

## **PREVALENCE, PERCEIVED CAUSES AND CONSEQUENCES OF PRE-MARITAL SEX AMONG SECONDARY SCHOOL STUDENTS IN EKITI STATE**

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**ABSTRACT:** This study investigated the prevalence, perceived causes, and consequences of pre-marital sex among secondary school students in Ekiti State. The research was conducted in the Oye-Ekiti Local Government Area of Ekiti State. The study population comprised senior secondary school students from government-owned secondary schools within the local government area. A total of 200 students were randomly selected to participate in the study. Data was collected through the administration of questionnaires and analysed using descriptive statistical methods, including frequency counts, percentage distributions, and mean rank order analysis. The findings show that most secondary school students engage in premarital sex, indicating a high prevalence of this behaviour. Further findings also revealed that the causes of premarital sex include pornography, drugs, curiosity, unmet needs, low self-esteem, environmental factors, changes in societal values, financial pressure, experimentation, high libido, alcoholism, peer influence, modernisation, smoking, financial inducements, poverty, self-gratification, and involvement in gang activities. It was also deduced that the consequences of premarital sex, as expressed by secondary school students, include poor academic performance, exposure to HIV/AIDS, loss of respect, abortion, loss of life, exposure to other sexually transmitted infections and diseases, dropping out of school, distractions, unwanted pregnancy, depression, and rejection. It was recommended that comprehensive, age-appropriate sex education be implemented in schools starting in early adolescence, covering not only biological aspects but also relationships, consent, decision-making skills, and the potential consequences of sexual activity.

**Keywords:** Pre-marital Sex, Adolescents, Perceived Causes, Consequences, Secondary School Students

### **INTRODUCTION**

Premarital sex is increasingly common among adults, tertiary students, and, alarmingly, secondary school students. In Nigeria, conservative parenting and religious norms often hinder open discussions on sex, leaving many youths to learn from peers and media instead. As a result, sex education is frequently informal, inaccurate, and negatively influenced (Adama & Ejih, 2021). According to Adeniyi (2019) and Olatunji (2019), premarital sex is now widespread among female students, with abstinence no longer seen as a virtue.

Defined as sexual activity outside marriage (Fadipe & Olakojo, 2021), premarital sex is morally condemned in Nigerian society, especially for young women. Christianity and Islam, Nigeria's dominant religions, both oppose it. The Quran (24:2; 17:32) prescribes strict sanctions, while the Bible calls for sexual purity before marriage (Heb. 13:4; Raji, 2018).

Factors contributing to premarital sex include curiosity, media influence, peer pressure, poor discipline, poverty, sexual harassment, indecent dressing, pornography, and weak parental guidance (Alade et al., 2021). Galloway (2020) and Igbo (2018) add that behaviours such as masturbation, sexual fantasies, and erotic dreams may also predispose adolescents to sexual activity. Dysfunctional homes and poverty contribute significantly, as girls may engage in transactional sex to meet basic needs (Offor & Offiah, 2022). Peer influence is also critical; sexually active friends often act as role models (Daagu et al., 2021). Substance use, especially alcohol and drugs, is linked to risky sexual behaviour (Fadipe & Olakojo, 2021). Embiyale (2019) found that 84% of women in West Africa supported premarital sex, with a CDC (2022) report noting that 63% of Nigerian female tertiary students have engaged in it.

Parents often fail to provide proper sex education, leaving adolescents vulnerable to misinformation and abuse (Angelo et al., 2020). Despite awareness and campaigns, prevalence remains high as Olatunji (2019) noted that 59.5% of female undergraduates had engaged in premarital sex by age 18. Meanwhile, early sexual initiation increases the risk of STIs, unintended pregnancies, and emotional consequences (Alade et al., 2021). In Nigeria alone, AIDS claimed 2.2 million adolescent female lives in one year (Offor & Offiah, 2022).

Society's shift from valuing virginity to condoning sexual activity before marriage signals the erosion of traditional values. Though several studies have explored adolescents' premarital sex (Abdullahi & Abdulquadri, 2018; Osadolor et al., 2022; Oyediran, 2020), more research is needed, especially in rural areas, to examine cultural perceptions and predictors. This study, therefore, investigates the prevalence, perceived causes, and consequences of premarital sex among secondary school students in Oye Local Government of Ekiti State.

Premarital sex among adolescents has become a growing concern in many parts of Nigeria, including Ekiti State. With the gradual erosion of traditional values, increased exposure to media, and the widening influence of peer culture, young people are increasingly engaging in sexual relationships before marriage. Secondary school students, who are at a critical stage of physical, emotional, and psychological development, are particularly vulnerable to making uninformed and risky sexual choices. The consequences of such behaviours are far-reaching, including unintended pregnancies, sexually transmitted infections (STIs), disrupted education, and emotional trauma.

Recent reports suggest that a significant number of secondary school students in Ekiti State are sexually active (Durowade et al., 2017; Ojo et al., 2025). However, there is limited empirical data on the prevalence of premarital sex within this population. Without reliable data, efforts by schools, parents, health professionals, and policymakers to address this issue may lack direction and effectiveness. Additionally, there is a gap in understanding the perceived causes that drive these behaviours. Factors such as peer pressure, lack of parental guidance, poor sex education,

economic hardship, and social media influence are often mentioned, but little is known about how students themselves perceive these influences.

Furthermore, while the consequences of premarital sex, such as academic decline, emotional distress, and health risks, are well-documented in literature, the specific impact on students in Ekiti State remains under-researched. Cultural, religious, and socio-economic factors unique to the region may influence how students experience these consequences and how they cope with them. Given the strategic importance of adolescence in shaping future adult behaviours and the increasing rate of youth-related sexual health issues in Nigeria, it is crucial to investigate the extent of premarital sexual activities among secondary school students in Ekiti State. This study seeks to fill the existing knowledge gap by examining the prevalence, exploring the perceived causes, and assessing the consequences of premarital sex from the perspective of the students themselves. Findings from this study will provide evidence-based insights that can guide interventions and policy development aimed at promoting sexual health and overall well-being among adolescents in the state.

This study investigates:

- i. The prevalence of premarital sex among secondary school students in Ekiti State.
- ii. The perceived causes of premarital sex among secondary school students in Ekiti State.
- iii. The perceived consequences of premarital sex among secondary school students in Ekiti State.

## **LITERATURE REVIEW**

### **Theoretical Framework**

The Theory of Planned behaviour (TPB), developed by Ajzen in 1991, serves as a valuable framework for examining why premarital sex occurs among secondary school students in Ekiti State, Nigeria. Fundamentally, TPB suggests that individuals' actions are guided by their intentions, which arise from three main factors: personal attitudes towards a behaviour, perceived social expectations (subjective norms), and the individual's sense of control over the behaviour (perceived behavioural control).

Concerning the prevalence of premarital sex, there is evidence that positive attitudes and permissive social norms play a significant role. If students believe that premarital sex is enjoyable or widely accepted, and they also perceive that peer, media, or even community standards endorse such behaviour, their likelihood of engaging in it increases. This pattern is not unique to Ekiti; similar findings have emerged from studies in Botswana and rural Tanzania, where adolescent intentions to engage in sexual activity or use protection were closely linked to their attitudes, the influence of their social circles, and their perceived ability to manage these situations (Mpeta et al., 2021).

In terms of causation, the TPB framework highlights that students may consider premarital sex both socially normative and personally rewarding. Subjective norms stemming from family,

religious context, peers, and media can exert significant pressure, shaping what is considered acceptable. When students lack confidence in their ability to resist peer pressure or negotiate condom use, this diminished perceived behavioural control further increases their risk. Research from Tanzania underscores that empowerment and a sense of agency are critical factors in determining safe sexual practices.

Early sexual activity can lead to serious consequences, especially when students have limited control or face strong pro-sexual norms. These outcomes include unintended pregnancies, sexually transmitted infections, school dropout, and psychological challenges. TPB-based studies consistently associate low self-efficacy with these adverse results, indicating the importance of targeted interventions that build students' confidence and ability to make informed choices. Employing the TPB framework allows researchers to identify which factors such as attitudes, social norms, or behavioural controls most significantly affect sexual intentions and behaviours among youth in Ekiti.

Insights from this approach can guide the development of interventions that aim to shift attitudes, reshape social expectations through community and parental involvement, and strengthen students' sense of autonomy in sexual decision-making. A theoretically grounded understanding, therefore, clarifies the persistence of premarital sex and points the way toward effective, evidence-based solutions for the youth of Ekiti State.

### **Empirical Review**

Millanzi et al., (2023) used baseline data from a randomised trial in rural Tanzania to investigate the determinants of early sexual initiation among adolescents. Their analyses indicate that heightened media exposure and permissive attitudes are associated with increased likelihood of early sexual debut, whereas greater self-efficacy in condom negotiation appears to delay initiation. The authors recommend comprehensive interventions incorporating media literacy, attitudinal change, and empowerment strategies to address early premarital sex in rural contexts. Ferede et al., (2023) found that the incidence of early sexual initiation among young females in Sub-Saharan Africa was substantial (46.39%), suggesting that educational attainment, income index, place of residence, media exposure, and community media exposure significantly correlate with early sexual initiation.

Abraham et al. (2022) conducted a community-based survey in the rural Jimma Zone to assess parent-adolescent sexual and reproductive health (SRH) communication. Findings revealed that more than 60% of adolescents report minimal or no discussion with parents, largely attributable to stigma, cultural taboos, and parental knowledge deficits. The authors advocate for parent training workshops and culturally sensitive outreach to normalise SRH dialogue in the home and improve protective communication practices.

Melese et al. (2024) surveyed 424 rural secondary school students in Gondar and reported that only 37.7% have discussed sexual reproductive health issues with their parents. Logistic regression suggests that female gender, higher grade level, positive SRH attitudes, and greater puberty knowledge significantly predict communication. The study highlights the importance of peer-led

education and teacher training in facilitating parent–adolescent dialogue and supporting adolescent sexual well-being.

In a study involving 697 parents in rural Sawla, Malango et al., (2022) found out that just 25.7% engaged in SRH discussions with their adolescent children. Higher parental education, income, SRH knowledge, and positive attitudes significantly predict the likelihood of such communication. The authors propose ongoing capacity-building and adult literacy programmes to enhance parental competencies and address cultural barriers to SRH dialogue.

Wakjira and Habedi (2022) compare the utilisation of SRH services among rural and urban adolescents in southern Ethiopia. Rural adolescents exhibit notably lower uptake, attributed to stigma, perceived provider hostility, confidentiality concerns, and restrictive cultural norms. The authors recommend implementing community-based, youth-friendly services, providing training to reduce stigma, and increasing parental engagement to improve service access and trust.

Using 2019 DHS data, Nuwabaine et al. (2023) report that 22.1% of rural Sierra Leonean adolescents have experienced teenage pregnancy. Multivariate analysis identifies poverty (2.5 times higher risk) and marriage (15 times higher risk) as strong predictors of early childbirth. The authors advocate for targeted support for economically disadvantaged and married adolescents, including the promotion of school re-entry policies for adolescent mothers.

Also, recent literature on rural adolescent SRH in sub-Saharan Africa reveals consistent patterns alongside key contradictions and research gaps. Studies show that rural adolescents are more at risk for starting sexual activity early, becoming pregnant as teenagers, and getting STIs, mainly because of poverty, low education, gender expectations, and not having enough access to sexual and reproductive health services. Parental communication consistently emerges as a pivotal protective factor yet remains limited in rural contexts due to stigma and parent efficacy challenges (Abraham et al., 2022).

Contradictions are evident in service uptake trends; in some settings, modern contraceptive use among rural adolescents approximates urban levels, suggesting nuanced temporal or contextual determinants. There are still big gaps in research as not many studies look at how rural teens feel in control, hopeful, or confident, and there is no much evidence on how well interventions work, especially those based on the Theory of Planned Behaviour. Overall, the literature suggests a need for research focusing on adolescent empowerment, parental capacity-building, and the evaluation of contextually relevant interventions.

## **METHODOLOGY**

The study employed a descriptive survey design. The population for the study comprised public secondary students in Oye-Ekiti Local Government of Ekiti State. A simple random sampling technique was employed to select fifty (50) students from each of the four (4) secondary schools that were randomly selected for this study. A total number of two hundred (200) SS I and SS II students from four (4) public senior secondary schools in Oye-Ekiti Local Government of Ekiti State. The inclusion criterion was a willingness to participate in the study. However, SS III students

were excluded from the study as they were preparing for their WAEC examination during the data collection period.

An adapted instrument and some self-structured items were utilised to generate information from the participants. The questionnaire was divided into four sections: “A”, “B”, “C”, and “D”. Section “A” contains the personal information of the respondents. Sections B, C, and D, respectively, contain items on premarital sex engagement, premarital sex causes, and premarital sex consequences.

Sprecher, McKinney, Walsh, and Anderson developed the Premarital Sexual Permissiveness Scale (PSPS) in 1988, which was used to measure premarital sexual activity in Section B. The questionnaire of 15 items assessed the acceptance of three sexual activities (heavy petting, sexual intercourse, and oral-genital sex) throughout five relationship stages (first date, casual dating, serious dating, pre-engagement, and engagement). The researchers modified 10 items for secondary school students, employing a 4-point response scale that rates answers from 4 (strongly agree) to 1 (strongly disagree). Values between 1 and 20 signify poor premarital sexual participation, values from 21 to 29 denote average engagement, and scores ranging from 30 to 40 reflect strong premarital sexual engagement. The authors indicated an internal consistency of .81. However, this study demonstrates a Cronbach's alpha reliability of .87.

Sections C and D contain self-constructed items on causes and consequences, respectively, employing a four-point response format, which included Strongly Agree, Agree, Disagree, and Strongly Disagree. The instrument was ascertained to be clear in terms of scope and content. To assess the reliability of the instrument, the test-retest method was employed, yielding a Pearson product-moment correlation coefficient of  $\alpha = .67$  and  $\alpha = .65$  for both the causes and consequences of premarital sex measures.

A brief explanation of the study's nature, purpose, and the rights of participants was provided to all participants. Participants were assured that their privacy would be protected and that the information collected would be used solely for academic purposes. After the random sampling process was completed, questionnaires were distributed to those who consented to participate in the study. Data collection spanned two weeks. The participants were requested to complete and return the survey immediately. Assistance was available throughout the process to address any questions or concerns that participants may have raised.

**Table 1: Instrument Validity**

S/N	Variable	Cronbach Alpha
1.	<i>Prevalence</i>	0.877
2.	<i>Perceived Causes</i>	0.841
3.	<i>Consequences</i>	0.792

*Source: Authors' Computation, 2025.*

Table 1 demonstrates the reliability scores across all categories. The “Prevalence” scale has an alpha of .877, which signifies high internal consistency. “Perceived Causes” indicate ( $\alpha = .841$ ),



and “Consequences” having ( $\alpha = .792$ ). Generally, alphas above .80 are considered good, and .70–.80 is still acceptable (Nunnally, 1978). The questionnaire items consistently measure each construct and there is no sign of redundancy either as none of the scales push past .90. Overall, the instrument’s psychometric properties are strong, making it suitable for further statistical and structural analysis.

### Method of Data Analysis

Data collected in this study were analysed with the Statistical Package for Social Sciences (SPSS), version 25, using a descriptive approach. The descriptive analysis involves frequency distribution, simple percentages, as well as mean and rank-order analysis.

## RESULTS

**Table 2: Socio-demographic information of the respondents**

Variables	Frequency	Percentage (%)
<b>Gender</b>		
Male	84	42.0
Female	116	58.0
<b>Age</b>		
10-13 years	42	21.0
14-17	132	66.0
18-21	26	13.0
<b>Family Type</b>		
Monogamy	128	64.0
Polygamy	72	36.0
<b>Parental marital status</b>		
Single parents	42	21.0
Married	143	71.5
Divorced	12	6.0
Widow	3	1.5
<b>Perceived Parental socio-economic status</b>		
Very rich	12	6.0
Rich	46	23.0
Average	98	49.0
Poor	12	6.0
Very poor	32	16.0
<b>Total</b>	<b>200</b>	<b>100.0</b>

Table 2 above shows the sociodemographic characteristics of the respondents. The gender information reveals that 84 respondents are male, representing 42.0% of the entire population, while 116 females are in the number, representing 58.0% of the total respondents. The frequency distribution of the respondents’ ages indicates that there are 42 respondents between the age ranges of 10 and 13 years, which represents 21.0%. Those in the 14–17 age range are 132, which

represents 66.0%, while the respondents between 18–21 years and above are 26 in number, representing 13.0% of the entire sample. The table further reveals the distribution of the respondents among different family types. It shows that 128, representing 64.0% of respondents, are from monogamy, while 72 respondents, representing 36.0%, are from polygamy. The frequency distribution of the respondents' parents' marital status reveals that 42 respondents come from single-parent families, representing 21.0%; 143 participants come from married-parent families, representing 71.5%; 12 respondents come from divorced-parent families, representing 6.0%; while three respondents come from widowed-parent families, representing 1.5%. This finding suggests that the majority of respondents come from married parents. The table also displays the frequency distribution of respondents based on their parental socio-economic status, as perceived by the students. It shows that 12 parents are wealthy, representing 6.0% of the population; 46 parents are wealthy, representing 23.0%; and 98 parents are average, representing 49.0%. Twelve parents are poor, representing 6.0%, while the remaining 32 respondents' grandparents are destitute, which represents 16.0%. This finding suggests that most respondents have an average parental socio-economic status.

**Research Question One:** What is the prevalence of premarital sex among secondary school students

**Table 3: Descriptive statistics showing the prevalence of premarital sex among secondary school students**

Prevalence of premarital sex	Frequency	Percentage
Low	14	7.0%
Average	68	34.0%
High	118	59.0
Total	200	100.0

Table 3 revealed that 14 participants, who represented 13.7%, scored low in premarital sex engagement diagnostic tools administered; 68 participants, representing 34.0%, scored average, while 118 participants, representing 59.0%, indicated high engagement in premarital sex. This finding implies that most secondary school students engage in premarital sex. Hence, there is a high prevalence of premarital sex among secondary school students.



**Research Question Two:** What are the causes of premarital sex as perceived by secondary school students?

**Table 4: Mean and Rank Order Analysis of causes of premarital sex as perceived by secondary school students.**

S/N	Causes of premarital sex	Mean	Rank Order
1	Pornography	3.50	1 <sup>st</sup>
2	Drugs	3.47	2 <sup>nd</sup>
3	Curiosity	3.46	3 <sup>rd</sup>
4	Unmet needs	3.40	4 <sup>th</sup>
5	Low self-esteem	3.38	5 <sup>th</sup>
6	Environment	3.37	6 <sup>th</sup>
7	Change in societal values	3.36	7 <sup>th</sup>
8	Peer pressure	3.29	8 <sup>th</sup>
9	Lack of self-control	3.29	8 <sup>th</sup>
10	Financial pressure	3.28	9 <sup>th</sup>
11	Experimentation	3.25	10 <sup>th</sup>
12	High libido	3.24	11 <sup>th</sup>
13	Alcoholism	3.24	11 <sup>th</sup>
14	Peer influence	3.21	12 <sup>th</sup>
15	Modernisation	3.21	12 <sup>th</sup>
16	Smoking	3.15	13 <sup>th</sup>
17	Financial inducements	3.14	14 <sup>th</sup>
18	Poverty	3.12	15 <sup>th</sup>
19	Self-gratification	3.09	16 <sup>th</sup>
20	Involvement in gang activities	3.06	17 <sup>th</sup>

Table 4 reveals some of the causes of premarital sex as perceived by secondary school students. Pornography, with a mean score of 3.50, was ranked first, and drugs, with a mean score of 3.47, were ranked second. Curiosity, with a mean score of 3.46, was ranked third. Unmet needs, which had a mean score of 3.40, were ranked fourth. Low self-esteem, with a mean score of 3.38, was ranked fifth; the environmental factor, with a mean score of 3.37, was ranked sixth; and change in societal values, with a mean score of 3.29, was ranked seventh. Peer pressure and lack of self-control, with a mean score of 3.29 each, were ranked eighth; financial pressure, with a mean score of 3.28, was ranked ninth. Experimentation, with a mean score of 3.25, was ranked tenth; high libido and alcoholism, with a mean score of 3.24 each, were ranked 11th; peer influence and modernisation, with a mean score of 3.21 each were ranked 12th; smoking with a mean score of 3.15 was ranked 13th; financial inducements with a mean score of 3.14 were ranked 14th; poverty with a mean score of 3.12 was ranked 15th; self-gratification with a mean score of 3.09 was ranked 16th, while involvement in gang activities with a mean score of 3.06 was ranked 17th. This result further revealed that all twenty (20) items had mean scores above the cut-off point (3.0). Therefore, it can be deduced that the causes of premarital sex as expressed by secondary school students are: pornography, drugs, curiosity, unmet needs, low self-esteem, environmental factors, changes in societal values, financial pressure, experimentation, high libido, alcoholism, peer influence,

modernisation, smoking, financial inducements, poverty, self-gratification, and involvement in gang activities.

**Research Question Three: What are the consequences of premarital sex as perceived by secondary school students?**

**Table 5: Mean and Rank Order Analysis of Consequences of premarital sex as Perceived by Secondary School Students**

S/N	Consequences of premarital sex	Mean	Rank Order
1.	Poor academic performance	3.54	1 <sup>st</sup>
2.	Exposure to HIV/AIDS	3.49	2 <sup>nd</sup>
3.	Loss of respect	3.40	3 <sup>rd</sup>
4.	Abortion	3.39	4 <sup>th</sup>
5.	Loss of life	3.31	5 <sup>th</sup>
6.	Exposure to other sexually transmitted infections and diseases	3.30	6 <sup>th</sup>
7.	drop out of school	3.25	7 <sup>th</sup>
8.	Distractions	3.22	8 <sup>th</sup>
9.	Unwanted pregnancy	3.21	9 <sup>th</sup>
10.	Depression	3.17	10 <sup>th</sup>
11.	Rejection	3.17	10 <sup>th</sup>

Table 5 reveals some of the consequences of premarital sex as perceived by secondary school students. Poor academic performance, with a mean score of 3.54, was ranked 1<sup>st</sup>; exposure to HIV/AIDS, with a mean score of 3.49, was ranked 2<sup>nd</sup>. Loss of respect, with a mean score of 3.40, was ranked third. With a mean score of 3.39, abortion came in at number four. Loss of life, with a mean score of 3.31, was ranked 5<sup>th</sup>; exposure to other sexually transmitted infections and diseases, with a mean score of 3.30, was ranked 6<sup>th</sup>; and dropping out of school, with a mean score of 3.25, was ranked 7<sup>th</sup>. Distractions, with a mean score of 3.22, were ranked 8<sup>th</sup>; unwanted pregnancy, with a mean score of 3.21, was ranked 9<sup>th</sup>; and depression and rejection, with a mean score of 3.17 each, were ranked 10<sup>th</sup>. This result revealed that all eleven (11) items had mean scores above the cut-off point (3.0). Therefore, it can be deduced that the consequences of premarital sex, as expressed by secondary school students, include poor academic performance, exposure to HIV/AIDS, loss of respect, abortion, loss of life, exposure to other sexually transmitted infections and diseases, dropping out of school, distractions, unwanted pregnancy, depression, and rejection.

## DISCUSSIONS

The following conclusions were drawn from the analysed data: Firstly, the findings indicated a high prevalence of premarital sex among secondary school students in Oye Local Government Area, Ekiti State, Nigeria. This aligns with previous national studies such as Anene, Ojinaka, and Ndie (2017), which report rising rates of premarital sexual activity among Nigerian adolescents. However, this pattern appears to vary significantly across global contexts. For instance, Rob and Bhuiya (2001) report extremely low sexual activity among Bangladeshi adolescents (only 3 girls

and 17 boys out of 2,600), a stark contrast to data from Uganda (World Bank, 1999) and now Ekiti, Nigeria, where nearly half of adolescents report early sexual debut.

This apparent discrepancy underscores the role of regional sociocultural and economic factors in shaping adolescents' sexual behaviours. For example, Millanzi et al. (2023) in Tanzania observed that media exposure and permissive attitudes were key drivers of early sexual initiation, while self-efficacy in condom negotiation delayed sexual debut. This complements the Nigerian findings, where modernisation, peer influence, and pornography were identified as drivers of premarital sex. The similarities across East and West Africa suggest that exposure to liberal media and peer influence are increasingly pan-African issues. At the same time, Millanzi et al. (2023) findings reinforce the need for empowerment strategies that bolster adolescents' decision-making autonomy, something often lacking in Nigerian school curricula.

Moreover, this study also identified a wide range of perceived causes of premarital sex among secondary school students, including curiosity, low self-esteem, financial pressure, and changing societal values. These multifactorial causes mirror those reported in Okah et al., (2023) and reflect broader continental patterns. For instance, Abraham et al. (2022) and Melese et al. (2024) point to a deficit in parent-child communication as a contributing factor. In both studies, cultural taboos and parental knowledge gaps significantly hinder the dialogue around sexual and reproductive health (SRH), leaving adolescents more susceptible to misinformation and risky behaviours. Notably, Melese et al. find that improved SRH attitudes and knowledge correlate with better communication and possibly healthier decisions, decisions echoing the Nigerian context where lack of proper guidance fosters experimentation and risky sexual behaviours.

However, there are deviations worth noting. While Nigerian students identify financial inducement and poverty as triggers of premarital sex, Nuwabaine et al. (2023), using DHS data from Sierra Leone, quantify this risk: adolescents in poverty are 2.5 times more likely to experience teenage pregnancy. This quantitative evidence substantiates the claims made in the current study, adding empirical weight to the argument that poverty is not merely a correlational factor but a strong predictive one. Additionally, Nuwabaine et al. (2023) highlight early marriage as a distinct driver of adolescent pregnancy less prominent in the Ekiti study, where the focus is on premarital sex outside the context of marriage.

Concerning the consequences of premarital sex, respondents in the Nigerian study reported poor academic performance, exposure to HIV/AIDS, social stigma, and unwanted pregnancies, findings consistent with Offor and Offiah (2021). These outcomes align closely with the broader African experience. Wakjira and Habedi (2022) note that rural adolescents in Ethiopia face multiple barriers to accessing SRH services, including stigma and provider hostility. This reflects a regional trend in which structural and cultural limitations inhibit young people's ability to mitigate the risks associated with sexual activity. The lack of accessible, youth-friendly services in both urban and rural settings increases vulnerability to the very consequences identified in the Nigerian context.

Furthermore, the lack of parental involvement is a recurring theme across regions. Studies by Malango et al. (2022) and Abraham et al. (2022) in Ethiopia report that only a minority of parents engage in SRH communication, largely due to cultural taboos and low educational attainment. This

mirrors the Nigerian reality, where such gaps leave adolescents reliant on peers, media, and often inaccurate sources for sexual education. Thus, this deviation from ideal communication practices is not unique to Nigeria but is part of a wider continental deficiency in family-based SRH education.

While the findings from this study offer valuable insights, it is important to recognize several limitations and potential confounding factors that could have influenced the results. To start, the use of self-reported data raises concerns about social desirability bias; participants may have underreported or exaggerated their behaviours, especially given cultural or religious sensitivities surrounding premarital sex. Such bias could easily lead to either underestimating or inflating the actual prevalence rates. Additionally, some variables were not included in the survey, like exposure to sexual abuse, mental health status, or household dynamics. These unmeasured factors might play a role in both the causes and outcomes of premarital sex, and their absence could affect the accuracy of the findings. The geographical scope also deserves mention. The research was limited to Oye Local Government Area in Ekiti State, which means the results might not apply to adolescents in more urban, diverse, or culturally distinct regions of Nigeria. Generalising beyond this context should be done with caution. Addressing these limitations in future research, perhaps through longitudinal studies, broader geographic sampling, and mixed-method approaches, would provide a more comprehensive and nuanced understanding of adolescent sexual behaviour within Nigeria and comparable contexts.

## **Conclusion**

The study underlines the thriving practice of premarital sex among secondary school students in Oye LGA on account of certain personal and social factors. The ramifications of premarital sex-based on-the-job training are so wide, from academic decline to health risks, that they have left interventions to act urgently. Sexual behaviour amongst adolescents should be tackled through multi-sector collaboration amongst schools, families, religious bodies, and health services.

Instead of the "one size fits all", stakeholders should come up with strategies targeted towards responding to the realities of the local socio-cultural environment. With the right information, parents can engage in appropriate sexual matters with their children. Meanwhile, there is a need to work towards building up the family structure and establishing youth-friendly services that foster healthy sexual decision-making and safeguard adolescents' future well-being. These results help guide key considerations regarding educational policies and adolescent health programs in community development initiatives in similar rural settings in Nigeria.

## **Limitations and Suggestions for further research**

The present study has several limitations that warrant consideration. It relied heavily on self-reported data from students, which may have been influenced by social desirability bias. Given the sensitive nature of the topic, some respondents might have underreported or exaggerated their experiences and opinions related to pre-marital sex. The research was also confined to secondary schools within Ekiti State, which limits the generalizability of the findings to other regions of Nigeria where cultural norms, religious beliefs, and levels of sexual education may differ.

Additionally, the use of a cross-sectional design captured data at a single point in time, restricting the ability to observe behavioural or attitudinal changes over time and preventing the establishment of causal relationships between perceived causes and consequences of pre-marital sex. The exclusion of out-of-school adolescents further narrows the scope of the study, as this group may exhibit different sexual behaviours and face distinct risks. Moreover, cultural and religious taboos surrounding discussions of sexuality might have discouraged full disclosure, affecting the honesty and completeness of responses.

Considering these limitations, future research should consider longitudinal designs to track changes in adolescent sexual behaviour over time and include out-of-school youths to gain a more comprehensive understanding of the phenomenon. In-depth qualitative approaches such as interviews or focus group discussions could provide richer insights into the socio-cultural and psychological factors influencing adolescent sexuality. Conducting similar studies across different Nigerian states or geopolitical zones would also help uncover regional variations and offer a national perspective. Furthermore, exploring the views of parents, teachers, and religious leaders would enhance understanding of the social and moral frameworks shaping adolescent behaviour. Researchers should also assess the effectiveness of existing sex education programs in schools and identify areas for improvement. Finally, studies focusing on gender differences in peer pressure, coercion, emotional consequences, and academic outcomes would support the development of gender-sensitive interventions.

### **Recommendations**

Recommendations from the findings based on the studies include parents in Oye LGA ensuring that they continue to model positive behaviour with adolescents while promoting trust, hence fostering open communication. In light of effects due to age, gender, and economic vulnerability, parents need to ensure that the basic needs of their children are met to protect them from the risk of entering into transactional sex. Schools are to offer culturally appropriate sex education that is sensitive and age-appropriate, covering more than biological facts to include conversation on consent, relationship matters, and decision-making skills. Guidance counsellors and other members of the school staff can then engage on a routine basis with the students through workshops or peer leadership exercises aimed at life-skills training and resisting peer pressure.

Subsequently, schools and communities can mount awareness programmes against pornography and substance abuse while proposing to work on tracking the access points to such content, especially for the burgeoning use of digital devices. Community leaders, restaurant sales, and religious institutions can be engaged in campaigns that promote moral and spiritual values while still respecting adolescents' rights to correct sexual information. Parent education programmes are then to be initiated as a means of promoting communication on sexuality within families, particularly in 'target areas' where cultural taboos continue. These undertakings must be firmly rooted locally, participatory, and sustainable.

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