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Impact Of Sexuality Health Education In Reducing Adolescents Social Reproductive Vices In Secondary Schools In Central Senatorial District Delta State.

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ABSTRACT: *The study examined the impact of sexuality health education on reducing adolescent social reproductive health vices among secondary school students in Delta Central Senatorial District. Three research questions were raised and answered, and three hypotheses were formulated and tested at the 0.05 level of significance. A quasi-experimental design involving pre-test, post-test, and control group was adopted. The population comprised 29,300 Senior Secondary School II (SS II) students, while a sample of 120 students was selected using purposive sampling based on age, class level, and availability. Two self-structured instruments Sexuality Health Education Questionnaire (SHEQ) and Adolescent Social Reproductive Health Questionnaire (ASRHQ) were used for data collection. Reliability was established using the test-retest method, yielding coefficients of 0.78 and 0.74 respectively. Pre-tests were administered to both experimental and control groups. The experimental group received six weeks of sexuality health education, while the control group received lessons on general nutrition. Post-tests were then conducted using the same instruments. Data were analyzed using descriptive statistics, including mean and standard deviation, while hypotheses were tested using t-tests at the 0.05 level. Findings revealed significant differences between experimental and control groups in reducing unwanted pregnancies, sexually transmitted diseases, and risky sexual practices. The study concluded that sexuality health education significantly improves adolescents' knowledge of social reproductive health issues. It recommended that government integrate sexuality health education into the school curriculum to enhance adolescents' ability to make informed sexual and health decisions.*

Keywords: Sexuality Health Education, Adolescent Reproductive Health, Risky Sexual Behaviour, Secondary School Students

INTRODUCTION

Sexuality is a complex and multifaceted concept. It is a fundamental part of a person and can have a significant impact on their overall well-being. Sexuality according to Mkumba *et al* (2021), sexuality is a central aspect of human throughout the life that includes sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. In other words, sexuality is diverse and not only about who you have sex with, or how often you have it, it includes your sexual feelings, thoughts, attractions and behaviours towards other people. These researchers stressed that sexuality also deals with self-esteem, relationship, attitude, physical appearance, sexual behaviour, self-concept, hormones and everything concerning man as individual.

Sexuality education according to United Nations Population Fund (2024) is the process of acquiring information and expressing attitude, believes and values about reproductive function and development. Sexuality education also attempts a holistic component of all issue associated with reproductive health, including the structure and functions of the reproductive system, growth, changes, socio cultural issues of reproduction, diseases, attitude, belief, norms among others. Tiwari *et al* (2022), describes sexuality education as a comprehensive developmental programme extending from infancy to maturity which is planned and executed to produce socially and morally desirable attitude, practices and personal behaviour. Shrestha *et al* (2020) defines sexuality education as encompassing, a wide range of biological, sociological and psychological knowledge about sex and sex related issues.

Health is the complete state of individual wellbeing both mentally, socially, emotionally, physiologically and not merely the absence of disease or infirmity (WHO). Health education according McNeil (2021) is the process of teaching people about healthy behaviors, wellness practices, and disease prevention. It aims at empowering individuals, families, and communities with the knowledge, skills, and motivation needed to make informed decisions about their health. Health education encompasses a wide range of topics, including nutrition, physical activity, stress management, disease prevention, and management of chronic conditions.

World Health Organization WHO (2022) however stated that the ultimate goal of health education is to promote healthy behaviours, improve health outcomes, and reduce health disparities. By educating people about healthy practices and providing them with the tools and resources they need, health education plays a critical role in preventing disease, promoting wellness, and improving overall quality of life.

Adolescence is a time of growth and discovery. The World Health Organization defines adolescent as any person between the age of 10 and 19, characterized with rapid growth and biological changes, the consciousness of appearance, sexual attraction, and cognitive development, interest in new hobbies and self-discovery and importance of acceptance by peer group. Shyni and Solomon (2020), see adolescent as dramatically evolving, theoretical construct, informed through physiologic, psycho-social, temporal and cultural lenses. They further stated that this critical developmental period is conventionally understood as the years between the onset of puberty and the establishment of social independence. In other words, adolescence offers an ideal window of opportunity for building the foundations of sexual and reproductive health and rights, preparing young people to explore their sexuality, commence sexual relationships and make sexual and reproductive decisions. This will help them to build the relationship patterns that they often carry into adulthood. Suleiman (2021) stated that during this time, many young people experience sexual violence, lack accurate information about what to expect as adults as they develop sexually. This can make it difficult to distinguish healthy from unhealthy sexual behaviours. The implication is that when an adolescent is knowledgeable of the difference between the two, they are better able to support healthy sexual attitudes and behaviour and create positive opportunities to learn from challenges.

Adolescents are known for exploitation, experimentation and high level of curiosity. They indulge in so many social vices as a result of high level of peer group pressure. In this review, the researcher will focus on social reproductive Health Vices adolescents usually indulge in as stated by Chavula *et al* (2022) are promiscuity/prostitution which leads to teenage pregnancy, sexuality transmitted infections, abortion, others include lesbianism, masturbation and homosexuality.

This study has risen as a result of the researcher's experience as a secondary school teacher. This researcher observed that there are reports of adolescents who dropped out of school as a result of unplanned pregnancy due to premarital sex and rape, teenage mothers and incidence of increase in new cases of HIV/AIDS among the adolescents and reported case of a students who lost their lives during unsafe abortion. It has become necessary to carry out this study as McNeil *et al* (2021) outline a primary reason for targeting young people with sexuality health education as the fact that adolescents reach sexual maturity before they develop mentally and emotionally and they lack skill / knowledge to prevent the consequences of these sexual vices. Therefore, the importance of sexuality education to the adolescents cannot be overemphasized. This study focuses on knowledge of sexuality in reducing teenage pregnancy, sexually transmitted infections and negative sexual behaviours as they are associated with their pre-test and post-test of health education intervention group and a control comparative group.

Statement of the Problem

Adolescents in contemporary society are increasingly exposed to sexual and reproductive health vices, including unwanted pregnancies, abortion, sexually transmitted infections (STIs) such as HIV/AIDS, and risky behaviors like prostitution, lesbianism, homosexuality, incest, and rape. These behaviors have serious consequences, including school dropout, social stigma, health complications, and even death. A key factor contributing to these issues is the lack of sexuality health education, which leaves adolescents uninformed about safe sexual practices, puberty changes, and the risks associated with early or unprotected sexual activity. Sexuality health education has the potential to reduce ignorance, promote responsible sexual behavior, prevent reproductive health problems, and positively influence adolescents' knowledge, attitudes, and practices. This study, therefore, seeks to determine whether a health education intervention can effectively enhance adolescents' understanding of sexuality health and reduce engagement in risky sexual behaviors.

Research Question

1. What is the difference in the knowledge of post experimental and post control groups on sexuality health education towards reducing unwanted pregnancy among the adolescents in Secondary schools in Central Senatorial District Delta state?
2. What is the difference in knowledge of post-experimental and post-control groups on sexually health education towards reducing sexually transmitted diseases among the adolescents in secondary schools in Central Senatorial District Delta state?
3. What is the difference in knowledge of the post experimental and post control group on sexuality health education towards reducing risky sex practices (lesbianism, homosexuality, prostitution, abortion) among the adolescents in Secondary schools in Central Senatorial District Delta state?

Hypotheses

The following hypotheses were formulated to guide the study

1. There is no significant difference in the knowledge between the post experimental and post control group on sexuality education towards reducing unwanted pregnancies among the adolescents in secondary schools in Central Senatorial District Delta state.
2. There is no significant difference in the knowledge between the post experimental and post control group on sexuality education towards reducing sexuality transmitted diseases among the adolescents in Secondary schools in Central Senatorial District Delta states
3. There is no significant difference in knowledge between the post experimental and post control group on sexuality education towards reducing risky sexual practices (lesbianism, homosexual, prostitution, abortion) among the adolescents in Secondary schools in Central Senatorial District Delta states.

Significance of the Study

This study is relevant to health educators, adolescents, parents, teachers, government agencies, guidance counselors, researchers, and society at large. It will help health educators and teachers develop culturally appropriate and age-specific interventions for adolescent sexual and reproductive health. The findings can guide the government and Ministry of Education in designing effective sex education curricula. For adolescents, the study provides insights on preventing unwanted pregnancies, sexually transmitted infections, and school dropout, while reducing social stigma. Parents will gain understanding of the importance of providing sexual health education, especially for female children, to minimize future risks. Researchers can use the study to expand knowledge and inform future studies. Overall, the study benefits society by promoting awareness and prevention of risky sexual behaviors, highlighting the critical role of sexuality health education in safeguarding adolescent well-being.

Research Method

The research design adopted for this study is the Quasi-Experimental Design involving a pre-test, post-test, and control group. The population of the study consists of 29,300 Senior Secondary School II (SS II) students in the Central Senatorial District of Delta State for the 2024/2025 academic session (Ministry of Basic and Secondary Education, Asaba, 2025). However, since it is difficult to obtain the exact population of adolescents actively engaged in sexual reproductive health education, the total estimated population for this study was 1,200 SS II students. The sample size for the study consists of 120 SS II students from Army Day Secondary School, Effurun. This represents 10% of the estimated population for the study. The sample was drawn using a multi-stage sampling technique. Stage One: Two intact classes (SS II A and SS II B) were purposively selected from the school. SS II A was assigned as the experimental group, while SS II B served as the control group. Purposive sampling was used to ensure that the selected groups met criteria for age, class level, and availability. Stage Two: One intact class from each group was assigned to experimental and control conditions to participate in the study. Sexuality Health Education Questionnaire (SHEQ), Adolescent Social Reproductive Health Questionnaire (ASRHQ). Both instruments were self-structured multiple-choice questionnaires used to collect pre-test and post-test data. The instruments contained two sections: Section A (demographics: age, sex, class) and Section B (questions on unwanted pregnancy, sexually transmitted diseases, abortion, and risky sexual practices). A Sexuality Health Education intervention package, including lesson plans and lesson notes, was used to teach the experimental group. Reliability was established using the test-retest method. Twenty-five SS II students from Jeddo Secondary School (outside the study sample) completed the instruments twice over a two-week interval. Pearson Product Moment Correlation Coefficient (r) was computed, yielding: SHEQ: $r = 0.78$ and ASRHQ: $r = 0.74$. Pre-tests were administered to both groups using SHEQ and ASRHQ. The experimental group received six weeks of Sexuality Health Education intervention, while the control group received a placebo lesson on general nutrition. Post-tests were then administered to both groups using the same instruments to assess the impact of the intervention. Data were analyzed using descriptive statistics. Mean scores and standard deviations were computed to answer research questions, while hypotheses were tested using t-tests at 0.05 alpha levels of significance to determine the effect of the Sexuality Health Education intervention on adolescents' knowledge of sexual reproductive health vices.

Results and Discussion

Research Question 1

What is the difference in the knowledge of post experimental and post control groups on sexuality health education towards reducing unwanted pregnancy among the adolescents in Secondary schools in Central Senatorial District Delta state?

Table 1: Comparison of Post-Test Experimental and Post-Test Control Groups on Sexuality Health Education toward Reducing Unwanted Pregnancies among Adolescents in Secondary Schools in Delta Central Senatorial District, Nigeria Using Mean and Standard Deviation (SD).

Group	N	Mean	SD	Mean Difference
Post-test Experimental Group	70	15.31	2.12	1.17
Post-test control Group	50	14.14	2.17	

Table 1, indicate the mean of the post-test experimental group of 15.31 and standard deviation of 2.12, while the mean of post-test control group was 14.14 and standard deviation of 2.17 and a mean difference of 1.17. This shows a moderate difference in the post-test experimental and post-test control groups on sexuality health education among the adolescent in secondary school in Delta Central Senatorial District Nigeria.

Research Question 2:

What is the difference in knowledge of post-experimental and post-control groups on sexually health education towards reducing sexually transmitted diseases among the adolescents in secondary schools in Central Senatorial District Delta state?

Table 2: Comparison of Post-Test Experimental and Post-Test Control Groups on Sexuality Health Education toward Reducing Sexually Transmitted Diseases among Adolescents in Secondary Schools in Delta Central Senatorial District Using Mean and Standard Deviation (SD).

Group	**N**	**Mean**	**SD**	**Mean Difference**
Post-test Experimental Group	70	10.11	3.70	1.41
Post-test Control Group	50	8.70	2.60	

Table 2, indicate the mean of the post-test experimental group which was 10.11 with a standard deviation of 3.70, while the mean of post-test control group was 8.70 with a standard deviation of 2.60 and a mean difference of 1.41 This shows there is a difference in the knowledge on sexuality health education toward reducing sexuality transmitted disease among the adolescent in secondary school in Central Senatorial District Delta State.

Research Question 3

What will be the difference in knowledge of the post experimental and post control group on sexuality health education towards reducing risky sex practices (lesbianism, homosexuality, prostitution, abortion) among the adolescents in Secondary schools in Central Senatorial District Delta state?

Table 3: Comparison of Post-Test Experimental and Post-Test Control Groups on Sexuality Health Education toward Reducing Risky Sexual Practices among Adolescents in Secondary Schools Using Mean and Standard Deviation (SD).

Group	**N**	**Mean**	**SD**	**Mean Difference**
Post-test Experimental Group	70	7.93	1.46	1.01
Post-test Control Group	50	6.92	1.47	

Table 3 shows the mean of the Post-test experimental group of 7.93 and standard deviation of 1.46, while the mean of Post-test control group was 6.92 and the standard deviation of 1.47 and the mean difference of 1.01. This shows a difference in the post-test experimental and post –test control group on sexuality health education toward reducing risky sexual practice among the adolescent in secondary school.

Testing of Hypotheses

Hypothesis 1

There is no significant difference in the post-test experimental and post-test control groups on sexuality health education towards reducing unwanted among the adolescent in secondary school in Delta Central Senatorial District Nigeria?

Table 4: Independent t-test Analysis of Post-Test Experimental and Post-Test Control Group On Sexuality health education towards reducing unwanted among the adolescent in secondary school.

Group	N	Mean	SD	df	t	Sig. {2 tailed}
Post-test Experimental group	70	15.31	2.12	118	2. 967	0.004
Post-test control group	50	14.14	2.17			

The result in table 4, revealed the t-value of 2.967, and a p-value 0.004. Testing the null hypothesis at an alpha level of 0.05, the p-value of 0.004 was less than the alpha 0.05. However, the null hypothesis was rejected. This shows that there was significant difference in the post-test experimental and post-test control groups on sexuality health education towards reducing unwanted among the adolescent in secondary school in Delta Central Senatorial District Nigeria.

Hypothesis 2

There is no significant difference in the post- test experimental and post-test control groups on sexuality health education towards reducing sexuality transmitted disease among the adolescent in secondary school in Delta Central Senatorial District Nigeria.

Table 5: Independent T-Test Analysis of Post-Test Experimental and Post-Test Control Group on Sexuality health education towards reducing sexuality transmitted disease among the adolescent in secondary school.

Group	**N**	**Mean**	**SD**	**df**	**t**	**Sig. {2 tailed}**

Post-test Experimental Group	70	10.11	3.70	118	2.321	0.022
Post-test Control Group	50	8.70	2.60			

Table 5 shows the t-test of 2.321 and a p-value of 0.022. Testing the null hypothesis at an alpha level of 0.05, the p-value of 0.0022 was less than the alpha level of 0.05. Therefore, the null hypothesis was rejected. This implies that that there was a significant difference in the post- test experimental and post-test control groups on sexuality health education towards reducing sexuality transmitted disease among the adolescent in secondary school in Delta Central Senatorial District Nigeria.

Hypothesis 3

There is no significant difference in the post-test experimental and posttest control groups on sexuality health education toward reducing risky sexual practice among the adolescents in secondary school in secondary school in Delta Central Senatorial District Nigeria.

Table 6: Independent t-test analysis of post experimental and posttest control groups on sexuality health education toward reducing risky sexual practice among the adolescents in secondary school in secondary school

Group	N	Mean	SD	df	t	Sig. {2 tailed}
Post-test Experimental Group	70	7.93	1.46	118	3.725	0.000
Post Control Group	50	6.92	1.47			

The result in table 6, show the t-value of 3.725 and a p-value of 0.000. Testing the null hypothesis at an alpha level of 0.05, the p-value of 0.000 was less than the alpha level of 0.05. Hence, the null hypothesis was rejected. This revealed that there was significant difference in the posttest experimental and posttest control groups on sexuality health education toward reducing risky sexual practice among the adolescents in secondary school in secondary school.

Discussion of Results

The first finding of this study shows that there was a significant difference in the Post-test experimental and post-test control groups on sexuality health education scores of reducing unwanted pregnancy among the adolescent in secondary school in Delta Central Senatorial District Nigeria**.** This could be as a result of the adolescent in secondary school cognitive capacity to understand interpret sexuality health education. This study was in line with the studies of Adam, et al (2019) who noted that a person with satisfactory sexuality health education level would have a better health condition than individual with limited sexuality health education. The finding is also consistent with WHO, (2020) which revealed that many pregnant adolescents in secondary school will need to end a pregnancy (abortion) to avoid risks to their lives, psychological trauma, and socio economic turmoil. The findings also agree with Ali *et al* (2021) who state that sexuality health education prevent teenage pregnancy especially those who are not married. It further reported that teenage pregnancy has negative outcomes; socially, mentally, emotionally and physiologically on both mothers and children.

The second finding showed that there was a significant difference in the Post- Test Experimental and Post-Test Control Groups on Sexuality health education towards reducing sexuality transmitted disease among the adolescent in secondary school. The possible reason for the finding of a significant difference in the Post-Test Experimental and Post-Test Control Groups on sexuality health education towards reducing sexuality transmitted disease among the adolescent in secondary school could be attributed to the impact of the sexuality transmitted disease itself. The health education may have provided the experimental group with valuable information and resources on reducing sexual transmitted disease that the control group did not receive. This could have led to a higher level of sexuality health education and subsequent adoption of sexual transmitted disease among the experimental group. Additionally, the sexuality health education may have addressed specific dangers and provided tailored information that resonated with the adolescents in secondary school in the experimental group. This finding is consistent with that of Jansen, et al., (2018) who determined the effect of sexuality health education on reducing sexuality transmitted disease impact on health-promoting behaviours of the health ambassadors in the health and treatment centres of the health network in Kazeroon and found that direct significant correlation of sexuality health education with all the dimensions of sexuality health-promoting education quality.

The third finding showed that there is a significant difference in the post-test experimental and post-test control groups on sexuality health education toward reducing risky sexual practice among the adolescent in secondary school in Delta Central Senatorial District. The possible reason for the finding of a significant difference in the post experimental and post control groups on sexuality health education toward reducing risky sexual practice among the adolescent in secondary school in Delta Central Senatorial District could be attributed to various factors. Firstly, it is important to consider the impact of the risky sexual practice. The sexuality health education may have provided the experimental group with valuable information and resources on reducing risky sexual practices that the control group did not receive. This could have led to a higher level of sexuality health education awareness and subsequent adoption of reducing risky sexual practices among the adolescent in the experimental group. Additionally, in secondary school setting adolescent often face unique challenges in obtaining sexuality health education and health information. The sexuality health education may have addressed specific disadvantages and provided information that resonated with the adolescent in the experimental group. This could have contributed to the observed difference in sexuality health education and reduction of risky sexual practices between the two groups. This finding is consistent with that of Jansen, Rademakers and Waverijn (2018) who determined the effect of sexuality health education on adolescent and sexual practice its impact on health-promoting and sexual behaviours of the health ambassadors in the secondary school in Kazeroon and found that direct significant correlation of sexuality health education with all the dimensions of sexual-promoting behavior questionnaire before and after the treatment.

Conclusion

The study was conducted to determines the impact of sexuality health education in reducing adolescent social reproductive health vices among adolescents in secondary schools in Delta Central Senatorial District. Based on the finding of this study, it was concluded that sexuality health education contributed to an increase in knowledge on social reproductive health vices among adolescent in secondary school in Delta Central Senatorial District

Recommendations

Based on the study's findings, the following recommendations are made:

1. The government should include sexuality health education in the school curriculum and ensure continuous education to improve adolescents' sexual knowledge and prevent unwanted pregnancies.
2. Field workers and educators should tailor sexuality health education to address the specific sexual health needs and concerns of adolescents in secondary schools.
3. Non-governmental organizations should leverage digital tools, such as mobile apps and websites, to reach a wider audience, especially in remote areas.
4. Policymakers and stakeholders should allocate resources to support sexuality health education programs that prevent sexually transmitted diseases and risky sexual practices among adolescents.

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