritarianM

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4067.083	3	1355.694	3.912	.009[b]
	Residual	85243.333	246	346.518		
	Total	89310.416	249			

a. Dependent Variable: Attitude towards pre-marital sex
b. Predictors: (Constant), AuthoritaiveM, PermissiveM, AuthoritarianM

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	43.063	4.446		9.687	.000		
	PermissiveM	.721	.261	.382	2.757	.006	.202	4.942
	AuthoritarianM	-.537	.283	-.279	-1.897	.059	.179	5.581
	AuthoritaiveM	.072	.257	.039	.282	.778	.205	4.887

a. Dependent Variable: Attitude towards pre-marital sex

Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions			
				(Constant)	PermissiveM	AuthoritarianM	AuthoritaiveM
1	1	3.926	1.000	.00	.00	.00	.00
	2	.054	8.555	.99	.03	.02	.03
	3	.012	18.413	.00	.68	.00	.71
	4	.009	20.762	.01	.29	.98	.27

a. Dependent Variable: Attitude towards pre-marital sex

```
REGRESSION
 /MISSING LISTWISE
 /STATISTICS COEFF OUTS R ANOVA
 /CRITERIA=PIN(.05) POUT(.10)
 /NOORIGIN
 /DEPENDENT ATTPRMA
 /METHOD=ENTER PermissiveF AuthoritarianF AuthoritaiveF.
```

Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	AuthoritaiveF, PermissiveF, AuthoritarianF[b]	.	Enter

a. Dependent Variable: Attitude towards pre-marital sex
b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.202[a]	.041	.029	18.66062

a. Predictors: (Constant), AuthoritaiveF, PermissiveF, AuthoritarianF

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3648.644	3	1216.215	3.493	.016[b]
	Residual	85661.772	246	348.219		
	Total	89310.416	249			

a. Dependent Variable: Attitude towards pre-marital sex
b. Predictors: (Constant), AuthoritaiveF, PermissiveF, AuthoritarianF

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	44.326	4.119		10.761	.000
	PermissiveF	.286	.243	.160	1.176	.241
	AuthoritarianF	.583	.295	.320	1.974	.049
	AuthoritaiveF	-.651	.278	-.358	-2.339	.020

a. Dependent Variable: Attitude towards pre-marital sex

```
T-TEST GROUPS=Sex(1 2)
 /MISSING=ANALYSIS
 /VARIABLES=ATTPRMA
 /CRITERIA=CI(.95).
```

T-Test

Group Statistics

	sex	N	Mean	Std. Deviation	Std. Error Mean
Attitude towards pre-marital sex	male	138	53.9565	20.32720	1.73037
	famale	112	48.1250	16.60355	1.56889

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Attitude towards pre-marital sex	Equal variances assumed	6.712	.010	2.445	248	.015	5.83152	2.38492	1.13424	10.52880
	Equal variances not assumed			2.497	247.987	.013	5.83152	2.33572	1.23115	10.43190