

Full Length Research Paper

# Knowledge, attitudes and behaviors of premarital sex among Bedsit-living students in Hue City, Vietnam

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The study aimed to explore knowledge, attitudes and behaviors of premarital sex and its associated factors among bedsit-living students. A community-based cross-sectional study was conducted in Hue city, Vietnam in 2015. Multi-stage cluster sampling was used to recruit students. Data were collected by using a self-administered questionnaire at participant's room. A total of 730 students (men/women: 44.2%/55.8%, mean age: 20.9 years) were enrolled. Prevalence of premarital sex was 11.9% with an average age of first sexual intercourse at  $19.8 \pm 2.2$  years. For premarital sex, 13.3% - 19.5% students did not have enough knowledge of reproductive health and safe sex, 34.1% agreed on different situations. Male students accepted premarital sex more than female students did (45.8% vs. 24.8%,  $p < .001$ ,  $\chi^2$ ). Gender, age group, marital status, knowledge of consequences of premarital sex and knowledge of STDs prevention were associated with attitude and practice of premarital sex ( $p < .05$ ,  $\chi^2$ ). The prevalence of premarital sex was comparable with recent domestic and regional data, yet implied an increased trend. Up to one-fifth of students were not equipped with enough knowledge of safe sex, therefore, reproductive and sexual health education for bedsit-living students should be reinforced.

**Key words:** premarital sex, knowledge, attitude, behavior, students.

## INTRODUCTION

The incidence of premarital sexual activity among youth has been dramatically increased due to the widening gap between age at menarche and age at marriage (Adhikari and Tamang 2009; Gubhaju 2002). As most acts of premarital sex are unprotected, sexually active youth are at high risk of exposing to the human immunodeficiency virus/acquired immunodeficiency syndrome, sexually transmitted diseases (STDs), unintended pregnancy and resultant unsafe abortion (Azmawati et al. 2017; Gubhaju 2002; Kaljee LM 2007). In many countries, approximately up to 51% of adolescents engage in premarital sex (Akibu

(Akibu et al. 2017; Azmawati et al. 2017; Regassa et al. 2016; Teferra et al. 2015; Tran et al. 2018; Widyatuti et al. 2018). Additionally, the World Health Organization reported a worldwide increase in number of unsafe abortions from 19.7 million in 2003 to 21.6 million in 2008, almost all in developing countries (WHO 2011).

As in other Asian countries, Vietnam has a strong norm that prohibit premarital sexual contact. Nonetheless, the customary attitude has been changing due to a multifactorial impact (Adhikari and Tamang 2009). Declining influence of family, increasing urbanization, migration and the exposure to social network have collectively contributed to major changes in social and sexual behavior among adolescents (Adhikari and Tamang 2009). In a study of 886 adolescents in Vietnam,

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the rate of premarital sex was 6.2% and 1.7% among boys and girls, respectively, while about half of sexually active ones rarely or never used condoms (Kaljee LM 2007). A nationally representative sample of youth aged 22-24 years using a self-administered questionnaire found that 33% of men and 4% of women in urban and 26% of men and 3% of women in rural areas admitted premarital sex (Health 2003).

Sexual activity is easily initiated when young people are still physically, emotionally, and cognitively developing while living away from home without family monitoring (Regassa et al. 2016). Systematic information on any changes that have occurred in the prevalence and context of premarital sexual activity would help provide an insight into the relationship among social and economic change, premarital sexual behavior and the transmission of STDs. However, not only is there a lack of reliable evidence that the prevalence of premarital sex is rising in Vietnam, but there is little information regarding the context and associated factors of premarital sex (Ghuman et al. 2006). This is a significant gap in the national data. This study was, therefore, conducted to investigate knowledge, attitude and practice of premarital sex among the subpopulation of bedsit-living students in Hue city and their associated factors.

## METHODS AND MATERIALS

### Study design

A community-based, cross sectional sexual survey was carried out in Hue city, Vietnam in 2015. Hue is a sub-metropolitan city in the Central Vietnam locate a regional university, meaning that the city is home to thousands of immigrated students of both undergraduate and graduate levels. The target group was immigrated students who were living in rented accommodation in Hue city. Multi-stage cluster sampling method was used (Azmawati et al. 2017; Widyatuti et al. 2018). The city has 27 urban wards. In stage 1, 5 wards with high density of residential bedsits close to Hue university schools were selected. Houses and households listing for selected wards were obtained with the assistance of local government. There were 1364 registered bedsits which were homes to 21810 students. In stage 2, 146 bedsits were randomly selected and all residing students aged 18 – 30 years were asked to enroll in this survey, except for foreign students. Data were collected by using a self-administered questionnaire at participant's room to create favorable conditions. Six trained staff members from the Faculty of Public Health, Hue University of Medicine and Pharmacy followed up the data collection process closely.

### Sample size

Sample size was calculated based on a previous publication which reported 38.8% students considered premarital sex (Thi Thanh Thuy Nguyen 2012). Therefore, the estimated size was:

$$n = 1.96^2 \frac{(1-0,388).0,388}{0,05} = 364.9 \approx 365$$

Enrolled participants were divided into 2 age groups, 18 – 20 and 21 – 30 for further evaluation of associated factors.

### Statistical analysis

Continuous data were presented as mean  $\pm$  standard deviation and categorical data were given as counts and percentages. Pearson's Chi-squared test was used to ascertain the association between knowledge, attitude, practice of premarital sex and gender, age group, marital status. All analyses were performed using SPSS 18.0 software. P values  $< 0.05$  indicated statistical significance for all comparisons.

### Ethical clearance

Ethical standing and protocol of this study were approved by the Institutional Review Board of Hue University of Medicine and Pharmacy. Participants reserved the right to take part in the survey and were not required to declare name, age or personal information. Written consent was obtained from all participants.

## RESULTS

### Knowledge, attitude and practices of premarital sex

Seven hundred and thirty bedsit-living students including 323 men (44.2%) and 407 women (55.8%) agreed to participate in the survey. The mean age was 20.9 years (range, 18 – 30 years). Among these, 87 respondents (11.9%) had experienced premarital sex at an average age of  $19.8 \pm 2.2$  years (range, 14 – 25 years), including 60 men and 27 women. In this subset of premarital sex, 80/87 individuals (91.9%) admitted using contraceptives (65.5% used frequently and 26.4% used unfrequently) and 7/87 (8.1%) claimed never use contraceptives. Types of contraceptive were condom (93.8%), birth control pills (26.3%), emergency contraceptive pills (8.8%), calendar based (2.5%) and withdrawal (1.3%). Eleven participants (12.6%) reported pregnancy, of these 9 decided to terminate the pregnancy by abortions.

Knowledge and attitude toward premarital sex of respondents was summarized in Table 1. Men were less knowledgeable than women in terms of consequences of premarital sex ( $p < .001$ ,  $\chi^2$ ). Premarital sex was refused by 65.9% of participants whilst 34.1% agreed on different situations, in which 21.4% accepted if it is consensual and 6.7% accepted if understanding contraceptives.

There were 346 (47.4%) and 384 (52.6%) students in the age groups of 18 – 20 years and 21 – 30 years, respectively. Participants of the age group of 21 – 30 years had higher rate of knowing consequences of premarital sex, accepting premarital sex and practicing

**Table 1.** Knowledge and attitudes of students toward premarital sex.

Questions	Male (n = 323)	Female (n = 407)	P value	Total (n = 730)
<b>Knowledge</b>				
Do not know any consequences of premarital sex	58 18.0%	39 9.6%	< .001	97 13.3%
Do not know or believe that women cannot be pregnant in the first sexual intercourse	65 20.1%	62 15.2%	.08	127 17.4%
Do not know any contraceptive methods	43 13.3%	55 13.5%	.93	98 13.4%
Do not know where contraceptive methods are provided	63 19.5%	79 19.4%	.97	142 19.5%
Do not know how to avoid STDs	46 14.2%	68 16.7%	.35	114 15.6%
Do not know consequences of abortion	27 8.4%	21 5.2%	.08	48 6.6%
Do not know where safe abortion services are provided	37 11.5%	34 8.4%	.16	71 9.7%
<b>Attitudes</b>				
Premarital sex is not allowed	175 54.2%	306 75.2%	< .001	481 65.9%
Premarital sex is acceptable if it is consensual	96 29.7%	60 14.7%	< .001	156 21.4%
Premarital sex is acceptable if understanding contraceptive methods	30 9.3%	19 4.7%	.01	49 6.7%
Premarital sex is acceptable if both believe in a mutual love	5 1.5%	7 1.7%	.83	12 1.6%
Premarital sex is acceptable if marriage has been planned in near future	6 1.9%	5 1.2%	.44	11 1.5%
Premarital sex is acceptable if wedding date has been fixed	10 3.1%	11 2.7%	.74	21 2.9%

premarital sex than those in the age group of 18 – 20 years (89.8% vs. 83.2%, 35.7% vs. 32.4% and 16.4% vs. 6.9%, respectively,  $p < .01$ ,  $\chi^2$ ). Male students accepted premarital sex more than female students did (45.8% vs. 24.8%,  $p < .001$ ,  $\chi^2$ ). Associated factors of attitude and practice of premarital sex were summarized in Table 2 and Table 3.

### Associated factors of premarital sex

Gender, age group, marital status, knowledge of consequences of premarital sex and knowledge of STDs prevention were associated with attitude toward premarital sex ( $p < .05$ ,  $\chi^2$ ). Similarly, gender, age group, marital status, knowledge of consequences of premarital sex and attitude toward premarital sex were associated factors of practice of premarital sex ( $p < .05$ ,  $\chi^2$ ).

### DISCUSSION

This study addressed a specific subpopulation of students living in rented accommodation who were generally considered more susceptible to unsafe sex. As a result, 11.9% of students admitted premarital sex, a

rate which was in line with recent domestic and regional data, yet lower than those of Africa, West Asia and developed countries (Adhikari and Tamang 2009; Azmawati et al. 2017; Do and Fu 2010; Ghuman et al. 2006; Kaljee LM 2007; Lou et al. 2012; Rathavuth Hong 2009; Song and Ji 2010; Tangmunkongvorakul et al. 2012; Thi Thanh Thuy Nguyen 2012; Tran et al. 2018). However, this prevalence seems to be higher than that of the previous national data (Health 2003; Mensch et al. 2003). This finding implies a trend of increased popularity of premarital sex among students, particularly those living away from family. Traditionally for most Asian people, particularly women, the onset of sexual activity coincides with marriage. However with rising ages of marriage and changing sociocultural norms, young people have more liberal attitude toward premarital sex with an increasing number of sexual activity before marriage (Adhikari and Tamang 2009; Cai et al. 2013; Do and Fu 2010; Htay et al. 2010; Katayon Vakilian 2014; Motamedi et al. 2016; Mudassir Anwar 2010; Philippines 2014; Song and Ji 2010; Tangmunkongvorakul et al. 2011).

We found that male students were more sexually active than their female counterparts (69% vs. 31%). This finding was also in keeping with previous data as men

**Table 2.** Associated factors of attitude toward premarital sex.

Variables	Attitude toward premarital sex			P value
	Accept (n=249, 34.1%)	Not accept (n=481, 65.1%)	Total (n=730, 100%)	
<b>Gender</b>				< .001
Men	148 (45.8)	175 (54.2)	323 (44.2)	
Women	101 (24.8)	306 (75.2)	407 (55.8)	
<b>Age group</b>				< .05
18 – 20 years	112 (32.4)	234 (67.6)	346 (47.4)	
21 – 30 years	137 (35.7)	247 (64.3)	384 (52.6)	
<b>Marital status</b>				< .05
Never had partner	51 (22.1)	180 (77.9)	231 (31.6)	
Having/had partner	198 (39.7)	301 (60.3)	499 (68.4)	
<b>Know consequences of premarital sex</b>				< .05
Yes				
No	203 (32.1)	430 (67.9)	633 (86.7)	
	46 (47.4)	51 (52.6)	97 (13.3)	
<b>Know how to prevent STDs</b>				< .05
Yes	197 (32.0)	419 (68.0)	616 (84.4)	
No	52 (45.6)	62 (54.4)	114 (15.6)	

have more permissive attitudes towards premarital sex than women (Adanikin et al. 2017; Berhan and Berhan 2015; Motamedi et al. 2016; UNFPA 2015), probably because men have greater freedom to be involved in sexual relation (Motamedi et al. 2016). Some studies suggest that young men and women engage in premarital sex in different circumstances. Men are more likely influenced by pleasure, recreation and peer pressure and impulsivity whereas women are driven by emotion (Motamedi et al. 2016). Thus, while young women tend to accept their first sex with a committed relationship or with a partner they planned to marry, young men are more likely to have sex with a casual partner or sex worker (Nguyen and Liamputtong 2007; UNFPA 2015). However, this pattern appears to be changing in some settings as attitudes towards premarital sex among young women become more permissive, meaning that more young women (33%) and men (42%) were supportive of sexual activity in the context of romantic relationships (Motamedi et al. 2016; Tangmunkongvorakul et al. 2011). In Vietnam, achievements from the large-scale economic reform have had great impact on the national socioeconomic status. People have more freedom to make their own choice and more contacts with Western culture. In addition, parents seem to lose some of their control over their children when they become financially independent (Nguyen and Liamputtong 2007). Internet and social networks have been widely used as a space to learn about sexual relationships (UNFPA 2015). As a result, young people have more permissive attitude toward dating and premarital sex than their older counterparts (Lou et al. 2012; Nguyen and Liamputtong 2007). In this survey, we observed an interactive association between attitude and practice of premarital

sex with gender, age group, marital status and knowledge of premarital sex. This finding was similar with a domestic report (Thi Huong Tra Linh Pham 2015).

In some settings, young people who are out-of-school are also more likely to engage in premarital sex (Azmawati et al. 2017). A study of urban adolescents aged 17-20 in Thailand reported that 90% of out of school boys and 53% of out of school girls had commenced sexual activity, compared with 33% and 15% who were still at school, respectively (Tangmunkongvorakul et al. 2012). Another study of dropout college students in Nigeria found 73.9% students had full sexual intercourse (Adanikin et al. 2017). In Cambodia, 18% of young men in urban areas have had premarital sex compared with 6% in rural areas (Rathavuth Hong 2009).

Family monitoring has been proved a protective factor against unsafe sex (Azmawati et al. 2017; Widyatuti et al. 2018). A lack of parental support or family attachment has been associated with early initiation of sex (Liu A 2006; UNFPA 2015). While religious taboos may be a barrier limiting open discussion of sexual health and access to services, a family's religious or spiritual beliefs can also be protective against risky sexual behaviors (Azmawati et al. 2017; Chamrathirong et al. 2010). Peers are also a strong influence on young people's attitudes and behaviors, especially among men. Additionally, a perception that the majority of friends or peers are already having sex increases pressure on young people, and has been associated with early sexual initiation in many countries including Vietnam (UNFPA 2015).

Premarital sex itself is not necessarily a risk factor for poor sexual and reproductive health. As adolescents grow up and mature, increasing interest in sex and sexual

**Table 3.** Associated factors of practice of premarital sex.

Variables	Practice premarital sex			P value
	Yes (n=87, 11.9 %)	No (n=643, 88.1%)	Total (n=730, 100%)	
<b>Gender</b>				< .05
Men	60 (18.6)	263 (81.4)	323 (44.2)	
Women	27 (6.6)	380 (93.4)	407 (55.8)	
<b>Age group</b>				< .05
18 – 20 years	24 (6.9)	322 (93.1)	346 (47.4)	
21 – 30 years	63 (16.4)	321 (93.6)	384 (52.6)	
<b>Marital status</b>				< .05
Never had partner	9 (3.9)	222 (96.1)	231 (31.6)	
Having/had partner	78 (15.6)	421 (84.4)	499 (68.4)	
<b>Know consequences of premarital sex</b>				< .05
Yes	65 (10.3)	568 (89.7)	633 (86.7)	
No	22 (22.7)	75 (77.3)	97 (13.3)	
<b>Attitude toward premarital sex</b>				< .05
Accept	62 (24.9)	187 (75.1)	249 (34.1)	
Not accept	25 (5.2)	456 (94.8)	481 (65.9)	

experimentation are a normal part of physical and mental development. Therefore, young people who are equipped with knowledge of safe sex and access to services can have healthy, positive sexual relationships (UNFPA 2015). Increase capacity in youth sexual and reproductive health program and service delivery is warranted. Understanding how youths made decisions to engage in early sexual activities is critical for intervention efforts aimed at fostering positive youth development and decreasing the negative outcomes of youth sexual behavior.

This study has several limitations. The relative homogeneity of the study population in terms of occupation, educational background, generation and living condition may affect generalization. In addition, small sample size recruited from a single community, inaccessibility of other associated factors such as sexual health education, peer influence, family socio-demographic were also consistent limitations.

## CONCLUSION

The prevalence of premarital sex among the subset of bedsit-living students was comparable with national and regional data. Up to one-fifth of the studied population were not well equipped with knowledge of safe sex. Gender, age group, marital status and knowledge of consequences of premarital sex were associated factors of attitude and practice. The present study also provides evidence that knowledge, attitude and practice of premarital sex are connected. Reproductive and sexual health education for immigrated students should be reinforced. The intervention effort has to focus on the risk

factors among this subset and provide them with convenient, optional and accessible services.

## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest

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