

EFFECT AND CONSEQUENCES OF PREMARITAL SEX
AND UNWANTED PREGNANCY
(A CASE STUDY OF TAI SOLARIN COLLEGE OF EDUCATION)

By

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CERTIFICATION

I certify that this project was carried out by Paul Faith Iyoma in the Department of Biology, School of science Tai Solarin College of Education, Ijebu Ode, Ogun State.

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DEDICATION

I dedicate this project to the Omniscient God for his love, mercy and grace upon my life throughout my stay in this citadel of learning. And also to my wonderful parents Mr and Mrs Paul, for being there for me always.

Finally, to my foster father Pastor Isreal Daniel, who God used in bringing me to this citadel.

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Unto the King eternal, immortal, invisible, the only wise God be glory and majesty forever for his special grace given to me throughout the course of this project as his faithfulness keeps and aids me in all ramification of life.

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ABSTRACT

Premarital sex and unwanted pregnancy are regarded as major public health and social menace to the Nigerian society and the world at large. This is because premarital sex and unwanted pregnancy have been observed to be concomitant with increase in STDs, dropout rate among secondary and tertiary school girls, pregnancy-induced diseases, loss of pregnancy, premature delivery of the baby, abortion, still birth, complication during delivery, loss of the womb or some other internal vital organs during abortion process and fatality rate among adolescent mothers. The research study aimed at investigating the effect and consequences of Pre-marital sex and unwanted pregnancy. A structured questionnaire was administered to 120 students of Tai solarin college of education which answer questions relating to students perception on Pre-marital sex, their knowledge on it's effect and consequences, and also to predict whether students who engage in the act put preventive measures in place to avoid such consequences. simple percentage was used to analyze respondents data while the chi square was used to analyse the questionnaire items above, The result of the research stated that there were no significant difference between male and female TASCE students in respect to their perception on Pre-marital sex; TASCE students do not have adequate knowledge on the effect and consequences of Pre-marital sex and unwanted pregnancy neither do they put preventive measures in place to avoid unwanted pregnancies and s.t.i's. It was therefore recommended that the Nigeria university commission (N.U.C) & federal ministry of education should develop a curriculum on sex education for institution, Parent also should rise to their responsibilities as the saying "charity begins at home" also a healthy home is a healthy society.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Young people within the African modern society and the world at large are generally considered as the leaders of tomorrow. As a result, they are expected to learn and gain mental gymnastics today if the tomorrow that is being envisaged is to be achieved and realised. In doing this, young people which include males and females are to come together to share common knowledge, skills and experience. Their coming together sometimes may trigger the natural feelings which lie dormant within them. When this feeling which is natural and may in so many cases be mutual becomes triggered, premarital sex and unwanted pregnancy may be the result. Premarital sex and unwanted pregnancy is a scourge that is presently affecting adolescents and teenagers in Africa and other parts of the world. Premarital sex as the name implies is the act of having sexual intercourse between a young and unmarried male and female persons. When adolescents engage in this act of sexual intercourse and a sperm cell of the male sexual partner fertilizes an egg of the female partner, a conception is most likely to take place and such conception which is unintended turns out to be an unwanted pregnancy. According to Boyld (2000), the incidence of unwanted/early pregnancy is on the increase and is regarded as a major public health and social problem among the nations of the world. Okwilagwe and Oyeha (2013) pointed out that in the African ancient society, especially in some Nigerian traditional and cultural societies; it was a taboo for a young girl to be pregnant out of wedlock. This is quite the opposite of the modern African society where young people are exposed to illicit sexual behaviours as a result of moral decadence, exposure to adult content videos, music and magazines, peer pressure among friends and acquaintances etc.

Pre-marital sex is an act of deviation. A deviant act is used here to refer to departure from societal norms that attract social disapproval which is likely to elicit negative sanctions. When students of different ages, nationalities, ethnic and religious backgrounds and status are brought together in a higher institutions environment, opportunities exist for sexual relationship. Pre-marital sex is a violation of sexual norms and values of a society. Abdullahi (2004) explained that values are conceptions of what is right (good, desirable and proper) and wrong (bad, undesirable and improper). The Hausa culture, he further observed, values the institution of the family with proscriptive norms that prohibit pre-marital sex like pre-marital sex. The concepts of a University student and University education have changed over the years. Ibrahim (2003) observed that student seem to value free sexual life on campus. Unlike students of the 1970s and 1980s, most students in present day Nigeria are likely to be of the view that life has little or no meaning without sexual interaction on campus. Fromm (1991) views the modern world as being strangled between robotism and humanism life, he observed has no meaning; there is no joy, no reality, and no faith. In a situation like this, individuals resort to the comforts of the body, particularly in a university environment. Moreover, universities in modern Nigeria seem to have lost their focus in the area of student's discipline. The value system of most Nigerian societies has created a barrier between parents and their children in matters relating to sex. In most societies, it is a taboo to talk about sex. Our communities and religious leaders preach daily against what is called badbehaviors like alcoholism, corruption, hoarding, and etc but seldom talkabout sex education. It is very easy to talk to the student to abstain from sex until marriage, but within the university environment it will be difficult to enforce such values because of the multiethnic and social nature of the environment. Societies have developed and shaped their value systems upon

which social life is regulated. Societal norms, that is, codes of behavior which the members of the society are expected to adhere enforce most of the values. The regulation of social values is the responsibility of the family first, then the extended social networks like educational institutions. Values are fundamental to our attitudes and dispositions towards issues and things. The existence of pre-marital sex among the youth in the university environment can be attributed to a variety of factors. These factors include economic factors, social issues, peer pressure, the mass media influence, and search for academic advantage.

The existence of pre-marital sex among students seems to be rampant in Nigerian institutions of higher learning. Warner (1973) observed that sex before marriage is seen as normal and a pleasurable satisfaction which young adults experience. The university environment allows freer sexual activities and this is against moral values of the community. The University is witnessing the prevalence of pre-marital sex, homosexuals, rape and adultery in the campus. Public out-cry against these vices is increasing and significant members of the community felt that something has to be done. Odoemelan (1996) observed that inappropriate sexual behaviors and consequences of such behaviors constitute enormous problems.

Arowojolu, Ilesanmi, Roberts and Okunola (2002) identified the spread of Sexually Transmitted Diseases (STIs) such as staphylococcus, syphilis, HIV and AIDS as the observed consequences of teenagers engagement in premarital sexual activities. Osakwe and Osagie (2010) identified the dropout of school rate of students who engage in premarital sexual affairs and as a result get themselves impregnated. The young adolescent mother is at increased risk of pregnancy-induced diseases such as hypertension, anaemia and obstructed labour (Uwazuoke, Uzochukwu, Nwagbo&Onwujekwe, 2004). According to the United Nation

Population Fund Agency (UNFPA, 2000), young adolescent girls are also three times more likely to die as a result of the complications of pregnancy and delivery than those aged 20 – 24 years. These underscore the harmful and detrimental nature of the scourge of premarital sex and unwanted pregnancy.

In a study conducted by Action Health Incorporation (AHI, 2002), it was discovered that teenage pregnancy is a cause of school dropout among girls. In the study, 127 Nigerian school girls constituted the sample. 52 per cent were found to have been expelled from school, 20 per cent were too ashamed to return to school, 15 per cent could not return because their parents refused to continue to pay their tuition after they got themselves impregnated, while the remaining eight per cent were forced to marry. In the first world countries such as the USA, the development is not any better (Okwilagwe&Oyeha, 2013). White in Okwilagwe and Oyeha (2013) reported that more than one million teenage girls in the USA become pregnant each year, slightly over 400, 000 teenagers get abortions, and nearly 470, 000 give birth to their babies. These adolescents so reported are girls within the ages of 14 and 17 years. Increase in the rate of teenage pregnancy may be as a result of increased interest in sexual activities and or inadequate knowledge on information as touching human sexuality (Okwilagwe&Oyeha, 2013). It is in this regard that the observed increase in the occurrence of unwanted pregnancy among young adolescents in Nigeria is a major concern to all stakeholders within the Nigerian society.

There is no doubt the fact that premarital sex has dire effect on youths. Barker and Rich (1992) identified teenage pregnancy as a major consequence of premarital sex. No wonder, Gyepi-Garbrah (2005) inferred that premarital sex is one of the reproductive health problems witnessed among youth as a result of daily increase of teenage pregnancy with its attendant consequences. This suggests

double tragedies for the girls because they may incur unwanted pregnancy and get infected with STDs. These dire consequences could become a springboard for other challenges such as school dropout, poor health conditions, and permanent deformity, which may result from sexual activities. Other consequences are stigmatization, isolation, self-guilt, poor self-concept, negative self-image, teenage motherhood, single – parenting to mention a few.

This study therefore intends to investigate the effect and consequences of premarital sex and unwanted pregnancy among TASCE student. This will be done by using Tai Solarin College of Education students as a case study.

1.2 Statement of the Problem

Premarital sex and unwanted pregnancy are regarded as major public health and social menace to the Nigerian society and the world at large. This is because premarital sex and unwanted pregnancy have been observed to be concomitant with increase in STDs, dropout rate among secondary and tertiary school girls, pregnancy-induced diseases, loss of pregnancy, premature delivery of the baby, abortion, still birth, complication during delivery, loss of the womb or some other internal vital organs during abortion process and fatality rate among adolescent mothers. This of course should alarm any sensible and humane society. Although the rights of humans to mutual feelings and consents for sexual exploration and eventual sexual intercourse should be respected as enshrined in the constitution and some other legal codified documents, the rights of teenage and adolescents also to associate with one another without undue and unnecessary restraint. Irrespective of this rights and the natural momentum of feelings, there is a lot of danger for the Nigerian society if premarital sex and unwanted pregnancy are left unchecked.

To mitigate this scourge, scholars and public health specialists have conducted series of studies both locally and internationally. However, the

prevalence of the scourge is admittance to the fact that there is need for more research to be carried out in order to ensure that premarital sex and unwanted pregnancy are being reduced to the barest minimum if not totally eradicated. It is to this intent that this study considers the effect and consequences of premarital sex and unwanted pregnancy using TASCE students as a case study.

1.3 Purpose of the Study

The purpose of this study shall be to examine the effect and consequences of premarital sex and unwanted pregnancy on adolescents and young people. The specific purpose of this study is to examine the following:

1. To determine the effect and consequences of premarital sex and unwanted pregnancy.
2. Ascertain if adolescents put preventive measures in place to avoid unwanted pregnancy.

1.4 Research Questions

1. Is there a significant difference between male and female TASCE students with respect to their perception on premarital sex?
2. Do TASCE students have adequate knowledge on the effect and consequences of premarital sex and unwanted pregnancy?
3. Do TASCE students who engage in premarital sex put preventive measures in place to avoid unwanted pregnancy?

1.5 Research Hypothesis

1. There is no significant difference between male and female TASCE students with respect to their perception on premarital sex.
2. There is no adequate knowledge on effect and consequences of premarital sex and unwanted pregnancy.

3. TASCE students who engage in premarital sex do not put preventive measures in place to avoid unwanted pregnancy.

1.6 Significance of the Study

The report of this study is likely to enlighten adolescents and young people who may have just reached or are still at their puberty stage on how to effectively manage their sexual urge which is most likely to increase at this stage. This is important in order to prevent them from contracting STIs and also prevent them from getting unwanted pregnancy. This project report will also be of immense importance to parents who have adolescent children because parents are the ones who bear the brunt of societal stigma for children who get pregnant out of wedlock while they are still young. Therefore, parents who may not be able to give their children the needed sex education may find this study report as an enlightened and fascinating read.

To TASCE and other higher institutions of study in the country, this study will give the needed information as regards the effect and consequences of premarital sex and unwanted pregnancy among the students thereby enabling the school authority to step up to its responsibility as a custodian of the students under their care, and monitor the activities of students social life. This will help reduce the numbers of adolescents who practice premarital sex.

1.7 Conceptual Definition of Terms

2. **Effect:** a change which is a result or consequence of an action or other cause.
3. **Consequence:** a result or effect, typically one that is unwelcome or unpleasant.

4. **Premarital Sex:** The act of copulating or coitus that takes place between a male and female young person who are not yet married.
5. **Adolescents:** This word is used to refer to young people who are just becoming an adult. Mostly within the age range of 13 – 19 years old.
6. **TASCE:** An abbreviation for Tai Solarin College of Education which is located at Omu-Ijebu, Ogun State, Nigeria
7. **STIs:** Abbreviation for Sexually Transmitted Diseases such as HIV, AIDs, staphylococcus, syphilis, gonorrhoea etc.

CHAPTER TWO

Literature review

2.1 Conceptual frame work

Some of the literature on sexual behaviour failed to establish the fact that some of our sexual activities like pre-marital sex, adultery and homosexuality constitute a serious social problem and a threat to civilization. Ikpe (2003), Twa-Twa (1997) and Johnson (2007), studied and reported the existence of sexual activities among undergraduates and they all advised on the need to use condom. Lack of condemnation of such vices as deviant acts by some scholars encourages pre-marital sex. Most writers on sexual behaviour end up as interventionist strategists to the sponsors of their study by encouraging the use of condom and other methods for safe sex. Sex relations appear as one of the most important aspects of students life in the university. Members of the larger society are no exception either. Sex, Afi (1977) argues, is crucial to social survival. True as the statement may be, it is equally important to note that sex is bound up in deep psychological gratifications. Societal norms and values have placed restrictions and conditions for engaging in sexual act. By such normative restrictions, significant members of the population will be deprived of sexual gratifications. It was for the interest of the individual and the society at large that sexual relationships sanctioned and regulated. Sex is capable of impelling individuals toward behavior which may disrupt the relationship upon which social life depends. Robertson (1989) observes that societies of the West have shrouded sexual behavior in myth, taboo and ignorance. Research interest into the field of sex began in the late 1940s to early 1950s. It was Kinsey (1948) who first carried out elaborate investigation on sexual behavior, tie faced condemnation from many

religious organizations and media. In Africa, most of our traditional leaders and parents still find it difficult to publicly speak on sexual practices, despite its seeming implications to youths. This attitude has led our children to acquire sexual knowledge from the media and peers, particularly in a learning environment.

Robertson further argued that sex in itself may not be immoral, but the circumstance under which the act is carried out could be immoral. When the sex act is carried out outside the conventional sexual norms of the society or the community, it becomes a deviant act and inappropriate when measured against the general standards of behaviour. Robert's view is shared by Kuria (1987) and Clinard and Meier, (1998). Clinard and Meier argue that sex is a natural part of life and is important to the society, because it perpetuates species. Potts and Selman (1979) argued that adolescent sexuality was not a problem in Africa. But now, it is. The society defines maturity rites of passage. But it is not the case in contemporary times. Adolescents are carrying pregnancies and terminating pregnancies when they are yet to marry. Sex and reproductive behaviour, they argue, are moulded by cultural and social forces but moral commandments regarding sex tend to be cut deep on the 'tablets' of social behaviour.

Maiduguri is a predominantly Muslim community with strict adherences to religious moral values. Issues relating to sex activities are seriously monitored and great emphasis is attached to the need to abstain from sexual activities outside marriage. Permissible sexual relation is restricted to marriage life cohabitation. The Maiduguri community, like in most northern societies, encourages its unmarried population not to engage in any form of sexual activity before marriage. Great value is attached to virginity of both males and females. Any girl for instance, that was found to be virgin by her husband is highly respected in the community which sees her as a symbol of purity. From birth to adulthood, parents teach and monitor

their children to abstain from any form of sexual activity. The society in some cases sanctions violators of sexual norms. Sexual acts like pre-marital sex, adultery, rape, homosexuality, smooching and the like are considered abomination and against social norms. Other related activities like watching naked bodies, exposing of sexually attractive organs like the female breast are seriously condemned. The community does not allow any form of body exposure that will attract the eyes or the attention of the public. It was for this reason that greater value is attached to decent dressing and control of sexual urge. Men and women are expected to put on dress that will not show any part of their sexual organs. Men to put on long dress with trousers, while women to put on dress that will cover all the body, except the face, feet and hands. Any dress contrary to this is considered abnormal and it amounts to a kind of exhibitionism (Aji. 2004).

Sexual control is practiced for the sake of the larger society and the individuals. Davidmarin, (1998) argued that the family is the basic unit of society and its strength depends on the ability of the partners to control sexual urge which distinguishes humans from animals. Human sexual behavior, like many other kinds of activity engaged in by human beings is generally governed by social rules that are culturally specific and vary widely (Wikipedia, 2007). The existence of pre-marital sex among the youth in the university environment can be attributed to a variety of factors. These factors include economic factors, social issues, peer pressure, the mass media influence, and search for academic advantage.

The existence of pre-marital sex among students seems to be rampant in Nigerian institutions of higher learning. Warner (1973) observed that sex before marriage is seen as normal and a pleasurable satisfaction which young adults experience. The university environment allows freer sexual activities and this is against moral values of the community. The University is witnessing the

prevalence of pre-marital sex, homosexuals, rape and adultery in the campus. Public out-cry against these vices is increasing and significant members of the community felt that something has to be done. Odoemelan (1996) observed that inappropriate sexual behaviors and consequences of such behaviors constitute enormous problems.

According to Arowojolu et al.,(2002) the lower limit for admission into the higher institution is 16-17 years. This means that majority of undergraduate are in their teens and early twenties. Most of them lives away from home in school hostels and rented apartment close to their institution. These arrangement however weakens parental or guardian control and supervision of students' activities and so they are often exposed to influences that encourage casual sexual relationship and have to take personal important decisions about their social and reproductive lives which include decisions about sexuality and contraceptive use. This is also in agreement with Adhikari and Tamang (2009),Lee et al.,(2006), and Akinrinioia et al.,(2003) which state that the University life is characterized, for many students, by more independence and opportunities for social mixing than before. The situation is aggravated by the overall poor socioeconomic, environment, harmful traditional practices, low contraceptive use and voluntary counseling and testing utilization.

A study in Malaysia reported that young people sexual intercourse was significantly associated with socio- demographic factors like environmental factors (living away from parents) and substance use (alcohol use, cigarette smoking, drug use) Anwar et al., (2008) and American colleges of health association(2005).

Forced premarital sex will lead to mental depression and dilemma. Another danger is possible exchange of diseases; as premarital partners may not be aware of

diseases that spread through intercourses. Getting pregnant through premarital sex is another disastrous consequence of premarital sex. More than 700,000 teenagers become pregnant each year. One in three (34%) females became pregnant at least once before age 20. Even though, the reproductive health problem of young people is critical among both sexes: young girls are more affected because of their biological, economic and social vulnerability Anwar et al.,(2008), Prendergast, (2002),and Li and Zang (1998).

And such with the different social influences that encourage premarital sex in learning environment, study has it that children of permissive parents are more permissive in their beliefs and behaviour, which includes sexual behavior than children of less permissive parents Miller et al.,(1986),Thurnton and Camburn(1983). And such it can be said that adequate education on premarital sex and its consequences from home and parental supervision can help a teenager to keep his sexual urge in check, while teenagers who lack or has inadequate sex education and parental control is at risk of indulging in the very act of premarital sex, thus facing its dire consequences which according to Ejue and Effion (2005), Orji and Anikweze (1997) and Ikpe (2003) are biological (unwanted pregnancy, abortion, STIs and barrenness). Psychological (depression, phobia, guilt, regrets and stress), and social (loss of family support, poor academic performance, loss of self-respect, corruption of character, drug use, bondage and alienation from the larger society). And thus Students who engage in pre-marital sex are likely to suffer negatively from long term physical, emotional, social and moral consequences than students who choose not to engage in it. Pre-marital sex is thus riddled with multiple emotional and mental consequences.

2.2 Theoretical frame work

The theoretical framework on which this study will be based is developed by Miller and Fox (1987). Miller and Fox theory focuses on two major but conflicting paradigms on adolescent's heterosexual behavior. It perceives sexuality as an emergent drive and as a socially learned behavior. As an emergent drive, sexuality encompasses biological, psychological and physiological based growth and development which of course is evident in an adolescent as he or she gets to the puberty stage of development where the various private parts of the body gets developed and active. The second paradigm which is known as socially learned behavior represents the norm, culture, values, teaching and learning that the adolescent cultivated from within his own social space or environment.

The two paradigms developed by Miller and Fox capture the various variables in this study. While the emergent drive capture the adolescent either male or female tendency to engage in premarital sex, though research has it that this tendency or urge is more prominent in males than females. The socially learned behavior capture the socialization or enlightenment the child receives from either the parent which is the first contact of the child or other agent of socialization (peer, religion, school, mass media etc) on issue regarding his sexuality which can either be conventional thereby enabling the adolescent to effectively control his internal impulse which is as a result of the emergent drive or unconventional hence the deviant act of premarital sex which of course as a consequence a menace to the healthy living of the individual involved and the entire society.

2.3 Empirical Framework

Labrague (2013) explored gender-related norms, sexuality, and reproductive health among education students in a government university in Samar, Philippines.

A descriptive-analytical design of study was adopted for this investigation and data were collected over a period of five months. Five hundred fifty (550) education students who were enrolled in the different year level completed the modified John Clelands' Illustrative Questionnaire for Young People. Results indicated that 14.73% of the students reported having had early sexual experience where as 69.14 % had it unplanned. Among sexually active students, only 17.28% used contraception, with condoms and withdrawal as the most popular choices.

Amobi and Igwegbe (2004) carried out a study to identify the characteristics and factors influencing unintended pregnancy among unmarried young Women in a rural community in south-east Nigeria. One hundred and thirty six unmarried teens with unintended pregnancy attending a Christian hospital in Ozubulu, a rural community in south-East Nigeria, from January 1998 to December 2001 were included in the study. Information was obtained using a semi-structured questionnaire and in-depth interview. Over 75% of the girls had their first sexual intercourse by 19 years. Moreover, the result showed that only 13.5% ever used condoms.

Gelana (2009) stated that in Ethiopia, 60% of pregnancies which emanated from premarital sex are unwanted or unintended and thus endanger the life of the expectant youth who become mothers by accident. In a study of Kenya's population, Kiragu and Zabin (1993) reported that a lot of Kenyan youth engage in premarital sex and the behaviour is on the increase. The proportion of young people who are sexually experienced by age 15 and 18 years old in Nigeria in 2008 showed significant variations between male and female. Where 5.7% male of age 15 have had sex the female population was 15.7%. At age 18, the statistics showed that 25.6% of males have had sex but the females' proportion was 49.3%, which is remarkably higher than their male counterparts (Adeyemi, 2013). The reasons for

the variation could be numerous ranging from biological (maturation), social, cultural to psychological.

2.3.1 Causes of pre marital sex

Ajiboye et al.,(2014) state that Many factors account for premarital sex, youthful age itself is a stage of human life that is characterized by accelerated development in different parts of the body. In particular, the unprecedented growth and development of sex organs and the attendant heightened emotion as correlate are enough significant factors that may predispose youth to premarital sex. In Thailand and Philippines, family structure was associated with premarital sex; youths living with single parent have higher rate of premarital sexual activities than those living with both parents (Stewart, Sebastiani & Lopez, 2001).

One may deduce from this study mentioned above that home background is a common factor that dispose youths to premarital sex. In support of this, Durojaiye (1972) did observe that in Africa homes, parents are not fully equipped to answer questions on sexual matters adequately; even those who attempt to pass on faulty information to their children. Thus, insufficient sex education from home throws youths into confusion which often results to personal search and in the process become prey to adults who could take advantage and defile the innocent young females especially. Other factors associated with premarital sex include influence of media, peer pressure, insatiable lust for money, cultural influence, sexual harassment, curiosity, poor school discipline, location of school, religious teachings and literacy (Kiragu&Zabin, 1993; Abraham & Kumar, 1999; Ajiboye, 2006; Adegoke, 2012).

There are numerous sexual behaviours that can make the youth susceptible to practicing premarital sex. A category of such behaviour is autoeroticism in which an adolescent attempts to gratify his/her sexual urge by carrying out the

activities by self and on self. Among such acts are sexual fantasy (a mental exercise involving imagining, mapping, desiring and navigating, in abstract, into sexual pleasure), masturbation (the manual stimulation of one's own genital for sexual pleasure), and erotic dreams (an unconscious state especially during sleep when one experiences sensual feeling). Other sexual behaviors that could dispose adolescent to premarital sex include pornographic viewing, kissing and touching (frotteurism).

However the perceived causes of premarital sex as ranked 1st to 20th according to Ajiboye et al., (2014)are:

1. Inadequate knowledge of reproductive health
2. Pressure from friends
3. Curiosity
4. Desire for physical pleasure
5. Imitation of friend's sexual behavior
6. Lack of self – control
7. Response to emotional breakdown
8. Poor home training
9. Loneliness
- 10.Desire to always satisfy friends
- 11.Response to sexually urge
- 12.Participation in risky sexual behaviour of peers
- 13.Socio-economic status of parents
- 14.Autocratic parenting style
- 15.Non-challant attitude of parents
- 16.Insatiabile desire for money
- 17.Parent – child communication pattern

18.Desire to express affection

19.Desire to satisfy emotional feeling

20.Need to respond to sexual urge

2.3.2 Effect and consequences of premarital sex and unwanted pregnancy

The age of first sex has significantly reduced generally in the modern society, particularly Nigeria. Youths often dare the consequences of premarital sex to fulfil sexual desire which in most cases have dire effects on their health, education and social lives Ajiboye et al.,(2014).

Study has revealed that significant numbers of University females' students are engaged in premarital sexual intercourse very early, with risky situation (non-regular partner, after taking alcohol and non-use of condom) and suffer from its consequences (unwanted pregnancy, abortion STI, HIV/AIDS) Bayisa et al.,(2015).

According to Arumala (2005), the prevalence of premarital sex among adolescents is evidenced in the magnitude of unwanted (teenage) pregnancies, abortions, high rate of Sexually Transmitted Diseases (STDs) and death resorting from sexual activities among youths age group 13 to 21 years old. Scott (2006) corroborates this when he stated that, throughout the world; most young people have had sex before they reach 19 years of age (the adolescence and pre-marriage age) without engaging in marital vow. He went further to identify some other ones who engage in so-called "sexually alternatives" such as fondling their sex organs (masturbation).

Musa and Abdullah (2013) stated that premarital sex may have its social and economic benefits as many youth indulge in premarital sex because of these but the end of it becomes a bitter experience though the female students are more

vulnerable than the male students. Their study further identified the consequences of premarital sex to be grouped into biological, psychological and social.

Biological consequences	Psychological consequence	Social consequences
unwanted pregnancy	Depression	Loss of family support
Abortion	Phobia	Poor academic performance
S.T.Is	Guilt	Loss of self respect
Bareness	Regrets	Corruption of character
	Stress	Drug use
		Bondage and alienation from the larger society

Ejue and Effion (2005), Orji and Anikweze (1997) and Ikpe (2003) in the University of Lagos reveals that pre- marital sex leads to various forms of venereal diseases, unwanted pregnancies, death through abortion, sacrifice of educational opportunities among others.

According to Musa & Abdullah (2013) Students who engage in pre-marital sex are likely to suffer negatively from long term physical, emotional, social and moral consequences than students who choose not to engage in it. Pre-marital sex is thus riddled with multiple emotional and mental consequences.

2.3.3 Contraception/Preventive measure to avoid unwanted pregnancy

Since premarital sex is associated with unwanted pregnancy and STI as major consequences, hence the need for contraceptives which are simply

intentional measure or prevention of conception through the various devices, sexual practices, chemicals, drugs or surgical procedures (www.ncbi.nlm.nih.gov>article>p..)

It is also the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.

2.3.4 Types of contraception

The type of contraceptives, it's prospect and consequences according to www.health.qld.gov.au are:

1. Condom
2. Oral contraceptive pill
3. Contraceptive implant
4. Intrauterine implant
5. Contraceptive injection
6. Emergency Contraception Pill (The 'Morning After' Pill)
7. Contraceptive Ring
8. Sterilization
9. Diaphragm

Condom

The condom is the only form of contraception that protects against most STIs as well as preventing pregnancy. This method of contraception can be used on demand, is hormone free and can easily be carried with you. And it comes in male and female varieties.

Male condoms are rolled onto an erect penis and act as a physical barrier, preventing sexual fluids from passing between people during sex. The female condom is placed into the vagina right before sex. Based on typical use, the female

condom is not quite as effective as the male latex condom and it may take a little practice to get used to.

Prospects include: It's the best protection against STIs; can be used on demand; hormone free.

Consequence include: It can tear or come off during sex if not used properly; some people are allergic to latex condoms.

Condoms are the only form of contraception that also protect against STIs.

Oral Contraceptive Pill

It's the little tablet taken once a day. The oral contraceptive pill is the most commonly reported method of contraception used by Australian women. There are a few different types of pill to choose from, so it's about finding the one that's right for you. The combined pill contains estrogen and progestin and mini pill contains only one hormone, a progestin. The pill can have many benefits; however remembering to take it on time is a must.

Prospects of taking the pill include: Highly effective when used correctly; permits sexual spontaneity and doesn't interrupt sex; some pills may even reduce heavy and painful periods and/or may have a positive effect on acne.

Consequence include: Forgetting to take your pill means it won't be as effective; it can only be used by women; is not suitable for women who can't take oestrogen-containing contraception; it does not protect against STIs. The pill is only available by getting a prescription from a medical professional so visit your local doctor or sexual health clinic.

The oral contraceptive pill is taken once a day and is currently the most common contraception used by Australian women.

Intrauterine Device (IUD)

This small, T-shaped device is made from material containing progesterone hormone or plastic and copper and is fitted inside a woman's uterus by a trained healthcare provider. It's a long-acting and reversible method of contraception, which can stay in place for three to 10 years, depending on the type.

Some IUDs contain hormones that are gradually released to prevent pregnancy. The IUD can also be an effective emergency contraception if fitted by a healthcare professional within five days (120 hours) of having unprotected sex. IUDs containing coppers are 99% effective and the ones containing hormones are 99.8% effective, so you're about as protected as you possibly can be by a contraceptive method.

Consequences include: Irregular bleeding and spotting occurs in the first six months of use; requires a trained healthcare provider for insertion and removal; does not protect against STIs.

IUDs offer very effective protection against pregnancy.

Contraceptive Implant

In this method, a small, flexible rod is placed under the skin in a woman's upper arm, releasing a form of the hormone progesterone. The hormone stops the ovary releasing the egg and thickens the cervical mucus making it difficult for

sperm to enter the womb. The implant requires a small procedure using local anesthetic to fit and remove the rod and needs to be replaced after three years.

Prospect of the implant include: Highly effective; doesn't interrupt sex; is a long-lasting, reversible contraceptive option.

Consequence include: Requires a trained healthcare provider for insertion and removal; sometimes there can be irregular bleeding initially; does not protect against STIs. Women can choose to use the implant as a long-term contraceptive method.

Contraceptive Injection

The injection contains a synthetic version of the hormone progestogen. It is given into a woman's buttock or the upper arm, and over the next 12 weeks the hormone is slowly released into your bloodstream.

Prospects: The injection lasts for up to three months; is very effective; permits sexual spontaneity and doesn't interrupt sex.

Consequence: The injection may cause disrupted periods or irregular bleeding; it requires keeping track of the number of months used; it does not protect against STIs. The contraceptive injection uses progestogen to prevent pregnancy.

Emergency Contraception Pill (The 'Morning After' Pill)

It is sometimes called the 'Morning After' pill, it can actually be effective for up to five days after having unprotected sex. The sooner it is taken, the more effective it is; when taken in the first three days after sex, it prevents about 85% of expected pregnancies.

This pill contains special doses of female hormones. Any woman can take the emergency contraception pill, even those who cannot take other oral contraceptive pills. It can be bought over the counter at a pharmacy or chemist without a prescription. The common side effects of the emergency contraceptive include nausea, vomiting and the next period may be early or delayed. Emergency contraception does not protect against STIs. Emergency contraception can be used after having sex to prevent pregnancy.

Contraceptive Ring

This method consists of a flexible plastic ring constantly releasing hormones that is placed in the vagina by the woman. It stays in place for three weeks, and then you remove it, take a week off then pop another one in. The ring releases the hormones oestrogen and progestogen. These are the same hormones used in the combined oral contraceptive pill, but at a lower dose.

Prospects include: You can insert and remove a vaginal ring yourself; this contraceptive method has few side effects, allows control of your periods and allows your fertility to return quickly when the ring is removed.

Consequence include: It is not suitable for women who can't take oestrogen-containing contraception; you need to remember to replace it at the right time; does not protect against STIs. The contraceptive ring releases a lower dose of hormones to control a woman's ability to conceive than other contraceptive methods like the pill.

Diaphragm

A diaphragm is a small, soft silicon dome is placed inside the vagina to stop sperm from entering the uterus. It forms a physical barrier between the man's sperm and the woman's egg, like a condom.

The diaphragm needs to stay in place for at least six hours after sex. After six - but no longer than 24 hours after sex - it needs to be taken out and cleaned. Some of the pros: You can use the same diaphragm more than once, and it can last up to two years if you look after it. Some of the cons: Using a diaphragm can take practice and requires keeping track of the hours inserted. The diaphragm works fairly well if used correctly, but not as well as the pill, a contraceptive implant or an IUD.

Sterilization

Sterilization is the process of completely taking away the body's ability to reproduce through open or minimal invasion surgery. It is a permanent method of contraception, suitable for people who are sure they never want children or do not want any more children. Sterilization is available for both women and men and is performed in a hospital with general anesthesia. Because sterilization can be permanent, it's only suitable for people who definitely do not want to have any children, or any further children, in the future.

Most of teenage pregnancies are unplanned and unwanted. They are often terminated illegally by charlatans in secrecy. About 500,000 clandestine abortions took place in Nigeria in the 1980s, some of which had disastrous consequences for the abortion seekers Orosanye et al.,(1982), Odejide (1986), Archibong (1991),Barbin (1995) and Arowojolu (1997). It is evident that increased sexuality

among youths would be responsible for increased unwanted pregnancies and subsequent clandestine abortions Makinwa (1992), Feyisetan and Pebley (1989), Ebong (1994), Okonofua(1995) and Backer and Rich(1992).Therefore, counseling and use of modern contraceptives should prevent the squealed of these abortions Oronsaye et al., (1982), Archibong (1991), Adetoro et al.,(1991) and Nicholas et al.,(1986).

Furthermore, indiscriminate sexual intercourse exposes youths to the risk of sexually transmitted diseases especially where it involves multiple sexual partners Barbinet et al.,(1995), Feyisetan and Pebley (1989) and Ebong (1994). The implications of this are far-reaching, considering the several complications of STDs especially AIDS. Heterosexual transmission accounts for as high as 90% of HIV/AIDS in sub-Saharan Africa WHO (1995), where about 14 million people were estimated to be infected with HIV according to Weekly Epidemiological record,(1997). In Nigeria, evidence suggests that about one million HIV infected people exist, this prevalence is increasing due to high risk sexual behaviors WHO (1995) and Olayinka & Osho (1997).While the knowledge of AIDS as an incurable disease is high among Nigerians in general, AIDS transmission reduction measures are inconsistently taken among sexually active individuals. This is more so among the adolescents and youths, who have an increased risk of infection with STDs Olayinka et al., (1997) and Asindi et al.,(1992)

About half of all HIV infections occur among individuals younger than 25 years worldwide Merson (1993). The risk of HIV infection is especially high among those with multiple or risky sexual partners and who engage in unprotected sexual intercourse Anderson et al.,(1991) and Wagstaff et al., (1995). Several studies have shown that young people lack knowledge about prevention of STDs

and contraception, and often have erroneous ideas about reproduction WHO & UNICEF (1995).

The use of contraceptives among Nigerian youths is poor due to the fear of side effects and the negative cultural attitudes of parents/guardians to contraceptive use Makinwa (1992), Amazigo et al., (1997) and Abdool et al., (1992).

Various other factors are responsible for the unmet needs of the youths. These include the role of gatekeepers in facilitating or hindering their access to reproductive health services, the judgmental attitude of providers when they serve the youths and the poor organization of services designed to meet youths' needs Abdool et al., (1992) and Mfonzo (1998). Sexuality education is not part of the secondary schools' curriculum in Nigeria. There are no obvious policies in most Nigerian higher institutions on the provision of reproductive health services, including contraceptives to the students. Most of the health institutions on the campuses do not have specially designed facilities where students can obtain necessary advice on contraception to enable them to make informed choice in confidence. In fact, there is no official monitoring of the contraceptive methods that require some form of interaction with the health system. Therefore, contraceptive behaviour by the undergraduates is private and most often inconsistent Arowojolu et al., (2002)

CHAPTER THREE

3.0 RESEARCH METHOD

3.1 Research Design and Procedure

This work is a descriptive survey in the conduct of its research. This descriptive survey aims at x-raying the effect and consequences of premarital sex and unwanted pregnancy in higher institutions with reference to Tai Solarin College of education. The primary data for the study were collected with the aid of questionnaire. While the secondary data were collected with the aid of journals, textbooks, periodicals, dictionaries encyclopedias and other documented sources of information available for this type of research work.

3.2 Area of Study

The study was carried out in Tai Solarin College of education, Omu-ijebu, Ogun state.

3.3 Population of the Study

The total population of this study will comprise some selected students of Tai Solarin College of education, Omu-ijebu, Ogun state.

3.4 Sample and sampling technique

Due to the restriction of the study to higher institution students in Tai Solarin College of Education, using a simple sampling technique. 120 copies of questionnaire would be distributed to the students in the school (TASCE), in which 40 copies will be distributed per level (i.e 100l, 200l, 300l) Data collected from their responses were used in analyzing the study.

3.5 Instrument for data collection

The instruments used for this study is questionnaire. The researcher also made use of observation, textbook, periodicals, dictionaries, unpublished thesis, encyclopedia, etc, in obtaining data for the study.

3.6 Validation of the instruments

To ensure high degree of validity, the structured questionnaire and interview questions will be tested before use by the researcher for proper vetting. The supervisor after going through the instruments ensured its high degree of validity both in content and construct.

3.7 Reliability of the instrument

The instrument will be tested reliable via the proper scrutiny of the instrument by the project supervisor before it will be administered in test-re-test reliability techniques.

3.8 Method of Data Collection

The questionnaires were distributed to 120 students irrespective of their school/department, who provided their answers and returned them back respectively.

3.9 Method of Data Analysis

On the presentation and analysis of data, the researcher used Descriptive statistics to depict the responses of the respondents to a particular view. The data were analyzed using simple percentage, bar chart and chi-square analysis.

CHAPTER FOUR

4.0 PRESENTATION AND ANALYSIS OF RESULTS

This aspect of the research dealt with the analysis of the collated data, and their respective presentations, featuring the analysis of data collated for section A which was the aspect that covers the personal data. Also, the subsequent feature cover the Section B, which asked the questions based on the research questions. The simple percentage score, as well as the chi-square analytical statistical package called SPSS were also used in the analyses. The bar charts were also used as means of illustration. In a nutshell, this chapter presented the results of the research as obtained through the questionnaire and its constraints, the tables showing the data analysis and summary of findings as received from the respondents, based on effect and consequences of premarital sex and unwanted pregnancies.

4.1 ANALYSIS OF PERSONAL DATA

In this following section, the data was collated from personal information of the respondents on level, age and sex. The first aspect of the presentation of the demographic information was on percentage proportion using the SIMPLE PERCENTAGE SCORE, and the other aspect of the presentation of the personal information was on BAR CHART PRESENTATION. The bar chart presentation was an illustration to show the relative proportions of the different category in pictorial form.

4.1.1 Distribution of Respondents by Percentage Proportion

Table 4.1.1: Distribution of Respondents by Age

Alternative	Frequency	Percentage
17-20 years	59	49.2%
21-23 years	33	27.5%
24 years and above	28	23.3%
TOTAL	100	100%

The above table indicated that the respondent falls within the age bracket 17-20years (49.2%),21-23 years(27.5%)and 24 years & above(23.3%).The result showed that majority of the respondents are teenagers or young adult.

Table 4.1.2: Distribution of Respondents by Marital Status

Alternative	Frequency	Percentage
Single	90	75%
Relationship	30	25%
Total	100	100

The above table indicated that 75% of the respondents are single and therefore not in any relationship while 25% are into relationship.

Table 4.1.3: Distribution of Respondents by Educational level

Alternative	Frequency	Percentage
100L	40	33.3%
200L	40	33.3%
300L	40	33.3%
TOTAL	120	100%

The above table indicated that there were equal number of respondents from 100L-300L.

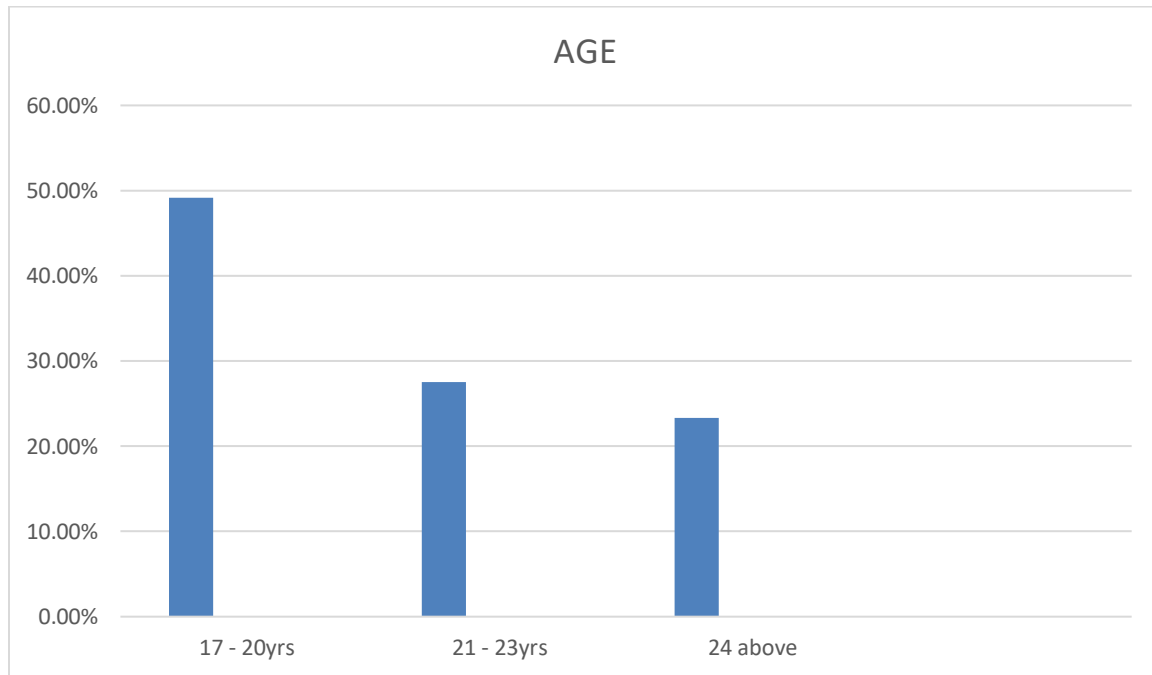
Table 4.1.4: Distribution of Respondents by Sex

Alternative	Frequency	Percentage
Male	60	50%
Female	60	50%
Total	120	100%

The above table indicated that both male and female are equally represented in terms of equal percentage which is 50% each.

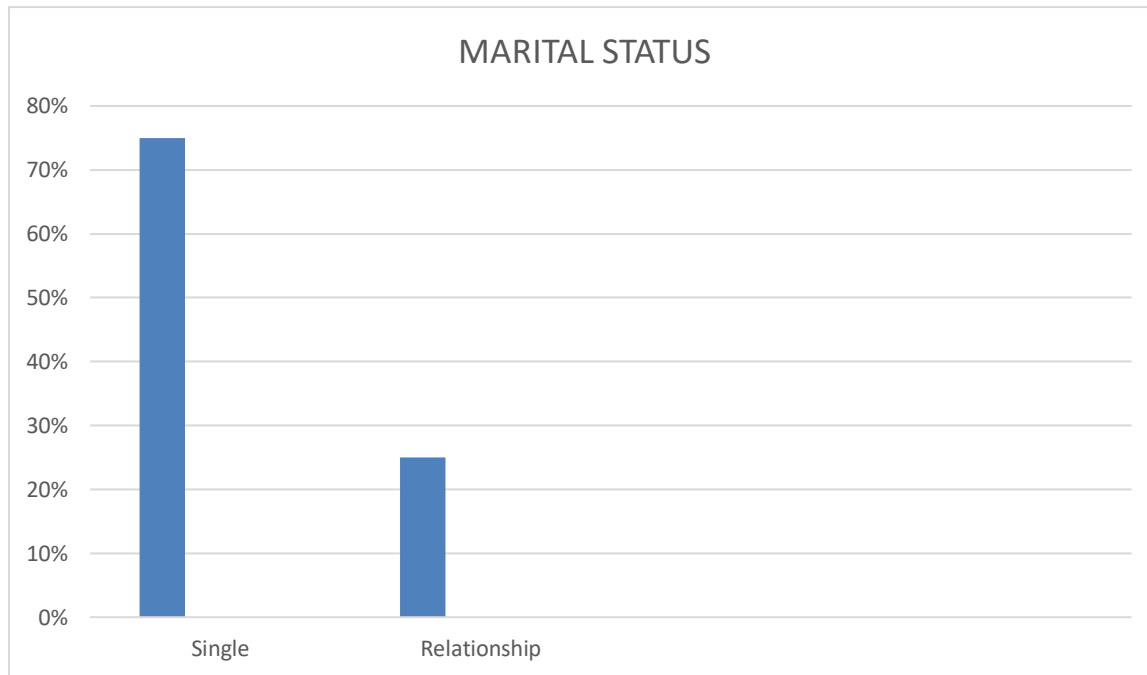
4.2 ILLUSTRATION OF PERSONAL DATA OF RESPONDENTS WITH BAR CHARTS

4.2.1 Bar Chart Showing Age of Respondents



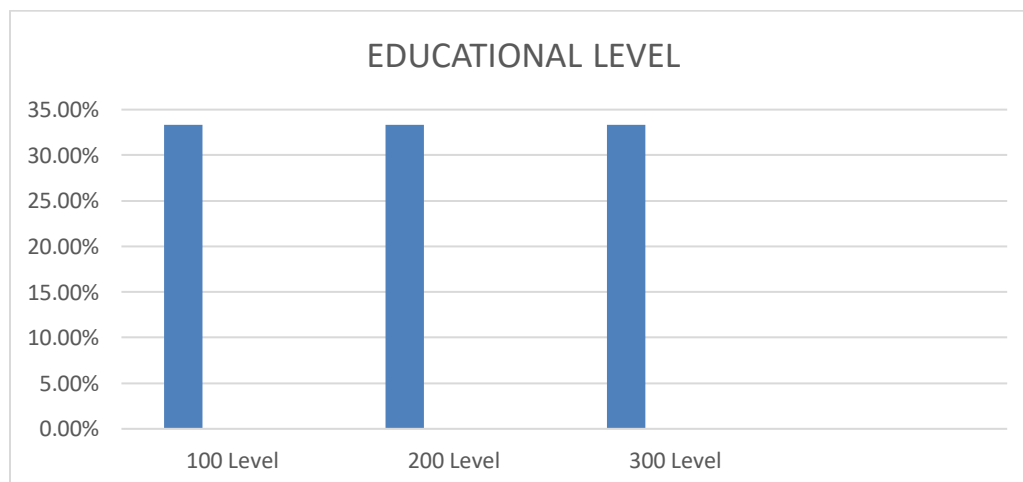
The charts indicates that majority of the respondents were young adults.

4.2.2 Bar Chart Showing Marital Status of Respondents



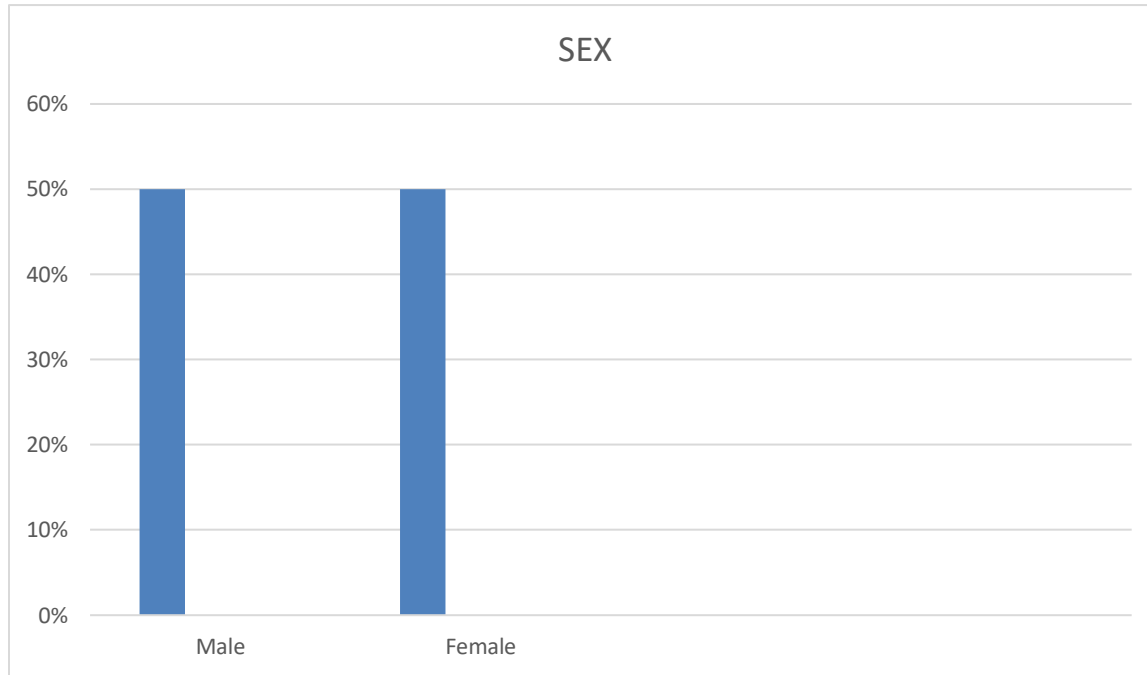
The chart showed that there were more single respondents compared to their counterparts that were in relationship.

4.2.3 Bar Chart Showing Educational Level of Respondents



The chart showed that there were equal respondents from each of the educational level.

4.2.4 Bar Chart Showing Sex of Respondents



The chart indicates equal number of respondents from both male and female.

4.3 ANALYSIS OF QUESTIONNAIRE

This aspect of the research covered the analysis of data using chi-square analytical tool via the SPSS 17.0 statistical package. This analysis was on the three research questions postulated in chapter one that were later showcased in the questionnaire. The level of significance of the data collated and collected are further analysed with Chi-Square(X^2) data analysis at 0.05 degree of freedom, to establish significance in the research questions.

Using the chi-square, calculations of the expected frequencies are based on the following formula:

$$E(Rc) = \frac{f_r \times f_c}{N}$$

N

Where $E(R_c)$ = Expected Frequency of the cell

f_r = Total row frequency

f_c = Total column frequency

N = Total frequency

The calculated (X^2) chi-square values were computed using the formula below:

$$X^2 = \sum \frac{(O-E)^2}{E}$$

E

Where,

O = Observed Frequency of responses

E = Expected Frequency of responses

X^2 = calculated chi-square of responses

Σ = Summation

To determine the table value of X^2 , we need to determine the associated degree of freedom:

$$Df = (R - 1) (C - 1)$$

Where R = Number of rows

C = Number of columns

RESEARCH QUESTION 1

RESEARCH QUESTION 1: Is there a significant difference between male and female TASCE students in respect to their perception on pre-marital sex?

NULL HYPOTHESIS (H_0): There is no significant difference between male and female TASCE students in respect to their perception on pre-marital sex

ALTERNATIVE HYPOTHESIS (H_1): There is significant difference between male and female TASCE students in respect to their perception on pre-marital sex

SA	A	SD	D
28	70	65	38
38	56	72	34
61	67	47	25

Alternative	Mean	Df	Chi-square value	Assymp. Sig
SA	42.3333	8	0.000	4.00
A	64.3333			
SD	61.3333			
D	32.3333			

The chi-square value (0.000) is lesser than the tabulated value (4.00) which showed that there is no significance difference in the collated data. Therefore, the null hypothesis should be accepted, and the alternative hypothesis should be rejected. This simply means that there were no significant difference between male and female TASCE students in respect to their perception on pre-marital sex. It

implies that there is no difference in the way the male and female students perceive premarital sex.

RESEARCH QUESTION 2

RESEARCH QUESTION 2: Do TASCE students have adequate knowledge on the effect of premarital sex and unwanted pregnancies?

NULL HYPOTHESIS (H_0): There is no adequate knowledge on the effect and consequences of premarital sex and unwanted pregnancies

ALTERNATIVE HYPOTHESIS (H_1): There is adequate knowledge on the effect and consequences of premarital sex and unwanted pregnancies

SA	A	SD	D
58	95	31	16
118	63	13	6
112	80	6	2

Alternative	Mean	Df	Chi-square Value	Assymp. Sig
SA	96.0000	8	0.0000	4.00
A	79.3333			
SD	16.6667			
D	8.0000			

The chi-square value (0.000) is lesser than the tabulated value (4.00) which showed that there is no significance difference in the collated data. Therefore, the null hypothesis should be accepted, and the alternative hypothesis should be rejected. This simply means that they were ignorant about pre-marital sex and unwanted pregnancies, probably because they lack sex education.

RESEARCH QUESTION 3

RESEARCH QUESTION 3: Do TASCE students who engage in premarital sex put preventive measure in place to avoid unwanted pregnancies and S.T.I ?

NULL HYPOTHESIS (H_0): TASCE students who engage in premarital sex do not put preventive measure in place to avoid unwanted pregnancies and S.T.I.

ALTERNATIVE HYPOTHESIS (H_1):TASCE students who engage in premarital sex do put preventive measure in place to avoid unwanted pregnancies and S.T.I.

SA	A	SD	D
57	94	31	17
87	82	20	11
91	79	16	14

Alternative	Mean	Df	Chi-square Value	Assymp. Sig
SA	78.3333	8	0.0000	4.00
A	85.0000			
SD	22.3333			
D	14.0000			

The chi-square value (0.000) is lesser than the tabulated value (4.00) which showed that there is no significance difference in the collated data. Therefore, the null hypothesis should be accepted, and the alternative hypothesis should be rejected. This simply means that the respondents do not use preventive measure in order to avoid unwanted pregnancies and S.T.I; simply because of carelessness.

Discussion of Findings

The research study examined the effect and consequences of Pre-Marital Sex and unwanted pregnancy. Sexuality is a part of human life as it emanate from an inner urge in agreement with Miller & Fox (1987) who Percieved sexuality as an emergent drive. This urge which is obviously natural may not be stopped or prevented but could actually be controlled to avoid indulging in the very act of Pre-Marital Sex which is the violation of the sexual norms and values of the society according to Musa & Abdullah (2013), and of course the Hallmark of unwanted pregnancy and it's other aftermath numerous biological, psychological, and Social consequences.

Assessing the perception of the students on Pre-marital Sex using the chi-square analysis, the result showed that there were no significant difference between male and female students in respect to their perception on premarital sex. This simply means that both male and female TASCE students perceive premarital sex same way. And such the way they perceive premarital sex would determine if they had been engaging or would engage in it or not. This also implies that if the students both male and female could perceive premarital sex as the violation of societal norm as earlier mentioned ,then their urge which is natural may be kept in check or effectively controlled then there would be no violation of the societal sexual

norms(Pre-marital Sex),and consequently no daring of the effect and consequences of premarital sex as stated by Ajiboye et al., (2014) that youth often dare the consequences of Pre-Marital Sex to fulfil sexual desire.

The result also showed that TASCE students are ignorant about the effect and consequences of Pre-Marital Sex and unwanted pregnancy and this is probably because they lack sex education from any of the agent of child socialization particularly the home which is seen as the first place of learning for any individual. and thus this agree with the observation of Durojaiye (1972) who observed that in Africa homes, parents are not fully equipped to answer questions on sexual matters adequately; even those who attempt to, pass on faulty information to their children Thus, insufficient sex education from home throws youths into confusion which often results to personal search. Musa & Abdullah,(2013) also state that our communities and religious leaders preach daily against what is called bad behaviors like alcoholism, corruption, hoarding and etc but seldom talk about sex education.

This however, implies that adequate information on sexuality, the importance of abstinence till marriage, particularly it's effect and consequences when practice outside marriage (Pre-Marital Sex) could shapen and increase the moral and self esteem of the adolescents or young adults thereby discouraging them from indulging in Pre-marital sex in agreement with Chilman in Miller et al. (1987) who stated that adolescents who were low in ego , strength or self esteem appear to have greater tendency to engage in Pre-marital sex relationships.

The result from the study also showed that the students involved in Pre-marital sex do not put preventive measures in place to avoid unwanted pregnancies and S.T.I's and this may be due to unseriousness or unwillingness to use contraceptives

due to misconception or misinformation and therefore inorder to effect a change of attitude, access to correct information dissemination is a necessary strategy Arowojolu (2002).

CHAPTER FIVE

5.0 Summary, Conclusion and Recommendation

5.1 Summary of the findings include;

There were no significant difference between male and female TASCE students with respect to their perception on Pre-marital sex. Thus TASCE students irrespective of their gender perceive premarital sex the same way which is in agreement with the assertion of Ajiboye (2006) that gender does not always differentiate people's perception.

TASCE students do not have adequate knowledge on the effect and consequences of Pre-Marital Sex and unwanted pregnancies. Hence the urgent need for sex education in the college as this will enhance students' knowledge on premarital sex and its biological, psychological and social consequences which may eventually keep them from the act.

TASCE students who engaged in Pre-marital sex do not put preventive measures in place to avoid unwanted pregnancies and S.T.I which may be due to misconception and unseriousness and such proper enlightenment and orientation could proffer a change of attitude among the students.

5.2 Conclusion

It is worthy of note that the use of contraceptives especially condom which is usually advised by some researchers other than the condemnation of the act encourages Pre-marital sex, knowing fully well that even if contraceptives could effectively take care of unwanted pregnancies, it can not prevent the psychological

effect such as corruption of character, poor academic performance, loss of self respect neither can it prevents the psychological effect which include guilt, regrets, depression etc that all the aftermath of pre-marital sex and such pre-marital sex should be totally discouraged either in compliance to the societal norms and values or for it's numerous effects and consequences.

As a suggestion for further studies Pre-Marital Sex: A Role Of Enlightenment And Sensitization should be carried out on gender i.e. males or females only.

5.3 Recommendations

1. Federal ministry of education should develop a curriculum on sex education for institution as this will enable students to understand the effect and consequences of Pre-marital sex and how to control their sexual urge without necessarily engaging in it.

- 2 School authority should enforce dress codes in higher institution of learning in order to reduce Sexual urge and temptation that occur due to provocative, exposing or revealing dresses that some students put on.

3. School authority should increase and support educational programs such as debate, field trips, etc and excellence should be awarded as this will increase healthy competition among students making them more focus on their learning exercise and less time for pleasure. Thereby reducing idle visitations that could lead to Pre-marital sex.

4. S.U.G, social clubs on campus, fellowships and Muslim student society etc should all preach and lift the banner of abstinence, zip up till marriage through organised programs like seminar etc.

5. Parents should endeavour to inculcate good morals, educate their children on their sexual life before their coming to the campus and as a matter of Responsibility monitor and pay regular visit to children on campus while providing adequate academic and non academic materials that will make their stay in the learning environment comfortable.

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TAI SOLARIN COLLEGE OF EDUCATION

P.M.B. 2028, OGUN STATE

DEPARTMENT OF BIOLOGY

These questionnaires are designed to find out the response of people concerning the research of “**Effect and Consequences of Premarital Sex and Unwanted Pregnancy**”. A case study of Tai Solarin College of Education, Omu-Ijebu. I humbly request for your permission to collect data relevant to this study. Any information obtained will be used only for academic purposes pertaining to this research and it will be treated with utmost confidentiality it deserves.

Section A

Demographic information

Age (years): 17-20 years () 21-23years: () 24 above: ()

Marital Status: Single () Relationship ()

Educational level: 100() 200() 300()

Sex: Male () Female()

QUESTIONNAIRE

	QUESTIONNAIRE ITEMS	SA	A	SD	D
A	Male and female Perception on Premarital Sex				
1.	Premarital Sex is deviance from the society standard of behaviour				

2.	Male and female premarital virginity is still upheld in our society today				
3.	Premarital sex is the best way to prove maturity in tertiary institution				
4.	Sex before marriage is the only way to prove love in relationship				
5.	Premarital sex is the most enjoyable social life on campus				
B.	Effects and Consequences of Premarital Sex and Unwanted Pregnancy				
6.	Premarital sex is the hall mark of unwanted pregnancy				
7.	Premarital sex and unwanted pregnancy leads to biological consequences such as abortion and S.T.I				
8.	Premarital sex and unwanted pregnancy has psychological effects such as depression and regret.				
9.	Premarital sex and unwanted pregnancy has a social consequence such as poor academic performance and loss of family support				
10.	Loss of self respect, bondage, alienation from the society and death are other consequences of Premarital sex and unwanted pregnancy				
C.	Preventive Measures Against Unwanted Pregnancy and S.T.I				
11.	Contraceptives encourage premarital sex				
12.	Contraceptives such as condom effectively protect against unwanted pregnancy				

13.	Contraceptives can effectively protect against HIV and S.T.I				
14.	Preventive measure such as withdrawal method for males and calculation of ovulation period by females is mostly used for fear of side effect of other contraceptives.				
15.	Abstinence is the ultimate preventive measure against unwanted pregnancy and its other consequences.				