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# GENDER, AGE DIFFERENTIALS: IMPLICATIONS IN PREMARITAL SEX AMONG ADOLESCENTS AND YOUNG ADULTS

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**ABSTRACT:** *This paper examined how gender and age differences influence the premarital sexual behaviour of young people (Adolescents and young Adults). A sample of 100 students, (50 males and 50 females) between the ages of 18-35 years was randomly drawn from the undergraduate student populations and a 28-question standerdised questionnaire to assess some aspects of their sexual behaviour was administered. Statistical analyses of data involved one-way Anova and Descriptive statistics which indicated that there were no differences gender-wise F(1,98)=0.36,P>0.05, age-wise F(1,98)=0.461, P>0.05 and religion-wise F(2/96)=1.8, P>0.05 in premarital sex, in terms of indulgence, susceptibility to experiment and frequency of indulgence. There is need for more detailed research with emphasis on such potential influences like marital status, ethnicity and social status of respondent(s) on premarital sex.*

**KEYWORDS: Age, Gender, Premarital, Sexual Behaviour, Adolescents, Young Adults.**

## INTRODUCTION

Early initiation of intercourse and the context within which sexual activity begins are key indicators of adolescents' potential risk for unplanned pregnancy, abortion and sexually transmitted diseases. Comparative information on the sexual behavior of male and female adolescents in different countries assists health planners and service providers in meeting adolescents' needs.

The initiation of sexual intercourse is a milestone in the physical and psychological development of men and women in all societies, and both the timing of this event and the context within which it occurs can have immediate and longer term consequences for the individual. There are possibly serious health and social consequences for women who begin to have intercourse while very young or not yet married, especially if they become pregnant and have either an unplanned birth or, in some settings, an unsafe abortion. Some instances of very early sexual intercourse are involuntary for example, when a young person is raped, is the victim of incest or turns to prostitution because of financial need. Moreover, first intercourse marks the beginning of young people's possible exposure to the risk of contracting sexually transmitted diseases (STDs).

Demographic trends reveal that about 50% of Africa's population is below the age of 18 years, and an extraordinary high percentage of it is between the ages of 15-25 (P Bureau, 2000). Helping this great percentage to make a healthy transition to adulthood is critical to the continent's development and the prosperity of its future population. One of the factors that is important for this healthy transition is their sexual behaviour.

Worldwide, data over the last thirty years clearly indicate that during the late 1960s, and up until the early 1980s there was a significant increase in the sexual experiences of adolescents and young adults, particularly females (Darling & Davidson, 1986, Kallen & Stephenson, 1982; Mc Cabe & Collins, 1979; Murstein & Holden, 1979). This increase was accompanied by a liberalization of attitudes regarding premarital sexual experience. The dating code adopted by both sexes was one of acceptance of sexual activity within a caring relationship (Reiss, 1967). Sex was seen as part of the expression of love and intimacy (Storm & Storm, 1984). There is evidence that this trend has continued into the 1990s (Schmidt, Klusmann, Zeitzschel, and Lange, (1984).

In Africa for example, research indicate that most young people become sexually active at about the age of 12-13 years. By 15 years, 56% of them have regular unprotected premarital encounters leading to unintended pregnancies, unsafe abortion, sexually transmitted illnesses including HIV infections and other social consequences such as school dropout and early marriage (WHO, 1998). In fact of all the new cases of HIV infections in 1999, 63% were among young people in Africa (UNAIDS Report, 1999); with young women being more susceptible: in nearly 20 sub-saharan Africa countries at least 5% of women ages 15-17 have HIV/AIDs (Joint United Nations Programme on HIV/AIDs, 2002).

Indication of young people's premarital sexual experience is also shown by such related research (or factors) like birth age and pregnancy rates. For example, about 15 million young women ages 15-19 years give birth every year (United Nations Population Fund, 1999). Pregnancy related complications are a major source of death and illnesses for girls ages 15-20 (Senderowitz, 1995).

Data such as these have necessitated greater focus on young people's sexual behaviour. Behavioural scientists for example, have sought to propose explanation for young people's sexual behaviour from different perspectives. One of such perspective is the personality perspective which seeks to explain young people's sexual behaviour in terms of personality, the relatively enduring characteristics that differentiate people or the stability in a person's behaviour across situations.

One of the major theories of personality used to explain premarital sexual behaviour is the social learning theory. Learning approaches to personality focus on the outer person. To a strict learning theorist, personality is simply the sum of learned responses to the external environment. To them, learning is best understood by looking at features of a person's environment, hence personality is a collection of learned behaviour patterns, similarities in responses across different situations and are caused by similar patterns of reinforcement that have been received in such situations in the past.

Based on this theory sexual behaviour is the result of a long process of development with nothing in the differentiated sexual potentialities of the infant guaranteeing that the end result will be a normal heterosexual pattern. An almost infinite variety exists that an individual can develop.

The individual views, the social demands made upon him for playing his expected sexual role, his/her concept of what sexual behaviour is appropriate, and his/her anticipation of what will be

exciting and pleasurable, all these are learned and they help determine his/her sexual practice. Through conditioning, almost any object can become sexually stimulating, particularly among , preadolescents, objects such as erotic literature, sex scenes in plays and films pictures of nude or partially nude and understanding or their objects intimately associated with members of the opposite sex. Social expectations, models, instructions and chance occurrences and reinforcement may all play key roles in this learning process.

Sexual behaviour depends not only on learning and pleasurable reinforcements but also on opportunities and limitations including those established by the individual's own standards and concepts. Our society abounds in subtle and not so subtle forms of sexual stimulations., yet it continues to demand that teenagers and unmarried youth refrain from sexual intercourse and in some cases masturbation and petting; such stimulation and frustration can be very stressful and may lead to socially disapproved sexual behaviour patterns particularly when inner controls are lowered by alcohol or other drugs.

Beyond proffering explanations for young people's sexual behaviour, behavioural scientists have also been involved in filling the gaps in the understanding of the sexual and reproductive health of young people.

Case studies of young people have shown that the young are not a homogenous group: that their sexual and reproductive situations vary over a couple of years of age, and the needs and perspectives of the youth vary by age (WHO/RHR, 2001). Such variations which also manifest in terms of gender, and differ from country to country have made it difficult to design and implement appropriate and acceptable sexual and reproductive care to young people; making reproductive health practitioners have a rethink of what Reproductive Health programs offer, whom they are directed to and how they are delivered (WHO/RHR, 2001).

To ensure that such reviews of youth Reproductive Health programs lead to the formulation of effective programs, age-based, gender-based and other forms of variations in their sexual behaviour must be taken into cognizance. And to take these into consideration, more research to explore such variation must be concluded. This is particularly important given the fact that country-specific data regarding such variation in young people's sexual behaviour also vary.

For example,11 countries- Cote D'ivoire, Ghana, Kenya, Madagascar, Mali, Mozambique, Senegal, Tanzania, Uganda, Zambia, and Zimbabwe- surveyed in Africa, which showed that at least ½ of the young women have had sex before age 18; country-specific data indicate that in countries like Senegal and Zimbabwe, less than 10% of single women in Senegal and Zimbabwe have had sexual intercourse, 45% in Cote D'ivoire are sexually experienced; while in Zambia 31% of young women age 15-19 years are single and sexually experienced in every of the 11 countries studied except Ghana. In Kenya and Zambia for example, boys are more likely than girls to report having had sex before age 15.

In another study in Bangladesh, only 3 girls and 17 boys from a sample of 2,600 unmarried adolescents reported that they have had sex (Rob and Bhuiya, 2001). In Uganda, Nearly ½ of young people ages 15-19 surveyed reported ever having had sex (World Bank, 1999).

Globally, more recent researches reveal that, Delay of sexual debut is an important strategy in reducing the risk of negative adolescent health outcomes. Earlier sexual debut has been associated with more sexual partners Smith CA. (1997) and more unprotected intercourse. MMWR, Morb, Mortal, Wkly Rep (2002), which can have lifetime and life threatening consequences for adolescents. Traditional Confucian norms, which are embedded in the cultures of the East Asian societies of China, Vietnam, and Korea, prohibit premarital sex, but young people's sexual attitudes and behaviours in these regions have been rapidly changing. Premarital sexual behaviour is not only increasingly accepted by young people but is also becoming more prevalent among them, and a considerable proportion of young people are engaged in risky sexual activities Mensch BS, Clark WH, Anh DN. (2003), Gao ES, Lou CH. (2008).

A nationally representative study conducted in 2009 in China showed that 22.4% young people aged 15–24 years had had sexual intercourse. Among those sexually active adolescents and young adults, one in five had multiple partners during the past year and did not use any contraceptives in the last sexual intercourse Zheng XY, Cheng G. (2010). Another study conducted among university students found 17.6% of males and 8.6% of females were sexually active, and 11.3% females and 10.0% males reported a history of induced abortion for herself or a partner among sexually active students. Zheng XY, Cheng G. (2010). Data from two Taiwan Youth Surveys conducted in 2004 and 2007 reported 22% of never married youth aged 20 years having had sex, and more than half sexually active youth reported no or inconsistent condom use Chiao C, Yi CC. (2011).

In Vietnam, some studies have shown premarital sex was at relatively lower levels but risky among youth compared with neighboring countries and regions. In a study in six provinces of Vietnam in 2004 including youths aged 15–21 years, for example, the rate of premarital sex was only 6.2% and 1.7% among boys and girls, respectively, whereas about half of sexually active youth rarely or never used condoms, Kaljee LM, Green M, Riel R, et al.(2012).

These findings give credence to the need for more population-specific study of the sexual behaviour of young persons. It is in line with the above that this research seeks to explore the sexual behaviour of single young persons (adolescents and young adults, between the age of 18-35), with emphases on possible gender variation in terms of indulgence, susceptibility to experiment and frequency of indulgence. More so very few studies have been conducted with adolescents and young adults, so the population studied is not large to allow for generalization. Not much has been done on gender and age differentials in premarital sex directly. This study sets to fall in these observed gaps.

Hence, the following research questions were paged to be answered.

1- Would there be significant differences between boys' and girls' engagement in premarital sex?
2- Is there any likelihood that young adults will show a high frequency of indulgence in premarital sexual behaviour than adolescents
3- Does Religion (Islam and Christianity) have no significant effect on the premarital sexual behaviour of adolescents?

## METHODS

**Instrument:** A survey questionnaire was used to assess sexual pervasion among adolescents and young adults in tertiary institutions in Nigeria. Since the research used an adopted scale a test re-test approach was adopted to test the reliability and validity of the constructed scale.

The scale consisted of 28 items that were anchored on a 4-point interval scale. Scale with response categories ranging from 1-Strongly disagree to 4-Strongly agree.

**Participants:** A sample of 100 undergraduates' students, (50 males and 50 females) between the ages of 18-35 years was randomly drawn from the student population. The choice of these schools was made because both schools are situated at the heart of the Township with people of different ethnic groups and socio-economic backgrounds.

**Procedure:** The researcher involved in the use of research proctors in the administration of the questionnaire. Two of the research proctors were from the Yobe State University Damaturu, who administered the questionnaire to the student population of both groups.

**Ethical consideration**

The study was conducted after obtaining permission from Schools administration. Approval was obtained from Research Ethics Committee of the Schools prior to the commencement of the research. An informed verbal consent was obtained from the participants prior to participation in the research. Specifically the Participants were made to know their right to withdraw at any stage of the research. The data were coded to remove any identification of participants.

## RESULTS

Findings from the research as collated from responses of 100 participants are presented in various tables below in respect to the three research questions of the research work

**Table 1: ANOVA summary table showing differences in premarital sexual behaviour of male and female respondents.**

| | Sum of square | Df | Mean of squares | F | Sign |
|---|---|---|---|---|---|
| **Between group** | **34.81** | **1** | **34.81** | **0.36** | **0.55** |
| **Within group** | **9471.7** | **98** | **96.65** | | |
| **Total** | **9506.51** | **99** | | | |
| | | | | | |

(P>0.5,df=99) One tailed. F(1/98) = 0.36, P>0.05

There is no significant difference between boys and girls in terms of susceptibility in experimentation with premarital sexual behaviour. F (1, 98) = 0.36, P>0.05

**Table 2: ANOVA summary table showing differences in premarital sexual behaviour of young adults and adolescents.**

| | Sum of squares | Df | Mean of Squares | F | Sign |
|---|---|---|---|---|---|
| **Between group** | **52.847** | **1** | **52.847** | **0.36** | **0.461** |
| **Within group** | **9453.663** | **98** | **96** | | |
| **Total** | **9506.51** | **99** | | | |

(P=0.5;, df = 1,99) one tailed
There is no significant difference between young adults and adolescents in the frequency of their engagement in premarital sex; F (1, 98) = 0.461, P> 0.05

**Table 3: ANOVA summary table showing difference in premarital sexual behaviour of Muslims and Christians.**

| | Sum of Squares | Df | Mean of Squares | F | Sign |
|---|---|---|---|---|---|
| **Between group** | **344.731** | **2** | **173.366** | **1.806** | **0.17** |
| **Within group** | **9160.905** | **96** | **95.426** | | |
| **Total** | **9505.636** | **98** | | | |

In this same vain there was no significant difference between Muslims and Christians F (2 / 96) = 1.8, P>0.05 in the frequency of their engagement in premarital sex.

## DISCUSSION AND CONCLUSION

Results of the research provide support for the nullification of the first question; a view of table under the result section shows that there is no gender effect; premarital sexual behaviour is not connected to one's gender.

Similarly, findings indicate that there is no significant difference in terms of age limitation in the frequency of premarital sexual behaviour of adolescents; results show no variation between adolescents' and young adults' indulgence in premarital sex. Hence the Question that young adults will have higher frequency is rejected.

The third and the final Question that is there no difference between Muslims' and Christians' premarital sexual behaviour is confirmed to be true and hence accepted. A glance at table 3

shows higher scores in the mean, standard deviation and mean square of females of both Muslims and Christians background.

However, a closer look at the results does not necessarily give the same indications. For example, out of the 100 respondents, those under the minimum age of 18 had a minimum score of 56 with a mean of 24.75 and standard deviation of 3.16 while those under the minimum age, had a score of 121 with a mean of 82.93 and standard deviation of 9.78. This gives some indication that age has some relationship with an individual's behaviour.

Similarly, glance at tables higher scores in the mean, standard deviation and mean square for females of both Muslims and Christians backgrounds than males of both religions; indicating some relationship of premarital sex and gender.

Findings from a research, is not entirely out of line with prior research findings since premarital sexual behaviour differs from country to country. For example, research by Rob and Bhuiya (2001), show that in Bangladesh, only 3 girls and 17 boys out of sample of 2,600 unmarried adolescents reported was having had sex. However, in Uganda, nearly half of young people 15-19 years old, surveyed reported ever having had sex (World Bank, 1999).

In the same vein, less than 10% of single women in Senegal and Zimbabwe have had sexual intercourse. By contrast, 45% in Code D'ivoir are sexually experienced, while in Zamch bia 31% are sexually experienced (Ibid).

Also in the same research, of 11 countries in Africa, research shows that more than 30% young women ages 15-19 years are single and sexually experience in every of the 11 countries studied except Ghana, (Ibid). In Kenya and Gambia for example boys are much more likely than girls to report having had sex before 15. Whether this difference is as a result of actual (or real) sexual behaviour, or willingness to report sexual behaviour was not explored.

However, what can be deduced from the findings is the fact that there are country variation in terms of the incidence, prevalence, consequences and antecedents of premarital sex; especially in terms of such differentials as gender and age. These will no doubt add significance to the existing body of knowledge and will equally open way for a new research in this area.

Research to assess young people's sexual behaviour has to take into cognisance this fact, and in taking this into consideration, it also translates to taking into consideration, the effect of culture and traditional norms. Hence it might be worthwhile to ensure that reports of involvement in premarital sex is assessed taking into cognisance these factors and how they interplay to affect gender responses such that we get as reports of premarital sex that are true pictures and not one coloured by gender stereotypes as to what is expected to be the" ideal "responses to certain questions as imposed by the society.

As such it is recommended that further research asses ethnicity and social status of respondents on premarital sex. Similarly, questions should be coined such that they can assess responses that are not coloured by societal expectations of "ideal" responses.

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