

Research Article

Premarital Sex, Safer Sex and Factors Influencing Premarital Sex Practices Among Senior Secondary School Students in Ebonyi Local Government Area of Ebonyi State Nigeria

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Abstract

Introduction: Premarital sex or penetrative sex before marriage has consequences on adolescents because youths who begin sexual activity earlier appear more likely to have sex with high-risk partners, multiple partners and are less likely to use condoms, while safer sex is sexual activity engaged in by people who have taken precautions to protect themselves against sexually transmitted infections. The objectives of this study was to evaluate the prevalence of premarital sex, knowledge and practice of safer sex and reasons for practicing premarital sex among senior secondary school students in Ebonyi Local Government Area of Ebonyi State.

Materials and methods: Cross sectional study involving 398 secondary school students selected by multi stage sampling method. A pre-tested, semi-structured, self-administered questionnaire was used to collect data which was analyzed using SPSS version 16.

Results: Among 392 respondents, 154 (39.3%) were males and 238 (60.7%) were females. Mean age and standard deviation was 17.1±1.6. One hundred and eight (27.6%) of the respondents engaged in premarital sex; males 58 (37.7%) more than the females 50 (21.0%). One hundred and seventy two (43.9%) were aware of safer sex of which 98 (57.0%) had correct knowledge of it. Factors influencing premarital sex among them were exposure to eroticism

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27 (32.4%), sexual desire 63 (16.0%), peer pressure 58 (14.8%), etc.

Conclusion: Premarital sex was practiced among the students yet few of them knew and practiced safer sex. Males were significantly more likely to engage in premarital sex than females in the adolescent period. The most prevalent reason why they practiced premarital sex was exposure to eroticism through television, magazines and the internet.

Keywords: Pre-marital sex; Safer sex; Secondary school; Students

Introduction

Premarital sex or penetrative sex before marriage and its consequences on adolescent's health has generated a lot of concerns among policy makers, researchers and even religious leaders. In many countries of the world for example in North America, the personal responsibility and work opportunity reconciliation act enacted in 1996 contained a funding for abstinence-until-marriage education [1]. Programs funded under the act must teach that "abstinence from sexual activity outside marriage is the expected standard" of behaviour and that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects [1] in North America. Almost all Americans have had premarital sex [1]. In India, HIV prevention efforts among the young are on the increase because it has been shown that about 21.7% of males and 6.3% of females become sexually active before marriage [2]. Elsewhere in Africa, the prevalence of premarital sex was found to be 32% among the young [3]. In 2008, 20% of women in Nigeria were already sexually active by age 15, and the median age for first sex stood at 17.7 years for women and 20.6 years for men [4]. Another study in South West Nigeria reported premarital sex prevalence of 28.3% among adolescents [5]. This stirs up a lot of concern because it has been shown that early sexual initiation lengthens the period of exposure to unwanted pregnancies, HIV, and other sexually transmitted infections [2]. Youths who begin sexual activity earlier appear more likely to have sex with high-risk partners or multiple partners and are less likely to use condoms [6].

Safe sex on the other hand is sexual activity engaged in by people who have taken precautions to protect themselves against sexually transmitted infections such as Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome, (HIV/AIDS) [7]. It is also referred to as safer sex or protected sex [4]. Safe sex is regarded as a harm reduction strategy aimed at reducing risk [8,9]. The concept includes the limiting of number of sexual partners, using prophylactics, avoiding body fluid exchange and resisting the use of drugs that reduce inhibitions for high-risk sexual behaviour [10]. Adolescence represents a transition from childhood to adulthood with features including secondary sexual growth changes in hormonal milieu, emotional, cognitive and psychological development [11]. Adolescents are usually adventurous in all spheres of human endeavours including sexual practices [12]. Their sexual attitude to sexual health continues to change in ways that potentially put their health generally at risk. The environment in which young people are growing up places a greater pressure on the acquisition of skills, the consequences of early sex and pregnancy may be more severe than

they were in the past [12]. These consequences are potentially more problematic for girls, who are more vulnerable to Sexually Transmitted Diseases (STDs), and HIV/AIDS and unwanted pregnancy [12]. When they become pregnant, they shoulder all of the burden of premarital childbearing and even most of the cost of child rearing [12], delaying the initiation of intercourse has significant personal and public health benefit, particularly for the youngest adolescents [2]. These benefits include protection against unwanted pregnancy, unsafe abortions, STDs and HIV/AIDS [1]. Unfortunately, few rigorously evaluated programs have been able to demonstrate success in delaying the initiation of sexual intercourse [6]. Recent WHO report also showed that many of them had engaged in risky sexual activity without protection and most had that debut through a subtle coercion by their partners. This practice commonly resulted in sexually transmitted infections, unwanted pregnancy and unsafe abortions [5]. The objectives of this study was to evaluate the prevalence of premarital sex, knowledge and practice of safer sex and also reasons for which adolescents practice premarital sex among senior secondary school students in Ebonyi Local Government Area of Ebonyi State South East Nigeria.

Materials and Methods

This study was carried out in Government owned Secondary schools in Ebonyi Local Government area of Ebonyi state. There are 12 Government owned Secondary schools in Ebonyi Local Government Area. Eleven of these schools are co-educational while only one is a girl's school. The study was carried out among the co-educational schools. This was a descriptive cross sectional study carried out in October 2012. Sample size was calculated using the statistical formulae for sample size calculation ($n = Z^2 Pq/d^2$) when population is less than 10,000. $Z = 1.96$, $P = 0.5$ (estimated), $q = 1 - 0.5$ and d was set at 0.05. Applying the values to the formula,

$$n = (1.96)^2 \times 0.5 (1 - 0.5) / (0.05)^2$$

$$n = 3.8416 \times 0.5 \times 0.5 / 0.0025$$

$$n = 0.9604 / 0.0025$$

$$n = 384.16 \approx 384.$$

Because the researchers were going to wait on the students to retrieve all the questionnaires, they anticipated a very low non-response rate of about 4%.

Therefore, $n = 384 + (0.04 \times 384) = 384 + 15.36 = 399.36 \approx 400$.

Having arrived at a sample size of 400, four schools among the co-educational schools were selected using simple random sampling technique. The schools had a total of 925 students in the senior secondary class with a range of 210 to 250 students in their enrolment. School 'A' had 210 senior secondary students, school 'B' had 225 senior secondary students, school 'C' had 240 senior secondary students, while school 'D' had 250 senior secondary students in their enrolments respectively. In the second stage of the sampling, 100 students each were selected from the class register using systematic random sampling technique. This was done using the enrolment register. For example in the school with 210 students, a sampling interval of two was used to select 100 respondents from the senior secondary class lists.

Permission was obtained from the principals of the schools and students who were selected to participate in the survey were properly informed on the subject matter and had the freedom to decline from participation. The students were also made to understand that their

responses will not be divulged to anyone else and that the responses were for the purposes of research only. Consenting students indicated so by checking the "I agree" option on the introductory part of the questionnaire which required prospective participants to either agree or disagree with participation in the survey. Those who selected "I disagree" did not participate in the survey and thus were replaced by selecting the next eligible respondent.

The questionnaire was a self-administered, paper based questionnaire developed for the purposes of finding out the number of students who engage in premarital sex, their knowledge of safer sex practices and the reasons why they practice premarital sex. The questionnaire was semi-structured in that some questions were open ended and others were closed ended. The questions on demographic characteristics were open ended while the questions that assessed practice, knowledge and reasons for engaging in premarital sex were structured. The questions were developed using some literatures [13,14] and also from prevailing anecdotal environmental and social circumstances in Ebonyi Local Government. The questionnaire was pretested in a Secondary school in another Local Government Area. The pre-test helped to re-structure ambiguous questions to clearer questions and options.

Sociodemographic characteristic: the sociodemographic characteristics assessed include age, sex, class, religion, and who the student lives with (parents, guardian or living alone).

Practice and prevalence of premarital sex: this was assessed by asking the students what they understand premarital sex to be. The following options were provided; "sex with someone you know", "sex with someone you do not know", "sex with someone you love", "sex with someone you are co-habiting with", "sex with someone whom you are engaged to", "sex with someone who has proposed to marry you", and "sex with someone who is married to you". Multiple responses were allowed here. Other questions posed were "have you had sex before?", and "when was the last time you had sex"? Here, options were provided such as; 'more than three months ago' and 'within the last three months'.

Awareness of safer sex was assessed by asking the following closed ended questions with options: safer sex is "sex using condom correctly and consistently", "sex with whom you trust without using condom", "masturbation", "kissing", "body to body touching", and "abstinence", practice of safer sex was also assessed by asking the students to select the options in the awareness section which they practiced.

A list of reasons for which young people engage in premarital sex was also provided and the respondents selected those reason that most correctly described why they practice premarital sex. The data was analyzed using SPSS version 16 by SPSS Inc. Out of the 400 questionnaires that were distributed, 392 were returned for analysis giving a 98% response rate. Proportions and percentages were computed and reported. Comparisons were made using Z test to compare the difference between two proportions and chi-squared test was used to check for association or relationship between two variables. Significant differences were set at 95% confidence limit and P value of < 0.05 .

Results

Our results showed that out of 392 student, 154 (39.3%) were males and 238 (60.7%) were females. The mean age and standard deviation was 17.1 ± 1.6 . Most respondents were Christians 391 (99.7%) while one person (0.3%) was a Muslim. One hundred and

sixty one (41.1%) of the students were in Senior Secondary class one, 228 (58%) in Senior Secondary class two while there were only three students in Senior Secondary class three, (Table 1). One hundred and eight (27.6%) of the 392 respondents had engaged in premarital sex. Out of the 108 students who engage in premarital sex, males 58 (37.7%) were more than females 50 (21.0%). Among the 108 students who engage in premarital sex, reasons given for the first episode of premarital sex include “falling in love” 47 (43.5%), “sexual desire” 17 (15.7%), “pressure from partner” 16 (14.8%), while others were “curiosity” one (0.9%), “peer pressure” four (3.7%), “rape” seven (6.5%) and “sex for passing exams” two (1.9%), (Table 2). Of the 108 students who engage in premarital sex, the 18-20 years age group was the highest with a proportion of 62 (44.9%), followed by the 15-17 years age group 35 (15.2%) and least in the 12-14 years age group 4 (28.6%), (Table 3). Amongst students who practice premarital sex, 24 (22.2%) had sex at most twice within the three months preceding the study period while 16 (14.8%) had sex at least twice within the three months preceding the study period. Within the three months preceding the study, 21 (19.4%) of the 108 students who engage in premarital sex reported having one sexual partner, while 20 (18.6%) reported having multiple sexual partners. Of the 108 students, 32 (29.6%) used condom during the last episode of sexual intercourse while 76 (70.4%) did not use condom (Table 4). Among the 392 respondents, only 172 (43.9%) were aware of safer sex and out of that 172, 98 (57.0%) had correct knowledge of what safer sex is. Those who have had premarital sex were more likely to be aware of safer sex practices than those who have not had premarital sex. In the same manner, those who have had premarital sex were more likely to have correct knowledge of safer sex practices than those who have not had sex. The students knew about safer sex practices. Out of the 392 students, the proportion who knew about use of condom for safer sex was 66 (38.4%), abstinence as a safer sex practice 8 (4.7%), masturbation as a safer sex practice 35 (20.3%), body to body touching without fluid exchange as safer sex practice 30 (17.4%),

and kissing as a safer sex practice 33 (19.2%), (Table 5). Reasons for practicing premarital sexual behavior as reported by the 108 students who engage in premarital sex were many and in different proportions such as exposure to eroticism 127 (32.4%), molestation during childhood 22 (5.6%), peer pressure 58 (14.8%), sexual desire 63 (16.0%), religion 55 (14.0%), family 23 (5.9%), culture 10 (2.6%), and self pledge 34 (8.7%), (Table 6).

Demographic characteristics	Gender		Total
	Male	Female	
Age group (yrs)	Frequency (%)	Frequency (%)	
12-14	6 (3.9%)	8 (3.4%)	14 (3.6%)
15-17	69 (44.8%)	162 (68.1%)	231 (58.9%)
18-20	74 (48.1%)	64 (26.9%)	138 (35.2%)
21-23	5 (3.2%)	4 (1.7%)	9 (2.3%)
Total	154 (100%)	238 (100%)	392 (100%)
Mean age (standard deviation)	17.1 (1.6)		
Religion	Gender		Total
Christian	Male	Female	
	154 (100%)	237 (99.6%)	391 (99.7%)
Muslim	0 (0.0%)	1 (0.4%)	1 (0.3%)
Total	154 (100%)	238 (100%)	292 (100%)
Class			
SS1	57 (37.0%)	104 (43.7%)	161 (41.1%)
SS2	97 (63.0%)	131 (55%)	228 (58.2%)
SS3	0 (0.0%)	3 (1.3%)	3 (0.8%)
Total	154 (100%)	238 (100%)	392 (100%)

Table 1: Demographic characteristics of the respondents.

	Gender		Total	Statistics
	Frequency (%)	Frequency (%)		
Have you had sex in the past	Male	Female		χ^2 test
Yes	58 (37.7%)	50 (21.0%)	108 (27.6%)	
No	96 (62.3%)	188 (79.0%)	284 (72.4%)	$\chi^2 = 21.99$
Total	154 (100%)	238 (100.0%)	392 (100%)	P= 0.0004
Reasons for first sexual intercourse				
Curiosity	0 (0.0%)	1 (2.0%)	1 (0.9%)	
Fell in love	22 (37.9%)	25 (50%)	47 (43.5%)	
Sexual desire	15 (25.9%)	2 (4.0%)	17 (15.7%)	
Pressure from partner	11 (19.0%)	5 (10.0%)	16 (14.8%)	
Sex for money	2 (3.4%)	1 (2.0%)	3 (2.8%)	
Peer pressure/ friends	2 (3.4%)	2 (4.0%)	4 (3.7%)	
Rape	1 (1.7%)	6 (12.0%)	7 (6.5%)	
Sex for passing exams	1 (1.7%)	1 (2.0%)	2 (1.9%)	
Others	0 (0.0%)	1 (2.0%)	1 (0.9%)	
No response	4 (6.9%)	6 (12.0%)	10 (9.3%)	
Total	58 (100%)	50 (100%)	108 (100%)	

Table 2: Sexual activity and reason for first sexual intercourse.

Practice of Premarital sex				
Age	Yes (number/%)	No (number/%)	Total	Statistics
12-14	4 (28.6%)	10 (71.4%)	14 (100)	
15-17	35 (15.2)	196 (84.8)	231 (100)	$\chi^2 = 39.55$
18-20	62 (44.9)	76 (55.1)	138 (100)	P = 000001
21-23	7 (77.8)	2 (22.2)	9 (100)	
Total	108 (27.5)	284 (72.5)	392 (100)	

Table 3: Premarital sex among the students segregated by age group.

Discussion

The prevalence of HIV in Ebonyi state is 4.1% [15]. The fact that close to one third of the students are already sexually active in a state with such HIV prevalence rate has implications on adolescent health because this group are likely to engage in risky sexual behavior that can predispose them to HIV/AIDS and other sexually transmitted infection. Data shows that the prevalence of HIV in the age group of 15-24 in Nigeria is 4.2% [15]. One can easily relate it to the risk of contracting HIV among this age group with each unsafe sex. The proportion of males (37.7%) who are sexually active was significantly higher than the females (27.6%). A study done in Ibadan showed the same trend of sexual activity being higher in boys (39%) than in girls (13%) [16]. Also, Egbuchukwu reported higher inclination towards

Frequency of sexual intercourse in the last 3 months	Gender		Statistics
	Males	Females	Total
Nil	35 (60.3%)	33 (66.0%)	68 (63.0%)
1-2	10 (17.2%)	14 (28.0%)	24 (22.2%)
>2	13 (22.5%)	3 (6.0%)	16 (14.8%)
Total	58 (100%)	50 (100%)	108 (100%)
Number of sexual partners in the last 3 months			
Nil	33 (56.9%)	34 (68.0%)	67 (62.0%)
1	11 (19.0%)	10 (20.0%)	21 (19.4%)
>1	14 (24.1%)	6 (12.0%)	20 (18.6%)
Total	58 (100%)	50 (100%)	108 (100%)
Condom use during the last intercourse			
Yes	17 (29.3)	15 (30)	32 (29.6)
No	41 (70.7)	35 (70)	76 (70.4)
Total	58 (100)	50 (100)	108 (100)

$\chi^2 = 0.01$,
P= 0.8941

Table 4: Frequency of premarital sex and condom use.

early sexual activity in boys than in girls [17]. Higher prevalence of premarital sex among the males has been related to such mistaken beliefs that men's sexual needs are beyond their control and demand immediate satisfaction [18] and the unequal gender norms that perpetuate a sense of entitlement to sex among young men [19]. This notion reflects the double standards in which virginity is the traditional norm for unmarried girls while young men are expected to be involved in sexual adventure [19]. The students gave reasons for engaging in their first sexual intercourse and the most common reason was being in love, followed by sexual desire and pressure from partner. A qualitative study using focus group discussion done in four states in Nigeria also showed peer pressure, sex for gift/cash/favour, coercion includes rape as reasons why adolescents engaged in their first sexual experience [4]. Our study shows that 6.5% of the students reported rape as a reason for the first episode of sex. Sexual coercion and rape have been previously reported in Sub-Saharan African communities [20,21]. Rape may be under-reported in this study probably because it is considered shameful and hence remains secret [22]. Another study done by Kazaura et al., revealed that 12.2% of unmarried adolescents reported rape as reason for the first sex [3]. It is possible that if the stigma attached to rape is removed, many more victims may likely report it and the perpetrators punished. All of this uncovers the need to develop strategies that can help adolescents delay onset of sex or even to abstain until marriage.

Our study also showed that a significant proportion of those who were sexually active did not use condom the last time they had sex. This has public health implications for adolescents in a state with HIV prevalence of 4.1% [15]. It has been reported that the risk of contracting HIV during a sexual exposure with an infected person is between 4 and 138 per 10000 exposures [18]. This is an important information for those who design the curriculum of Secondary schools so that they can strengthen the efforts made in providing information and counseling on HIV and safer sex practices, and delaying onset of premarital sex for Secondary school students. For instance, Namibia as a country has shown that increasing the comprehensive HIV prevention knowledge is associated with the drop

	Male	Female	Total	Statistics
Awareness of safer sex	Frequency (%)	Frequency (%)		
Yes	78 (50.6%)	94 (39.5%)	172 (43.9%)	$\chi^2 = 4.72$, P= 0.0297
No	76 (49.4%)	144 (60.7%)	220 (56.1%)	
Total	154 (12.3%)	238 (15.5%)	392 (14.3%)	
Correct knowledge on safer sex				
Yes	41 (52.6%)	57 (60.6%)	98 (57.0%)	$\chi^2 = 1.13$, P= 0.2869
No	37 (47.4%)	37 (39.4%)	74 (43.0%)	
Total	78 (100%)	94 (100%)	172 (100%)	
Premarital sex practice				
Awareness of safer sex	Yes	No	Total	
Yes	92	80	172	$\chi^2 = 103.29$ P= 0.000001
No	16	204	220	
Total	108	284	392	
Correct knowledge of safer sex	Yes	No	Total	
Yes	78	20	98	$\chi^2 = 27.52$, P=0.0000
No	30	44	74	
Total	108	64	172	
Safer sex practices known by the students				
Barrier method(condom)	36 (46.2%)	30 (31.9%)	66 (38.4%)	
Abstinence	2 (2.6%)	6 (6.4%)	8 (4.7%)	
masturbation	15 (19.2%)	20 (21.3%)	35 (20.3%)	
Body to body touching	12 (15.3%)	18 (19.2%)	30 (17.4%)	
Kissing	13 (16.7%)	20 (21.2%)	33 (19.2%)	
Total	78 (100%)	94 (100%)	172 (100)	

Table 5: Awareness, knowledge of safer sex practices and safer sex practices known by the respondents.

in the number of people having sex before the age of 15 years and also in the number of people reporting multiple sexual partners [23]. This education becomes very important because only 43% of the students were aware of safer sex practices and out of that proportion, slightly above half had the correct knowledge of safer sex practices. However, those who were already sexually active were more likely to be aware of safer sex practices and to have correct knowledge of safer sex than those who were not sexually active. It calls for an urgent attention to be paid in strengthening the efforts already being made in the area of teaching sex education in the school system. This result should stimulate concern considering the consequences of unsafe premarital sexual practice which include unwanted teenage pregnancy and possible drop out from school, sexually transmitted infections and HIV [1]. More so when people do not know that what they think is safer sex is not safe, they might put themselves in harm's way. They might also recommend it to their friends and the wrong information and practice continue to spread. The students also mentioned some reasons for the practice of premarital sex. Exposure to eroticism through television, internet, magazine, sexual desire, peer pressure and religion ranked in descending order respectively as reasons why the student practices sex before marriage or not. This information has some important implications. One is that it reveals the contribution of exposure to erotic sites through television, magazines pictures and

Factors	Frequency (%)		Total
	Males	Females	
Exposure to eroticism through television, magazine and internet	60 (38.9%)	67 (28.2%)	127 (32.4%)
Assault/molestation during childhood	7 (4.6%)	15 (6.3%)	22 (5.6%)
Peer pressure	20 (12.9%)	38 (15.9%)	58 (14.8%)
Sexual desire	30 (19.5%)	33 (13.9)	63 (16.0)
Religion	18 (11.7 %)	37 (15.6)	55 (14.0)
Family	7 (4.6)	16 (6.7)	23 (5.9%)
Culture	0 (0.0%)	10 (4.2)	10 (2.6)
Self pledge/control	12 (7.8)	22 (9.2)	34 (8.7)
Total	154 (100%)	238 (100%)	382 (100%)

Table 6: Reasons for practicing premarital sex as reported by the students.

internet to the practice of premarital sex among adolescents. Secondly it provides an opportunity to reach out to them easily having known what they engage in. This will also help in knowing what to focus on when counseling adolescents on sex. Moreover it also reveals other areas that could be exploited in providing help and counseling to adolescents such as self pledge, family and culture. These had low reporting frequencies as reasons for premarital sex practice but then they might still be used to positively enhance the disposition of adolescents towards premarital sex. Other studies have also shown some of these factors as influencing premarital sex [6,7].

Conclusion

Premarital sex was practiced among the students yet few of them knew and practiced safer sex. Males were significantly more likely to engage in premarital sex than females in the adolescent period. The most prevalent reason why they practiced premarital sex was exposure to eroticism through television, magazines and the internet.

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