

Variables Influencing Premarital Sex among Secondary School Adolescents in Anambra State, Nigeria

Jane Obiageli Anene¹, Ezenduka Pauline Ojinaka² and Elkenah Chubike Ndie^{3*}

¹Department of Health, Anambra State Local Government Service commission, Awke Anambra State, Nigeria

²Department of Nursing, Nnamdi Azikiwe University, Nnewi Campus Anambra State, Nigeria

³Department of Nursing Science, Ebonyi State University, Abakaliki, Nigeria

Abstract

This study was conducted to determine the prevalence and variables influencing pre-marital sex among secondary school adolescents in Anambra State of Nigeria. A cross-sectional descriptive study was conducted among secondary school adolescents in Anambra State. Data was collected using a pre-tested, structured, self-administered questionnaire. Respondents were selected using a multistage sampling technique. The instrument used for data collection in the study was the Secondary School Student Sex Variables Questionnaire (SSSVQ) which was constructed by the researcher. A total of 955 respondents were surveyed. More than half of the respondents (54.8%) are aged between 14 and 17 years of age. The prevalence of pre-marital sex among the respondents was 66.6%. Among the 636 respondents who have had pre-marital sex, 500 (78.6%) were males, while 136 (21.4%) were females ($X^2=0.010$, $df=1$, $p=0.010$). It was concluded that the incidence of pre-marital sex among secondary school adolescents is high. It was recommended that Nurses who are in charge of school health clinics should counsel the adolescents on the dangers of pre-marital sex and also provide them with skills to be able to take the right decisions and parents and guardians should re-examine and sharpen their parenting skills with a view to instilling the desired strong moral and disciplinary attitudes in the youths.

Keywords: Variables; Pre-marital sex; Adolescence; Secondary schools

Introduction

Adolescence has been defined by several authorities in several ways. Wikipedia [1] the online dictionary explains that Adolescence (from Latin *adolescere*, meaning “to grow up”) is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood (age of majority). It further explains that the period of adolescence is most closely associated with the teenage, though its physical, psychological and cultural expressions may begin earlier and end later. Adolescence can be considered the transitional stage from childhood to adulthood [2]. It can be a time of both disorientation and discovery. The transitional period can bring up issues of independence and self-identity; many adolescents and their peers face tough choices regarding schoolwork, sexuality, drugs, alcohol and social life. Peer groups, romantic interests and external appearance tend to naturally increase in importance for some time during a teen’s journey toward adulthood. According to the World Health Organisation (WHO), adolescence is the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 [3]. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy. Biological processes drive many aspects of this growth and development, with the onset of puberty marking the passage from childhood to adolescence. The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures and socioeconomic situations. This period has seen many changes over the past century namely the earlier onset of puberty, later age of marriage, urbanization, global communication and changing sexual attitudes and behaviours.

The process of adolescence is a period of preparation for adulthood during which time several key developmental experiences occur. Besides physical and sexual maturation, these experiences include movement toward social and economic independence and development of identity, the acquisition of skills needed to carry out adult relationships and roles

and the capacity for abstract reasoning. While adolescence is a time of tremendous growth and potential, it is also a time of considerable risk during which social contexts exert powerful influences. Many adolescents face pressures to use alcohol, cigarettes, or other drugs and to initiate sexual relationships at earlier ages, putting themselves at high risk for intentional and unintentional injuries, unintended pregnancies and infection from sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV). Many also experience a wide range of adjustment and mental health problems. Behaviour patterns that are established during this process, such as drug use or non-use and sexual risk taking or protection, can have long-lasting positive and negative effects on future health and well-being. As a result, during this process, adults have unique opportunities to influence young people.

Premarital sex is sexual activity practiced by people who are unmarried [4]. Historically, premarital sex was considered a moral issue which was taboo in many cultures and considered a sin by a number of religions, but since about the 1960s, it has become more widely accepted, especially in Western countries. The terms premarital sex have been suggested, including non-marital sex (which overlaps with adultery), youthful sex, adolescent sex and young-adult sex. In some cultures, for example in many modern-day Western cultures, many people do not hold value in sexual abstinence before marriage. In a study conducted in the United States, 61% of men and 12% of women born prior to 1910 admitted to having premarital sex; the gender

***Corresponding author:** Elkenah Chubike Ndie, Ph.D, Associate Professor, Ebonyi State University, Enugu, Enugu State, Nigeria, Tel: 2347066789961; E-mail: chubike05@yahoo.com

Received August 22, 2017; **Accepted** September 04, 2017; **Published** September 11, 2017

Citation: Anene JO, Ojinaka EP, Ndie EC (2017) Variables Influencing Premarital Sex among Secondary School Adolescents in Anambra State, Nigeria. J Comm Pub Health Nursing 3: 194. doi:10.4172/2471-9846.1000194

Copyright: © 2017 Anene JO, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

disparity may have been caused by cultural double standards regarding the admission of sexual activity or by men frequenting prostitutes [4]. According to a 2001 UNICEF survey, in 10 out of 12 developed nations with available data, more than two-thirds of young people have had sexual intercourse while still in their teens. In Denmark, Finland, Germany, Iceland, Norway, the United Kingdom and the United States, the proportion is over 80%. In Australia, the United Kingdom and the United States, approximately 25% of 15 year old and 50% of 17 year old have had sex [5]. In a 2005 Kaiser Family Foundation study of US teenagers, 29% of teens reported feeling pressure to have sex, 33% of sexually active teens reported „being in a relationship where they felt things were moving too fast sexually“ and 24% had „done something sexual they didn't really want to do“ [6].

Adolescence is considered to be the period between 13-19 years of age. This is the group that is mostly seen in our secondary schools, hence the group under study. During this stage, he/she experiences not only physical growth but also other body changes, like emotional, psychological, social, mental changes and growth [7]. The WHO agreed that adolescents are seen within age groups of 10-19 years [8]. According to Chauhan et al. [9] the physical attributes at this stage of life include noticeable growth spurt, development of reproductive organs, appearance of secondary sex characteristics, marked voice changes, broadening shoulders and hips.

The implications of premarital sex for both boys and girls were found to have serious effects. The boys are exposed to early fatherhood, which could imply end of academic career or vocational training, poverty and being encumbered with the burden of providing for the mother and the unplanned child. The female adolescents can experience unplanned unwanted pregnancy, unsafe abortion that can lead to infertility or even death in extreme cases, sexually transmitted infections (STIs), Human Immunodeficiency Virus (HIV) infections, dangers of dropping out of school, early and unplanned marriage which can lead to lifelong unhappiness, increased risk of pregnancy induced hypertension anaemia, obstructed labour and death [10]. The fetus is prone to be delivered preterm, small for date and risk of prenatal death among others [10,11].

These adolescent secondary school students, at this period of their study, are not yet knowledgeable about sex and its complications. No information available to them from school curriculum, from school teachers or parents or even church leaders. The only available information on sex for them is from their peers who are not well informed. The question then remains, what is the prevalence of premarital sex among secondary school adolescents in Anambra State, Nigeria: their reasons for involvement in premarital sex, their sources of information and knowledge of the consequences of the practice.

The study aimed at determining the effect of some socio-demographic characteristics (class of study, family size, gender, place of residence, type of school) on the students' involvement in premarital sex.

Methods

The research design adopted in this study is the cross-sectional descriptive survey design. The area of this study is Anambra State of Nigeria. The State comprises of 21 LGAs, 3 senatorial zones, 6 education zones and 177 communities, with the capital at Awka. The State has a population of about 4,055,048 people according to 2006 census with 405,504 as children and 1,013,762 as adolescents. The target population of the study comprises of unmarried secondary school students in

Anambra. There are all together 428 secondary schools in the State. The estimated population of students in all the schools based on the Ministry of Education records (2012) was 226, 106. These 226, 106 secondary school students formed the population for the study. The spread of the target population was based on education zone, location, category of school, type of school and sex.

Ethical approval was sought and obtained from Ministry of education Awka and permission from all the Principals of secondary school whose students participated in the study. The students were also requested to give individual consent after explaining the nature of the study.

The study sample consisted of 955 students drawn from the study population. This sample size was calculated using the Krejcie and Morgan sample size table [12]. In the Krejcie and Morgan Sample size table, populations of 100,000 require a minimum sample size of 384. There are 226,106 secondary students in Anambra state. So I applied the formula: $384/100,000 \times 226,106 = 868$.

The calculated minimum sample size was 868.

Multi staged sampling technique was used to select the sample for the study. In the first stage, the schools were listed based on the existing six (6) education zones in Anambra State which are Aguata, Awka, Nnewi, Ogidi, Onitsha and Otuocha zones. Convenience sampling method was used to select three education zones namely Awka, Nnewi and Ogidi zones.

In the selected schools, students were stratified into classes and by this process one class/stream of JSS 111 and one class/stream of SS 1-3 were selected from each of the single gender boys, single gender girls and co-educational secondary schools. The sample for the study consisted of respondents made up of 152 girls from single gender secondary school and 260 girls from co-educational secondary schools giving a total of 412 girls. The same principle was employed for the boys and 190 were selected from single gender schools and 353 from co-educational schools giving a total of 543 boys and a grand total of 955 secondary school adolescents.

The instrument used for data collection in the study was the Secondary School Students Sex Variables Questionnaire (SSSVQ) which was constructed by the researcher. The instrument has two sections. Section A sought information from the respondents about their personal background such as their class, sex, age, location, religious denomination, number of children in their families and parents' relationships. Other attributes required in the section were; age at onset of puberty. Section B contains items designed to measure the respondents' degree of involvement in premarital sex. The response options were as indicated in the Likert scale as follows: very high extent; high extent; moderate extent; little extent and very little extent. It also covered the prevalence of pre-marital sex among adolescents. The instrument was validated by three lecturers that are specialized on test construction.

The instrument was pre-tested on 20 secondary schools adolescents (respondents) from an educational zone not included in the study but has same characteristics set up as the area of study. In order to establish the reliability of the instrument, split-half method was employed. The correlation coefficient obtained was 0.73. Spearman Brown correction was applied and the correlation obtained was 0.97. Data collection was generally done during school recreation to avoid interruption of school programme. On the agreed date for each school, the subjects were assembled and the researcher after introducing self-informed them of the purpose of the study.

Data was analyzed using IBM SPSS Version 20 software for data analysis. Frequencies and percentages were determined. Appropriate tests of statistical significance such as chi square test and logistic regression were applied to test for associations. Statistical significance was set at $p < 0.05$.

Results

Table 1 shows the distribution of subjects according to their socio-

Variable	Frequency	Percentage	Mean	SD
Age (years)				
10-13	131	13.7	14.5	2.1
14-17	523	54.8		
≥ 18	301	31.5		
Total	955	100.0		
Gender				
Male	543	56.9		
Female	412	43.1		
Total	955	100.0		
Age of onset of puberty (years)				
9-10	187	19.6		
12-14	723	75.7		
≥ 15	45	4.7		
Total	955	100.0		
Class				
SS3	229	24		
SS2	249	26.1		
SS1	311	32.5		
JS3	166	17.4		
Total	955	100.0		
Location				
Urban	509	53.3		
Rural	446	46.7		
Total	955	100.0		
Religious Denomination				
Catholic	457	47.9		
Orthodox protestant	343	35.9		
Pentecostal protestant	104	10.9		
Muslim	51	5.3		
Total	955	100.0		
Number of children in the family				
1-3	270	28.3		
4-7	478	50.0		
≥ 8	207	21.7		
Total	955	100.0		
Nature of school				
Private	426	44.6		
Public	529	55.4		
Total	955	100.0		
Type of school				
Single gender	342	35.8		
Co-educational	613	64.2		
Parent's marital relationship				
Intact marriage	746	78.1		
Separated	66	6.9		
Divorced	33	3.5		
One/both of them is/are dead	66	6.9		
Single parenthood	44	4.6		
Total	955	100.0		

Table 1: Distribution of the respondents according to socio-demographic variables.

demographic variables. More than half of the respondents (54.8%) are aged between 14 and 17 years of age. Males constituted 56.9% of all the respondents while the rest were females. Seventy five percent of the students attained their puberty at age group 12-14 years, while 4.7% attained it at >15 years of age. The SSS1 respondents made up the largest proportion of the subjects (32.5%) while the JSS 3 class constitutes the least proportion (17.4%). The urban respondents were 53.3% as opposed to the students in rural areas who made up 46.7% of total. Majority of the respondents were Catholics (47.9%). This is followed by Orthodox Protestants (35.9%), Pentecostal Protestants (10.9%) while the Muslims made up 5.3% of respondents. Half of the respondents (50%) have 4-7 children in the family, 28.3% has 1-3 siblings while 21.7% has ≥ 8 children. Whereas 55.4% of the secondary school adolescents attend public schools, 44.6% attend private schools. Also 64.2% are in mixed/co-educational institutions while 35.8% are in single gender institutions. Majority (78.1%) of the secondary school adolescents are products of intact marriages, the parents of 6.9% of respondents are separated while another 6.9% has one or both parents deceased. Moreover 4.6% of the students are products of single parenthood while 3.5% said their parents were divorced.

The Table 2 shows that among the 636 respondents who have had pre-marital sex, 500 (78.6%) were males, while 136 (21.4%) were females. This difference was statistically significant ($X^2=0.010$, $df=1$, $p=0.010$). This shows that gender has an effect on pre-marital sex.

Table 3 shows the effect of class of study on pre-marital. Out of the 636 respondents that have had pre-marital sex, 200 (31.5%) were in SS3, 203 (31.9%) were in SS2, 170 (26.7%) were in SS1 and 63 (9.9%) were in JS3. This difference was statistically significant ($X^2=10.500$, $df=3$, $p=0.030$). This shows that there was a statistically significant association between class of study and pre-marital sex.

Table 4 shows the effect of age on pre-marital sex. Out of the 636 respondents that have had pre-marital sex. Out of the 636 respondents that have had pre-marital sex, 350 (55.0%) were in the 14-17 years age bracket, 200 (31.5%) were in the ≥ 18 years age bracket and 86 (13.5%)

Gender	Pre-marital sex			X^2	Df	p-value
	Yes N (%)	No N (%)	Total N (%)			
Male	500 (78.6)	43 (13.5)	543 (56.9)	21.256	1	0.010
Female	136 (21.4)	276 (86.5)	412 (43.1)			
Total	636 (100.0)	319 (100.0)	955 (100.0)			

Table 2: Effect of gender on the prevalence of pre-marital sex.

Class of Study	Pre-marital sex			X^2	Df	p-value
	Yes N (%)	No N (%)	Total N (%)			
SS3	200 (31.5)	29 (9.1)	229 (24.0)	10.500	3	0.030
SS2	203 (31.9)	46 (14.4)	249 (26.0)			
SS1	170 (27.0)	141 (44.2)	311 (32.6)			
JS3	63 (9.9)	103 (32.2)	166 (17.4)			
Total	636 (100.0)	319 (100.0)	955 (100.0)			

Table 3: The effect of class of study on pre-marital sex.

Age (years)	Pre-marital sex			X^2	Df	p-value
	Yes N (%)	No N (%)	Total N (%)			
10-13	86 (13.5)	45 (14.1)	131 (13.7)	6.020	2	0.041
14-17	350 (55.0)	173 (54.2)	523 (54.8)			
≥ 18	200 (31.5)	101 (31.7)	301 (31.5)			
Total	636 (100.0)	319 (100.0)	955 (100.0)			

Table 4: The effect of age on pre-marital sex.

were in the 10-13 years age bracket. This difference was statistically significant ($X^2=6.020$, $df=2$, $p=0.040$). This shows that age has an effect on pre-marital sex.

Table 5 shows the effect of family size on pre-marital sex. Out of the 636 respondents that have had pre-marital sex, 56 (8.8%) had 1-3 siblings, 400 (62.9%) had 4-7 siblings while 180 (28.3%) had ≥ 8 siblings. This difference was statistically significant ($X^2=7.030$, $df=2$, $p=0.040$). This shows that family size had an effect on pre-marital sex.

Table 6 shows the effect of location on pre-marital sex. Out of the 636 respondents that have had pre-marital sex. Out of the 636 respondents that have had pre-marital sex, 410 (64.5%) were in the urban area, while 226 (35.5%) were in the rural area. This difference was statistically significant ($X^2=9.9196$, $df=1$, $p=0.027$). This shows that location has an effect on pre-marital sex.

Table 7 shows the effect of type of school on pre-marital. Out of the 636 respondents that have had pre-marital sex, 310 (48.7%) were in private schools, while 326 (51.3%) were in public schools. This difference was not statistically significant ($X^2=1.147$, $df=1$, $p=0.887$). This shows that type of school had no effect on pre-marital sex.

Table 8 shows the effect of the view of respondents on sex education

Family size	Pre-marital sex			X^2	Df	p-value
	Yes N (%)	No N (%)	Total N (%)			
1-3	56 (8.8)	214 (67.0)	270 (28.3)	7.030	2	0.040
4-7	400 (62.9)	78 (24.5)	478 (50.0)			
≥ 8	180 (28.3)	27 (8.5)	207 (21.7)			
Total	636 (100.0)	319 (100.0)	955 (100.0)			

Table 5: The effect of family size on pre-marital sex.

Location	Pre-marital sex			X^2	Df	p-value
	Yes N (%)	No N (%)	Total N (%)			
Urban	410 (64.5)	99 (31.0)	509 (53.3)	9.196	1	0.027
Rural	226 (35.5)	220 (69.0)	446 (46.7)			
Total	636 (100.0)	319 (100.0)	955 (100.0)			

Table 6: The effect of location (place of residence) on pre-marital sex.

Type of school	Pre-marital sex			X^2	Df	p-value
	Yes N (%)	No N (%)	Total N (%)			
Private	310 (48.7)	116 (36.4)	426 (44.6)	1.147	1	0.887
Public	326 (51.3)	203 (63.6)	529 (55.4)			
Total	636 (100.0)	319 (100.0)	955 (100.0)			

Table 7: The effect of type of school on pre-marital sex.

View of respondents on exposure to sex education	Pre-marital sex			X^2	Df	p-value
	Yes N (%)	No N (%)	Total N (%)			
VHE	133 (20.9)	110 (34.5)	243 (25.4)	5.484	4	0.064
HE	130 (20.4)	28 (8.8)	158 (16.5)			
ME	127 (20.0)	30 (9.4)	157 (16.4)			
LE	126 (19.8)	58 (18.2)	184 (19.3)			
VLE	120 (18.9)	93 (29.1)	213 (22.3)			
Total	636 (100.0)	319 (100.0)	955 (100.0)			

Table 8: Effect of view of respondents on sex education on the prevalence of pre-marital sex.

Variables	Engagement in pre-marital sex		
	Odds Ratio	95% Confidence Interval	p-value
Gender			
Male	2.431	1.705-3.465	0.000
Female	1.000		
Class of Study			
\geq SS2	3.257	2.385-4.450	0.000
\leq SS1	1.000		
Age			
≥ 14 years	2.908	2.153-3.928	0.000
≤ 13 years	1.000		
Family size			
≥ 4 children	4.139	2.945-5.817	0.010
≤ 3 children	1.000		
Location			
Urban	2.000	1.180-2.143	0.002
Rural	1.000		

Table 9: Adjusted odds ratio for predictors of engagement in pre-marital sex.

on the prevalence of pre-marital sex. Out of the 636 respondents who have had pre-marital sex, 133 (20.9%) had VHE of influence on pre-marital sex, 130 (20.4%) reported HE, 127 (20.0%) reported ME, 126 (19.8%) reported LE, while 120 (18.9%) reported VLE. This difference was statistically significant ($X^2=5.484$, $df=4$, $p=0.064$). This shows that the views of the respondents on the influence of sex education on pre-marital sex, had no effect on their pre-marital sex status.

Table 9 shows the adjusted odds ratios for predictors of engagement in pre-marital sex. Note that adjusted odds ratios were obtained for only variables that were significant before adjustment. Hence variables that were not represented in the adjusted odds ratios were not significant pre-adjustment (they include "Type of school" and "The view of the respondents on the influence of sex education on pre-marital sex").

Table 4 shows that male respondents were twice more likely to engage in pre-marital sex than the female respondents and this was statistically significant [OR: 2.431, (95% CI: 1.705-3.465), $p=0.000$]. Respondents that were in Senior Secondary 2 and above (\geq SS2) were 3 times more likely to engage in pre-marital sex than those that were in Senior Secondary 1 and below (\leq SS1) and this was statistically significant [OR: 3.257, (95% CI: 2.385-4.450), $p=0.000$]. Respondents that were 14 years or older (≥ 14 years) were twice more likely to engage in pre-marital than those that were 13 years or younger (≤ 13 years) and this was statistically significant [OR: 2.908, (CI: 2.153-3.928), $p=0.000$]. Respondents that were from families with 4 or more children (≥ 4 children) were 4 times more likely than those from families with 3 or less children (≤ 3 children) to engage in pre-marital sex and it was statistically significant [OR: 4.139, (CI: 2.945-5.817), $p=0.010$]. Respondents who live in the urban areas were twice more likely to engage in pre-marital sex than respondents who live in the rural areas [OR: 2.000, (CI: 1.180-2.143) $p=0.002$]. Respondents who had "medium extent exposure to mass media or more" (\geq ME) were 3 times more likely to engage in pre-marital sex than those who had "low extent exposure to mass media or less" (\leq LE) [OR: 3.153, (CI: 2.270-4.380)]. Respondents who had "medium extent exposure to peer pressure or more" (\geq ME) were twice more likely to engage in pre-marital sex than those who had "low extent exposure or less" (\leq LE) [OR: 2.240, (CI: 1.601-3.134), $p=0.030$].

Discussion

The prevalence of pre-marital sex in this study was 66.6%. This

is higher than the prevalence (14.9%) reported among school going adolescents in Coast Province, Kenya [13]. Similarly in Thailand, the prevalence was 11.0%. Boyd [14] reported that in spite of the vigorous campaign against indiscriminate sexual activities as well as the cultural values attached to sex after marriage, people particularly adolescents, 14-17 years have continued to intensify their interest in pre-marital sexual activities; premarital sexual intercourse is common and appears to be on the rise in all regions of the world [14]. The result is also similar to what was found in an African study by World Health Organization in 2000. They observed that premarital sexual activity is higher in sub-Saharan Africa than in other regions and that 45% of females and 73% of males aged less than 19 years have had premarital sexual intercourse. Similarly, in Nigeria, Meeker [15] reported that the median age for first sexual experience in Ondo State was 16 years. It is also akin to findings by Orubuloye, Caldwell who reported further that in Ekiti state, around 90% males, 97% of urban females and 64% of rural females have had sexual relationship while unmarried. These opinions and findings in support of and pointing towards very high prevalence of premarital sex among adolescents especially in sub-Saharan Africa, serves as a clarion call to all parents, guardians and adults to seriously re-examine and sharpen their parenting skills with a view to instilling the desired strong moral and disciplinary attitudes in the adolescents.

Some socio-demographic characteristics were found to have effect on pre-marital sex. The males were twice more likely compared with the females to engage in pre-marital sex [OR: 2.431, (95% CI: 1.705-3.465), $p=0.000$]. This is similar to the situation in Thailand [OR: 1.66, (95% CI: 1.14-2.42)]. Gender of the student had been considered by many researchers as being a factor influencing the extent of involvement in premarital sex by adolescents. Amporns reported in a study in Cambodia, that although 22% of the females had any form of sexual experience, the sexual encounters had been with their boyfriends. However, the males were less likely to have their first sexual experience with their partners, even though a high proportion (about 42%) had their first sexual experience with girlfriend, another 40% had theirs with commercial sex workers. Furthermore, gender is an important factor in understanding premarital sexual attitudes and behaviors. Several studies [16,17] indicate that males are more likely to initiate sexual intercourse and have more permissive perceptions about sex than females. Yet few studies have explored possible reasons for these gender differences. With samples of unmarried adolescents in three Asian cities influenced by Confucian cultures, this article investigated the relationship between underlying gender norms and these differences in adolescents' premarital sexual permissiveness (PSP). In this study the older respondents (≥ 14 years) were twice more likely to engage in pre-marital sex than the younger respondents (≤ 13 years) [OR: 2.908, (95% CI: 2.153-3.928), $p=0.000$]. Similarly in Thailand the older aged respondents (≥ 15 years) were twice more likely to engage in pre-marital sex compared with the younger respondents [OR: 2.60, (95% CI: 1.80-3.74)].

This study also revealed that large family size had an effect on pre-marital sex. Respondents from families with ≥ 4 Children were four times more likely to engage in pre-marital sex compared with those from families with ≤ 3 children. [OR: 4.139, (95% CI: 2.945-5.817), $p=0.010$]. This is in agreement with the hypothesis put forward by Wu and Martinson [18] to the effect that there could be a relationship between family size and personality, emotional and social development, less interaction between siblings, parental supervision and manner in which resources are allocated. This has been corroborated by studies by Nye et al. in [19], which have shown an increased relationship between family size and such variables as family affection, emotional adjustment

of children, intelligence and achievement. Greater number of children, according to Obi [20] had the potential for increasing parental frustrations in dealing with the complexities of individual personality needs, the variety of role definition and their day-to-day demand and pressure of family life. An increase in the size of the family increases the complexity of intra-group relations and poses new problems in the fulfilment of individual family needs [19]. Obi [20] explained that the time and patience needed to explain rules were no doubt less available to parents with large families. Thus, according to him, as family size increases, parents tended to rely on strong behavioral control requiring the children to assume a passive role. Obi [20] pointed out further, that when parents adopt strong behavioral control, adolescent might become rebellious and breakaway from the family. This view conformed to that of Teevan [21] who contended that as adolescent's breakaway from parents, they conform to their peers. Conformity with peers, according to Teevan [21] might have impact on the adolescent.

Thus Armstrong and Anarfi [22] reported that adolescent girls' vulnerability to various forms of sexual violence and sexual coercion tended to increase once they live beyond the protection of their families and when they lived under conditions of poverty and conflict. Adolescents, as pointed out by Caldwell et al. who were distant from parental love, acceptance and authority (a consequence of large family size) might seek affection and attention elsewhere, often becoming emotionally dependent on boyfriends and afraid of losing the boys, give in to their demands for sexual intercourse. Gage [23] supporting this view stated that the need for attention, affection and strong emotional relationship might be an important motivation for involvement in premarital sex. This situation according to Berglund et al. was worse for girls who had poor relationship with their parents. Moreover the contribution of large family size to increased incidence of premarital sex among adolescents is further supported by Hogan and Kitagawa who explained that there was positive association between family size and teenage pregnancies because of low resources. In large families where parental resources are inadequate to meet each child's need, the need to survive becomes a driving force behind the adolescent girl's decision to engage in premarital sex [23]. She stated further that adolescent girls are vulnerable to exploitative and coercive sexual practices, especially if the pressure on them to earn income is strong because of their own needs and demands from their parents. In line with the views of Gage [23], WHO [24] and Schoept [25] adolescent girls could enter into sexual relationship with older wealthy men who could take over their financial, school and material needs.

Another socio-demographic variable that had effect on premarital sex was the location of the schools. Adolescents in the urban secondary schools were twice more likely to engage in pre-marital sex compared with their rural counterparts [OR: 2.000, (95% CI: 1.180-2.143), $p=0.002$]. This result is at variance with the finding of Mensch et al. [26] who reported that boys who were post pubescent and attended schools in rural areas were more likely to be sexually experienced. This discrepancy may have arisen because only the male adolescent was considered in the reference study. However the finding of our study is in agreement with that of Moore et al. [27] who saw living in urban slums as disadvantageous and described it as "living in dangerous environment". To them, being such disadvantaged was associated with several factors that could influence teenage sexual and reproductive behaviours and outcomes. He stated that being so disadvantaged was associated with early age at first intercourse. According to him, in the urban slums are brothels, which served as "havens" for adolescent's sexual escapades. He also reported that the vast majority of urban boys were engaged in unprotected sex, even with commercial sex

workers. Moreover Hesketh pointed out that with increasing influence of urbanization in China, traditional attitudes towards sex, marriage and family had changed and pre-marital sex was acceptable. The extent was such that contraceptive tablets and condoms were made available at drug stores and supermarkets. Hesketh even pointed out that “back street” abortion, often seen in many developing countries were being available in China, particularly in urban areas. Jimenez reported that because of urbanization, young males did not give as much value to virginity as they did in the past [28,29].

Limitations of Study

No limitation was encountered in the process of carrying out this study.

Conclusion

It was concluded from the study that age class of study gender and place of residence have significant effect on the student’s involvement in pre-marital sex.

Recommendations

Nurses who are in charge of school health clinics should counsel the adolescents on the dangers of pre-marital sex and also provide them with skills to be able to take the right decisions. Parents and guardians should re-examine and sharpen their parenting skills with a view to instilling the desired strong moral and disciplinary attitudes in the youths. Family planning should be embraced by parents in order to determine or control the number of children they can comfortably cater for.

References

1. Wikipedia (2015) Adolescence.
2. Psychology today (2015) Adolescence.
3. WHO (2015) Adolescent development.
4. Wikipedia. (2015) Premarital sex.
5. UNICEF (2010) A league table of teenage births in Rich Nations.
6. Kaiser Family Foundation (2005) Your resource for health policy information, research and analysis.
7. Jenkins RR (2007) The epidemiology of adolescent health problems. In: Kliegman RM, Behrman RE, Jenson HB, Stanton BF (Eds.) *Nelson textbook of pediatrics*. Philadelphia, Pa: Saunders Elsevier.
8. WHO (2009) Pregnancy and abortion in adolescents. Technical report series, p: 583.
9. Anusiem A (2009) Basic concepts in child psychology. Owerri: Medas-Godik.

10. Ojengbode OA, Otolurin EO, Fabanwo AO (1987) Pregnancy performance of Nigerian women aged 16 years and below, as seen in Ibadan, Nigeria. *Afr J Med Med Sci* 16: 89-95.
11. Aboyeji A (1997) Obstetrics outcome of teenage primigravidae in Ilorin. *Nigerian Med J* 33: 56-59.
12. Krejcie R, Morgan D (1970) Determining sample size for research activities. *Educ Psychol Meas* 30: 607-610.
13. Rudatsikira E, Ogwel A, Siziya S, Muula A (2007) Prevalence of sexual intercourse among school going adolescents in Coast Province, Kenya. *Tanzan Health Res Bull* 9: 159-163.
14. Boyd A (2000) *The world's youth*. Washington D.C: Population Reference Bureau.
15. Meeker D, Calves A (2007) Main girlfriends, marriage and money: The social context of HIV risk behavior in Sub-Saharan Africa. *Health Transit Rev* 7: 315-325.
16. Zuo X (2012) Gender Differences in adolescent premarital sexual permissiveness in three Asian cities: Effects of gender-role attitudes. *J Adolesc Health* 50: S18-S25.
17. Liao PS, Tu SH (2006) Examining the scalability of intimacy permissiveness in Taiwan. *Soc Ind Res* 76: 207-232.
18. Wu L, Martinson BC (2003) Family structure and risk of premarital birth. *Am Sociol Rev* 58: 210-232.
19. Nye FI, Carlson J, Gerald G (2000) Family size, interaction effect and stress. *J Marriage Fam* 32: 216-276.
20. Obi F (2002) Family background and premarital sexuality among secondary school adolescents in Cross River state. University of Calabar.
21. Teevan J (2002) Influence of history of parents on marital and cohabitation experience of children. *Am Sociol* 96: 838-849.
22. Anarfi JK (2007) Vulnerability to sexually transmitted disease: Street children in Accra. *Health Transit Rev* 29: 600-617.
23. Gage AJ (1998) Sexual activity and contraceptive use: the components of the decision making process. *Stud Fam Plann* 29: 154-166.
24. WHO (2013) Sex and youth-misperceptions and risks. *Progress in Reproductive Health Research*.
25. Schoept BC (2009) Women AIDS and economic crises. *Can J Afr Stud* 22: 625-644.
26. Mensch BS, Clark WH, Lloyd CB, Erulkar AS (2009) Premarital sex and school dropout in Kenya: Can schools make a difference? New York: The Population Council.
27. Moore KA, Miller BC, Sugland BW, Morrison OR, Giles DA, et al. (2004) Beginning too soon: Adolescent sexual behavior, pregnancy and parenthood. A review of research and interactions.
28. Jirattikorn A (2003) Suriyothai: Hybridizing Thai National Identity through film. *Inter-Asia Cultural Studies* 4: 296-308.
29. Majassa JA (2006) *Indigenous education for national development*. Ibadan: Onibonjo Press.

Citation: Anene JO, Ojinaka EP, Ndie EC (2017) Variables Influencing Premarital Sex among Secondary School Adolescents in Anambra State, Nigeria. *J Comm Pub Health Nursing* 3: 194. doi:[10.4172/2471-9846.1000194](https://doi.org/10.4172/2471-9846.1000194)

OMICS International: Open Access Publication Benefits & Features

Unique features:

- Increased global visibility of articles through worldwide distribution and indexing
- Showcasing recent research output in a timely and updated manner
- Special issues on the current trends of scientific research

Special features:

- 700+ Open Access Journals
- 50,000+ editorial team
- Rapid review process
- Quality and quick editorial, review and publication processing
- Indexing at major indexing services
- Sharing Option: Social Networking Enabled
- Authors, Reviewers and Editors rewarded with online Scientific Credits
- Better discount for your subsequent articles

Submit your manuscript at: <http://www.omicsgroup.org/journals/submission>