

# Resilience, Attitude Towards Substance Use and Gender as Predisposing Factors of Risky Sexual Activities Among Adolescents in Ibadan Oyo State, Nigeria

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## Abstract

Adolescent risky sexual behaviour and its consequences are serious problems affecting Nigeria negatively and require research attention to proffer solution. Many studies have focused on peer influence as a facilitative factor of risky sexual behaviour among adolescents. However, literature on predisposing factors among this age cohort is still evolving. This study explored the role of resilience, attitude towards substance use and gender as protective factors against risky sexual activities among adolescents in Ibadan, Oyo State, Nigeria. Two hundred adolescents with age range between 10 and 20 years with mean age of 18 years (SD 12.25) were randomly drawn from schools located in Ibadan Metropolis using simple random sampling technique. Three hypotheses were tested at 0.05 level of significance. Three instruments with satisfactory psychometric properties were used as data source while descriptive statistics and t-test were used as statistical tools. The findings revealed that there was significant difference in risky sexual behaviour between adolescents with high and low resilience (Crit-t 1.987, Cal.t -2.068, df=198, P<0.05). Those with low resilience were more likely to be involved in risky sexual behaviours than their counterpart with high resilience. There was also significant difference in risky sexual behaviour based on either negative or positive attitude towards substance (Crit-t = 1.645, Cal.t = 2.593, df=198, P<0.05 level of significance). Those with positive attitude towards substance use have higher tendency to engage in risky sexual behaviours than their counterpart with negative attitude. Further, there was no significant difference in the risky sexual behaviour of male participants and the female participants. It concluded that resilience and attitude are protective factors against risky sexual behaviours. Preventive interventions may need to focus on gender-informed approaches when targeting risky sexual behaviours. There is also need for training to improve resilience skill of this cohort.

**Keywords:** Risky sexual behaviour, resilience, attitude, substance, Nigeria

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## Introduction

According to the World Health Organization (WHO) adolescents is a young people between the age of 10 and 19 years, and they constitute about a sixth of the world's population (World Health Organisation, 2017). Adolescent growth and development is a process or stage of change or transition from childhood to adulthood marked by various changes, including physical changes. One of the prominent characteristics of the physical changes in the active operation of the sex glands is a sexual urge. As a result of these changes young people engage in increased risk-taking behaviour that exposes them to many health risks (Odi, 2020).. Risky sexual behaviour is commonly defined as behaviour that increases one's risk of contracting sexually transmitted infections and experiencing unintended pregnancies. They include having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol or drugs, and unprotected sexual behaviours (Ofole, 2016; UNICEF, 2021). Indeed, having sex at an early age or premarital sexual behaviour could harm adolescents' overall health in general and their sexual health in particular. The link between premarital sexual activities and the risk of acquiring sexually transmitted infections or increased risk of unprotected sexual behaviours are well reported (Odi, 2020; Eyam, et al. 2021). In addition, there is evidence that adolescents who engage in premarital sexual activities may not experience the same quality marital relationship and stability as the married people who abstained from premarital sexual activities (Rosenfeld & Roesler, 2019).

Nigeria has an estimated population of 191, 835, and 936 with 22.3% adolescents (UNICEF, 2017). Significant proportion of this population of Nigerian adolescents is sexually active (with nearly half [48.6%] of adolescents aged 15–19 years being sexually active) and involved in unprotected sexual activities with multiple partners, exposing them to negative reproductive health consequences (Odi, 2020). One in 20 of these adolescents contracts a sexually transmitted infections each year, and half of all cases of HIV infection take place among people under the age of 25 years (UNICEF, 2017). About 40% of new HIV infection occurs among young people in Nigeria (UNICEF, 2017). This could result from early sexual debut and early marriage which increase adolescents' HIV vulnerability. The median age at first sexual intercourse is 17.6 and 21.1 years for women and men respectively, while the median age at first marriage is 18.1 and 27.2 years for women and men respectively (UNICEF, 2017). Teenage and unwanted pregnancies are also problems of adolescents especially the unmarried.

Although, the abortion law and policy in Nigeria prohibits legal access to legal abortion services, about 1.25 million commit induced abortion yearly by unskilled providers and many have serious complications without obtaining the post abortion care needed (UNICEF, 2017).

The high increase in the rate of sexual reproductive health problems among young people in Nigeria is alarming. This suggests the need for adequate attention towards adolescents' sexual and reproductive health. A concern is that there is a dearth of studies exploring protective factors against adolescents' risky sexual behaviours in Ibadan metropolis. Prior studies examined in .... The aim of this study was, therefore, to explore the resilience, attitude towards substance use and gender as predisposing factors of risky sexual activities among adolescents in Ibadan, Oyo State, Nigeria

Resilience theory suggests that resiliency may protect adolescents against risky behaviours. Resilience refers to the pattern of positive adaptation in the face of risk or difficulty (Askeland, Hysing, Sivertsen & Breivik, 2020). Adolescents who have experienced less favorable conditions risk factors tend to be more susceptible to irregularities and problem behaviours including risky sexual behaviour, but there are also teenagers who have resilience in the face of adversity. Patterns teens are able to survive and recover effectively called resilience. Teens who have high resilience, will have the possibility to grow faster and happier than teens who do not have or lack the ability to bounce back from adversity (Briganti & Linkowski, 2020). The basic assumption in the study of resilience is that some individuals remain fine even though it has experienced a situation laden adversity and risky, while some other individuals fail to adapt and mired in adversity or risk a heavier again (Schoon, 2006). Low levels of resilience in adolescents have been suggested to lead to vulnerability to the risks of adversity that lead to high-risk sexual behaviour but this trend of thought is yet to be fully explored.

Attitude is an essential concept in social studies. This because attitude is believed to influence individuals' thoughts, feelings and behaviours (Baron and Bryne, 1977; Allport, 1935). Drug or substance is a kind of chemical which influence and cause changes in human mind by leading a state of intoxication. There are various kinds of substances which are commonly used by people. It is possible to classify these substances as licit or illicit. Attitude towards substance is a good prediction for risky sexual behaviours. Studies have reported that teens who drink or use drugs are much more likely to partake in risky sexual behaviours than their non-using peers. Despite the negative consequences, they are more likely to have sexual intercourse at younger ages and to have it with multiple partners. Teens under age 15 who have used drugs, are reported to have four times as likely to have had sex as those who had never used drugs. Drug-using teenagers over age 15 are five times likelier to have sexual intercourse and three times likelier to have it with four or more partners during their adolescence (Ofole & Ofole, 2022).

Men and women were found to have different high-risk sexual behaviours and practices. There is preliminary evidence that sexual risk behaviours among adolescents are higher in boys than in girls (Odimegwu & Somefun, 2017; Ewemooje, et al. 2020). In a study using 4,653 boys and 4,687 girls with a mean age of 15 years. A total of 38.7% of students had had sexual relations at least once and 82.3% of boys and 63.0% of girls were engaged in sexual risk behaviours. Similarly, a study reported gender-based significant differences for sexual relations with penetration number of sexual partners, and sexual relations with casual partners. In all of these variables, male participants had higher percentages than female participants. Reasons for having casual sexual relations were also different for men and women, differences were found for the items, opportunity interest in knowing the other person, physical excitement and drug consumption. Regarding the reasons for consistent condom use with casual partners, there were differences for the item, my demand of a condom for the non-use of condoms with casual partners, differences were found for the not liking to use condoms and condoms lessen sensitivity and reduce pleasure (Romero-Estudillo et al. 2014). Despite several studies on adolescents' risky sexual behaviours there is still controversy concerning how being a male or female could contribute to risky sexual behaviours in adolescent population.

### **Purpose of Study**

This study explored the role of resilience, attitude towards substance use and gender as protective factors of risky sexual activities among adolescents in Ibadan, Oyo State, Nigeria. The study hypothesized that (1) there is no significant difference in risky sexual behaviour between adolescents with high and low resilience (2) there is no significant difference in risky sexual behaviour between behaviour between adolescents who have positive or negative attitude towards substance and (3) there is no significant difference in risky sexual behaviour between male and female adolescents.

### **Materials and Methods**

#### **Recruitment and Procedure**

Descriptive survey design was adopted for the study. The participants were randomly drawn from both private and secondary schools located within core Ibadan metropolis namely: Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East and Ibadan South West. Yamane's formula:  $n = N/(1+N/e)^2$  was utilized to select the

sample size of 222 from four schools located within Ibadan. Upon obtaining the school principals, approval, the school counsellor gathered the whole students (JSS1-SS 3) in the school Hall. The Researcher informed them that the study was meant to obtain data concerning some health behaviours which will be used for policies that will better their lives. She informed them that the participation in the study was voluntary. Those who were not willing to participate were asked to go back to their classroom. The questionnaire was administered to students in each school using similar methods. Of the 222 administered 200 was correctly and completely filled. The researcher thus has questionnaire return rate of 90% was considered satisfactory for a study of this nature.

### **Instrumentation**

A serialised instrument was used to obtain data. Section A of the questionnaire was used to obtain the participants' profile while Sections B-D contained items of both the independent and dependent variables.

### **Premarital Sexual Behaviour measure**

Premarital Sexual Behaviour Assessment Scale for Young Women (PSAS-YW) by Rahmani, Merghati-Khoei, and Moghadam-Banaem, (2014) was adapted to measure the adolescents' risky sexual behaviours. The originally instrument was developed using participants with mean age of  $25.5 \pm 3.8$  years; and most (72%) who were living in dormitories. Premarital Sexual Behaviour Assessment Scale for Young Women (PSAS-YW) contained 53 items and each item is rated on a five-point response scale (completely agree to completely disagree). For the purpose of this study only 15 items which were age appropriate were used. Typical items in the scale include: "*sexual relationship is a sign of open-mindedness*" or *being with a man or female is relaxing for me*". According to the authors the Cronbach's alpha coefficient for the questionnaire was 0.87 and for the subscales ranged from 0.70 to 0.88, well above acceptable thresholds. In addition, the ICC for the questionnaire was found to be 0.85 (good to excellent), lending support to the stability of the questionnaire. The test-retest reliability index obtained for this scale during pilot study was  $r=0.77$  which was considered stable.

### **Level of Resilience Measure**

The Brief Resilience Scale by Smith et al. (2008) was adopted to assess the perceived ability of the adolescents to bounce back or recover from stress. The scale was developed to assess a unitary construct of resilience, including both positively and negatively worded items. The possible score range on the BRS is from 1 (low resilience) to 5 (high resilience). The questionnaire contained six items to which the respondents indicated how strongly to which they agree or disagree to some statements. Samples of the items include: "*I tend to bounce back quickly after hard times*". "*I have a hard time making it through stressful events. It does not take me long to recover from a stressful event*". Scoring of the items was easy. Items 1, 3, and 5 were positively worded, and items 2, 4, and 6 were negatively worded. The BRS is scored by reverse coding items 2, 4, and 6 and finding the mean of the six items. For questions 1, 3, and 5: 1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree. For questions 2, 4, and 6: 5. Strongly Disagree, 4. Disagree, 3. Neutral, 2. Agree, 1. Strongly Agree. The responses varying from 1-5 for all six items giving a range from 6-30 was divided to get the total sum by the total number of questions answered. Participants who scored between 1.00-2.99 were considered to have low resilience while those scored between 4.31-5.00 were having high resilience according to the threshold set by the author. For the purpose of this study, the normal (3.00-4.30) resilience was not utilized. Fung (2020) reported Cronbach alpha of = 0.71. It was pilot tested using students from Oulyole Community Grammar School, Ibadan. The test-retest reliability index after one week interval was  $r=.74$

### **Attitude Towards Drug Use measure**

Researcher developed questionnaire was used to assess the adolescents' attitude towards substance use. It is a 15 item self-administered questionnaire whereby the respondents indicate on a 5-point Likert Scale ranging from 1 = strongly agree to 5 = strongly disagree what he or she thinks or feels about substance use. The substances listed are 10 namely: tranquilizers, barbiturates, heroin, opiates alcohol, cannabis, hallucinogens, tobacco, and others not listed. The face validity, content, and construct validities were considered satisfactory following preliminary validation by test and measurement experts in the Faculty of Education. The items were originally 20 however, on the recommendation of the reviewers. The instrument was piloted with students of Oke-Ado High School, Ibadan. The reliability index after test retest in one week interval was  $r=.83$ .

### **Data Analysis**

Descriptive statistics were used to summarize the continuous and discrete variables by mean and standard deviation and frequencies and proportions, respectively. While the Independent Samples t Test was used to compare the means of two independent groups (resilience, attitude towards substances and gender) in order to determine whether there is statistical evidence that the associated population means are significantly different.

## Result

**Table 1: Demographic Profile of Respondents**

Variable	Categories	Frequency	Percentage%
Sex	Male	88	44
	Female	112	56
Age	10-12	77	38.5
	13-15	67	33.5
	16-18	35	17.5
	19 and above	21	10.5
	Religion	Christian	99
	Muslim	87	43.5
	Others	14	7
Classes	JSS 1	35	17.5
	JSS 2	20	10
	JSS 3	37	18.5
	SS 1	23	11.5
	SS 2	45	22.5
	SS 3	40	20
Type of family structure	Monogamy	111	55.5
	Polygamy	58	29
	Single parents (father/mother others (grandparents, aunts, uncles etc)	18	9
		13	6.5

Table 1 shows that 112 of the respondents representing 50 % of the study population were female while 88(44%) were male. This implies that majority of the participants in this study were female. The age distribution of respondents shows that participants between the age ranges of 10-12 years represented 38.5 per cent of the sample while 13-15 were 33.5 per cent. Of the 200 respondents 17.5 per cent were between ages 16-18 while 19 and above were 10.5 per cent. The implication is that there is unequal representation based on age. With regards to religion 99 participants representing 49.5 % of the sample were christain while Islamic religion was 43.5%. Other religion not indicated was 14 representing 7 % of the study sample. Majority of the participants were in SS 3 while minority were drawn from JSS 2 as shown on Table 1. The students who came from monogamous home were in majority (55.5%) as compared to those from Polygamous homes (29%).

**H01:** There is no significant difference in risky sexual behaviour between adolescents with high and low resilience in Ibadan, Oyo Sate, Nigeria. This hypothesis was tested with t-test for independent samples. The result is presented on Table 2

**Table 2: t-test showing the significant difference in risky sexual behaviour between Adolescents with high and low Resilience**

Risky Sexual Behaviour	N	Mean	Std. D	Crit-t	Cal-t	Df	P	D
High Resilience	117	1.5480	.49910	1.987	2.068	198	.009	0.10
Low Resilience	83	1.6667	.47333					

Table 2 shows that there is significant difference in risky sexual behaviour between adolescents with high and low resilience (Crit-t 1.987, Cal.t -2.068, df=198, P<0.05). The null hypothesis was therefore rejected since the calculated t value is greater than the Tabulated value. It was however concluded that there was a significant difference in risky sexual behaviours between adolescents with high and low resilience. The cohen's d value which is 0.10 indicates the effect of resilience on risky sexual behaviour. This implies that resilience skills of the adolescents accounted for 10% of the total variance in explaining the participants' risky sexual behaviour. The remaining variance is due to other variables outside the variables under consideration. The mean score show that participants with high resilience (mean=1.6667) has tendency to engage in risky sexual behaviours.

**H02:** There is no significant difference in risky sexual behaviour between between adolescents who have positive or negative attitude towards substance in Ibadan, Oyo Sate, Nigeria

**Table 3: t-test showing the significant difference in risky sexual behaviour between adolescents who have positive or negative attitude towards substance.**

Risky Sexual Behaviour	N	Mean	Std. Dev.	Crit-t	Cal-t	df	P	D
Positive Attitude	94	1.21	.411	1.645	2.593	198	.001	0.47
Negative Attitude	106	1.08	.280					

Table 3 showed that there is significant difference in the risky sexual behaviour difference in risky sexual behaviour between adolescents who have who have positive or negative attitude towards substance (Crit-t = 1.645, Cal.t = 2.593, df=198, P<0.05 level of significance). Thus, the null hypothesis was therefore, rejected. It was however concluded that, there was significant difference adolescents' risky sexual behaviours-based on attitude towards substance use. The cohen's d value which was 0.47 indicate the effect of attitude towards substance use on risky sexual behaviour. This implies that attitude towards substance use accounts for 47% of the total variance to explain the participants risky sexual behaviour. The remaining variance are due to other variables outside the variables not considered in the present study.

**H03:** There is no significant difference in risky sexual behaviour between male and female adolescents in Ibadan, Oyo Sate, Nigeria. The result is displayed on Table 4.

**Table 4: t-test showing the significant difference in risky sexual behaviour between male and female Adolescents**

Risky Sexual behaviour	N	Mean	Std. Dev.	Crit-t	Cal-t	Df	P	D
Male	88	55.9211	8.74683	1.987	1.838	198	.069	0.13
Female	112	59.1774	8.50559					

Table showed that there is no significant difference in the risky sexual behaviour of male participant and the female participant (Crit-t = 1.987, Cal-t = 1.838, df=198, P>0.05 level of significance). Thus, the null hypothesis was accepted. The cohen's d value which is 0.13 indicate the effect of gender on risky sexual behaviour. This implies that gender accounts for 13% of the total variance explain in adolescents' risky sexual behaviour. The remaining variance was due to other variables outside scope of the present study.

### Discussions

This study examined the role of resilience, attitude towards substance use and gender as protective factors of risky sexual activities among adolescents in Ibadan, Oyo Sate, Nigeria. The first hypothesis that no significant difference in risky sexual behaviour between adolescents with high and low resilience was rejected. This is because the calculated value was greater than the Tabulate. This outcome corroborates previous studies (Askeland et al. 2020; Gabrielli, Robis & Cefai, 2020) who found a significant difference in risky sexual behaviours to be associated to with successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands. It further shows reveal that the mean score of adolescents with low resilience is higher in risky sexual behaviours. This finding confirms findings of Briganti and Linkowski, (2020) who reported that those with high resilience has the psychological coping resources and skills associated with more positive adaptation unlike their counterpart with low resilience.

Another important finding from the study was that there was significant difference in risky sexual behaviour between behaviour between adolescents who have positive or negative attitude towards substance. The outcome is in agreement with the theoretical framework proposed by Baron and Bryne, (1977) who reported that individuals' thoughts, feelings and attitude can positively or negatively affect a person's behaviour including sexual behaviours. Further, .... positive attitude towards substance use was a found to relate to risky sexual behaviours. This finding corroborates Mesele, et al. (2023) who reported that of the 41.9% of the participants whohad a positive attitude toward risky sexual behavior. 36.1% of them had started sexual activity before they reached 18 years old. having positive attitude towards substances use increases the erisky sexual behaviours, such as having a different sexual partner and having unprotected sex with a non-regular partner. This in line with the theoretical position of .... who argue that macrolevel variables may be mediated through cognitive factors by shaping beliefs, perceived norms, and attitudes about engaging in sex. In a related study, South and Baumer (2000). One contributing factor to the peak in risky behaviours is substance during adolescence could be the "imbalance" in adolescent brain development, where emotion and reward systems develop before cognitive control systems, leaving youth more vulnerable to engage in risk-taking behaviours like substance use (Embleton et al. 2013). Moreover, the adolescent's neural stratus required for executive functioning (higher-order cognitive processing skills, including inhibition, attention, working memory, planning, problem solving, and cognitive flexibility. Inhibition, or impulse control) which are key cognitive feature involved in substance use initiation are yet to be fully developed (López-Caneda et al. 2014).

Finally, no significant difference in the risky sexual behaviour of male participants and the female participants were found. This finding contradicted several previous studies (Odimegwu & Somefun, 2017; Ewemooje, et al. 2020) who reported that males and females are not equal in involvement in health-compromising behaviours. Ewemooje, et al. 2020 who reported that life time risky sexual behaviour was higher in male compared to female, 181(54.8.0%) and 54 (21.7%) respectively. Respondents with age less than 20 years old were less likely to have life time risky sexual behaviour. Male students were 3.5 times more likely to practice life time risky sexual behaviour compared to female. Unlike Ewemooje, et al. (2020) study, the outcome from this study show that the females were more involved in risky sexual behaviours. On the contrary Kritsotakis, et al. (2016) reported that



male participants in their study had higher risk index score. Hlongwa, Peltzer and Hlongwana (2020) gave possible reason for these risky sexual behaviours among females include lack of control in relationships, longer relationships, fear of condom negotiation, less sexual communication, intimate partner violence, and older sexual partners. This could be the reason which expose female many negative health outcomes such as unintended pregnancies and STI infections as documented in several studies (Odi, 2020; UNICEF, 2017).

### Implications of the Findings

This study has practical implications for the adolescent counsellors, parents and the society in general. It has also obtained support for the theoretical proposition of Ecological theory that risky sexual behaviours are driven by multiple factors.

### Conclusion

This study explored the role of resilience, attitude towards substance use and gender as protective factors against risky sexual activities among adolescents in Ibadan, Oyo State, Nigeria. The outcomes suggest that high resilience and negative attitude towards substance use be protective factors against risky sexual behaviours. Further, the study revealed that adolescents can engage in risky sexual behaviours irrespective of their gender.

### Recommendations

#### Based on outcomes of this study it is

- i. provide accurate basic information about the risks of adolescent sexual activities and about methods of avoiding intercourse or delaying sexual debut;
- ii. use theoretical approaches to behaviour changes that proved successful as a basis for programme development
- iii. focus on reducing specific risky sexual behaviours;
- iv. deal with peer pressures and other social pressures on young people to be sexually active;
- v. use teaching methods and materials appropriate to adolescents' age, sexual experience, and culture; and provide modelling and practice of communication, negotiation, and refusal skills.

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