

## SEXUAL AND REPRODUCTIVE HEALTH ATTITUDE OF SECONDARY SCHOOL STUDENTS IN UDENU LOCAL GOVERNMENT AREA, ENUGU STATE

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### Abstract

*The paper found out the sexual and reproductive health attitude of secondary school student in Udeno Local Government Area, Enugu State. A self developed questionnaire was the instrument used for data collection. Descriptive survey research design was employed for the study. The population for the study consisted of 15, 364 students while multi-stage sampling procedure was used to draw a sample of 768 students used for the study. The research questions were answered using mean and standard deviation. The findings of the study revealed that secondary school students had positive attitudes towards sexual behaviour and safer sex. The study also revealed that there was no significant difference in the attitude of male and female, public and private secondary school students towards sexual behaviour and safer sex. The researcher recommended good family communication on sex matter encouragement of set values, supervision of films brought into the country, programmes that are aid in media houses and sex education at early ages.*

**Keywords:** Sexual Health, Reproductive health, Attitude, Secondary school students, Udeno.

### Introduction

The environment in which young people grow and make decisions relating to sexual and reproductive health (SRH) is becoming more challenging than ever before. This is so for many obvious reasons. Today's adolescents are being bombarded with erotic stimuli and messages through movies, music, novels and magazines. Basen Engquist and Parcel (1992) affirmed this and noted that adolescents from their earliest years watch television shows and movies that insist that "sex appeal" is a personal quality that people need to develop to the fullest. Hafiner (1999) opined that TV movies and music are not the only influence; the internet also provides the adolescents with seemingly unlimited access to information on sex as well as steady supply of people willing to talk about sex with them.

Specifically, as it relates to secondary school students who are also adolescents, Action Health Incorporate - AHI (2003) stated that, today's adolescents live in a world that may give conflicting messages about what is expected of adolescents' sexual activity. On the other hand, they are told to abstain or "just say no to sex" without knowing why, for how long or even knowing exactly how to go about it. In the same vein Ademola (2005) disclosed that some young people have poor understanding of reproductive process, while others harbour misconceptions such as beliefs that pregnancy cannot occur during first sexual episode, and that the use of contraceptive can cause infertility. Some of these misconceptions and beliefs may lead to abortion (AHI, 2003), elevated risks of sexual transmitted infections (STIs) (Aderibigbe & Aroage, 2008) and unwanted pregnancy (Ekanem, 2010). These preventable problems may have prompted the Guidelines for Comprehensive Sexuality Education (2003) in Nigeria to lament that more and more Nigerians are beginning to realize that if the problems of unwanted teenage pregnancy, STIs and sexual abuse are to be effectively addressed, it is important that people develop accurate, rational and responsible attitudes regarding issues concerning reproductive and sexual health. For these reasons, adolescents and indeed secondary school students find themselves in an environment of varied reproductive and sexual misconceptions and conflicting messages which are challenging. This study becomes necessary to find out the sexual and reproductive health attitude of those secondary school students in Udeno Local Government Area, Enugu State.

Reproductive health is now recognized as a crucial part of general health and central feature of human development. As such, National Conference of General Practitioners (1995) stated that, reproductive health covers the entire life span of an individual. The conference further stated that it is a reflection of health during childhood, adolescence and adulthood and therefore sets the stage for

health beyond the reproductive years for both women and men and affects the health of next generation. Vaughar and Abouzahr (2000) associate reproductive health with prevention and treatment of diseases and supporting normal functions such as pregnancy and childbirth. Elaborating further, they stated that reproductive health has to do with reducing the adverse outcomes of pregnancy, including maternal deaths and disabilities, complications of abortion, miscarriages, births and neonatal deaths.

WHO (2008) defined reproductive health as a state of complete physical, mental and social wellbeing in all matters related to reproductive system, functions and processes. This implies that, people are able to have satisfying and safer sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so. Reproductive health components as summarized by Benagaino (1994) are responsible behaviour, available family planning services, effective maternal care and safe motherhood, effective control of reproductive tract infections, preventive and management of infertility, elimination of unsafe abortion, unwanted pregnancy, sexual abuse and prevention and treatment of malignancies of reproductive organs and sound adolescent health and sexuality. Effective reproductive health depends largely on the state of sexual health.

WHO (1975) described sexual health as the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and which enhance personality, communication and love. Reproductive Health Matter – RHM (2001) described sexual health as having the freedom to choose how to express one's sexuality (or how not to). The RHM report noted that sexual health also involves understanding one's body, being comfortable with oneself and her sexual desires, having sexual relationships with others; learning to identify violent or abusive behaviours; doing away with them and learning to cope with aftermath effects of such relationships.

Centre for Disease Control and Prevention - CDCP (2010) stated that sexual health also encompasses problems of HIV and STIs, unwanted pregnancy and abortion, infertility, cancer resulting from STIs and sexual dysfunctions. These components are also embedded in reproductive health. Robinson, Bockting, Rosser, Miner and Coleman (2011) identified components of sexual health to include, talking about sex in relation to culture, sexual identity, sexual anatomy and body functioning, sexual health care, safe sex, body image, masturbation, fantasy, positive sexuality, intimacy, relationships and spirituality.

WHO (2008) noted that, while sexual health is often subsumed within reproductive health, it is in fact a wider term as sex does not always involve reproduction. Most policies of programmes on reproductive health are aimed at women of reproductive years. Yet older people and even young adolescents for example, require information that responds to their sexual health needs rather than to reproductive health. Some of these aspects of sexuality they explore are masturbation, fondling or caressing, oral sex, kissing and hugging. Adolescents including those in Udeno Local Government Area of Enugu State secondary schools also explore their sexuality and engage in sex without necessarily wishing to reproduce. People in the same – sex relationships may have specific sexual health needs that have nothing to do with reproduction. WHO (2008) further affirmed that health experts and experts in health related disciplines agreed that the two concepts are inseparable, reproductive and sexual health (RSH) and that they are integral component of any Nation's Primary Health Care (PHC). Since the common concepts are many, this study is restricted to such components such as sexual behaviours and safer sex. These components which form the bedrock of the present study are highlighted below.

Sexual behaviour is the totality of normal and abnormal, conscious and unconscious, overt and covert sensations, thoughts, feelings and actions related to sexual organs and other erogenic zones, including masturbation, heterosexual and homosexual relations, sexual deviations, goals and techniques (Wolman, 1975). It is any physical activity that is connected with sex (Sally, 2000).

Safer sex, on the other hand entails that both partners should be aware of and practise sex safely to guide against sexually transmitted infections (Insel & Roth, 20006). They further stated that sexual activity has many potential consequences, including pregnancy, diseases and emotional changes in the relationship. They added that safer sexual behaviours mean discussing these consequences openly and honestly. Safer sex is not limited to safer sex behaviours. Its broad perspectives encompasses knowing one's body, obtaining regular examination for sexually transmitted infections and cancer, and responding to physical changes with appropriate medical

intervention, thus lowering the chances of HIV transmission (Rohison et al, 2011). Secondary school students' attitude towards sexual behaviours is important.

Attitude is a way of thinking acting. Attitude according to Okafor (1991) is concerned with one's feeling towards an object, person or thing. Obioha (2004) refers attitude as a state of readiness organized through experiences upon individual response to all objects and situations. Attitudes that are related to SRH are termed sexual and reproductive health attitude (SRHA). Sexual and reproductive health attitude in the present study refers to opinions, and feelings that secondary school students usually have towards sexual behaviour and safer sex. For example, sex education encourages young people to have sex, abortion should be personal private choice for a woman, condoms should not be made available to teenagers, access to pornography should not be restricted to adults and masturbation is a healthy expression of sexuality. In this study SRH attitude refers to beliefs and opinions favourable or unfavourable to secondary school students usually have towards sexual behaviours and safer sex. Their attitude towards these components of sexual and reproductive health may be influenced by some socio-demographic factors

There are some socio-demographic factors which may contribute to sexual and reproductive health attitude of secondary school students. Some of these factors include gender and school type. For instance, gender has been identified as a strong factor that influences sexual and reproductive health attitude among secondary school students. Adlecon (2005) indicated that more females than males had romantic relationships at early stage of their lives. He also stressed that males experience sex earlier than females.

Studies have also indicated that type of school have influence on sexual and reproductive health of students. Ajwon, Ola Leye, Faromaju and Ladipo (2006) who studied on sexual and reproductive attitudes among secondary school students in three states in North Eastern Nigeria found that students from boys' schools were significantly more likely to have sexual intercourse (18%) than those from co-educational schools (14%) and girls' only schools (2%)

Secondary school students are young person's between the age of 11 – 18 years who possess the same characteristics as adolescents and these are used interchangeably in this study. They are characterized by rapid changes in physical growth, development of sexual characteristics and reproductive capability, psychological development of autonomy, independent identity and value systems, cognition moving from concrete to abstract thought, emotional moodiness , shifting from self – centeredness to empathy in relationship (WHO, 2003). Fox (2004) maintained that adolescents are most often excited by their sexual senses and also by imagination, as they become more interested in sex by pressure of constant sexual stimulation through thoughts or desire, erotic figures, pictures and films as well as physical contact such as caressing and kissing. The thrust of the present study was to find out the sexual and reproductive health attitude regarding sexual behaviour and safer sex of secondary school students in Udenu Local Government Area, Enugu State.

### **Purpose of the Study**

The purpose of the study was to find out the sexual and reproductive health attitude of secondary school students in Udenu Local Government Area, Enugu State. Specifically, the study was set out to find out the:

1. attitude of secondary school students towards sexual behaviours;
2. attitude of secondary school students towards safer sex.

### **Research Questions**

To guide this present study, the following research questions were posed.

1. What is the attitude of secondary school students towards sexual behaviours?
2. What is the attitude of secondary school students towards safer sex?

### **Hypotheses**

The following null hypotheses were tested at .05 level of significance.

1. There is no significant difference in attitude of male and female secondary school students towards sexual behaviour.
2. There is no significant difference in attitude of public and private secondary school students towards safer sex.

## Methods

The descriptive research design was used for the study. The population for the study comprised of 15,364 secondary school students from which a sample of 768 were used by multistage sampling procedure using appropriate sampling technique of each stage. The instrument for data collection was the researcher designed questionnaire. It consisted of two sections: A and B. Section A contained the personal data of the respondents, while section B dealt with their attitudes towards sexual behaviour and safer sex.

The instrument for data collection was the researcher – designed questionnaire which was called reproductive and sexual health attitude questionnaire – RSHAQ. The questionnaires were divided into two sections namely: Section A which consisted of two items demanding the biodata of the respondents. Section B comprised of 13 statements on attitude of secondary school students towards reproductive and sexual health. The four point scale measurement of attitude was used. The respondents were required to indicate the degree of agreement or disagreement as follows: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD), with assigned values of 4, 3, 2, and 1, for positive items and 1, 2, 3, and 4 for negative items respectively.

The validity of the instrument was established by five experts in the area of Health Education, University of Nigeria, Nsukka. For the reliability of the instrument, the inter – item correlation coefficient of items in section B of the instrument was established using Crombach Alpha Statistic. Crombach Alpha method according to Uzoagulu (1998) is utilized to establish the internal consistency of an instrument of polychotomously – scores items. To gain access to the respondents for data collection, a duly signed letter of introduction by the researcher was presented to the principals of the 16 secondary schools used for the study seeking permission to carry out the study reproductive and sexual health attitude of secondary school students in Udenu Local Government Area, Enugu State. Copies of the questionnaire were administered to the respondents in each of the secondary schools by the researcher and with the help of some teachers in school. The teachers were briefed on the modalities for administering the instrument. The completed copies of the instrument were collected from the respondents on the spot. This approach yielded a high return rate. In determining the attitude, means scores for each item or grand mean of each dimension was used to determine if the attitude is positive or negative. The criterion means value was accomplished by summing up four, three, two and

one and dividing by four, thus:  $\frac{4 + 3 + 2 + 1}{4} = 2.50$ . This was used to answer the two research questions. The t – test statistic was used in testing the two null hypotheses at .05 level of significance.

## Results

**Table 1**

**Means Ratings of Students towards Sexual Behaviour (n = 763)**

S/No	Attitudinal Statements	$\bar{X}$	SD
<b>Attitudes Towards Sexual Behaviour</b>			
1	Masturbation is healthy expression of sexuality	3.56	.69
2	Caressing one's genital encourage homo – sexuality	2.30	.97
3	Sexual intercourse is the best sexual act	2.32	.99
4	Anal intercourse should be encouraged	2.96	.90
5	Masturbation prevents pregnancy	2.82	.87
6	Oral sex can give people infection	1.98	.93
7	Kissing can give people infection	1.88	.94
<b>Overall Mean Score</b>		<b>2.55</b>	<b>.90</b>

Data in Table 1 show that secondary school students had overall mean responses of 2.55 which was above the criterion mean of 2.50. This implies that the secondary school students had positive attitudes towards sexual behaviour. However, the Table also shows that students had mean responses above the criterion mean of 2.50 in the following items: masturbation is a healthy expression of sexuality” ( $\bar{X} = 3.56$ ), “Anal intercourse should be encouraged” ( $\bar{X} = 2.96$ ) and “masturbation prevents pregnancy” ( $\bar{X} = 2.82 > 2.50$ ). This implies that students demonstrated positive attitude towards these items. The Table further shows that students had mean responses

which were below the criterion mean in the following items: “Caressing one’s genitals encourages homosexuality” ( $\bar{X} = 2.30$ ), “sexual intercourse is the best sexual act” ( $\bar{X} = 2.32$ ), “oral sex can give people infection” ( $\bar{X} = 1.98$ ) and “kissing can give people infection” ( $\bar{X} = 1.88$ ). This implies that students’ attitude towards these items were negative. The standard deviations which range from .69 to .99 shows that the responses of the respondents were close to one another.

**Mean Ratings of Students Attitude towards Safer Sex (n = 763).**

S/No	Attitudinal Statements	$\bar{X}$	SD
<b>Attitudes Towards Safer Sex</b>			
1	Multiple sex partners should be encouraged	2.96	.95
2	It is better to wait until marriage before having sex	1.95	.95
3	Condoms should be used by teenagers	2.17	.96
4	Contraceptive is woman’s responsibility	2.71	.96
5	Regular medical exam for STIs should be done by adolescents	2.04	.95
6	Anal intercourse is safe	2.91	.92
<b>Overall Mean Score</b>		<b>2.95</b>	<b>.95</b>

Data in Table 2 shows that secondary school students had overall mean responses of 2.95 which was above the criterion mean value of 2.50. This means that the secondary school students had positive attitude towards safer sex. The Table further shows that the students had mean responses which were above the criterion mean in the following items: “multiple sex partners should be encouraged” ( $\bar{X} = 2.69$ ), “contraceptives is woman’s responsibility” ( $\bar{X} = 2.71$ ) and “Anal intercourse is safe” ( $\bar{X} = 2.91$ ). This implies that the students demonstrated positive attitude towards these items. However, the Table further shows that the students had mean responses below the criterion mean of 2.50 in the following items: “it is better to wait until marriage before having sex” ( $\bar{X} = 2.17$ ), “condoms should be used by adolescents” ( $\bar{X} = 2.17$ ) and regular medical exams for STIs should be done by adolescents” ( $\bar{X} = 2.04$ ). This implies that the students’ attitude towards these items was negative.

**Table 3**

**Summary of T – test Analysis of No Significance Difference in Attitude of Secondary School Students Towards Sexual and Reproductive Health According to Gender**

S/N	Attitudes	Gender				t-cal	P-value
		Male (n = 380)		Female (n = 383)			
		$\bar{X}_M$	SDM	$\bar{X}_E$	SDF		
1	Attitude towards sexual behaviour	17.72	2.678	17.90	2.540	-0.978	0.28
2	Attitudes towards safer sex	14.43	2.365	14.51	2.034	-0.552	0.581

\*Significant

The Table 3 shows the calculated t-value with their corresponding P-values for students attitude towards sexual behaviour ( $t = 98, P = .28 > .05$ ) and safer sex ( $t = 55, p = .58 > .05$ ). Since the P-values were greater than .05 level of significance, the null hypothesis of no significance difference in the attitude of male and female students towards these items was accepted. This implies that the attitude of male and female students were the same.

**Table 4**  
**Summary of t-Test Analysis of No Significance Difference in Attitude of Secondary School Students Towards Sexual and Reproductive Health Based on Public and Private Schools**

S/No	Attitudes	School - Type				t-cal	P-value
		Public (n =6381)		Private (n = 382)			
		$\bar{X}$	SD	$\bar{X}$	SD		
1	Attitude towards sexual behaviours	17.96	2.713	17.66	2.498	1.580	.114
2	Attitudes towards safer sex	14.47	2.241	14.47	2.168	.024	.981

\*Significant

The Table 4 shows the calculated t-value with their corresponding p-value for students attitude towards sexual behaviour ( $t = 1.6$ ,  $p = .11 > .05$ ) and safer sex ( $t = .02$ ,  $P = .98$ ). Since the P-values were greater than .05 level of significance at 761 degrees of freedom, the null hypothesis of no significant difference in the attitude of students towards the two dimensions, sexual and reproductive health attitude of public and private school students was therefore accepted. This implies that the attitude of public and private students were the same.

### Discussion

This study considered reproductive and sexual health attitude of secondary school students based on the components of sexual behaviour and safer sex. The finding in Table 1 shows that the overall attitude of secondary school students towards sexual behaviour was positive. This findings was anticipated and consequently not a surprise. According to Steeps (1995), sexual behaviours (from petting to oral sex, to sexual intercourse) of adolescents in middle schools revealed that 27 per cent reported having ever had vaginal intercourse, 26 per cent had been masturbated, 24 per cent had received oral sex and 4 per cent had ever engaged in anal intercourse. From personal observation and experience, the researcher notes that in Udenu Local Government Area, most youths avoided pre – marital sexual experiences for the fear of social punishment usually meted out to girls who lose their virginity before marriage. The implication of this finding is that most of the secondary school students in Udenu Local Government Area of Enugu State are not engaging in many sexual activities. This will reduce their early exposure to sexually transmitted infections and teenage pregnancies. Religious leaders should use their good offices to educate the young women and men about sexual behaviours that will protect their reproductive and sexual health.

The findings in Table 2 revealed that secondary school students attitude towards safer sex was positive. The result of the finding was surprising. It revealed that majority of the students possess positive attitude towards safer sex. This is in disagreement with Ezedum (2001) who found out that many students 53.5 per cent had never used condom during sexual intercourse, only 37.2 per cent ever used condom during their first sexual intercourse. This was also not in line with the result of my interaction and observation with the students. They stated that they either do not have a patent medicine store around their area or could not walk up the store around to buy condom due to shyness. This positive attitude will reduce the risk of STIs including HIV and AIDS among the students. This implies that sex education which will encourage safer sex activities such as use of condoms during sexual intercourse hugging, massage, rubbing of clothed bodies together, safe – stimulation by partners, fantasy and kissing with lips closed should be taught and included in the secondary school health education curriculum.

The findings in Table 3 showed that there was no significant difference in attitude of male and female secondary school students towards various dimensions of sexual behaviour and safer sex. The findings in Table 4 also showed that there were no significant difference in attitude of public and private secondary school students towards various dimensions of sexual behaviour and safer sex. These findings were expected and not surprising since male and female, public and private students have almost the same cultural values, age and educational levels.

## Conclusions

Based on the findings of the study, the following conclusions were drawn.

1. The students had positive attitude towards sexual behaviour.
2. The students had positive attitude towards safer sex.
3. There was no significant difference in attitude of male and female students towards sexual and reproductive health.
4. There was no significant difference in attitude of public and private secondary school students towards sexual and reproductive health.

## Recommendations

Based on the major findings, discussion and conclusions, thereof, it was recommended as follows

1. Parents should discuss sexual matters with their children, especially on the dangers of exhibiting harmful sexual behaviours.
2. Since sex is a powerful force, its true meaning has to be taught to teenagers both at home and in schools to enable them make wise decisions based on self-control and personal code of conduct that will encourage desirable attitudes.
3. Both parents and health educators should try as much as possible to set good examples for the adolescents to follow on sexual behaviours. This could be done by encouraging the development of a set of sexual moral values in teenagers and this will guide their sexual attitudes and behaviours.
4. Ministry of information should do more to supervise the type of films brought into country and the programme that are aired from media houses and even internet.

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