

**EFFECTS OF SEXUALITY EDUCATION ON SEXUAL HEALTH KNOWLEDGE AND  
ATTITUDE OF STUDENTS IN ARMED FORCES SECONDARY SCHOOLS IN LAGOS  
STATE, NIGERIA**

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*Human sexuality has become a prominent issue in health education due to new trends in types and modes of spread of sexually transmitted infection which could affect anybody. Adolescents are prone to sexual health risk such as abuse of sex related issues, drugs, homo-sexualism, lesbianism, induced abortion etc, which characteristically, culminate into serious health problems. The study therefore investigated the effect of sexuality education on sexual health knowledge and attitude of students in armed forces secondary school in Lagos State, Nigeria. The study adopted pretest and post- test control group using quasi experimental research design. The six Armed forces secondary schools were randomly assigned into experimental and control groups. The participants consist of one thousand, seven hundred and seventeen senior secondary school two students' eight hundred and ninety students were in the experimental group while eight hundred and twenty seven students were in the control. Two instruments students health knowledge scale ( $r=0.70$ ) and attitude scale ( $r=0.78$ ) were used for data collection. Three hypotheses were tested at 0.05 level of significance. Data collected were subjected to descriptive statistics of mean and inferential statistics of analysis of covariance (ANCOVA). The study established the following: There was a significant effect on treatment on students' sexual health knowledge ( $F(1, 1704) = 3.778, p < 0.05$ ). The students in the experimental group obtained a higher mean score in knowledge ( $X = 4.99$ ) than those in the control group ( $X = 2.82$ ). There was also significant effect of mass media on students health knowledge ( $F(1, 1704) = 2.855, P < 0.05$ ). sexuality education programme had a positive effect on sexual health knowledge and attitude of students in Armed Forces secondary schools. Sexual health counseling and information should therefore form part of Physical and Health Education curriculum in secondary schools in Lagos State.*

**Key Words:** Sexuality Education, Sexual Health, Knowledge, Attitude, Armed Forces, Secondary School Students.

### **Introduction**

Every developmental stage in life has its own peculiarities. The successful passage through each stage is dependent on how the individual is able to adjust and cope with the demands of it. Ability to adjust and cope can be spontaneous but it can also be induced through educational processes (Inyang, 2004). Being sexual is an essential part of being human. Through our sexuality, we are able to connect with others on the most intimate levels, revealing ourselves and creating strong bonds. Sexuality is a source of great pleasure and profound satisfaction. It is the means by which we reproduce- bringing new life into the world, and

transforming ourselves into Mothers and Fathers. Paradoxically, sexuality can also be a source of guilt and confusion, a pathway to infection, and a means of exploitation and aggression (Bryan, Christine, Barbara, and William, 2001). According to Oladoye (2004) developmental process from birth to adulthood is divided into three stages, namely childhood, adolescence and adulthood. Each stage has its own peculiar characteristics. Among these stages, the adolescence period is the most controversial because of the dramatic changes in the structure and mental ability.

Sexuality is broadly defined as the becoming and being of a man or a woman. It is made up of all the elements that characterize each sex, for example anatomical, physiological, mental, spiritual and social characteristics (Wattson, 1991). Human sexuality begins at birth with the sex of the baby and a number of experiences and factors combine to form the child's gender identity. They are cultural definitions of gender, parent's biological gender, sexual preferences and sexual experiences. A child is usually programmed for role identification through selected clothing and toys, teachings, confrontations and parent's models. This usually occurs through teenage, to the stage of adolescence. Indeed, the period of adolescence is a life phase in which young people are particularly vulnerable to health risk, especially those related to sexuality and reproduction, unwanted pregnancy, unsafe abortion too - early marriage and child bearing, poor nutrition, sexually transmitted infections and HIV/AIDS.

Moronkola, Amosu and Okonkwo (2006) submitted that there are several external pressure on youth, like pornographic materials, wearing of highly seductive fashionable clothing by members of opposite sex and peers, and effects of films and video tapes, that promote sexual immorality among adolescents in Africa. These outside pressures are intensified by the fact that many parents have found it difficult to perform effectively the role of sex-guidance for the youths, and failure to address the reproductive health needs of African adolescents predisposes them to the risk of HIV/AIDS and other STIs and unintended pregnancy. Evidence abounds that many Nigerian adolescents are sexually active and many of them engaged in unprotected sexual intercourse.

Oladebo (2002) noted also that the mass media, especially the radio and television seem to contribute significantly to the high prevalence of high-risk behaviour among adolescents girls in Nigeria. Presently, many of the radio and television programmes relay sex messages and pictures that appear to teach immorality. In some television stations, video clips of musicians with half nude dancing girls are continuously shown on television screens and cinema houses while many magazines display pornographic pictures to attract sales. Media influences may sometimes convey a distorted view of sexual activity. In a variety of media, the “prevailing images that sex is risk-free (and) widespread and that planning interferes with romance”. Such media influences may lead adolescents to overestimate the extent to which other adolescents engage in sexual activities ( Ogundele and Onyezere, 2011). Moronkola (2008) also affirmed that adolescents are sexually active beyond what parents, teachers, guidance and religious leaders perceive it to be. This may not be unconnected with their strong sexual

desire or drive, peer pressure and poor sexual health knowledge.

Sexual experience and behaviours can be divided into four broad categories, first, there are those concerned with the activity of reproduction; pregnancy and childbirth; second are those which has to do with potential for reproduction: examples are puberty, menstruation and the menopause, going through puberty or having menstrual periods does not in itself constitute reproduction, but people who do not experience these things usually are not able to experience active reproduction. The third category of activities and experiences are those concerned with fertility control, that is the things we do and decisions we make to control whether or not we have children, and a forth category is concerned with the consequences of reproductive activity, prenatal development, parenthood and parent child relationships (WHO 2002).

Between the ages of 12 and 14 years, adolescents usually develop a normal sexual drive which is normally present in all people, this is a natural feeling of wanting to be touched, loved and cared for by someone of opposite sex (Asuzu, 1994). Findings from studies of Moronkola and Fakeye (2008) and Freedman (2000) have shown a high level of sexual activities among young people in Nigeria. These studies further revealed that most of these youths have more than one sexual partner and that some teenage boys do patronize sex workers. In a research conducted by Action Health Incorporated (2003) the result showed that most of the information that adolescents have access to emanate mainly from peer group and the media (both print and electronic).

Therefore, it is no surprise that adolescent males often have serious misconceptions about sexuality and reproduction, and are unprepared to make safe, informed decisions. Some of their primary sources of information, notably friends and classmates are the most unreliable ones. Adolescent makes themselves recognize their need for sexuality education and express a preference for obtaining this information from the educational sector, that is, from teachers and counselors. Adolescents need the school system to provide programmes that address misconceptions about sexual and reproductive risks, encourage adolescents to make informed choices, emphasize parent-child communication and advocate gender equity in sexual and reproductive attitudes and behaviours. The combination of permissive attitudes, sexual experimentation and lack of accurate information poses a significant threat to the sexual health of adolescents and exposes them to risky sexual behaviours and their consequences

### **Research Hypotheses**

The following hypotheses were tested:

1. There is no significant difference in the posttest scores of experimental and control groups' sexual health knowledge and attitude of Armed Forces secondary school students in Lagos State.
2. There is no significant difference in the posttest scores of the experimental and control groups sexual health knowledge and attitude with low, medium and high media exposure of Armed

Forces secondary school students in Lagos State.

3. There is no significant interaction effect of intervention and mass media exposure on sexual health knowledge and attitude of Armed Forces secondary school students in Lagos State.

## **METHODOLOGY**

### ***Sample and Instrumentation***

The design adopted for this study was the non-randomized pretest-posttest control group quasi experimental design. The population for this study was made up of all SS 2 students in all the Armed Forces Secondary Schools in Lagos State. The six schools were randomly assigned through fish bowl without replacement technique to experimental and control groups. The instrument used for the study was a self developed structured questionnaire validated by experts in the field of Health promotion which was modified from a standardized instrument with a reliability coefficient of health knowledge ( $r=0.70$ ), attitude scale ( $r=0.78$ ), The questionnaire consisted of co-variates such as: health knowledge, attitude and mass media exposure.

### **Data Analysis**

The descriptive statistics of mean and inferential statistics of ANCOVA (Analysis of covariance) were used to analyze the data at 0.05 level of significance

## **RESULTS AND DISCUSSIONS**

**Table 1. Pre and Posttest Mean Sexual Health Knowledge and Attitude of Experimental and Control Groups**

<b>Variables</b>	<b>Treatment</b>	<b>N</b>	<b>Pretest</b>	<b>Posttest</b>	<b>Mean Gain</b>
<b>Sexual Health Knowledge</b>	Experimental (intervention)	890	2.03	4.99	2.96
	Control	827	2.08	4.90	2.82
<b>Sexual Health Attitude</b>	Experimental	890	7.48	13.56	6.08
	Control	827	7.67	13.47	5.73

**Table 1** shows that, on sexual health knowledge, the experimental group had a mean increase of 2.96 as against 2.82 for the control group. On sexual health attitude, the experimental group had a higher mean gain of 6.08 against the control group 5.73. This implies that the sexuality education programme has effect on the dependent variables.

**Table 2: Pre-and Posttest Mean Sexual Health Knowledge and Attitude scores of Students with Low, Medium and High Mass Media Exposure**

Variables	Mass Media Exposure	N	Pretest	Posttest	Mean Gain
Sexual Health Knowledge	low	521	2.31	4.22	1.91
	medium	624	2.91	5.05	2.14
	high	572	2.53	5.51	2.98
Sexual Health Attitude	low	521	7.15	11.46	4.31
	medium	624	7.52	13.74	6.22
	high	572	8.00	15.16	7.16

**Table 2 shows** that on sexual health knowledge, students with high media exposure had the highest mean gain score of 2.98, this is followed by students with medium exposure 2.14, and the mean gain for students with low mass media exposure is 1.91. On sexual attitude students with high media exposure had a mean score of 7.16 against students with medium media exposure mean gain score of 6.22 and students with low media exposure had a mean gain of 4.31.

**Hypothesis 1:** There is no significant difference in the posttest scores of experimental and control groups' sexual health knowledge and attitude of Armed Forces secondary school students in Lagos State.

**Table 3: ANCOVA of Posttest Knowledge Scores of Students Based on Treatment and Mass Media.**

Source of Variation		Hierarchical Method				
		Sum of squares	Df	Mean square	F	Sig.
Covariates	PREKNOW	94.939	1	94.939	143.078	.000
Main Effects	(Combined)	403.277	4	100.819	151.940	.000
	TREATMENT	2.507	1	2.507	3.778	.050*
	MASSMED	400.403	2	200.201	301.714	.000*
2 Way Interactions	(Combined)	2.441	5	.488	.736	.597
	TREATMENT	.670	1	.670	1.009	.315
	MASSMED	.182	2	9.087E-02	.137	.872
3 Way Interactions	TREATMENT	2.378	2	1.189	1.792	.167
	MASSMED					
Model		503.035	12	41.920	63.175	.000
Residual		1130.684	1704	.664		
Total		11633.719	1716	.952		

\*Significant at  $P < .05$

From Table 3 above there is a significant effect of treatment on students: Sexual health knowledge ( $F_{(1; 1704)} = 3.778$ ;  $p < .05$ ). This leads to the rejection of hypothesis 1. Hence, there is a significant difference in the sexual health knowledge of student exposed to the sexuality education intervention and those in the control group. This shows that the treatment and mass media had a great effect on students sexual health knowledge.

**Hypothesis 2:** There is no significant difference in the posttest scores of the experimental and control groups sexual health knowledge and attitude with low, medium and high media exposure of Armed Forces secondary school students in Lagos State.

**Table 4: ANCOVA of Posttest Attitude Scores based on Treatment and Mass Media.**

Source of Variation	Hierarchical Method				
	Sum of squares	df	Mean square	F	Sig.
Covariates PREATTDE	491.980	1	491.980	78.143	.000
Main Effects (Combined)	3507.271	4	876.818	139.269	.000
TREATMENT	7.191	1	7.191	1.142	.285
MASSMED	3493.555	2	1746.778	277.449	.000
2 Way Interactions (Combined)	16.437	5	3.287	.522	.760
TREATMENT					
TRETATMENT *MASSMED	.165	2	8.257E-02	0.13	.987
MASSMED	2.061	2	1.030	.164	.849
3 Way Interactions					
TREATMENT	28.319	2	14.160	2.249	.106
*MASSMED					
Model	4044.007	12	337.001	53.527	.000
Residual	10728.141	1704	6.296		
Total	14772.148	1716	8.608		

Significant at  $P < .05$

Results in Table 4. Shows that there is no significant effect of treatment on sexual health attitudes of students ( $F_{(1; 1704)} = 1.142$ ;  $P > .05$ ). This implies that there is difference in the sexual health attitude of students in the intervention group compared with that of students in the control group which was not significant. Hence, hypothesis 2 is not rejected.

**Hypothesis 3:** There is no significant interaction effect of intervention and mass media exposure on sexual health knowledge and attitude of Armed Forces secondary school students in Lagos State.

**Table 5: Scheffe Post hoc Analysis of Students' knowledge by Mass Media**

Mass Media	$\bar{X}$	MASS MEDIA		
		Low	MED	HIGH
Low	4.26		*	*
Med	5.05	*		*
High	5.48	*	*	

\* Pairs Significantly different at  $P < .05$

Table 5: shows that each of the three possible pairs are significantly different in their mean sexual health knowledge score. To this end, students with low mass media exposure differ from their colleagues with medium mass media exposure. Also those with medium differ from those with high while those with low and high mass media exposure also differ significantly.

### **Discussion of Findings**

The result showed that mass media had a great effect on students' sexual knowledge while attitude was not significant on mass media but recorded a high mean score in the intervention. This finding is in line with Adepoju and Daodu (2003) who reported that young adults indulge in a deliberate listening of ignorance through false information from peers and unverified social programmes from the mass media. This relates to the fact that young students are keenly sensitive to peer's opinion especially among older adolescents. The findings of the study is also in line with Action Health Incorporated (2003) which proved that young people are in a state of confusion due to conflicting messages received from the mass-media. It has also been observed that the images projected from the media differ to the situation they portray, the individual consuming the programme as being there, grown up, socially capable, and the right to his or her own life.

The result showed that there was no significant difference in the post test scores of the students' sexual health knowledge and attitude following the intervention this shows that the students are already aware and knowledgeable about sexual acts and its facts be it positively or negatively. Often times, knowledge like these are not acquired under a street tutelage or in schools but rather may then be acquired in the closet among peers. According to Walesh (2000) most of these ideals students experiment are derived from complex I.C.T gadgets such as the internet and satellite televisions, he further stated that the digital revolution began with the introduction of the computer and eventually led to a situation where all satellite, communications and digitalization process are controlled by computer which will today revolutionize regional lifestyle choices. Intervention programme in this case may be affected due to influences from these gadgets.

Rutten (1995) in his view believed that knowledge and attitude are products of some combination or choices, choice and resources. Furthermore, he further stressed that some important distinctions that affect the above most may include life conditions (resources), life conduct (patterns of behaviours),

lifestyle (collective patterns of life conduct) and life shares which he explained has been structurally based on probability of corresponding of lifestyle and life situation. This findings agrees with Barth (2005) who stated that the affirmative expression on the rate, degree, or level of an individual's intellectual capacity cannot be emphatically ascertained he further stressed that especially the youths, change of character or attitude among the not connected by bringing intervention programmes can be very difficult due to their high rate of secrecy and their unexposed intent of actions.

The result showed that there was no significant difference in the post test scores of the students' sexual health knowledge and sexual health attitude based on the level of exposure to mass media in each of the experimental groups and control groups. This finding is in line with Imoh (2007) who found out that there can't be any difference in the level of exposure on these sexual health issues on students because they are virtually very deep in the mass media information and highly exposed on this issues before we tend to ask questions about it from them, he further stated that the rate at which students give in to this gadgets are terrifying especially the youths. Awopegba (2009) in his findings revealed that about 92% of youths make use of ear piece phones, radios or I-phone and they listen to it on daily basis, every minute and every hour while some have downloaded films, movies, songs and some comic shows on their phones due to these, student may never fall pray of any research related to mass media.

In their submission Anderson and Gay (2009) observed that virtually all students either carry magazine, posters, and other related print media in their bags and all these expose them to wild life through the mass media. She further stated that with the advent of China phones, most youths now carry a mobile hand set that can receive local television stations where they can virtually watch anything, while some go about with their laptops playing various discs on it and connecting them to all sorts of devices. How be it, you hardly find a youth with a newspaper or news magazine which can make them informative in the area of current affairs and political activities.

### **Conclusion**

Based on the findings of this study, students in Armed Forces Secondary Schools in Lagos State have been engaging in sexual activities though the knowledge and attitude varies. This study revealed that the moderating variable i.e mass media influence had effects on the sexual health knowledge and attitude of the students.

### **Recommendations**

Based on the findings of this study, the following recommendations were made:

- 1) There is need to acknowledge that young people are sexual beings. Therefore, there is need for health education (sexuality education) to be introduced into the curriculum of secondary schools in Nigeria. Moreover, sexuality education should be offered to adolescents and be promoted among youths by parents.

- 2) Media outfits should ensure that programmes that are very sensitive in relation to sexual matters should be properly screened and censored while movies and musical programmes that may encourage sexual networking and abuse should not be displayed.
- 3) The use of ICT by adolescents particularly the internet should be controlled and censored by governments through its agencies by promogating laws that will not allow phonographic films to be viewed by any cyber café in Nigeria.

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