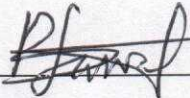


CERTIFICATION

This is to certify that OLAWANDE, Samuel Olalekan with the matriculation no: PSY/11/0209 carried out this project at the Department of Psychology, Federal University Oye-Ekiti, Nigeria.



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Finally, all the glory returns to God for making everything possible and beautiful in its time. May his name be glorified forever and ever (Amen).

DEDICATION

This work is dedicated to Almighty God, who created me, for his faithfulness to me and who in his grace guided me throughout this programme.

I also dedicated this work to my late lovely father, Elder Josiah Enock Akanbi OLAWANDE, may your soul rest in the blossom of the Lord. Amen

ABSTRACT

Premarital sex among youth is an intricate issue of special interest in Nigeria; which requires quick intervention from researchers and other stakeholders. Accordingly, the study examined the influence of peer connectedness, alcohol use and sexual orientation on attitude towards premarital sex among undergraduates using the expo-facto research design. Two-hundred and eight (208) undergraduates of Federal University Oye-Ekiti (FUOYE) were sampled using convenience sampling method. Self report instruments comprising of Premarital Sex Scale, Alcohol Use Scale, Sexual Orientation Scale and Peer-Connectedness Scale was used for data collection. Five hypotheses were tested using t-test for independent samples and One-way Analysis of Variance. Results showed that alcohol use predisposed positive attitude towards premarital sex. Males showed more favourably attitude towards premarital sex than females. Also, 400 level classes were more predisposed to premarital sex than other lower class levels. Additionally, peer-connectedness and sexual orientation did not influence attitude towards premarital sex. Findings were discuss in line with previous literature and it was recommended that both school and family domains should make effort at encouraging university students to desist from alcohol use in order to discourage positive attitude towards premarital sex. Also, government should promote programme pertaining alcohol use to educate the young Nigerians on the implications of premarital sex, through the communities, Medias and internet.

Keywords: Attitudes towards premarital sex, peer connectedness, alcohol use, sexual orientation, undergraduates.

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TABLE OF CONTENTS

	Pages
Title page	i
Certification	ii
Dedication	iii
Acknowledgement	iv
Abstract	v
Table of Contents	vi
CHAPTER ONE: Introduction	
1.1 Background of the Study	1
1.2 Statement of Problem	10
1.3 Objectives of Study	12
1.4 Relevance of study	12
CHAPTER TWO: Theoretical Frame Work and Literature Review	
2.1 Theoretical Frame Work	
2.1.1 Disease Theory of Alcohol	14
2.1.2 Social Learning Theory	15
2.1.3 Seduction Theory	16
2.1.4 Health Belief Model	17
2.2 Literature Review	18
2.3 Research Hypotheses	30
2.4 Operational Definition of Terms	31

CHAPTER THREE: Method

3.1	Research Design	32
3.2	Research Setting	32
3.3	Study Sample	32
3.4	Instrument	33
3.5	Procedures	34
3.6	Statistical Analysis	35

CHAPTER FOUR: Results 36

CHAPTER FIVE: Discussion of Results, Conclusion and Recommendations

5.1	Discussion	40
5.2	Conclusion	43
5.3	Limitations and Recommendations	43

REFERENCES 46

APPENDIX 53

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The high prevalence of premarital sexual practice among Nigerian youth is an intricate issue of special which requires quick intervention from researchers and stakeholders. In today's world of technology, sex before marriage is no longer seen as a sin, as unsafe sexual practice is now seen as a source of recreation rather than procreation purpose in which sex is meant for. Studies have shown that premarital sex among youth is so high that casual sex is now the order of the day, especially among undergraduates that are no longer under the control of their parents when they are on campus (Bogle, 2008; Glenn & Marquardt, 2001; and Knudson-Martin and Mahoney, 2009). This unsafe sexual behaviour have predisposed many youth to various health related problems. One of the causes of the high rate of HIV/AIDS among Nigeria youth is the fact that they engage in premarital sex which we are highly unsafe. The premarital sex is unsafe in the sense that there is no use of protective device when having sex and having multiple sexual partners.

In the traditional Nigerian society, sex outside marriage was seen as repugnant and forbidden, and people were not expressing their opinions and views on love, sex and marriage openly. Ukachi (1980) emphasized that "the ancient African was far from being an abode of laissez-faire morality. There were strict moral principles that determined code of conduct. Established moral code guided individual members on the social behaviours". Moreover it was a feature for both the bride and the groom to be ignorant about sexual act until their marriage night. Such was the practice of most Nigerian communities. Also social punishments like songs of contempt and degradation meted out at marriage, to brides that lost their virginity before the marriage night, made most girls refrain from premarital sex experiences. They strove to maintain the good name of their families (Eze, 1989).

In general, Indian men and women are not expected to have sex before marriage. While there is some laxity with regard to men's sexual behaviour, women's chastity is still greatly valued. However, studies show that there is premarital sexual activity in the country, with the rates being higher for men than women in every study. As mentioned earlier, Jejeebhoy's (2000) review of studies on adolescent sexuality showed that the rates for women ranged from 0-10% of unmarried girls and women and from 20-30% of unmarried boys and men, depending on the study. These studies varied in type from self-administered questionnaires in magazines and respondent interviews to reports from clinical examinations. They were not comprehensive and tended to cover sub-populations. The first type of study tended to cover urban upper and middle class populations due to self-selection in readership, while the community studies were mostly of students, and poor and tribal populations. In the popular media, there is now a sense that sex before marriage is on the rise with the social and economic changes brought about by globalisation. The increasing exposure of youth to western culture is thought to have effected a change in moral attitudes towards sex before marriage. That premarital sex is entering popular culture was reflected in a mainstream Hindi movie which had the protagonists, played by popular actors, living together and having a child before marrying each other. Further, certain trends such as the increase in urbanisation, financial independence among young women through employment, and the age at marriage support this argument, as do studies gauging the attitudes of youth to premarital sexuality.

Premarital sexual activity in a society which sanctions against it can have serious implications for those without the power of a self-determination. Societal control of the sexuality of unmarried girls results in a blinding lack of information on issues relating to it. Girls are unable to develop the ability to determine a healthy sexuality for themselves. Sexual expression in the absence of knowledge and the ability to make healthy decisions can result in sexual abuse and exploitation. There is evidence from interviews with men of sexual

coercion of unmarried adolescent females despite this group being strictly supervised, or even because of it (Sodhi *et al* 2004). Other obvious implications for girls who engage in premarital sex and at the same time operate in an environment where it is taboo are unwanted pregnancies and abortions, and the resulting physical and social complications (Mehta *et al* 2004; Joshi *et al* 2004). An intervention programme by the group Swaasthya in a settlement in Delhi in 1999-2001 that targeted adolescent girls and women to develop their knowledge and coping skills with regard to reproductive health and sexual risk worked effectively to make them less vulnerable to The pattern of the spread of HIV/AIDS in India challenged the widely held belief that there were low rates of multi-partner sexual activities and other risky sexual behaviour in the country. Since then, researchers have paid more attention to non-marital sexuality in India, all be it from the perspective of sexual behaviour as it relates to sexual health (for example, Nag 1996; Verma *et al* 2004). However, the issue of premarital sex in India remains a poorly explored topic. Not enough is known about the levels, trends and regional patterns in sexual activity before marriage in India.

According to societal and familial norms, premarital sex is not allowed, and families go to great lengths to protect the chastity of unmarried youth, especially girls. In this scenario, it is necessary to understand the linkages to premarital sex. It is important to study sexuality in the Indian context, and changes thereof, because the start of sexual activity coincides with the time that one transitions to adulthood and begins to take on adult roles. Sexual exploration should be entered into with full knowledge and awareness so that individuals can make healthy choices for themselves. In the absence of the ability to make healthy choices through lack of knowledge or lack of power, or both, the consequences can be dire. These include sexual coercion, unwanted pregnancy, abortion and its consequences, and sexually transmitted diseases (STDs) (Joshi *et al* 2004; Mehta *et al* 2004).

According to the Bible, in the book of I John 3:4, premarital sex is sin against God and the Quran also indicate it in the however there is high deviation from biblical and quranic teaching on the issue of sexual behaviour especially among the youth. As stipulated earlier many youth has been vulnerable to various health related problems due to their high practice of premarital sex which are said to be highly unsafe. While a student may not engage in premarital sex when they are at home under their parent supervision, however many youth as soon they get admission perceived such admission as freedom from their parent control which gives them the independence to engage in any form of behaviour they like. One of the behaviour that the set of undergraduates engages in is the experimentation of different type of sexual activities. Undergraduate in their first years in University are the one that are usually most vulnerable to premarital sexual behaviour, because they are fresher's that are in a new environment and they perceived this period as period of independent that their parent can hardly monitor their children's behaviour, they engage in all forms of unsafe sexual activities to enjoy themselves.

Premarital sexual behaviour is a form of the activities that tends to predispose people to various health related problems. One of these problems is unwanted pregnancy, especially for female undergraduate which may lead to abortion. Findings have demonstrated that female undergraduate that actively engage in premarital sexual practice have higher chances of getting impregnated. Hamilton, Martin and Ventura (2009) in their study carry out among college students justify the point above when they reported that at least 400,000 teenage girls in which their age range between 15-19 years gave birth in 2009. Meanwhile Aderibigbe & Basebang (2011) in their study also claim that about one third (28.2%) of all the respondents are sexually active and carried out various unsafe sexual related activities which lead to unwanted pregnancy.

The occurrence of premarital sexual behaviors for adolescents and adults alike has become increasingly more accepted in today's society (Garrison, Smith, & Besharov, 1994). With 69% of female adolescents and 64% of male adolescents aged 18-19 having had experienced sexual intercourse although never married (Abma, Martinez, Mosher, & Dawson, 2004), specific concerns for unmarried sexually active individuals are apparent. If unwanted pregnancy individuals are not taking advantage of the various forms of contraception, the risk of an unwanted pregnancy is present. The four leading STDs in the U.S., which account for 14.5 million new STD cases each year, are Human Papilloma Virus (HPV), Trichomoniasis, Chlamydia, and Genital Herpes; these four STDs are transmitted by skin-to-skin contact and cannot be prevented by any form of protection available (Louisiana Governor's Program on Abstinence, 2005). The most prevalent STD, HPV (Center for Disease Control, 2005), is the cause of nearly 100% of all cervical cancer worldwide (American Cancer Society [ACA], 2005). Also, the nonuse or misuse of sexual protection may lead to an increase in the rate of other sexually transmitted diseases. Concerns that are not apparent may also be present. Premarital sexual intercourse has also been linked to future marital dissolution (Heaton, 2002; Kahn & London, 1991; Teachman, 2003); however, research on this relationship is scarce.

In addition to the increased rate of premarital sex, the rate of cohabitation outside of the marriage relationship has greatly increased. It is said that only about 8% of the population were involved in cohabiting unions in the 1960's (Bumpass, 1990). In our society today, of the 62% of women under age 44 who have ever been married, approximately 50% of them have cohabited at some point in their lives. In addition to this, 10% of women under age 44 have cohabited but have never been married (Bramlet & Mosher, 2002). Many studies have linked cohabitation to both future marital trouble and divorce (Amato & Booth, 1997; Booth & Johnson, 1988; Heaton, 2002; Kamp Dush, Cohan, & Amato, 2003; Larson & Holman,

1994; Thomson & Coletta, 1992). It is also been suggested that premarital sexual intercourse has a similar relationship to the future marriage (Kahn & London, 1991; Teachman, 2003; Whyte, 1990); this relationship, however, is not as thoroughly researched as is the relationship between cohabitation and the marriage.

The purpose of the current study is to investigate the factors that predisposed undergraduate students to engage in premarital sexual behaviour.

Nigeria is a relatively culturally conservative country; the topic of sex is still considered a taboo between parents and children. A child learns through the mass media and peers unguided. Children learn the important topic of sex education in negative manners, rather than having proper sex socialization at home or in schools. Premarital cohabitation has been reported as a common phenomenon among Nigerian University undergraduates (Alo, 2008). Cohabitation of opposite sex is a predisposing factor to the initiation of sexual activities. Premarital sex is not confined to teens alone, a good number of people who are not married, are also vulnerable to premarital sex. This is evidenced by the large number of unintended/unwanted pregnancies many of which get terminated in back street clinics (Alo, 2008), the high rate of sexual transmitted infections among the 15-24 years old, and an increasing number of girls dropping out of schools due to unintended/unwanted pregnancies. Over half of all new HIV infections worldwide (6,000 a day) occur among those between 15 and 24 years of age (Ivan, 2000). The worst hit among this age bracket are the female population. Females are particularly vulnerable to a host of problems related to premarital sex. Women have certain physical peculiarities that increase the risk of infection: the vaginal surface exposed to semen is large and semen, have greater concentration of HIV than vaginal fluid (AIDS, 2002). This is aside the fact that she drops out of school and except in rare cases she may never go back to school again (Alo, 2008). Modern society is becoming freer in many different ways so that premarital sex is becoming more 'ordinary'. May be in certain

sense premarital sex is not wrong, but premarital sex seems to be causing many social disturbances such as disorderly household and more corruption of public morals. Throughout the world, most young people have had sex before they reach 19 years of age. There are some other ones who engage in so called "sexual alternatives", such as fondly one's sexual organs (mutual masturbation). A disturbing report in the New York Times reveals that "Oral Sex" has become a common place initiation into sexual activity, widely perceived by many young people as less intimate and less risky than intercourse (Scott, 2006). Premarital sexual activity is not a recent occurrence worldwide. Research indicates that as far back as 1950's, the phenomena have attracted public attention both in the United Kingdom and United States of America (Teenage pregnancy, 2007). For example, in 1954 a study in Manchester revealed that between the years 1937 and 1954 almost a quarter of underage girls coming to the attention of a certain female police officer regarding underage sex, were pregnant. It was also noted that the girls came from a particular background, either broken homes or of bad parental influence (Teenage pregnancy, 2007).

Finer (2007), examining trends in premarital sex in USA concluded that premarital sex is not surprising in an era when men and women typically marry in their mid to late twenties and they are sexually active as singles for extensive periods. Sex was reported by Finer to be nearly universal in USA by age 30, but also very common at younger ages. From a study conducted in India, Krishmen (2006) reported that premarital sex is rising among youths in rural India where the rate exceeds that of the urban areas. He went further that while access to sex education was far less in rural areas, rural youth were twice as likely as urban youth to have had premarital sex.

In Turkey, Mehmet (2006) concluded that among the background variables considered; mother's education, age, ethnicity and employment status were among the most important predictors of attitudes towards women premarital sexual activity. However, Allen

(2003) had earlier reported that several polls have indicated peer pressure as a significant sexual activity predictor, while on the contrary, sexually inducing drugs and alcohol have been identified as factors which may encourage unintended sexual activities (UNICEF, 2001; Leonard, 2005).

The occurrence of premarital sexual behaviors for adolescents and adults alike has become increasingly more accepted in today's society (Garrison, Smith, & Besharov, 1994). With 69% of female adolescents and 64% of male adolescents aged 18-19 having had experienced sexual intercourse although never married (Abma, Martinez, Mosher, & Dawson, 2004), specific concerns for unmarried sexually active individuals are apparent. If unwed individuals are not taking advantage of the various forms of contraception, the risk of an unwanted pregnancy is present. The four leading STDs in the U.S., which account for 14.5 million new STD cases each year, are Human Papilloma Virus (HPV), Trichomoniasis, Chlamydia, and Genital Herpes; these four STDs are transmitted by skin-to-skin contact and cannot be prevented by any form of protection available (Louisiana Governor's Program on Abstinence, 2005). The most prevalent STD, HPV (Center for Disease Control, 2005), is the cause of nearly 100% of all cervical cancer worldwide (American Cancer Society [ACA], 2005). Also, the non use or misuse of sexual protection may lead to an increase in the rate of other sexually transmitted diseases. Concerns that are not apparent may also be present.

Premarital sexual intercourse has also been linked to future marital dissolution (Heaton, 2002; Kahn & London, 1991; Teachman, 2003); however, research on this relationship is scarce. In addition to the increased rate of premarital sex, the rate of cohabitation outside of the marriage relationship has greatly increased. It is said that only about 8% of the population were involved in cohabiting unions in the 1960's (Bumpass, 1990). In our society today, of the 62% of women under age 44 who have ever been married, approximately 50% of them have cohabited at some point in their lives. In addition to this,

10% of women under age 44 have cohabited but have never been married (Bramlet & Mosher, 2002). Many studies have linked cohabitation to both future marital trouble and divorce (Amato & Booth, 1997; Booth & Johnson, 1988; Heaton, 2002; Kamp Dush, Cohan, & Amato, 2003; Larson & Holman, 1994; Thomson & Coletta, 1992). It is also been suggested that premarital sexual intercourse has a similar relationship to the future marriage (Kahn & London, 1991; Teachman, 2003; Whyte, 1990); this relationship, however, is not as thoroughly researched as is the relationship between cohabitation and the marriage. Various factors have been associated with premarital sex among undergraduate, these factors include but not limited to, peer connectedness, alcohol use and sexual orientation.

Peer connectedness can be defined as the level or degree at which individual relate or associate with peers. High level of peer connectedness with peers that engage in premarital sexual activities may also expose such individual to engage in this act. Peer-connectedness create peer pressure, which may force an individual to follow what others are doing. Dishion and Henry (2012) claim that peer connectedness tends to create peer pressure which may force member to comply with group behaviour to avoid group rejection.

Alcohol consumption is a contributory cause of more than 200 illnesses defined by the International Classification of Diseases (ICD-10) as three-digit disease codes. These are mostly in a dose-response manner. The more alcohol consumed, the higher the risks for alcohol-attributable disease. As a consequence, in the EU in 2004, almost 95,000 men and more than 25,000 women, aged 15 to 64, died of alcohol-attributable causes (total 120,000). This means that 1 in 7 male deaths, and 1 in 13 female deaths, in this age category were caused by alcohol. Also substance abuse such as abuse of alcohol has been previously reported to be related to premarital sexual behaviour. Abuse of alcohol tends to impair the function of frontal lobe part of the brain which regulate appropriate behaviour of individual. Statonet, al (1999) claim that abuse of alcohol positively related to premarital sex such as risky sexual behaviour.

Finally, Sexual orientation is distinct from other components of sex and gender, including biological sex (the anatomical, physiological, and genetic characteristics associated with being male or female), gender identity (the psychological sense of being male or female), and social gender role (the cultural norms that define feminine and masculine behavior). For the purpose of this study, sexual orientation can be defined as the degree at which an individual is attracted to opposite sex. High level of sexual orientation may lured an individual to engage in premarital sex with such individual. The study is aimed at expanding on how this variable's influences premarital sex.

1.2 Statement of Problem

The menace of premarital sex among undergraduates is a big problem that needs to be addressed. Premarital sex increase students' vulnerability to various problems ranging from school drop out as a result of unwanted pregnancy and vulnerability to sexually transmitted diseases. According to Chilisa (2013), youths that engage in high level of premarital sex are usually victims of HIV/AIDS, unwanted pregnancies, gonorrhoea and syphilis.

According to research, Nigeria Universities have high prevalence of premarital sexual behaviour which is one of the main reasons behind the high prevalence of HIV/AIDS, esteemed to be about 3.1 million, with about 300,000 new infections occurring annually where age range 15 – 24 contributing 60% of the infections (NACA, 2013). In addition to the increased rate of premarital sex, the rate of cohabitation outside of marriage relationship has greatly increased. It is said that only about 8% of the population were involved in cohabiting unions in the 1960's (Bumpass, 1990). In our society today, of the 62% of women under age 44 who have ever been married, approximately 50% of them have cohabited at some point in

their lives. In addition to this, 10% of women under age 44 have cohabited but have never been married (Bramlet & Mosher, 2002).

Peer-connectedness as suggested in this study may predispose an individual whose peers engage in active premarital sex. If there is cordial relationship/interpersonal relationship among peers, they tend to learn the behaviour especially, when it is associated with positive rewards.

Alcohol use can affect an individual attitude towards premarital sex. An individual who is alcoholic dependent or that consumes too much of alcohol may predispose an individual to engage in premarital sex.

Sexual orientation on the other hand can make an individual to have positive attitude towards premarital sexual behaviour. According to Sigmund Freud's seduction theory, past experience towards sexual molestation is the foundation of an individual's excessive attitude towards sex. An individual who perceives the sexual trauma or molestation as positive may tend to be involved in continuous sexual activities. That's the person has a positive attitude towards sex.

The concept of peer connectedness, alcohol use and sexual orientation have been widely studied in psychology. Studies have examined some order factors that influence premarital sex. In other words, no study has been conducted on how peer connectedness, alcohol use and sexual orientation correlate with premarital sex among undergraduates of Federal University Oye-Ekiti. This study will answer the following questions at the end.

- i. Does peer connectedness influence attitudes toward premarital sex among undergraduates?
- ii. Does alcohol use influence attitudes toward premarital sex among undergraduates?
- iii. Does sexual orientation influence attitudes toward premarital sex among undergraduates?

- iv. Is there a gender difference in attitudes toward premarital sex among undergraduates?

1.3 Purpose of Study

The main objective of the study was to examine the influence of peer connectedness, alcohol use and sexual orientation on attitudes toward premarital sex among undergraduates of Federal University Oye-Ekiti. The study aims at the following specific objectives:

- i. To examine the influence of peer connectedness on attitudes toward premarital sex among undergraduates.
- ii. To investigate the influence of alcohol use on attitudes toward premarital sex among undergraduates.
- iii. To examine the influence of sexual orientation on attitudes toward premarital sex among undergraduates.
- iv. To examine the gender difference in attitudes toward premarital sex among undergraduates.

1.4 Relevance of Study

The findings of this study will have both theoretical and practical benefit. The theoretical benefit of the study will be in the form of having better knowledge of how psychosocial factors such as peer connectedness, alcohol use and sexual orientation influences undergraduates premarital sex. Base on this the finding of the study is expected to improve the existing literature on premarital sex.

In terms of practical benefit, the findings of the study will provide students, health practitioners, government on ways to reduce premarital sexual behaviour among

undergraduate students. The findings of the study are expected to provide stakeholder and management with empirical data that can be used to make important decisions such as establishment of an intervention policy to curb the menace of premarital sex in our higher institution of learning.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Framework

2.1.1 Disease Theories of Alcohol Use

The modern disease theory of alcoholism was propounded by American Medical Association (1956) states that problem drinking is sometimes caused by a disease of the brain, characterized by altered brain structure and function. The American Medical Association (AMA) had declared that alcoholism was an illness in 1956. In 1991, the AMA further endorsed the dual classification of alcoholism by the international classification of disease under both psychiatric and medical sections. The risk of developing alcoholism depends on many factors, such as environment. Those with a family history of alcoholism are more likely develop it themselves (Enoch & Goldman, 2001); however, many individuals have developed alcoholism with a family history of the disease. Since the consumption of alcohol is necessary to develop alcoholism, the availability of and attitudes towards alcohol in an individual's environment affect their likelihood of developing the disease. Current evidence indicates that in both men and women, alcoholism is 50-60% genetically determined, leaving 40-50% for environmental influences.

Therefore, this suggests that people who engage in premarital sex could be due to family history of alcohol use the availability of and attitudes towards alcohol in an individual's environment affect their likelihood of developing imitation of peers which alter their perception of sexual orientation and could lead to premarital sex activity or behaviour.

2.1.2 Social Learning Theory Peer Connectedness

Albert Bandura (1977) was the major motivator behind social learning theory. One of the main things that he was concerned with was how cognitive factors influence development, but he confined his approach to the behavioural tradition. Bandura called his theory a social cognitive theory. Like other behaviourists, Bandura believes that cognitive development alone cannot explain changes in behaviour in childhood and he believed that learning processes are primarily responsible for children's development. However, he felt quite strongly that the cognitive abilities of the child affect learning processes. This, he feels, is especially true of the more complex types of learning.

The menace of social learning theory developed by Albert Bandura, was the role of observational learning and social experience in the development of personality. The main idea in social cognitive theory is that an individual's action and reactions in almost every situation is influenced by the action that the individual observed in the other or environment. This theory is applicable in the study in the sense that, individuals have different unique experience about every event in life which implies that individual sexual orientation, alcohol use, peer connectedness and premarital sexual behaviour could result from what he or she has observed several times in people within social network and with personal acceptance of concept especially when the particular behaviour is associated with positive rewards.. However Bandura on his emphasis that every one could be understood from his/her prior social interactions and cognitive orientation.

Therefore, this theory suggests that premarital sexual behaviour, alcohol use, sexual orientation and peer connectedness could be has a result of observing the environment activities such as; peers, siblings, family, superiors which could change their schema towards

imitating their behaviour. according to behaviourist they believed that behaviours are learned or acquired from the environment.

2.1.3 Seduction Theory of Sexual Orientation

Freud's seduction theory was a hypothesis posited in the mid-1890s by Sigmund Freud that he believed provided the solution to the problem of the origins of hysteria and obsessional neurosis. According to the theory, a repressed memory of an early childhood sexual abuse or molestation experience was the essential precondition for hysterical or obsessional symptoms, with the addition of an active sexual experience up to the age of eight for the latter.

The main aim of this seduction theory is that an individual's actions and reactions in almost every situation are influenced by past experience. The modest theory of seduction states that people's sexual orientation changes due to their past traumatic experience that has been gathered during their childhood which in turn regenerates in the adult stage of the individual. This can make the individual consume alcohol to forget the past traumatic experience, also change his/her sexual orientation toward sex, make friends with people that have been sexually abused.

This theory explains sexual orientation in the sense that an individual who has been sexually molested or abused during his/her childhood by the opposite sex tends to have a positive attitude towards premarital sex and involve in sexual activities across stages of development.

2.1.4 Health Belief Model of Premarital Sex

The HBM was originally developed in the 1950s by social psychologists working at the U.S. Public Health Service to explain why many people did not participate in public health programs such as TB or cervical cancer screening. Subsequently, it was extended by Leventhal, Rosenstock, Becker and others to explain differing reactions to symptoms and to explain variations in adherence to treatment. It has subsequently been used to guide the design of interventions to enhance compliance with preventive procedures.

The HBM was founded on attempts to integrate stimulus-response theory with cognitive theory in explaining behavior. The design of the HBM was influenced by Kurt Lewin's theories which state that perceptions of reality, rather than objective reality, influence behavior. Earlier stimulus-response theory had stressed the importance of the consequences of behavior in predicting actions, while cognitive theory modified this by stressing the relevance of the person's subjective valuations, and their judgment of the likelihood that an action would have desired consequences. This combined approach was termed value-expectancy theory: reinforcements and incentives do not influence action directly, but via influencing the person's valuation of the action and their judgment of the likelihood that it will produce results. In this perspective, health behaviors are influenced by a person's desire to avoid illness or to get well, and by their confidence that the recommended action will achieve this. This implied a phenomenological approach: it is not the actual world, but the person's perceptions of it that influence their behavior. It extended the descriptive approach of associating health behaviors with demographic factors such as social class or ethnicity, and emphasized the role of personal characteristics and perceptions. It was an early attempt to improve on a behaviorist stimulus - response model and to incorporate cognitive components.

This theory posit that people are prone to health issues when involved in premarital sexual behaviour, such as; unwanted pregnancy, HIV/AIDS, and other related health problem. Alcohol use is another factor that could prone people to health issues such as impaired cognition, cirrhosis of the liver, injuries, impaired functioning in the society etc. Sexual orientation also play a role in health belief model, people that has negative or less sexual orientation are prone to health issues. Peer connectedness also as a factor can cause health issues, in the the sense that influence among peers are in a great risk of sexual activity which inturns could cause health problems.

2.2 Review of Empirical Studies

2.2.1 Peer Connectedness and Premarital Sex

Youth sexual behaviours are also influenced by peer-related factors such as the norms espoused by, and behaviours of friends. For example, young people who believe that their peers are sexually experienced are more likely than others to be sexually experienced (Murray 1998). Additionally, studies from India suggest that greater peer acceptance of pre-marital sex and increased frequency of peer contact are directly associated with pre-marital sexual initiation (Abraham & Kumar, 1999; Alexander 2007).

The literature currently available suggests that a number of individual, family, peer and community level factors are associated with pre-marital sexual experiences among young people. At the individual level, studies suggest that education is inversely associated with the initiation of premarital sex (Alexander 2007; Gupta, 2000), while engaging in economic activities is directly associated with it (Abraham and Kumar, 1999; Kayembe 2008; Rich and Kim, 2002). Self-efficacy in sexual matters and engaging in pro-social activities are inversely

correlated with initiation of pre-marital sex (Ramirez-Valles, Zimmerman and Newcomb, 1998; Tenkorang and Maticka-Tyndale, 2008), while substance use is directly correlated with it (Alexander 2007; Coker 1994; Devries 2009; Fatusi and Blum, 2008; Kayembe2008; Liu, 2006; Mott 1996).

Although studies on pre-marital sexual behaviour of young people have increased considerably in India in recent years, these studies differ substantively and methodologically. Just a couple of studies were nationally representative, a few were representative of districts in which they were conducted and almost all others were small-scale studies. Some focused on community-based samples of unmarried and married youth, while others focused on institution-based samples of special groups such as college students or young men seeking treatment for sexually transmitted infections. Hence, findings from most of these studies were not intended to be generalised to the country as a whole.

A review of the literature on adolescent sexuality by Jejeebhoy(2000) showed that anywhere up to 10% of unmarried girls and women and 20-30% of unmarried boys and men have been sexually active. Given the conservative attitude towards non-marital sexuality, even this vague figure for premarital sex is revealing. Further, there are indicators that the numbers are likely to be higher than those reported by women, especially in poor and rural areas. In a community-based study of rural tribal women in Maharashtra, Bang *et al* (1989) found that nearly half of all unmarried girls were sexually active. The methodology used in this study included women's self-reported clinical histories and physical examinations. At the same time, in-depth interviews and reports from men suggest that women are likely to under-report premarital sexual activity. Bhende (1994) found that there were higher rates of sexual activity among poorly educated adolescents in a slum area of Mumbai than was directly reported by them. In-depth interviews of medical practitioners and community leaders, along with young boys and girls and their mothers, indicated more activity than was reported by the adolescents

and their mothers. Interviews with men also provided indirect evidence that they find sexual partners among the unmarried girls within their own community. Male respondents in a qualitative study in rural Gujarat indicated that unmarried girls in their own village were available for sex (Joshi 2004). That women are likely to have under-reported in these studies illustrates that there are strong cultural norms against young girls and women engaging in premarital sexual activity. The arranged marriage system still dominates Indian culture, and chastity is highly valued within it.

Studies differ in their approaches for gathering data on sexual behaviour as well. Most studies including the nationally representative studies such as the National Family Health Survey and the National Behavioural Surveillance Survey relied on just face-to-face interviews, although it is known that gathering data on sensitive behaviours through face-to-face interviews is especially prone to social desirability bias (Fenton *et al.*, 2001; Ghanem 2005; Gregson 2002; Kissinger 1999; Richman 1999; Mensch 2008; Potdar and Koenig, 2005). Few others that have used different approaches to minimize such biases (Alexander 2006; Jaya, Hindin and Ahmed, 2008; Potdar and Koenig, 2005; Santhya, Jejeebhoy and Ghosh, 2008) are not nationally representative. Indeed, there are no studies in India that are sub-nationally or nationally representative and that have used a combination of approaches to minimize reporting biases with regard to pre-marital sexual behaviour of young people. The Youth in India: Situation and Needs study from which data presented in this paper were drawn is an exception; the study has used the face-to-face interview approach as well as anonymous reporting, using the sealed envelope approach.

While existing studies have documented the prevalence of pre-marital sexual experiences among young people in India, little work has been done to explore the factors that hasten young people's transition to sexual life before marriage. Much of the evidence currently available comes from studies conducted largely in developed countries or African

countries among the developing nations. Indeed, an extensive search of such databases as JSTOR, POPLINE and PUBMED located just two studies that shed light on factors associated with pre-marital sexual initiation among young men and pre-marital physical intimacy, including sex among young women in India (Abraham and Kumar, 1999; Alexander 2007). There is clearly a need for further research to gain a better understanding of the factors associated with pre-marital sexual initiation among young people in India. Significant gender differences were apparent in peer-related variables. Young women were considerably less likely than young men to report peers as confidantes on problems with friends or boy-girl relationships (52% versus 87%), frequent peer interaction (7% versus 16%) and peers who were sexually experienced before marriage (7% versus 22%). Youth norms about pre-marital sex remained traditional among both young women and men; even so, more young women than men adhered to such norms (mean score of 0.94 versus 0.82).

It has been argued that establishing and maintaining connectedness to others, to society, and to oneself is a pervasive human concern (Baumeister and Leary, 1995; Gilligan, 1982; Hagerty, Lynch-Sauer, Patusky, and Bouwsema, 1993; Kohut, 1977; Nakkula & Selman, 1991). Twenty-five years after Maslow (1968) described belongingness as the third most fundamental need of the self, Baumeister and Leary (1995) proposed that belongingness is perhaps the most important psychological resource for overall human well being. They describe the need to belong as the universal need for "frequent activity and persistent caring" (Baumeister & Leary, 1995, p. 497). Thus their definition of connectedness is based on contact and caring. Lee and Robbins (1995) describe connectedness as one of the three components of belongingness, the other two being companionship and affiliation. Formal definitions of an ecology of adolescent connectedness have been lacking in the psychological literature, yet research on belongingness and relatedness suggests that connectedness is shaped both by feelings of general belongingness and by assessments of context-specific and person-specific

interpersonal relatedness. Hagerty *et al.* (1993) describe connectedness as one of the four states of relatedness, suggesting connectedness occurs when a person is fully involved with another person, activity, group, or environment. Although connectedness has frequently been used as a synonym for relatedness and belonging, connectedness is commonly described in the literature as distinct from these terms in at least three ways. First, belongingness is a self-assessment of the degree of social support one experiences in general or in social groups, and relatedness is one's assessment of the interpersonal social support one experiences in specific relationships, whereas connectedness conveys the individual's involvement in and caring for those relationships and groups.

Within the theory of adolescent connectedness (Karcher, 2001), connectedness is described as movement toward others through affection and activity. Connectedness is considered a response to relatedness and belonging. When individuals feel a sense of relatedness to others and belonging in general they, in turn, value those relationships and social institutions in which they experience belongingness and relatedness. They pursue activities and relationships which further cement their affective commitment. Connectedness, then, reflects one's perception of his or her own involvement in and affection for others, activities, and organizations.

A second distinction found in the literature is that connectedness refers to involvement not only in dyadic relationships and groups, but also in activities, abstractions, and ideologies that reflect individuals' social memberships or affiliations. For example, descriptions of connectedness to reading, to religion, and to the future are also found in the child and adolescent literature (see Feral, 1999; Nakkula & Selman, 1991). The third distinction is that connectedness is a function of the need to belong, such that when belonging and relatedness is not experienced by an individual in one social ecology, he or she will become more connected to other social ecologies as a compensatory act (Baumeister & Leary, 1995). For example,

when disconnection occurs with family members, connectedness with friends may increase; when adolescents become disconnected from school, they often seek connectedness outside of school in their neighborhood (see Joo & Han, 2000; Hirschi, 1969). Therefore, it is often suggested that adolescents' sense of self is born out of these sometimes divergent connections to family, teachers, friends and peers (Buhrmester, 1990; Harter, 1999).

2.2.2 Alcohol Use and Premarital Sex

Risky health behaviors such as cigarette/alcohol use, as well as the onset of sexual activity, are common from late adolescence to young adulthood in East Asian countries such as Taiwan. These behaviors increase an individual's subsequent mental and physical health risks to some degree. Studies indicate nearly one-quarter of male youth in Taiwan self-report cigarette use at least once by the end of high-school, and the smoking rate more than doubles to 48% by the end of college.

Although female cigarette use was somewhat lower among Taiwanese high school students (4-5%), smoking prevalence, particularly for youth, has continued to rise since Taiwan opened its tobacco market to foreign companies in 1987. A recent population-based survey in Taiwan reports alcohol use by age 18 at about 38%; not surprisingly, that percentage is predicted to increase as adolescents move into early adulthood. Similarly, the same study reports premarital sex by age 18 among female adolescents in Taiwan is 22% among 15-19 year-old cohorts, but only 17% among those 20-24 year-old cohorts. Social norms regarding premarital sex are apparently becoming more liberal in recent times.

Problem behaviors (e.g., smoking, drinking, drug use, premarital sex) tend to cluster in youth as distinct social behaviours. If the relationship between cigarette/ alcohol use and subsequent sexual activity can be understood, interventions can be designed to efficiently and

effectively decrease and/or limit the likelihood of adolescents' misusing these substances and engaging in premarital sex. Thus far, there is relatively little empirical evidence regarding this link in Asian countries like Taiwan. Mason and colleagues analyzed data gathered from a sample of 808 American youth, followed from age 10 to age 24. Their findings suggest early alcohol use correlates with a higher likelihood of risky sex. However, that study is based on a Western population, and its analyses did not include factors related to social context and peer influence; therefore, additional risk behaviors often associated with adolescent development were not assessed.

Using the Theory of Planned Behavior and Social Learning Theory, this study explores the association between adolescent cigarette/alcohol use and premarital sex from a temporal perspective. The Theory of Planned Behavior asserts an adolescent's intention to engage in premarital sex flows from a youth's attitude toward premarital sex, his/her perception of the subjective (cultural) norms associated with such behavior, and his/her beliefs regarding his/her ability to engage in sexual activity. How these factors are influenced by relationships with peers and stressful life events are also central to the dynamics of when, how, and to what degree youth engage in premarital sex. In addition, Social Learning Theory posits peer group interaction portrays a significant role in cigarette/alcohol use and subsequent premarital sex among college students. In a sample of Taiwanese youth who successfully completed a competitive college entrance exam, adolescents report peer pressure as a powerful influence in their decision to initiate and experiment with a variety of risky health behaviors.

Previous research in the Philippines and Taiwan identifies perceived sexual activity by best friends as an influential factor in the initiation of sexual activity in an adolescent's own life. In the present cohort study, we extend our analyses to include the temporal relationship between peer pressure and premarital sex during college. Using longitudinal data

from the Taiwan Youth Project, we specifically address this research question: What is the relationship between adolescent cigarette/alcohol use and the likelihood of premarital sex during college, after controlling for premarital sex attitudes, peer influence, life and behavioral events, and family background? The analyses were conducted separately for male and female college youth, due to gender differences suggested by a wide range of existing literature.

The study population; The Taiwan Youth Project (TYP) was launched in 2000 and originally included 5,541 junior high students (2,740 girls and 2,801 boys) in northern Taiwan (Taipei city, Taipei county and Yi-Lan county) as the baseline with an annual follow-up through self-administered questionnaires and telephone interviews. Data on the sensitive topics of sexual and intimate activities and attitudes were gathered in this cohort since 2004 when youth turned 20 years old. In order to understand sexual behavior after age 20, and to hold constant the documented protective context of being in school, our analytic sample is restricted to never-married college youth, surveyed at age 20 and again at age 22, with complete data on self-reported premarital sex, premarital sexual permissiveness attitudes and other major covariates discussed herein. The inclusion criteria yielded a total study sample of 2,119 college youth.

Adolescent cigarette and alcohol use was defined by whether never-married 20 year-old college youth self-reported cigarette and/or alcohol use. This information was obtained directly from the questionnaire item, "Have you smoked [cigarettes] in the past week?" and, "Have you drunk [alcohol] in the past month?" Respondents were categorized as "smokers" and "non-smokers." For the alcohol use item, students were placed in one of three groups: "abstainer" (no alcohol use), "light drinker" (1-2 times per month) and "heavy drinker" (3+ times per month). Peer characteristics included respondent perceptions of three behaviors: perceived sexual behavior of close friends, perceived cigarette use of close friends, and per-

ceived alcohol use of close friends. Respondents were asked about the perceived sexual experiences of their close friends with possible responses being "none, less than half, and half or greater" of their close friends having had premarital sex. They were also asked whether their close friends smoked and the frequency of alcohol use among their close friends. Smoking responses were dichotomized ("smoker" and "non-smoker") for friends perceived smoking behavior, and close friends' perceived alcohol use responses were placed into 1 of 3 categories ("abstainer," "light drinker=1-2 times in past month," and "heavy drinker=3 or more times in past month").

The sample consists of 49% male and 51% female college students. About 16% of the sample report having had premarital sex by age 20. After excluding sexually active youth, 20% of males and 13% of females report engaging in premarital sex in the 2-year follow-up interview. Multivariate logistic regression analyses reveal adolescent alcohol use is significantly associated with a higher likelihood of engaging in premarital sex for both genders; adolescent smoking is significantly associated with premarital sexual activity among males, but not females. Our results indicate liberal premarital sexual attitudes and stressful personal events are also significantly associated with premarital sexual activity. Conclusions: These findings suggest health promotion programs for college students need to take developmental and gender perspectives into account. Future research to incorporate a broader, multi-cultural context into risk reduction materials is recommended.

Previous study investigated premarital sex on Taiwanese college youth. There conclusion stated that group differences show higher proportions of cigarette and alcohol use among the youth who engaged in premarital sex than those who were sexually abstinent for both sexes, the multivariate analysis in the sexually abstinent group further indicates that two years later, adolescent cigarette smoking decreased as a predictor of subsequent premarital sex for females, while the effect of alcohol use remained a significant predictor of premarital

sex. Reducing drinking, providing immediate counseling for those who experience a personal stressful event, and promoting positive attitudes toward intimate relationship before marriage during adolescents, may be helpful intervention message content in delaying the age of onset of premarital sex in young adulthood. Specifically, interventions promoting the delay of the onset of drinking and delivering appropriate sexual education during high school may be particularly useful in preventing Taiwanese college students from engaging in risky sexual behavior.

2.2.3 Sexual Orientation and Premarital Sex

Research over several decades has demonstrated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex. However, sexual orientation is usually discussed in terms of three categories: heterosexual (having emotional, romantic, or sexual attractions to members of the other sex), gay/lesbian (having emotional, romantic, or sexual attractions to members of one's own sex), and bisexual (having emotional, romantic, or sexual attractions to both men and women). This range of behaviors and attractions has been described in various cultures and nations throughout the world. Many cultures use identity labels to describe people who express these attractions. In the United States the most frequent labels are lesbians (women attracted to women), gay men (men attracted to men), and bisexual people (men or women attracted to both sexes). However, some people may use different labels or none at all.

Sexual orientation is commonly discussed as if it were solely a characteristic of an individual, like biological sex, gender identity, or age. This perspective is incomplete because sexual orientation is defined in terms of relationships with others. People express their sexual orientation through behaviors with others, including such simple actions as holding hands or kissing. Thus, sexual orientation is closely tied to the intimate personal relationships that meet deeply felt needs for love, attachment, and intimacy. In addition to sexual behaviors,

these bonds include nonsexual physical affection between partners, shared goals and values, mutual support, and ongoing commitment. Therefore, sexual orientation is not merely a personal characteristic within an individual. Rather, one's sexual orientation defines the group of people in which one is likely to find the satisfying and fulfilling romantic relationships that are an essential component of personal identity for many people.

A key controversy has been whether the term 'sexual orientation' is appropriate in the context of the complex and potentially changeable nature of sexuality (Garnets 2000). The term has primarily been criticised for being overly deterministic, forcing people into one category or another which may not fit their overall experience or overly assuming that the orientation towards another person is sexual. However, it has been deemed better than 'sexual preference' or the suggestion of sexual lifestyles, which can be seen to assume a conscious and deliberate choice trivialising the probable complex psychological, social and cultural processes involved in shaping sexual orientation.

Notably, 'sexual orientation' is the term used in equalities legislation and it has now started to gain more currency than 'sexuality' in this context (Aspinall and Mitton 2008, p. 62). For example, in the Employment Equality (Sexual Orientation) Regulations 'sexual orientation' is defined as 'an orientation towards:

- persons of the same sex;
- the opposite sex;
- or both sexes'.

Despite the problems with this concept, the term is a pragmatic solution that allows the description and capture of discrimination against a person because of their 'sexual orientation' and provides a definition of the comparative categories against which unlawful or unfair treatment can be assessed (for example, comparison of treatment between a person

sexually orientated towards someone of the same-sex and another person orientated towards the opposite sex).

Sex-Role Orientation. Until the 1970s, masculinity and femininity were thought to be on two ends of a continuum. In 1974, Sandra Bem developed the Bem Sex-Role Inventory (BSRI), which lists 60 adjectives (20 masculine, 20 feminine, 20 neutral) used to measure masculinity and femininity as two separate dimensions (Bem, 1974). It is also able to yield a measure of androgyny (high masculinity and high femininity); Bem described individuals who score high on androgyny as those who are more adaptable and healthy because they are not bound by traditional gender roles. The BSRI is considered among the most effective measures of existing gender stereotypes and has been widely used in a variety of ways (Harris, 1994). For example, one study examined the relationship between BSRI scores and peer-rated and self-rated leadership (Gurman & Long, 1992), whereas another assessed college students from the north versus south (Faulkender, 1987). Another study asked participants to complete the BSRI several times, each time thinking about themselves in a different role (Uleman & Weston, 1986).

Numerous studies have compared athletes and non-athletes on sex-role orientation, and suggested that male athletes have a more masculine sex role. Caron, Carter, and Brightman (1985) found that college male athletes - especially those participating in team sports - had higher masculinity scores on the BSRI than those who participated in individual sports and non-athletes. This is consistent with many research studies that have found significant relationships between male athletic participation and traditional masculine sex-role orientation. For example, Fletcher and Dowell (1971) found high school athletes were significantly more dominant than non-athletes. Henry (1965) found weightlifters, when compared to non-athletes, scored higher on masculinity, and Schendel (1965) found athletes at each educational level scored higher on masculinity when compared to non-athletes. In

addition, Kirkcaldy (1982) found that athletes who played attacking positions were higher in dominance and aggression, two traits associated with masculinity, than were athletes who played non-attacking positions.

Specifically, male athletes and non-athletes completed three instruments: 1). The Attitudes toward Women Scale (AWS), which is a measure of views of women's roles (Spence and Helmreich, 1972); 2). the Reiss Premarital Sexual Permissiveness scale (RPSP) which measures attitudes toward men's and women's premarital heterosexual behavior (Reiss, (1964); and 3). the Bern Sex -Role Inventory (BSRI) which is a measure of sex role orientation (Bern, 1974).

2.3 Research Hypotheses

- i. Undergraduates who are high in peer-connectedness will significantly report positive attitude towards premarital sex than those who are low in peer-connectedness.
- ii. Undergraduates who are high in alcohol use will significantly report positive attitude towards premarital sex than those who are low in alcohol use.
- iii. Undergraduates who are high in sexual orientation will significantly report positive attitude towards premarital sex than those who are low in sexual orientation.
- iv. Male undergraduates will significantly report positive attitude towards premarital sex than female undergraduates.
- v. Level of study would significantly influence attitude toward premarital sex among undergraduates.

2.4 Operational Definitions

Attitude towards Premarital Sex: This was defined as the engagement in all forms of sexual activities before marriage. A self-designed questionnaire was used to collect data on this variable. High score indicates positive attitudes toward premarital sex, while low score indicates negative attitudes toward premarital sex.

Peer Connectedness: This was defined for the purpose of this study as the degree or level of individual interaction or relationship with peers. It was operationalised with a standardised peer connectedness psychological scale. The scale was developed by Armsden and Greenberg (1987,1989). High score indicates higher level of peer connectedness, while low score indicates lower peer connectedness.

Alcohol Use: This was defined as the level of individual alcohol consumption or dependence. It was measured using a standardised 5-item alcohol use scale developed by Piccinelli, Tessari, Bortolomasi, Piasere, Semenzin, Garzotto and Tansella (1997). High score indicates higher level of alcohol use, while low score indicates lower level of alcohol use.

Sexual Orientation: This was defined as the level of individual attraction to the opposite sex. It was measured using a standardised sexual orientation scale developed by Dr. Robert Epstein. Higher score indicates higher level of sexual orientation, while low score indicates lower level of sexual orientation.

Gender: This was defined as whether the undergraduate is a male or a female.

Level of Study: It is defined as level of study of the undergraduates which include 100, 200, 300 and 400 level of study.

CHAPTER THREE

METHOD

3.1 Research Design

This study was a survey with the use of Ex-post facto research design. The reason why this study use an expo-facto research design is because the independent variables can not be manipulated in this study and its a pre-existing behaviour. The rationale behind this option was based on the variations in the population and participants' socio-cultural and personal characteristics such as age, gender, level of study, marital status, religion etc. Independent variables were peer connectedness, alcohol use and sexual orientation. The dependent variable was attitudes toward premarital sex.

3.2 Research Setting

The research setting was Federal University Oye-Ekiti, Ekiti state. This preference was based on the accessibility to the research participants.

3.3 Study Sample

The population of study was undergraduates of Federal UniverisityOye-Ekiti. Two hundred and eight (208) participants were sampled in the study using convienence sampling technique. Out of the total number of 208 respondents who participated in the study, 122 (58.7%) were males and 86 (41.3%) were females. In all 208 participants completed the returned responses. This represented a response rate of approximately 95%percent. Of the two hundred and eight respondents 181 (87.0%) were Christianity, 26 (12.5%) were Islam and 1 (.5%) was others.

Also of the two hundred and eight respondents 181 (87.0%) parent were intact and 27 (13.0%) parent were separated. On the survey of level of study, it has been revealed that of

the two hundred and eight 62 (29.8%) were 100level, 59 (28.4%) were 200level, 35(16.8%) were 300level, and 52(25.0%) were 400level. This participants distribution of marital status shows that 9 (4.3%) were married, 198 (95.2%) were single and 1 (.5%) was separated/divorced.

3.4 Instrument

The research tool for data collection was a structured psychological instrument divided into sections A-E as follows: Section A measures demographic variables, section B measures premarital sex, section C measures sexual orientation, section D measures alcohol use and section E measures peer-connectedness.

3.4.1 Section A-Demographic Factors

This section contains items measuring Socio-Demographic information of the participants, such as gender, marital status, level of study, religion and parent status.

3.4.2 Section B-Premarital Sex Scale

Section B of the questionnaire contains of 10-items measuring Premarital Sex. This was self developed scale. Face validity process was adopted when developing the scale by the people of interest. The response categories ranged from Strongly Disagree (1) to Strongly Agree (5). This scale has a reliability coefficient of Cronbach's alpha of .80 in this study.

3.4.2 Section C-Sexual Orientation Scale

Section C of the instrument consists of 18-items measuring Sexual Orientation. This scale was developed by Dr. Robert Epstein, which higher score indicate higher level of sexual orientation while low score indicates lower level of sexual orientation. The response

categories ranged from Strongly Agree (1) to Strongly Disagree (5). This scale has a reliability coefficient of Cronbach's alpha coefficient of .91 in this study.

3.4.3 Section D-Alcohol Use Scale

Section D of the questionnaire consists of 5-items measuring Alcohol Use. The scale was measured developed by Piccinelli, Tessari, Bortolomasi, Piasere, Semenzin, Garzotto and Tansella (1997). High score indicates higher level of alcohol use, while low score indicates lower level of alcohol use. Each of the items has their own response format. This scale has a reliability coefficient of Cronbach's alpha of .76 in this study.

3.4.4 Section E-Peer Connectedness Scale

Section E of the questionnaire consists of 24-items measuring Peer Connectedness. This scale was developed by Armsden & Greenberg (1987,1989). Which higher score indicate strong level of peer connectedness while low score indicates weak peer connectedness. The response categories ranged from (1) Almost never or never true (2) Not very true (3) Sometimes true (4) Often true (5) Almost always or always true. This scale has a reliability coefficient of Cronbach's alpha of .82 in this study.

3.5 Procedures

Two hundred and twenty (220) self report instruments were administered, after the researcher obtain informed consent from participants. The researcher approached students within the university campus in their various class rooms and administering the instruments. Out of two hundred and twenty instrument administered, two hundred and eight (208) was fully completed and returned for data analyses which was based on (208) instruments collected.

3.6 Statistical Analyses

Data were analyzed using Statistical Package for Social Science (SPSS). Descriptive statistics such as frequency, mean, and standard deviation were run to describe the subject's information. Hypotheses 1, 2, 3 and 4 were tested with t-test for the independent samples, in order to determine group differences. Hypothesis 5 was tested using one-way ANOVA in order to compare mean differences.

CHAPTER FOUR

RESULTS

This chapter presents the results of data analysis on the investigation of influence of peer connectedness, alcohol use and sexual orientation on attitude towards premarital sex among undergraduates. In this study five hypotheses were tested using the appropriate group statistics and the result of the hypotheses are presented thus:

4.1 Hypothesis One

Hypothesis one stated that undergraduates who were high in peer connectedness would significantly report positive attitude towards premarital sex than those who were low in peer connectedness. This hypothesis was tested using t-test for independent samples. The results are present in Table 4.1

Table 4.1: T-test showing influence of Peer Connectedness on Attitude towards Premarital Sex.

DV	Peer Connectedness	N	Mean	SD	Df	t	P
Premarital Sex	High	114	28.6404	7.79054	206	-0.25	> .05
	Low	94	28.9149	8.28869			

Result in Table 4.1 indicates that high peer connectedness did not have significant influence on attitude towards premarital sex ($t = -0.25$, $df = 206$; $p > .05$). However, the result showed that undergraduates with high peer connectedness ($X = 28.64$) were not significantly different in attitudes toward premarital sex from those with low peer connectedness ($X = 28.92$). This result shows that peer connectedness had no significant influence on attitude towards premarital sex as proposed. Therefore, this hypothesis was rejected in the study.

4.2 Hypothesis Two

Hypothesis two stated that undergraduate student who were high in alcohol use would significantly report positive attitude towards premarital sex than those who were low in alcohol use. This hypothesis was tested using t-test for independent samples. The results are present in Table 4.2

Table 4.2: T-test showing influence of Alcohol Use on Attitude towards Premarital Sex.

DV	Alcohol Use	N	Mean	SD	Df	T	P
Premarital Sex	High	72	33.6250	7.23925	206	7.10	< .05
	Low	136	26.1912	7.16423			

The result in Table 4.2 showed that alcohol use has significant influence on attitude towards Premarital sex. ($t = 7.10$, $df = 206$; $p < .05$). The result indicates that, participants who were high in alcohol use ($X=33.63$) reported positive attitude towards Premarital sex than those who were low in alcohol use ($X=26.19$). Therefore, the stated hypothesis was accepted.

4.3 Hypothesis Three

Hypothesis three stated that undergraduate student who were high in sexual orientation would significantly report positive attitude towards premarital sex than those who were low in sexual orientation. This hypothesis was tested using t-test for independent samples. The results are present in Table 4.3

Table 4.3: T-test showing influence of Sexual orientation on Attitude towards Premarital Sex.

DV	Sexual Orientation	N	Mean	SD	Df	T	P
Premarital Sex	High	81	29.3457	6.92669	206	0.84	>0.5
	Low	127	28.3937	8.62274			

Result in Table 4.3 showed that sexual orientation did not have significant influence on attitude towards Premarital sex. ($t = 0.84$, $df = 206$; $p > .05$). However, participants who were high in Sexual orientation ($X=29.35$) were not significantly different in attitude towards Premarital sex from those who were low in Sexual Orientation ($X=28.39$). Therefore, the stated hypothesis was rejected in this study.

4.4 Hypothesis Four

Hypothesis four stated that male undergraduate students would significantly report positive attitude towards premarital sex than female undergraduate student. This hypothesis was tested using t-test for independent samples. The results are present in Table 4.4

Table 4.4: T-test showing influence of Gender on attitude towards Premarital Sex.

DV	Gender	N	Mean	SD	Df	T	P
Premarital Sex	Male	122	30.5082	8.34508	206	3.87	< 0.5
	Female	86	26.2907	6.79769			

Result in Table 4.4 showed that gender has significant influence on attitude towards premarital sex. ($t = 3.87$, $df = 206$; $p < .05$). The result indicates that, male participants of ($X=30.51$) significantly reported positive attitude toward Premarital sex than female participants ($X=26.29$). Therefore, the stated hypothesis was accepted in the study.

4.5 Hypothesis Five

Hypothesis five stated that level of study would significantly influence attitude toward premarital sex. This hypothesis was tested using oneway ANOVA. The results are presented in Table 4.5.

Table 4.5a. One-way ANOVA Table showing influence of level of study on attitude toward Premarital sex.

	SS	Df	MS	F	p
Between Groups	1403.67	3	467.89	8.06	<.05
Within Groups	11847.78	204	58.08		
Total	13251.45	207			

Result in Table 4.5a showed that level of study significantly influenced attitude toward Premarital sex ($F(3, 204) = 8.06; p < .05$). The result indicates that 400 level ($X = 32.87$) significantly reported positive attitude toward premarital sex than those in 100 level ($X = 26.84$), 200 level ($X = 26.63$), and 300 level ($X = 29.69$) respectively. However, to identify the exact significant difference in the attitude toward premarital sex, there is a need to conduct a Post-hoc test/ multiple comparison test. Therefore, hypothesis stated was accepted. (see Table 4.5b).

Table 4.5b. A Post-Hoc LSD Test Showing Significant Difference in Attitude toward Premarital Sex.

	100	200	300	400	X	SD	N
100	-				26.84	7.88	62
200	.21	-			26.63	8.36	59
300	-2.85	3.06	-		29.69	7.21	35
400	-6.03*	-6.24*	-3.18	-	32.89	6.65	52

*-----The mean difference is significant at the 0.05 level.

Result in Table 4.5b showed the significant difference in attitude toward Premarital sex among undergraduate student. The result shows that students in 400 level ($X = 32.87$) significantly reported positive attitude towards premarital sex than those in 100 level ($X = 26.84$) and 200 level ($X = 26.63$) respectively.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter contains the discussions, conclusions and recommendations based on the entire study. It sheds more light on the statistical results and findings in the previous chapters so as to make useful inferences, deductions and generalizations for applicability in the society. Furthermore, it highlights the limitations as well as other directions for future research in this area of study.

5.1 Discussion

Hypothesis one stated that undergraduates who were high in peer connectedness would significantly report positive attitude towards premarital sex than those who were low in peer connectedness. The finding showed that peer connectedness has no significant influence on attitude toward premarital sex. The reason behind this result is because there is no cordial relationship or individual are independent of their own and make self-decisions among peer. That means peers-connectedness as no influence individual decision on premarital sex as proposed. From previous researches contrary to the result in this study highlighted, Jejeebhoy(2000) showed that anywhere up to 10% of unmarried girls and women and 20-30% of unmarried boys and men have been sexually active. Given the conservative attitude towards non-marital sexuality, even this vague figure for premarital sex is revealing. Additionally, studies from India suggest that greater peer acceptance of premarital sex and increased frequency of peer contact are directly associated with pre-marital sexual initiation (Abraham and Kumar, 1999; Alexander 2007). Additionally, It has been argued that establishing and maintaining connectedness to others, to society, and to oneself is a pervasive human concern (Baumeister and Leary, 1995; Gilligan, 1982; Hagerty, Lynch-Sauer, Patusky, and Bouwsema, 1993; Kohut, 1977; Nakkula & Selman, 1991).

Hypothesis two stated that undergraduate student who were high in alcohol use would significantly report positive attitude towards premarital sex than those who were low in alcohol use. The result showed that alcohol use has significant influence on attitude towards premarital sex as proposed. In support of this result, Researcher as previously conducted relatively little empirical evidence regarding this link in Asian countries like Taiwan. Mason and colleagues analyzed data gathered from a sample of 808 American youth, followed from age 10 to age 24. Their findings suggest early alcohol use correlates with a higher likelihood of risky sex. However, that study is based on a Western population, and its analyses did not include factors related to social context and peer influence; therefore, additional risk behaviors often associated with adolescent development were not assessed. Additionally, the analyses clearly highlight gender differences in the temporal relationship between adolescent cigarette/alcohol use, perceived peer characteristics, stressful life and behavioral events, and the likelihood of engaging in premarital sex among Taiwanese college youth. Whereas group differences show higher proportions of cigarette and alcohol use among the youth who engaged in premarital sex than those who were sexually abstinent for both sexes. The sample consists of 49% male and 51% female college students. About 16% of the sample report having had premarital sex by age 20. After excluding sexually active youth, 20% of males and 13% of females report engaging in premarital sex in the 2-year follow-up interview. Multivariate logistic regression analyses reveal adolescent alcohol use is significantly associated with a higher likelihood of engaging in premarital sex for both genders; adolescent smoking is significantly associated with premarital sexual activity among males, but not females.

Hypothesis three stated that undergraduate student who were high in sexual orientation would significantly report positive attitude towards premarital sex than those who were low in sexual orientation. The result showed that sexual orientation has no significant

influence on attitude toward premarital sex. There is no relatively past studies on sexual orientation on attitude towards premarital sex. Other Numerous studies have compared athletes and non-athletes on sex-role orientation, and suggested that male athletes have a more masculine sex role. Caron, Carter, and Brightman (1985) found that college male athletes - especially those participating in team sports - had higher masculinity scores on the BSRI than those who participated in individual sports and non-athletes. This is consistent with many research studies that have found significant relationships between male athletic participation and traditional masculine sex-role orientation.

Hypothesis four stated that male undergraduate students would significantly report positive attitude towards premarital sex than female undergraduate student. The result showed that gender has significant influence on attitude towards premarital sex. In support of this study, Many studies indicate that males are more likely to initiate sexual intercourse and have more permissive perceptions about sex than females. Male respondents in each city held more permissive attitudes toward premarital sex than did females, with both boys and girls expressing greater permissiveness to male premarital sexual behaviors. Boys also expressed more traditional attitudes to gender roles (condoning greater inequality) than did girls in each city. Adolescents' gender-role attitudes and permissiveness to premarital sex varied considerably across the three cities, with the Vietnamese the most traditional, the Taiwanese the least traditional, and the adolescents in Shanghai in the middle. A negative association between traditional gender roles and PSP was only found among girls in Shanghai and Taipei. In Shanghai, female respondents who held more traditional gender-role attitudes were more likely to exercise a double standard with respect to male as opposed to female premarital sex.

Hypothesis five which stated that Level of study would have a significant influence on attitude toward premarital sex. The result shows that level of study has significant

influence on attitude toward premarital sex. In oppose to this study, previous research on attitude towards premarital sex stated that there was no significant relationship between level of education and attitude toward premarital sex.

5.2 Conclusion

Premarital sex is one of the activities engaged by students across institutions which most time affect the future or impaired the victim full functioning plan. The essence of who the student is will revolve around what the student will do in the life long. an individual gender, alcohol use and level of study, plays a distinctive role on premarital sexual activities of an individual and there is an high risk of disease contact from sexual activities in the future.

It was concluded from this study that showed that alcohol use predisposed positive attitude towards premarital sex. Males showed more favourably attitude towards premarital sex than females. Also, 400 level classes were more predisposed to premarital sex than other lower class levels. Additionally, peer-connectedness and sexual orientation did not influence attitude towards premarital sex.

5.3 Limitation and Recommendations

If institutions, individual, families and government want to reduce undergraduates attitude towards premarital sex and alcohol use, this study offers several suggestions. First, parents should be able to take good care of their child/children and what they are being expose to in the environment should be carefully examined. Because children learn mostly with observation and what they are being taught during there childhood, plays a vital role. Also, parent child interaction/interpersonal relationship should be cordial in order to educate them on issues related to premarital sex and alcohol use about there implications and risk

involved. Secondly, institution should educate student of various discipline pertaining to premarital sex and alcohol use with likely risk factors should be stressed. Also, there should be a provision of norms and values guiding every undergraduates in the institution of the implication if found guilty or engage in any of this variables stressed here. In many institutions, cultism is most only factor that is been most time stressed while other factors that could impaired or cause harm to individuals and institutions are not focused on. This study will help the institutions and individuals therein to see side effect of there action and if that could be abstain or prevented, it promote healthy life, and disease caused by sexual activities will be absent, which result to life long and sustain marriage. Thirdly, government should promote programme pertaining to this study to educate the adolescent and adult on the implications through the communities, medias, television and internet assess with these, the fund assign for treating sexual disease and some other form of disease will be reverted in developing the environment for human positive benefit and growth in the society. However, any existing programme concerning this variables should be funded. Lastly, there should be a cordial relationship, efficient and effective communication channel among parents, institutions and government to treat any victims and see reasons why student indulge in premarital sex and possible recommendation should be put in place and quick intervention should be attained. Like all studies, the present study, however, has some limitations. The data were obtained from undergraduate student of Federal University Oye-Ekiti. Therefore, its findings may not be generalisable to other institutions across due to low size of participants in the study. Further research should address the generalisability of our results and adopt a longitudinal design. Furthermore, it can include other psychological factors that may influence Premarital Sex such as substance use/abuse. Also, data on the dependent and independent variables were collected simultaneously from the same source. this makes the study vulnerable to common method variance. Thus, future studies could collect data of

independent and dependent variables in separate moments. This would reduce the respondents' tendency to search for similarities in the questions and to maintain consistency in the answer. Another way to minimize the risks of common method biases could be to use a multiple source method. Finally replication of the present results in Nigeria needed further research.

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APPENDIX

Federal University Oye-Ekiti Faculty of Humanities and Social Sciences Department of Psychology

Dear Respondent

The questionnaire is designed to seek for information from you. Your name is not required, rather your honest and your open responses are needed. There is no right or wrong answer. All information given is assured utmost confidentiality and will be used only for the research purposes.

Thanks for your co-operation.

SECTION A

Age:

Sex: Male () Female ()

Religion: Christianity () Islam () Other ()

Your Parent: Intact () Separated ()

Level of Study: 100() 200() 300() 400()

Marital Status: Married () Single() Separated/Divorced () Widow () Widower ().

SECTION B

Please tick only one of the opinions and rate your response to the scale of 1-5 as provided below.

1=strongly disagree (SD), 2=Disagree(D), 3=Undecided(UD), 4=Agree(A), 5=Strongly Agree(SA)

S/N	Items	SD	D	UD	A	SA
1	There is no big deal in having sex before marriage					
2	I belief there is nothing bad in having sexual intercourse with one boy/girl friend					
3	Sex before marriage is a great sin					
4	Having sex with multiple partners is just a normal way of life					
5	People that engage in premarital sex are not fit to live in society					
6	Government should make law that prohibit sex outside wedlock					
7	I belief having sex with one boy/girl friend is the best way to show love					
8	Any person found guilty of premarital sex should go to jail					
9	People can always prevent themselves from involving sex before marriage					