



Premarital sexual activities in an urban society of Southwest-Nigeria

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Abstract:

Premarital sex is associated with the phenomenon of teenage and unintended pregnancies, abortion, the spread of STIs and HIV. The major objective of this study was the investigation of premarital sexual activities in an urban society of South-west Nigeria. The aim is to quantify premarital sexual behaviour in the study population. Interview method was used to collect information from a sample of 2,500 women within the age bracket of 15-49 years. Percentage distribution and logistic regression were used in the analysis. The results reveal a very high rate of sexual activities; 14.24% had had sex before age 14, and 84% had sex before their 20th birthday at which age only 1.28% of the sample had married. Premarital sexual activities are highly associated with age, age at marriage and puberty. The study calls for the empowerment of the younger population especially girl child through sexual right education to avoid the negative consequences associated with premarital sex.

Keywords: premarital, sexual activities, women, population.

**Resumen:****Actividad sexual prematrimonial en una sociedad urbana del sudoeste de Nigeria**

Las relaciones sexuales prematrimoniales suelen asociarse con el fenómeno de los embarazos adolescentes inesperados, aborto, y la difusión de ETS y VIH. El principal objetivo de este estudio fue la investigación de la actividad sexual prematrimonial en una sociedad urbana del sudoeste de Nigeria con el propósito es cuantificar la conducta sexual prematrimonial en un estudio poblacional. La información se ha obtenido a partir de una muestra de 2,500 mujeres en la franja entre 15 y 49 años. En el análisis se ha utilizado distribución porcentual y regresión logística. Los resultados revelan una alta tasa de actividad sexual; 14.24% se iniciaron en las relaciones sexuales antes de los 14 años, y el 84% antes de los 20; sólo un 1.28% de la muestra había contraído matrimonio. La actividad sexual se asocia con la edad, edad al matrimonio y pubertad. El estudio llama al empoderamiento de la población más joven –especialmente niñas jóvenes- a través de una educación sexual adecuada para evitar las consecuencias negativas asociadas con las relaciones sexuales prematrimoniales.

Palabras claves: prematrimonial, actividad sexual, mujeres, población.

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Introduction

Imagine for a moment, a world without premarital sex, there would be less sexually transmitted disease (STDs), there would be no unwed mothers, and there would be less unwanted pregnancies and abortion. The above rightly capture the concern which premarital sex has generated among policy makers, researchers and even religious leaders. The rise in premarital sex in Africa has resulted from a sexual revolution that came with western culture (Scott, 2006). Sex in southwest Nigeria before now was regarded as sacred and limited only to adult males and females within marriage (Alo, 2008). Public opinion polls have consistently shown that premarital sex is wrong and dangerous to health, resulting in abortions, teenage mothers and sexually transmitted infections (Aaron, 2006; Finer, 2007).

Nigeria is a relatively culturally conservative country; the topic of sex is still considered a taboo between parents and children. A child learns through the mass media and peers unguided. Children learn the important topic of sex education in negative manners, rather than having proper sex socialization at home or in schools. Premarital cohabitation has been reported as a common phenomenon among Nigerian University undergraduates (Alo, 2008). Cohabitation of opposite sex is a predisposing factor to the initiation of sexual activities.

Premarital sex is not confined to teens alone, a good number of people who are not married, are also vulnerable to premarital sex. This is evidenced by the large number of unintended/unwanted pregnancies many of which get terminated in back street clinics (Alo, 2008), the high rate of sexual transmitted infections among the 15-24 years old, and an increasing number of girls dropping out of schools due to unintended/unwanted pregnancies. Over half of all new HIV infections worldwide (6,000 a day) occur among those between 15 and 24 years of age (Ivan, 2000). The worst hit among this age bracket are the female population. Females are particularly vulnerable to a host of problems related to premarital sex. Women have certain physical peculiarities that increase the risk of infection: the vaginal surface exposed to semen is large and semen, have greater concentration of HIV than vaginal fluid (AIDS, 2002). In addition, women social role, also increase vulnerability to STDs/HIV especially in African south of Sahara, this is due to unequal power relationship and economic dependence which limit access to adequate information and hinder the adoption and maintenance of safe behaviors. In fact, the consequences of premarital sex, STDs (as well as HIV) are higher for females than for males. If a young girl becomes pregnant, she places herself and her unborn child at further risk. Because, a young girls body may not have developed to the point of being able to handle childbirth safely. Even if a teen mother escapes severe health consequences, she must still face the serious responsibilities of parenthood. This is aside the fact that she drops out of school and except in rare cases she may never go back to school again (Alo, 2008).



Modern society is becoming freer in many different ways so that premarital sex is becoming more 'ordinary'. May be in certain sense premarital sex is not wrong, but premarital sex seems to be causing many social disturbances such as disorderly household and more corruption of public morals. Throughout the world, most young people have had sex before they reach 19years of age. There are some other ones who engage in so called "sexual alternatives", such as fondly one's sexual organs (mutual masturbation). A disturbing report in the New York Times reveals that "Oral Sex" has become a common place initiation into sexual activity, widely perceived by many young people as less intimate and less risky than intercourse (Scott, 2006).

Premarital sexual activity is not a recent occurrence worldwide. Research indicates that as far back as 1950's, the phenomena have attracted public attention both in the United Kingdom and United States of America (Teenage pregnancy, 2007). For example, in 1954 a study in Manchester revealed that between the years 1937 and 1954 almost a quarter of underage girls coming to the attention of a certain female police officer regarding underage sex, were pregnant. It was also noted that the girls came from a particular background, either broken homes or of bad parental influence (Teenage pregnancy, 2007).

Finer (2007), examining trends in premarital sex in USA concluded that premarital sex is not surprising in an era when men and women typically marry in their mid to late twenties and they are sexually active as singles for extensive periods. Sex was reported by Finer to be nearly universal in USA by age 30, but also very common at younger ages.

From a study conducted in India, Krishmen (2006) reported that premarital sex is rising among youths in rural India where the rate exceeds that of the urban areas. He went further that while access to sex education was far less in rural areas, rural youth were twice as likely as urban youth to have had premarital sex.

In Turkey, Mehmet (2006) concluded that among the background variables considered; mother's education, age, ethnicity and employment status were among the most important predictors of attitudes towards women premarital sexual activity. However, Allen (2003) had earlier reported that several polls have indicated peer pressure as a significant sexual activity predictor, while on the contrary, sexually inducing drugs and alcohol have been identified as factors which may encourage unintended sexual activities (UNICEF, 2001; Leonard, 2005).

Other factors associated with premarital sex include number of siblings, possession of future partner by teens, literacy, urban residents, religion, the breakdown of traditional family system, influence of mass media, curiosity, peer influence, expectation of gift and money, force, a measure of friction between respondent's parents, living arrangements and school location, incomplete, inadequate and unappreciated feelings; gender, substance use and staying with



single parents (Kiragu and Zabin, 1995; Zanel, 1998; Blanc and Way, 1998; Djamba, 2003; Ghuman, Huy and Knode, 2006; Lee et al, 2006; Ramesh and Tgotsne, 2009).

In sub-Saharan Africa, investigation of premarital sexual activity tend to merely document levels of sexual activity, numbers and ages of sexual partners, knowledge and use of contraceptives. A few of these studies have attempted to explain the behaviour in a systematic fashion.

In a study of Kenyan population, Kaman, Zulkiffi and Low, (2007) reported that a lot of Kenyans engage in premarital sex and the behaviour is on the increase. In the like manner, Mensch, Clark, Llod and Erulkar (1999) reported from another study conducted in Kenya that a school characterized by girls friendly teachers, and a gender neutral atmosphere and a home containing female role models and the supports of the two parents reduce the risk of premarital sex. Not much has been done on premarital sexual activity in Nigeria particularly in the southwestern part of the country where data for this study was collected. For instances, the last two population censuses (1991 and 2006) conducted in the country contained no information on premarital sex. Four Demographic and Health Surveys have been conducted in Nigeria between 1986 and 2008; none of them contain any information on premarital sexual activities in the country. The percentage of female respondents reporting premarital experience in Africa ranges from 14 in Zimbabwe, 26 in Kenya, 28 in Gambia, 39 in Nigeria, 50 in Guinea and 63 Tunisia (Mensch et al, 1999; Wahare, Kiragu, & Zabin, 1999). The goals of the present effort were to quantify premarital sex behaviour by calculating the proportion of the study population who have had premarital sex and also examine the correlates of premarital sex. A good understanding of this can help to generate policy guidelines that can lead to a reduction in premarital sex and thus avoid the harmful psychological and physical effects of premarital sex.

Methodology

The primary data source for this analysis was a survey conducted in Akure, Ondo State Nigeria between January and August 2009. Ondo state is one of the 36 states of the Federal Republic of Nigeria, and it is situated in the southwestern part of the country with Akure as both the capital city of the state and the headquarter of Akure South Local Government Area. Akure is located about 311kms northeast of Lagos- the former capital city of Nigeria. The city spread over 16km² land areas and the population, according to the 2006 population census is about 353,211 people. Akure as the capital city of Ondo state have more than average of virtually all the indices of modernization.



The survey collects detailed information on individual respondent's sexual, marital and contraceptive behaviour. Measures of premarital sex was constructed by combining measure of age at which the respondents first had vaginal sexual intercourse (if the individual ever had sex), and the age she first married (if she had ever married). Because the topic was particularly sensitive, prior to the development of the instrument, a small scale qualitative study was undertaken in the study location. Five focus groups segregated by age were conducted. This is to enable us understand how best to ask sensitive questions from respondents in order to know the most accurate responses and to understand what form of interview would be most effective in putting the respondents at ease.

Sampling involves a cross sectional design with two stage probabilistic sampling process. Systematic selection of 50 of the 588 Enumeration Areas (EAs) was done, and in each EA, a starting point was randomly selected. Interviewers searched the neighbourhood visiting one of every 10 houses until 50 houses were included. A total number of 2,500 households were selected from 2,500 houses visited. One female member between the age 15 and 49 years were interviewed in each household.

Two interview schedules were used for the survey: the household and individual schedules. The household schedule solicited comprehensive listing of all members of the household from the head of the household. From the household schedule, our eligible primary respondents (women 15-49 years) on whom we administered the individual schedule was identified. In household with more than one person in the defined category, one was randomly selected for the interview. If the prospective respondent was not available for the interview, an appointment was made for a time when the respondents would be available. There were cases where interviewers revisited some households for more than three times.

Interviewers were female with a minimum of secondary school education, previously trained to administer the interview guide. All interviews were undertaken in a private environment as possible and they were conducted in the language of choice of the respondents. The interview guide had earlier been translated into the local Akure dialects and the three major Nigerian languages: Yoruba, Hausa and Ibo languages.

Five percent of interviews were repeated for quality control purposes. Data on all questionnaires were entered twice by different professional, using Epi software V.6.0, which allowed for the comparison between database and the correction of entry mistakes. Data cleaning included consistency verification for all variables. Analysis was done using SPSS Software V.8.0. The result of this study was based on the analysis of 2,500 interviews.



Results

Marriage is universal in the study population; all the respondents were married by age 37 years. The minimum age of marriage was 15 years at which age, less than 1% of the study population was married. The mean age of first sexual intercourse was 16.4 years while the median age of marriage was 24 years. More than eight from every ten respondents had experienced sex before getting married. This is exceedingly alarming and this is higher than recorded rate for selected countries in Africa by Wahare et al in 1999 as indicated in the literature.

Table 1
Percentage distribution of respondents according to variables related to premarital sex experiences.
N=2,500.

	<u>Variables</u>	<u>Percentage</u>
i.	<u>Age of 1st Sexual experience</u>	
	<15	14.24
	15-19	84.00
	20-24	1.76
ii.	<u>Age at 1st marriage</u>	
	<15	-
	15-19	1.28
	20-24	11.60
	25-29	79.84
	30-34	5.52
iii.	<u>Number of sexual partners in the last three months</u>	
	1	59.48
	2	38.44
	2+	2.28
iv.	<u>Contraceptive Knowledge</u>	
	Good	21.36
	Fair	38.60
v.	<u>Contraceptive use in the last sexual intercourse</u>	
	Yes	30.00
	No	70.00
vi.	<u>Perceived risk of acquiring STDs/AIDS</u>	
	Very possible	36.24
	Possible	53.68
	Little possible	10.08



Table 1 indicates the percentage distribution of the respondents according to variables related to premarital sex. From the table, more than eighty percent of the respondents experienced sex before their 20th birthday and by age twenty five virtually all the respondents had had sex. The median age at marriage (24years) is quite high among the study population. This could be linked to the recent increase in female education and the economic hardship which has been ravaging the country since late 1980's; this is preventing many eligible bachelors and available spinsters from actually getting married. About 80% of the study population got married between age 25 and 29 years.

Panel iii of Table 1 contains information on the number of sexual partners in the last three months, about three – fifth of the sample reported only one sexual partner while more than 40% reported more than one sexual partner. Number of sexual partners has been linked to vulnerability to HIV and STDs infections, and it is also a pointer to the spread or multiplier effect of these infections. More so in a society where polygyny (multiple male marriage) rate is very high. Nigerian segment of the 2003 Demographic and Health Survey reported that 36% of married women in the country were in polygynous union.

Contraceptive knowledge and use of the respondents was also evaluated in panel v of Table 1, seventy percent of the respondent did not use any contraceptive in the last sexual intercourse. Knowledge was evaluated by asking the respondents to describe at least two family planning methods other than condom and the description was rated as good, fair and poor. More than 40 percent of the respondent had poor knowledge and about 20 percent gave what can be regarded as a good description. This is an indication of a very poor contraceptive prevalence in the study population. As regarded the perceived risk of acquiring STDs/AIDS, a little over 10% of the respondents still believe it is not possible for them to acquire STDs/AIDS regardless of the number of their sexual partners. This is an indication of absolute ignorance regarding HIV infection.

Age at first intercourse is important in health terms as it places young people into a group exposed to the risk of unintended pregnancies and STDs including HIV/AIDS. It has been documented in literature (Kaestle, Halpern, Miller & Ford, 2005) that younger age at first intercourse were associated with higher odds of STI's in comparison with older ages. The above necessitated the analysis of premarital sexual intercourse in relation to selected socioeconomic variables and age. Hence, Table 2 presents the percentage distribution of respondents according to selected socioeconomic variables and age.

**Table 2**

Percentage distribution of respondents according to selected socioeconomic variables and age. N = 2,500

Social Var. / Age	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Education								
No formal Education	-	6.08	2.12	3.60	3.48	28.60	28.60	9.48
Primary	25.0	40.8	44.28	40.48	51.48	42.80	48.60	43.48
Secondary	75.0	32.72	27.80	32.08	31.00	20.40	14.23	28.00
Post secondary	-	20.40	25.8	23.84	14.04	8.20	8.52	19.04
Marital Status								
Single	32.80	26.40	17.76	12.80	10.12	4.00	0.56	2.56
Married	63.08	63.28	66.04	49.60	27.96	37.88	49.92	40.08
Divorced	1.60	3.36	3.68	2.80	2.72	2.48	1.60	1.28
Separated	1.00	3.84	5.32	16.80	31.84	27.64	19.20	27.60
Widow	1.52	3.12	7.20	18.00	27.36	28.00	28.72	28.48
Monthly Income								
< #10,000	-	29.08	23.40	21.00	28.20	26.80	29.20	25.00
10,000- 19,999	33.32	16.40	24.28	18.60	28.20	22.52	24.60	22.00
20,000- 29,999	66.68	40.00	27.00	27.40	20.52	25.40	18.48	26.92
30,000-39,999	-	9.12	19.04	26.60	12.80	15.44	13.92	18.00
40,000- 49,999	-	3.60	4.48	4.48	7.68	8.48	9.20	6.00
50,000+	-	1.80	1.80	1.60	2.60	1.36	4.60	2.08
Religion								
Christianity	78.40	76.00	75.28	74.40	75.76	75.20	75.84	76.04
Islam	20.60	22.88	23.12	22.72	20.24	20.48	18.52	17.56
Traditional	1.00	1.12	1.60	2.88	4.00	4.32	5.64	6.40

Table 2 shows that age is an important determinant of pre-marital sex, it illustrates that women with varying educational levels reported different premarital sex experiences. Women in the oldest age group and who have secondary education and above were less likely to have experienced pre-marital sex, while their counterparts who had primary education recorded the highest rate of premarital sex. In the youngest age group, women who had secondary education recorded the highest rate of premarital sex.

Married women are more likely than the other marital status group to experience premarital sex. This is evidenced in all the groups; this is closely followed by single women in the 15-24 years age bracket. Those who earn a monthly income that is less than #30,000.00 are more likely than those who earn more to experience premarital sex across all the age groups. The least reported experience of sex before marriage was recorded by respondents who earn a monthly income that is more than #50,000.00 from the 20-49 age group. This is not surprising in a country where the minimum wage payable to civil servants is #7,500.00 and a lot of private



organizations and the state government pay far less. Christians are more likely to experience premarital sex than the other two religious categories in all the age groups and the highest rate was recorded by the youngest age group. The adherents of traditional religion in the youngest age group recorded the least level of premarital sex.

In furtherance of the analysis, a regression analysis was undertaken to evaluate the net effect of the identified correlates in the literature of premarital sex. The analysis was limited to selected variables-those that have been identified to cut across different culture. The result is presented in Table 3.

Table 3
Logistic regression model of respondent's experience of premarital sex by socioeconomic characteristics.
N= 2,500

	Variable	Odd ratio	P- Value
i.	Age (Time varying) (Omitted = <15)		
	15-19	4.01***	0.023
	20-25	1.88	0.624
ii.	Puberty (Time varying) (Omitted = No)		
	Yes	12.31 ***	0.000
iii.	Mothers Education (Omitted = No formal education)		
	Primary	1.45	0.198
	Secondary	0.69	0.458
	Post secondary	1.11	0.341
iv.	Lived in female headed household (Omitted = No)		
	Yes	0.63+	0.056
v.	Lived with both parents (Omitted = No)		
	Yes	0.41+	0.058
vi.	Age at marriage (Omitted <15 years)		
	15-19	1.99***	0.134
	20-24	2.22**	0.167
	25+	3.72 *	0.349
vi.	Religion (Omitted – Islam)		
	Christianity	0.62*	0.309
vii.	Household Possessions Index	0.93	0.258
	Missing	0.56	0.587

P<0.20; + P<0.10; * P < 0.01; *** P<0.001



Table 3 present the results of the logistic regression model of respondent's experience of premarital sex including some selected background variables. As a recapitulation, measures of premarital sex was constructed by combining measure of age at which the respondents first had vaginal sexual intercourse (if the individual ever had sex), and the age she first married (if she had ever married). Apparently from the table, the three variables that have large effects on premarital sex are the time varying variables of age, puberty and age at marriage. The odds of the women experiencing sex are much greater with the advancement in age before marriage. Those who married after the age of 25years are about 3.72 times more likely to have experienced premarital sex than those who married under 15years of age. And respondents between 15-19 years age group are about 4.01 more likely to have experienced premarital sex than respondents less than 15years of age. Other variables that are significant, although at different levels are religion, respondents who grew up in female headed household and those who lived with both parents.

Respondents who grew up with both parents are less likely to experience premarital sex, perhaps because they are monitored more closely. In alignment with this finding, Upchurch, Storm, Sucaf and Aneshensal (1998) reported that teens that grew up in two-parent's families are more likely to delay sexual activity and the use of contraceptives. He went further that in single-parent's families, the absence of a second adult may contribute to the parent's difficulty in monitoring and controlling a teenager's activity. On the same note, respondents who lived in female headed households are also less likely to have had sex before marriage. This may be due to the fact that the presence of a female authority whose voice counts in the household is a deterrent to engaging in sex (Mensch et. al, 1999).

Discussion and Conclusion

The result of the analysis indicates that premarital sex is a highly normative behaviour in the study area. Almost all the respondents had sexual intercourse before getting married. This not surprising because the analysis also revealed that majority of the women marry in their mid-to-late twenties. Indeed, not only that premarital sex is nearly universal by age 20 but it is also common at much younger ages. The proportion of the women who had experienced premarital sex in the study population was 82.7%. The level is higher than the 39.0 estimated for Nigeria by Wahare et al (1999), and it is also higher compared with those of other countries for which documentary evidences were available. For example, 14% was recorded for Zimbabwe, 26% for Kenya, 28% for Gambia, 50% for Guinea and 63% for Tunisia (Wahare et al, 1999).



On a comparative note, 14.24% of the respondents in this analysis had sex before age 15 years while one-fifth in the same age bracket have had sex according to the National Demographic and Health Survey (NDHS) conducted in the country in 2003 (the breakdown of the 2008 DHS in Nigeria was not available at the time of writing this report). The percentage which has had sex in the present analysis is higher compared to the previous estimation in the western world. World Health Organization (2001) estimated 15% for Thailand, 33% for Brazil, 60% for Great Britain and 50% for USA as percentages of adolescents aged 15-19 years who had had sex.

The permissiveness of modern society, however, appeared to have contributed to the increase in premarital sex in the urban area of Nigeria (Alo, 2008). Modernization of the administrative centres which came into being with Nigerian's independence altered many of the sociocultural practices that existed prior to independence. The indices of modernization in reference include among other; urbanization, increased female schooling, improvement in transportation, breakdown of the traditional norms and practices etc. Sex before independence in Nigeria was limited to marriage, modernization brought into fore prostitution, exchange of sex for money and pre marital sex. In the present analysis all the respondents have had sex before their 25th birthday. This is consistent with National Demographic and Health Survey [NDHS] (2003) where it was reported that by age 25years almost all the respondents ($9/10$) have had sex, while a recent study in USA (Finer, 2007) reported that premarital sex is nearly universal in the country by age 30 years. Marriage is universal in the study population, the last of the respondents married at age 37 years, in fact, four out of every five respondents were married before age 30 years. The median age of marriage was 24 years. This is quite higher than the NDHS (2003) estimates of 16.6 years. This increase, as stated earlier, may be partly attributed to the economic hardship in Nigeria and the increasing level of female education which have shot up the age at marriage. Another reason for this could be the high rate of unemployment in the country. Most young people complete their university education at the age of 23 or 24 years, and several years after; they are unable to secure a paid employment, which is always the first priority especially for young men before marriage.

Polygyny which is the marriage of one man to more than one woman is a common phenomenon in most Nigerian society. On the contrary, polyandry – the marriage of one woman to more than one man is an anathema (Alo, 2008). The high percentage of 40.72 recorded for multiple sex partners (by women) in this analysis is suspected to have emanated from extra-marital affairs. From Table 2, only 2.6% of the sample was single. This finding has great implications for the spread of STI's (including HIV) in the country.

On a surprising note, contraceptive knowledge is still very low, only 21.33% of the sample can give a good description of any two contraceptive methods other than condom. The



proportion that used contraceptive in the last sexual intercourse was less than $\frac{1}{3}$ of the sample. This is contrary to the NDHS (2003) report which claims that 79% of women age 45-49 years knows at least one method of family planning and 77% know a modern method. The report went further that 29% ever use contraceptives while 13% were currently using contraceptives at the time of the survey. These contrasting positions may be attributed to the exclusion of condom from the present analysis. However, a further investigation is recommended. If the percentage is this low is in an urban area in the present analysis, a lower percentage is expected from the rural area.

The important factor of age in premarital sex was revealed in this study. The increase in age at marriage occasioned by the phenomena of female schooling and the economic difficulty has created a situation where young girls are sexually active as singles for extensive periods. Contrary to the analysis of Mehmet (2006) in Turkey, where he reported mother's education as a determinant of premarital sex was not supported by this analysis. Although mother's education shows some correlation with premarital sex in the analysis, it was not significant at any level.

The freedom that is associated with modernization which is the norm in Nigeria urban society has made premarital sex an 'ordinary' issue. Effort therefore should be geared towards avoiding the negative consequences of premarital sex. Young people should be able to make informed choices in regard to their sexuality. They should be empowered to make informed decisions that they find most suitable to their situation. With a comprehensive sexual education Nigerian can begin to tackle problems of unintended pregnancies, HIV/AIDS and STIs.

Multitude of sexual messages are received by young people on a daily basis from the television, newspaper, and peers, it is important that this young people are able to see through this messages. The media should create an open dialogue on sex education; they should be very supportive of sex education through positive coverage and treatment of the subject of sex. This is imperative because sex education can be used to combats the negative consequence associated with pre-marital sex.

However, the delay of the onset of sexual activity can be achieved by increasing the importance of family structure in Nigeria, and the importance attached to virginity before marriage. Sex education should not only be inculcated into the school's curriculum from primary to tertiary levels, parents should be encouraged to openly discuss the important topic of sex with their children. This will prevent the unguided and dangerous information they get from peers and the media.



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Notes

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