

*Full Length Research Paper*

# Impact of family type on involvement of adolescents in pre-marital sex

Adejumo Gbadebo Olubunmi

Department of Psychology, Covenant University, Ota, Ogun State, Nigeria. E-mail: [adejumod2001@yahoo.com](mailto:adejumod2001@yahoo.com).

Accepted 3 November, 2010

**This study examined the impact of home type on involvement of in-school adolescents in premarital sex in Lagos metropolis, Nigeria. This study adopted a survey research design. Three hundred and sixty-eight students from four secondary schools were randomly selected, 128 (47.8%) were males and 148 (53%) were females. Their ages range from 16 to 19 years with the mean of 18.24 years. Only 186 (69%) have had sexual intercourse and 94 of them had only one sex partner while 92 had more than one sex partner. Two research instruments were developed for this study-attitude towards pre marital sex scale (ATPSS) and parent involvement questionnaire (PIQ). The findings revealed a significant effect of home type in prediction of adolescents' involvement in premarital sex at  $r = 0.569$ ,  $r^2 = 0.347$ ,  $f_{(1,218)} = 56.47$  and  $<0.05$  significant level. There was a significant difference in involvement in premarital sex between adolescents from single parent and intact homes at  $X^2$ -observed = 22.46, 1 degree of freedom and  $p < 0.05$ . It was concluded that parental involvement is paramount in adolescents' premarital sexual behavior. It was recommended that government, religious bodies and individuals should uphold the sacred institution of marriage for wellbeing of our children.**

**Key words:** Premarital sex, adolescents, parental involvement.

## INTRODUCTION

There are many behavioural problems among the adolescents that Nigerian society today has to contend with. Such problems include truancy, disobedience, drug offences, assault, insult, stealing, violent demonstrations, vandalism, examination malpractices, robbery, and secret cult activities (Nnachi, 2003). Apart from these widely publicized behavioural problems, heterosexual activities are also listed among types of behavioural problems prevalent in Nigerian secondary schools. These are variously named in the literature as sex abuse, sex offences, sexual misconduct, sexual immorality, sexual promiscuity, and sexual maladjustment (Odoemelam, 1996; Adedipe, 2000; Ndu, 2000; Nnachi, 2003). The rise in premarital sex in Africa has resulted from a sexual revolution that came with western culture (Scott, 2005). 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).

Children learn the important topic of sex education in negative manners, rather than having proper sex socialization at home or in schools. The school authorities blame parents for children's deviant behaviours, because as the home is the first point of social contact, it is expected to have shaped the adolescents' behaviour (Isangedighi, 2007). Hence, whatever behaviour the adolescents manifest is seen to be a reflection of home upbringing. Okonkwo and Eze (2000) observed that today's situation shows a sharp contrast to the traditional Nigerian societal context in which boys and girls avoided pre-marital sexual experiences for fear of social punishments usually meted out to girls who lost their virginity before marriage.

## Theoretical framework

Theories of child development, which approach the family from the child perspective, are concerned with the flexibility or plasticity of the child at different ages to being moulded by the family, and the relative permanence of

family influences (Kreppner and Lerner, 1989). The development of the child is viewed as following a probabilistic epigenetic course - according to which, biology remains a prime mover but the developmental results depend on reciprocal interaction between biology and the social context, and hence on the probability that biological sensitive points in the child and the social and environmental resources of the family will come together to produce certain outcomes (Lerner, 1989). This approach to the family elaborates theories regarding family factors as determinants of child outcome such as involvement in premarital sex. It includes the investigation of psychological resilience, or why some children thrive in adverse circumstances.

Exploration of family effects often is reduced to the examination of dyadic parent-child interactions, usually focusing on the mother-child dyad, with little attention to family dynamics. This has placed much emphasis on family structure-intact or single parent homes in influencing child developments and behaviours. The type of family affects all forms of child development. Like all forms of human development, sexual development begins at birth. Sexual development includes not only the physical changes that occur as children grow, but also the sexual knowledge and beliefs they come to learn and the behaviours they show. This includes decisions to be involved or otherwise in premarital sex.

Single parenting is a very important social issue that can have significant effects on an adolescent's sexual behaviour. Adolescents who are raised in a single family home are at risk of not reaching their full potential. The family structure, ideally, provides a sense of security and stability that is necessary for children. When there is a breakdown in the family structure, it may have a tremendous impact on a child and their ability to function ordinarily or demonstrate a socially acceptable sexual behaviour. In most situations, the child no longer has two parents to depend on. Therefore they have to rely on one parent to meet most, if not all their needs. With limited finances, time and availability, parents are less likely to provide the adequate support a child needs to perform to the best of their ability. This is not to say, necessarily, that the parent raising them is not providing them with more than adequate love and attention, but rather the single parent model within itself is comprised of many different factors that can affect a child's sexual development.

## Literature review

From Aristotle's early treatises on sexual desire to Sigmund Freud's theories of psychosocial development, adolescent sexuality has been a topic of concern for virtually every generation. As the 21st century unfolds, society will continue to be challenged by adolescent sexual behavior and its consequences. While medical

providers often discuss adolescent sexuality in terms of "risk," it is important to remember that sexuality, sexual behaviours, and sexual relationships are an important and necessary part of human development. Researchers have indicated reasons for current upsurge in rate of premarital sexual behaviour among adolescents. Eaton et al. (2008) reported that young women reach puberty and sexual maturity at earlier ages than ever. Almost one-half of high school youth report having had sexual intercourse, and one-third report being currently sexually active (Mosher et al., 2005). Prevalence of sexual activity increases with age, rising from 33 to 65%.

## Statement of problems

Early sexual debut is known to increase the risks of teenage pregnancy, maternal and perinatal mortality, and sexually transmitted infections (STIs), including HIV. HIV/AIDS prevention campaigns have identified premarital sex behaviour as one of major risky behaviours among youth (Cheluget et al., 2006; Kirungi et al., 2006; Mahomva et al., 2006; Smith, 2004). Comparatively, little is known about what mechanisms shape premarital sex behaviours among youth (Campbell, 2003) and even less in the context of Nigeria.

## METHODOLOGY

### Design

This study adopted a survey research design. Three hundred and sixty-eight students from four secondary schools were randomly selected, 128 (47.8%) were males and 148 (53%) were females. Their ages range from 16 to 19 years with the mean of 18.24 years. Only 186 (69%) have had sexual intercourse and 94 of them had only one sex partner while 92 had more than one sex partner.

### Instrument

Two research instruments were developed for this study: Attitude towards pre marital sex scale (ATPSS) and parent involvement questionnaire (PIQ). "Attitude towards pre marital sex scale has five items. The internal consistency of this scale, Cronbach alpha was 0.79, test-retest of 0.69, convergent validity of 0.49 and discriminant validity of 0.15. The parent involvement questionnaire developed consists 4 items on relationship with children, 4 items on communication with children; 4-ratings were used ranging from very adequate (V A), adequate (A), just adequate (JA) and not adequate (NA); eight items were used in all. In order to ensure content validity of PIQ, it was given to experts in the related field of study, for criticism and suggestions and PIQ yielded Cronbach alpha of 0.79. Guttman Split-half test was used to get the reliability, which was 0.82.

### Hypotheses

1. There is no significant contribution of home type on prediction of adolescents' involvement in premarital sex.
2. There is no significant difference in involvement in premarital sex

**Table 1.** Regression.

Model	Sum of squares	df	Mean of squares	F	Sig
Regression	885844.84	1	885844.84		
Residual	3419683.16	218	15686.62	56.47	0.000
Total	4305528	219			

R = 0.589  
 $R^2 = 0.347$   
Adj.  $R^2 = 0.345$   
Std. error = 6.1216

Predictors: (Constant), home type. Dependent variable: Adolescents' involvement in premarital sex.

**Table 2.** Coefficients.

Model	Unstandardised coefficients		Standardised coefficients	t	Sig.	95% confidence interval for B	
	B	Std. error	Beta			Lower bound	Upper bound
Constant	115.06	8.3427		11.214	0.000	62.14	44.49
Remuneration	4.0214	0.6422	0.5622	7.5244	0.000	0.438	1.03

Dependent variable: Adolescents' involvement in premarital sex.

**Table 3.** Chi-square.

Variations	N	df	$X^2$ -observed	Sig.
Adolescents from single parent home	96	1	22.46	<0.05
Adolescents from intact parent home	124			

between adolescents from single parent and intact homes.

hypothesis was therefore rejected.

## ANALYSIS AND RESULTS

### Hypothesis 1

There is no significant contribution of home type on prediction of adolescents' involvement in premarital sex (Table 1).

The Pearson's correlation between home type and adolescents' involvement in premarital sex is given ( $r = 0.486$ ).  $R$  square = 0.347 which implies that only 34.7% of adolescents' involvement in premarital sex is explained by home type. The table revealed a significant effect of home type in prediction of adolescents' involvement in premarital sex at  $r = 0.569$ ,  $r^2 = 0.347$ ,  $f_{(1,218)} = 56.47$  and  $<0.05$  significant level (Table 2).

Table 1 provides the quantification of the relationship between home type and adolescents' involvement in premarital sex at  $t = 7.5244$  and  $p < 0.05$ . This implies that there is a significant effect of home type in prediction of adolescents' involvement in premarital sex. The first null

### Hypothesis 2

There is no significant difference in involvement in premarital sex between adolescents from single parent and intact homes.

Table 3 revealed a significant difference significant difference in involvement in premarital sex between adolescents from single parent and intact homes at  $X^2$ -observed = 22.46, 1 degree of freedom and  $p < 0.05$ .

## DISCUSSION

Adolescent sexuality is often viewed from a negative perspective that focuses primarily on sexual behaviour and its association with other high-risk behaviours. Youth are sometimes negatively viewed as sex-crazed, hormone-driven individuals who want the perceived independence of adulthood without the responsibility of adulthood.

Observers blame this state of affairs on parents. Basically, the task of educating children, especially adolescents, about sex is seen as the responsibility of parents. The traditional Nigerian society, however, is quite conservative on matters of sex. Consequently, parent-child discussion on sexual matters is beclouded by parental inhibitions and inter-generational tensions. Most Nigerian parents shy away from such discussions because it is generally believed that it will make the adolescent attempt to experiment on what they have been told. Durojaiye (1972) observed that in most African homes, parents are not fully equipped to answer questions on sexual matters usefully. In fact, in some homes fathers or mothers may not be present due to divorce cases or child outside wedlock.

However, from the findings of this study, it is obvious that home type significantly contribute to the prediction of involvement in premarital sex of adolescents. Earlier findings indicated that teenagers whose parents are still married to each other are far less likely to have underage sex. Lammers et al. (2000) found that students ages 13 to 18 attitude of not initiating sex was associated with having a two-parent family and higher socioeconomic status, residing in a rural area, performing better in school, feeling greater religiosity, not having suicidal thoughts, and believing parents care and hold high expectations for their children. Council of Economic Advisors (2000) indicated that among teenagers who did not feel close to their mother and/or father, 70.6% had sex by the age of 17 to 19 compared to 57.9% who felt close to mother and/or father. According to Dittus and Jaccard (2000), teens who reported being highly satisfied with their relationship with parents were 2.7 times less likely to engage in sex than teenagers who had little satisfaction with their parental relationships. Relationship satisfaction if the two parents are available was associated with a lower probability of engaging in sex, higher probability of using birth control if sex occurred, and lower probability of pregnancy during the ensuing 12 months.

## CONCLUSION AND POLICY RECOMMENDATION

Considering the upsurge of teenage pregnancy, sexually transmitted diseases and HIV/AIDS, educating adolescents about sexuality requires joint effort by parents, counsellors, teachers, curriculum planners and even government. Counsellors as a first step, have the task of demystifying sexuality by providing the youngsters with adequate and relevant information regarding sexuality and reproductive health. Counsellors should try new strategies like counselling on proper gender role perception and abstinence to help adolescents stay away from sex until they are ready. They also should encourage the development of skills to help adolescents ward off peers who may intimidate or lure them into wrong sexual

practice. Parents should be awake to their responsibility and teach certain aspects of sexuality at home so that their children will be well prepared for family life. Teachers should also teach certain aspects of sexuality at school so that the adolescents will be familiar with societal expectations of their future roles as wives and husbands.

The sexuality education curriculum needs to be implemented in the schools as a matter of urgency. This should be a comprehensive package that should include adolescent reproductive health and socially accepted expressions for sexual feelings. Government should promote issues of family and regulate influx of foreign films as well as monitor and censor our local films to protect our adolescents from the adverse effects of exposure to pornographic films.

## REFERENCES

- Aaron NG (2006). Premarital sex: whose burden? Retrieved January 2008 from <http://www.singaporeangle.com>.
- Adedipe VO (2000). "The adolescent problem behaviour (ii)" Saturday Tribune, October 14th.
- Alo OA (2008). Socioeconomic determinants of unintended pregnancies among Yoruba Women of Southwest Nigeria. *Int. J. Sustainab. Dev.*, 1(4): 145-154.
- Campbell C (2003). *Letting Them Die: Why HIV/Aids Prevention Programmes Fail*. Indiana University Press.
- Cheluget B, Baltazar G, Orege P, Ibrahim M, Marum LH, Stover J (2006). Evidence for population level declines in adult HIV prevalence in Kenya. *Sexually Transmitted Infections*, 82 (Suppl 1): i21-26.
- Dittus P, Jaccard J (2000). "The Relationship of Adolescent Perceptions of Maternal Disapproval of Sex and of the Mother-Adolescent Relationship to Sexual Outcomes." *J. Adolesc. Health*, 26: 268 – 278.
- Durojaiye MOA (1972). *Psychological Guidance of the School Child*. Ibadan: Evans brothers.
- Eaton DK, Kann L, Kinchen S, Shanklin S, Ross J, Hawkins J, Harris WA, Lowry R, McManus T, Chyen D, Lim C, Brener ND, Wechsler H (2008). Centers for Disease Control and Prevention (CDC). *MMWR Surveill Summ*. Jun 6, 57(4): 1-131.
- Finer LB (2007). Trends in Premarital Sex in the United States, 1954-2003, *Public Health Reports*, 112 (6): 29 - 36.
- Isangedighi AJ (2007). *Child Psychology Development and Education*. 1st Edn., Etinwa Associates, Calabar, Nigeria. pp. 107-108.
- Kirungi WL, Musinguzi J, Madraa E, Mulumba N, Calleja JMG, Ghys P, Bessinger R (2006). Trends in antenatal HIV prevalence in urban Uganda associated with uptake of preventive sexual behaviour. *Sex Transm Infect.*, 82(Suppl 1): i36-41.
- Kreppner K, Lerner RM (Eds.) (1989). *Family systems and life-span development*. London: Lawrence Erlbaum Associates.
- Lammers C, Ireland M, Resnick M, Blum R (2000). Influences on adolescents' decision to postpone onset of sexual intercourse: A survival analysis of virginity among youths aged 13 to 18 years. *The J. Adolesc. Health*, 26, 42-48.
- Lerner RM (1989). "Individual Development and the Family System: A Life-Span Perspective." In: K. Kreppner and R.M. Lerner, eds. *Family Systems and Life-Span Development*. Hillsdale, NJ: Lawrence Erlbaum Associates. pp. 15-27.
- Mahomva A, Greby S, Dube S, Mugurungi O, Hargrove J, Rosen D (2006). HIV prevalence and trends from data in Zimbabwe, 1997-2004. *Sexually Transmitted Infections*, 82 (Suppl 1): i42-47.
- Mosher WD, Chandra A, Jones J (2005). *Sexual behavior and selected health measures: Men and women 15-44 years of age, United States, 2002*. Advance data from vital and health statistics; no 362. Hyattsville, MD: National Center for Health Statistics. 2005.
- Ndu A (2000). "The role of the family in managing indiscipline among

- youths in Nigeria". *J. Counsel.*, 1 (1): 45 – 51.
- Nnachi RO (2003). "Causes, consequences and control of behaviour problems among Nigerian children" in Nnachi RO, Ezeh PSE (Eds.). (2003). *The behaviour problems of the Nigerian Child*, Awka. The Nigerian Society for Educational Psychologists (NISEP).
- Odoemelam A (1996). "Incidence and management of male and female sexually maladjusted youngsters: gender and counselling implications". *The Counsellor. J. Counsel. Assoc. Niger.*, 14 (92): 160 – 171.
- Okonkwo RUN, Eze I (2000). "Attitude of Nigerian Adolescents to premarital sexual behaviour. Implications for sex education". *J. Counsel.*, 1(1): 21 – 26.
- Scott J (2005). 'Children ask the Damndest Questions: Sex (quality) Education as a Social Problem. In *Perspectives in Human Sexuality*, eds. G. Hawkes and J. Scott HAWKES, Victoria, Australia: Oxford University Press.
- Smith DJ (2004). Premarital sex, procreation and HIV risk in Nigeria. *Studies in Family Planning.* 35(4): 223-235.

**APPENDIX**

**DEPARTMENT OF PSYCHOLOGY, COVENANT UNIVERSITY**

**Research questionnaire**

Please, I seek your candid response to the items on this questionnaire. Also, note that this exercise is purely for academic purpose and as such, your response to the questions would be treated with utmost confidentiality.

**Section A: Attitude Towards Premarital Sex Scale (ATPSS)**

**Instruction:** Please respond to all the questions/ statements in this questionnaire, unless otherwise indicated, most can simply be answered by putting a tick in the relevant box (es)/columns or by writing in your response

- 1. In what year were you born? \_\_\_\_ \_\_\_\_
- 2. How many sisters do you have? \_\_\_\_\_
- 3. How many brothers do you have? \_\_\_\_\_
- 4. I am from a: One parent family ( ) Two parent family ( ) others ( )
- 5. Have you ever engaged in premarital sex? Yes ( ) No ( )
- 6. If no to question 6, go to section B
- 7. If yes to question 6, how many partners have you engaged in sexual intercourse with? ----
- 8. At what age did you first have sexual intercourse? -----
- 9. On average how often do you have sex per month? -----

**Instruction:** Indicate your agreement or otherwise with the following statements. Do this by ticking the column that best describes it. Please use these ratings: SA- Strongly Agree, A-Agree, U-Undecided, D-Disagree, SD- Strongly Disagree

S/N	Statements	SA	A	U	D	SD
11	I received sex education at some point in my schooling.					
12	I often feel pressure to engage in sexual intercourse.					
13	I think sex before marriage is absolutely acceptable.					
14	My female/male friends think sex before marriage is absolutely acceptable.					

**Section B: Parent Involvement Questionnaire (PIQ)**

**Instruction:** Indicate your agreement or otherwise with the following statements. Do this by ticking the column that best describes it. Please use these ratings SA- Strongly Agree, A-Agree, U-Undecided, D-Disagree, SD- Strongly Disagree

S/N	Statements	SA	A	U	D	SD
1	My mother is very strict					
2	My father is very strict					
3	It is easy to talk to my mother about sex.					
4	It is easy to talk to my father about sex?					
5	I closely follow my mother's advice.					
6	Most of my sexual knowledge came from parent(s)					