

## THE EFFECT OF PREMARITAL SEX AND TEENAGE PREGNANCY ON THE SOCIETY

AONDOWASE AFISE

*Department of General Studies,  
Akperan Orshi Polytechnic (AOPOLY),  
Gboko, Benue State.  
e-mail: [afiseaondowase@yahoo.com](mailto:afiseaondowase@yahoo.com)*

### ABSTRACT

This paper focuses on premarital sex and teenage pregnancy, as it affects children's wellbeing in our society. The term premarital sex has been defined as sex before marriage or out of wedlock. Two types of premarital sex were identified to include homosexual and heterosexual. Also, the factors influencing adolescent sexual behaviour such as age, gender, parents, school type and the mass media were properly examined. The paper also defined teenage as a period of adolescence, a period of life during which the growing individual makes the transition from childhood to adulthood. Teenage pregnancy has also been defined as pregnancy during the adolescent stage. Risks such as maternal morbidity, maternal mortality, toxemia, low educational background, unemployment and poverty were identified to be associated with teenage pregnancy. Finally, preventive measures to control unwanted pregnancy such as abstinence, coitus interruptus, and barrier methods among others were recommended as necessary tools to reduce the unhealthy recurrence in the society.

**Keywords:** Premarital Sex, Teenage and Teenage Pregnancy

### Introduction

Sexuality is a fact of being human. The process of sexual identity and sexuality begins in childhood and is a natural part of development. Moreover, those changes flow along a continuum that is variable, depending on the individual. According to Acheson (1997), all teenagers are sexual beings even if they are not currently or have not initiated sexual activity. The timing of onset of puberty and the subsequent psycho-social changes are different for each individual teenager. Moreover, the psycho-social development does not parallel the physical and the physiological changes that are occurring. The adolescent or the teenager now begins to feel he or she is a man or woman of substance. They thus become conscious of their appearance.

Achalu and Achalu (2000) defined premarital sex as sex before marriage. Hornby (2010) defined it as sexual intercourse engaged in before marriage or out of wedlock. Brown (1998) viewed it as sexual practices engaged in before marriage by males or females. The relationship could be homosexual or heterosexual in nature. According to Ezedum (2000), a homosexual person is a person who seeks sexual gratification from a partner of the same sex. Acheson (1997) states that, a homosexual person is characterised by behaviour involving sexual relationship with a member of the same sex. Awobi (2000) defined a homosexual as a person whose sexual attraction or engagement in sexual activity is primarily with members of his or her own gender. She further classified homosexual relationships into two types: gay homosexuality and lesbianism. According to her, gay homosexual refers to a man whose sexual orientation is towards other men. On the other hand, the lesbian is a woman whose sexual orientation is towards other women. These

practices violate cultural norms of the society. Some of such practices like anal sex are vehicles for HIV/AIDS transmission.

Apart from the premarital homosexual relationship, there is another type referred to as heterosexual relationship. According to Webster (2000), a heterosexual person is a person who manifests sexual desire towards a member of the opposite sex. Eddison (2000) defines a heterosexual person as a person who engages in sexual activity with members of the other gender. This relationship could be coital or non-coital. Nwobi (2000) describes coital heterosexual as sexual intercourse, insertion of the penis inside the vagina. Non-coital heterosexual relationship is the use of other methods of expressing sexual behaviour, other than penile penetration of the vagina. The study of premarital sex is significant because the practice violates cultural norms and it also accounts for the high incidence of sexually transmitted infections and unwanted teenage pregnancies.

### **Factors Influencing Adolescent Sexual Behaviours**

Adolescent sexual behaviours are influenced by a number of factors such as age, gender, parents, school type and so on. Brown (1998) rightly observed that in middle adolescence, which is 13-16 years or slightly below, the ability to think in abstract begins to develop. So they want to be identified with peers in their behaviours. Sexual experimentation is very common and most of them experience unprotected sexual intercourse for no apparent reason apart from experimentation. This, according to him, is applicable to both genders, although more for the male gender. According to Abraham, their ages and years in school and the types of academic programmes significantly influence the likelihood of having sexual experience. For boys or young men, the proportion that had experiences increased steadily from 21% among those aged 15 years or younger to 68% among those older than 21 years.

Gender is another factor influencing adolescent sexual behaviour. Among youths attending schools in Jos, Plateau state, 49% of females and 68% of males agreed that males should gain sexual experience prior to marriage, yet 73% of females and 59% of males held the view that females must be virgin at marriage (Nwobi, 2000). In Damaturu town, it is accepted that men should acquire a lot of sexual experience before marriage but for the females, they should remain virgins until marriage (Adebayo, 2003). Conversely, some 70% of secondary school students in Kampala, Uganda and 90% in Argentina agreed that premarital sex is normal for both males and females.

Adebayo (2003) pointed out that parents have a strong influence on premarital sexual activities of the children. He further pointed out that parents who are sexually reckless are bound to produce such calibre of children. He added that children all have a photographic mind and can therefore copy the behaviours of adults who serve as their models. Similarly,

Akube (2002) maintained that the level of education of the teenagers can influence their sexual relationships. He added that the senior classes tend to dominate the practice. Ezedum (2002) also posited that the mass media can influence the teenager into premarital sex. Accordingly, there is little doubt that taken collectively, modern movies, novels, plays, etc. are exceedingly permissive of their treatment of sex outside of marriage. Whether the theme is that of homosexuality, adultery or premarital coitus, the persons involved are seen as a more or less natural manifestation of man's inexorable nature. It is easy to understand in this connection, why movies have become largely a province of young people. This is a deliberate campaign to undermine traditional moral codes.

## **Teenage and Teenage Pregnancy**

Teenage is the period of adolescence. Hornby (2010) described the period of adolescence as a period of experimentation. Blander (1992) posits that adolescence is that period of life during which the growing individual makes the transition from childhood to adulthood. The period is characterised by emotional changes due partly to changing body chemistry and partly due to socio-cultural conditions and peer influence which bring about close friendships with same sex partners that later culminates into increasing heterosexual interest. Miller and Fox (1878) posited that adolescent sexual behaviours are influenced by biological and psychological factors within an individual, proximal relationship in the family, peer influence and socio-cultural contexts such as race, religion, school and media.

## **Teenage Pregnancy**

According to Umar (2013), pregnancy is that process that occurs between conception and birth. For the girls whose periods are regular and who have had intercourse recently, the first sign that a baby is on the way is usually a missed period. By the time the second period has been missed, other signs of pregnancy may be noticeable, for example enlarged breasts, darkening of the skin around the nipple, more frequent passing of urine, constipation and possibly feelings of nausea. It is therefore imperative that parents should advise their female teenagers to go for pregnancy test, i.e., HCG (Human Chorionic Gonadotrophin) which is usually present in the urine of pregnant women and reaches its highest level at 8 week of pregnancy. It can usually be detected from 10 days to 16 weeks after conception. This varies in different women and with different brands of pregnancy tests.

Prior to the 1970s, adolescent pregnancy was considered a moral issue with the pregnant teenager seen as a social deviant. These deviants were excluded from the society and were therefore invisible. It was not until in the late 1970s when pregnant girls included the issue in the National magazine called *Life* that teenage pregnancy was shifted from a moral issue to a medical technical issue. This intellectual paradigm shift called for changes in how health care providers in Nigeria could deal with what is now a more open and pressing issue.

## **Risks Associated with Teenage Pregnancy**

From a bio-physiological standpoint, teenage mothers aged 15 years and older seemingly can cope quite well with the changes of pregnancy. Some increased risks of maternal morbidity and mortality are noted in adolescent mothers younger than 15 years. An increased risk of toxæmia and anaemia is well established. Teenage girls who get pregnant are much less likely to finish high school. In a study conducted by Igbago in Yola involving 360 students, more than two thirds of the population never finished high school due to pregnancy.

Lack of employment due to low educational status of the teenager may delay her career opportunities leading to increased poverty, need for public assistance and support for teenage mothers and their children. For these teenage mothers who are married, divorce is three times higher in this group compared with other women. Infants born to the teenage mothers are also at high risk of certain problems such as low birth weight. Other risk factors include: pre-maturity, congenital abnormalities, intra-uterine growth retardation, and foetal/neonatal death.

## **Conclusion and Recommendations**

The following measures would help prevent premarital sex and unwanted pregnancies in our society:

- a. There should be adequate health education of the public including teenage youths on the dangers or effects of premarital sex.

- b. Sex education should be taught at all levels of education, i.e., from primary schools through secondary schools to universities.
- c. Seminars and workshops on sociological issues in health including sex and sexuality should be organized to inform, educate or intimate the public about the dangers of premarital sex.
- d. The church, NGOs, communities and the government should launch campaigns against premarital sex and teenage pregnancies.
- e. Finally, if the need for sexual intercourse becomes unavoidable, the following means of family planning should be adopted as recommended by health specialists or doctors: abstinence, coitus interruptus, periodic abstinence, banner method, diaphragm, sponge cervical cap, injectables, spermicides, oral contraceptives, iud and sterilization.

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