Analysıs Of Effect Of Reproductıve Health Educatıon And The Normal Sex Educatıon Currıculum On Undergraduate Students' Sexualıty In South-South Nıgerıa

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Abstract

The study is a comparative analysis of effect of reproductive health education and normal curriculum teaching on undergraduate students' sexuality. Research question was raised and converted to a hypothesis which states that there is no significant difference between the effects of reproductive health education and normal sex education curriculum on undergraduate students sexuality. The study used a sample of four hundred (400) respondents randomly selected from the six federal universities in south-south zone of Nigeria. The design adopted was the quasi experimental design on a pre-test post-test control group with factorial arrangement. The result from the data analysis revealed that there was a significant difference between the effects of reproductive health education and normal sex education curriculum on undergraduate students' sexuality in all the treatment groups, but there was no significant difference given their access to the media and socio-economic background. Conclusion was drawn and it was recommended that a more comprehensive reproductive health education content be developed and explained as an informal educational programme for undergraduate students to curb the increase in the bottlenecks involved in the use of the sex education content taught in most Nigerian schools.

Keywords: Education, undergraduate, sexuality, socio-economic background, mass media

Introduction

It is an acknowledged fact that growth and development in man at certain age attracts the feelings of sexual activities. This view is empirically supported by the Nigerian Demographic Health Survey (NDHS, 2005) which particularly reported that nearly 90% of the young and growing are sexually active. Ihejiamaizu (2010) also reported high extent of involvement of University undergraduates in open and more liberal sexual activities through the dating system of boyfriend and girlfriend. As a result, several research have shown that young people and even the society at large have consistently been plagued with the attendant consequences of young people's irresponsible sexual behaviours including; unwanted pregnancies, abortion and its complications, baby dumping, sexually Trasmitted Infections (STDs) among others. (UNAID 2004; UNFPA 2002).

Most research blame the problem on ignorance due to the breakdown of the traditional norms that controlled young person's sexuality generations ago, (Adedimeji 2005; Ikulayo 2007; Ihejiamaizu 2010). Further research attributes the problem of ignorance and young peoples' non-adherence to the norms that used to shape their sexual behaviour to modernity and western culture of sensationalized romantic love in mass media (Ikorok 2004). The author believed that this effect which is in negative perspective to African culture has left most contemporary young people ignorant, gullible and susceptible to wrong conducts.

Furthermore, Farinola (2002) reported that as much as 80% of all movies shown on network or cable television stations have sexual contents, 60% of music videos portray sexual feelings and impulses and that majority display provocative clothing and sexually suggestive body movements. In extension, Fishers, Hill and Grube (2008) affirmed that the sexual contents in the mass media are becoming more explicit in dialogue, lyrics and behaviour. According to these authors most of the mass media messages contain unrealistic, irregular and misleading information that young people accept as facts.

Apart from the media, and as viewed by many researchers, the socio-economic background of students have greater influence on students' sexuality. McLead and Shanaham (1993) focusing on group relationship between adolescents' premature sexuality and parents' poverty distress in parenting behaviour found that the stress of living in poverty impedes parents' ability to respond appropriately to the physical and emotional needs of their children, thereby exposing them to conditions that promote permissive activities. The consequence according to Ikorok (2004) is the situation where young people now have control over, take more independent and uninformed decision about their sexuality. They device their own world of sex, and as such most of them become sexually active with little or no

knowledge about sexual issues and facts. This pattern of sexual activity definitely may put young undergraduates at more sexual and reproductive health risks if no proper measure is taken to curb it. Thus indicating the urgent need for more consciously planned intervention programmes, targeted towards improving sexual and reproductive health in the country.

Reproductive health according to the United Nations (1994) conference is a state of physical, mental and social wellbeing and not merely the absence of diseases or infirmity in matters related to the sexual and reproductive system, its function and processes. It went ahead to advocate that men and women, young and old have the right to adequate information and knowledge about sexual and reproductive issues to enable individuals adopt a safe behaviour, make informed choices for optimum sexual and reproductive health. With reference to the quality of the existing sexuality curriculum in Nigerian schools, Adedimeji (2005) found that sexual matters are only superficially discussed. The author argued that where the subject is found in the curriculum, it is always lacking in specific details that does not allow young people deal with issues that confront them and therefore yields little results. This implies that sexuality education in Nigeria has not reached its full potential in helping young people enhance their sexual reproductive health. Ikulayo (2007) stressing on the potentials of quality sexuality education, pointed out that when young people are given holistic facts and relevant information, they are likely to take informed decision about their sexual behaviour since they would have been fully aware of the consequences of their action. Generally, the above literature suggest that access to media, socio-economic background and ignorance may have a very serious effect on sexuality of individuals. Hence, the focus of this paper is to find out the extent of the effect of comprehensive reproductive health education programme on undergraduate students' sexuality. This has raised a question that the paper seeks to answer.

Research Question and Hypothesis

What difference exists between the effect of reproductive health education and the normal sex education curriculum on undergraduate students' sexuality, given their access to the media and their socio-economic background?

This question was transformed to a statement of hypothesis, which states that there is no significant difference between the effect of reproductive health education and normal curriculum on undergraduate students' sexuality, given their access to the media and socio-economic background in South-South Nigeria.

Methodology

The research design adopted for this study was the quasi experimental design, using a pre-test-post-test control group with factorial arrangements. This was represented by two treatment variables and two moderator variables; access to media and socio-economic background of students.

The pre-test-post-test control group design was presented as:

$$Y \quad 0_1 \quad x \quad 0_2 \qquad [E]$$
$$Y \quad 0_1 \quad \sim \quad 0_2 \qquad [C]$$

$where; \quad E = Experimental\ group$

$C = Control\ group$

$x = Treatment$

$\sim = No\ treatment$

Y = *Moderator variables*

$0_1\ 0_1$ = Pre-test measurement in both groups

$0_2\ 0_2$ = Post-test measurement in both groups

O_1 and O_2 in the diagram are indicators of the pre-test and post-test evaluative measures respectively given to all the students who participated in the study. While x stands for treatment used on the experimental group, ~ represents the existing curriculum experienced by the control group.

The factorial designs of interest are presented in table 1.

Table 1 shows:

The independent variables:

- Treatment was at 2 levels: Experimental and control
- Gender was at 2 levels: Males (M) and Females (F)
- Access to the media was at 3 levels: Low (L) Medium (M) and High (H).
- Socio-economic background was at 3 levels: Low (L) Medium (M) and High (H).

Table 1 2 x 3 x 3 factorial design of treatment, and 3 levels of access to mass media and Socio-economic Background

Groups	Gender		Access to media/socio-economic background		
			Low (L)	Medium (M)	High (H)
RHE	M	X	X	X	X
	F	X	X	X	X
NCE	M	X	X	X	X
	F	X	X	X	X

Where SEB = Socio-Economic Background

RHE = Reproductive Health Education

NCE = Normal Curriculum Education

The dependent variable in this study is the undergraduates' sexuality. The factorial design was preferred because within it more than one variable can be manipulated and studied. Also, it permits the assessment of the effect of each independent variable respectively as well as their joint effect.

The study covered the South-South geo-political zone of Nigeria with a population of 11,850 first year students of 2014/2015 academic year in the six public universities. The zone has several state and private universities with six federal universities, the study focused on the federal universities Stratification was based on the six states in the zone. 30 percent of the states were selected giving two states. One Federal university was randomly selected from the two states in the zone which later formed the experimental and control groups respectively . From each of the two universities, 5 faculties were selected. The assignment of the subjects to either the experimental or control group was not by randomization, since intact classes were used. This process ended up with a total of 400 undergraduate students. Year one students are considered appropriate population for this study. The fact that these students are still fresh in the university, having just left the confines of their homes, and having to experience freedom from their parents for the first time, to take decisions on issues that bother on their sexuality on their own make most of them fall pray to irresponsible sexual practices.

Research Instruments

The research instrument consists of 30 item sexuality scale in terms of sexual activity and reproductive knowledge; 9 item access to media scale and 6 item students' socio-economic background scale. The sexuality scale was validated with reliability coefficients of .73; .69 and .66 respectively. With trained research assistants, the experimental groups were treated with the Reproductive Health Education (RHE) package. This comprised issues at stake in sexual – reproductive health including; anatomy and physiology of human reproductive system, puberty, adolescence, menstruation, masturbation, pregnancy, adolescent pregnancy, reproduction in humans, abortion and it's complication, sexually transmitted infections including Hiv/Aids, family planning e t c The control group received the normal curriculum education. The post-test was administered two weeks after the treatment to both the experimental and control groups. The same instrument was used for the pre-test-post-test but with very minor changes. Finally, the students' scripts were scored and subsequently analysed using analysis of covariance with pre-test scores as covariates (ANCOVA).

Data Analysis and Results

The analysis of covariance was used to test the hypothesis which states that there is no significant difference between the effect of

reproductive health education and normal curriculum on undergraduate students' sexuality, given their access to the media and socio-economic background. Using 2 x 3 x 3 analysis of covariance with pre-total sexuality scores as covariates, this was tested. The result of the descriptive statistics is as presented in table 2.

Table 2 Mean standard deviation and 2 x 3 x 3 analysis of covariance (ANCOVA) of undergraduate students' sexuality with pre-total sexuality scores as covariate

Treatment	Access to Media	SEB	N	$\bar{X}$	SD
Experimental	1 (Low)	1 (Low)	10	81.20	1.32
		2 (Medium)	15	81.20	1.82
		3 (High)	13	80.33	1.58
	2 (Medium)	1 (Low)	8	81.25	3.62
		2 (Medium)	74	81.51	1.90
		3 (High)	19	80.26	6.16
	3 (High)	1 (Low)	11	81.18	2.40
		2 (Medium)	45	81.60	5.15
		3 (High)	15	81.53	1.92
	Total		200	81.33	3.48
Control	1 (Low)	1 (Low)	2	61.00	4.24
		2 (Medium)	-	-	-
		3 (High)	-	-	-
	2 (Medium)	1 (Low)	10	61.50	4.48
		2 (Medium)	98	60.57	2.75
		3 (High)	17	61.00	3.06
	3 (High)	1 (Low)	5	61.40	2.97
		2 (Medium)	65	60.46	3.14
		3 (High)	30	59.80	3.08
	Total		200	60.63	2.99

The result presented in table 2 showed that the experimental group had higher mean scores in sexuality ($\bar{X}$ = 81.33) as against ($\bar{X}$ = 60.63) for the control group. When those means were compared using 2 x 3 x 3 analysis of covariance to partial out initial differences that existed between the experimental and control groups prior to treatment so that any difference obtained could be attributed to the effectiveness of the treatment, the result presented in table 3 emerged. Table 3 showed that treatment main effect was highly significant (F= 881.187 ; $p < .05$). The high significant difference between the two groups is obviously due to the treatment effect.

Table 3 Summary of analysis of covariance (ANCOVA) of the undergraduate students' sexuality on access to media, socio-economic background and treatment with pre-total sexuality scores as covariates

Source of Variation	Sum of Squares	*df*	Mean Square	F-Cal.	Sig. Level	Partial Eta Squared
Model	43007.461	16	2687.966	254.111	.000*	.914**
Covariate (Pre-total sexuality)	87.321	1	87.321	8.255	.004*	.021
Interrupt main effect	986.923	1	2986.923	282.374	.000*	.424
Treatment	9321.115	1	9321.115	881.187	.000*	.697
Access to the media	1.163	2	.581	.055	.947	.000
Socio-economic background	8.247	2	4.123	.390	.677	.002
Interactive effects treatment x media	10.099	2	5.049	.477	.621	.002
Treatment x SEB	15.353	2	7.676	.726	.485	.004
Media x SEB	2.314	4	.579	.055	.994	.001
Treatment x media x SEB	12.510	2	6.255	.591	.554	.003
Error (Residual)	4051.337	383	10.578			
Total	47058.798	399				

* R. squared = .914 Adjusted R. squared = .910
* Significant at .05 Alpha level.

The information in table 3 using the 2 x 3 x 3 analysis of covariance on students' sexuality scores with pre-total sexuality scores as covariates showed that while the treatment main effect was highly significant F ratio of 881.187, the treatment main effects of access to media and socio-economic background on sexuality with F ratios of .055 and .390 respectively were not statistically significant. This implies that the undergraduate students' access to media and socio-economic background do not significantly influence their sexuality. This is because the calculated f-values are each less than the critical f-ratio of 3.00 with 1 and 383 degrees of freedom. It was also observed that all the interaction effects were not statistically significant. The null hypothesis was rejected with respect to treatment but was retained for access to the media and socio-economic background and other interactions. The table also reveals that the treatment contributed to $.914^2$ (83.5%) of the total variance existing between experimental and control groups, while access to media and socio-economic background contributed virtually nothing to the total variance.

The result showed that the calculated f-ratio for post-total sexuality F = 8.255 was statistically significant. This implies that the pre-total sexuality score did correlate with the post-total sexuality scores. This means that there may be a possible influence of pre-treatment knowledge on the sexuality score of the students.

Further breakdown of analysis of sexuality into sexual activities and reproductive knowledge are presented in tables 4 and 5.

Table 4 Summary of analysis of covariance (ANCOVA) of the undergraduate students' sexuality in terms of sexual activity on treatment, access to media, socio-economic background with pre-treatment scores as covariate

Source of Variation	Sum of Squares	*df*	Mean Square	F-Cal.	Sig. Level	Partial Eta Squared
Model	6155.281	16	384.705	103.944	.000*	.853**
Covariate (Pre-sexual activity)	.261	1	.261	.070	.791	.000
Interrupt main effect	1443.898	1	1443.898	390.130	.000*	.505
Treatment	1501.456	1	1501.456	405.682	.000*	.514
Access to the media	12.339	2	6.170	1.667	.190	.009
Socio-economic background				.359		
Interactive effects treatment x media	10.984	2	5.492	1.484	.228	.008
Treatment x SEB	3.846	2	1.923	.520	.595	.003
Media x SEB	9.737	4	2.434	.658	.622	.007
Treatment x media x SEB	2.478	2	1.239	.335	.716	.002
Error (Residual)	1417.509	383	3.701			
Total	7572.790	399				

* R. squared = .813 Adjusted R. squared = .805
* Significant at .05 Alpha level.

The results of the three-way (ANCOVA) showed that the treatment main effect was highly significant ($F = 405.082$; $P < .05$), while the main effects of access to the mass media and socio-economic background on sexual activity with f-ratios 1.667 and .359 respectively were not significant. These imply that undergraduate students' access to the media and socio-economic background do not significantly influence their sexual activity.

Thus, the null hypothesis was rejected with respect to treatment but was retained for access to the media, socio-economic background and other interactions. The result also revealed that treatment contributed $.813^2$ (66.1%) of the total variance existing between groups.

On the undergraduate students' sexuality in terms of reproductive knowledge on access to the media, socio-economic background and treatment with pre-treatment scores as covariates as presented in table 5.

The result of the three-way ANCOVA in Table 5 showed that treatment main effect was significant ($F = 571.137$; $P < .05$), while access to the media and socio-economic background with f-ratio .768 and .13.7 respectively were not significant at .05 alpha level with 1 and 383 degrees of freedom. Treatment contributed $.882^2$ (77.80%) of the total variance existing between groups.

Table 5 Summary of analysis of covariance (ANCOVA) of the undergraduate students' sexuality in terms of reproductive knowledge on access to the media, socio-economic background and treatment with pre-treatment knowledge scores as covariates

Source of Variation	Sum of Squares	*df*	Mean Square	F-Cal.	Sig. Level	Partial Eta Squared
Model	16670.583	16	1041.912	178.826	.000*	.882**
Covariate (Pre-treatment knowledge)	44.152	1	44.152	7.578	.000*	.019
Interrupt	3321.351	1	3321.351	570.051	.000*	.598
Main effect treatment	3327.673	1	3327.673	571.137	.000*	.599
Access to the media	8.948	2	4.474	.768	.465	.004
Socio-economic background	1.592	2	.796	.137	.872	.001
Interactive effects treatment x media	1.727	2	.864	.148	.862	.001
Treatment x SEB	13.349	2	6.674	1.146	.319	.006
Media x SEB	5.886	4	1.471	.253	.908	.003
Treatment x media x SEB	6.617	2	3.309	.568	,567	.003
Error (Residual)	2231.513	383	5.826			
Total	18902.087	399				

* R. squared = .882 Adjusted R. squared = .877

* Significant at .05 Alpha level.

Thus, the hypothesis was rejected with respect to treatment but was retained for access to the media and socio-economic background and other interactions. The result showed that the calculated f-ratio for pre-treatment (F = 7.578) was statistically significant. This implies that the pre-treatment knowledge scores did correlate with the post-reproductive knowledge scores. Meaning that, there may be a possible influence of pre-treatment knowledge on the reproductive knowledge scores of the students.

Discussion of Findings

The result of this study showed that access the media and socio-economic background had no significant influence on young people's sexuality. This is a unique finding. The finding seems to disagree with the views of the previous researchers; Farinola (2002) and Fishers, Hill and Grube (2008) who contend that movies shown on network or cable television station have sexual contents, portray sexual feelings and impulses and that majority display provocative clothing and sexually suggestive body movements. According to them most of the media messages contain unrealistic, irregular and misleading information that young people accept as facts. This can only happen when students are not properly exposed to the issues at stake in sexuality, as is the case in most schools resulting in high level of ignorance in sexuality among students. The result might also be so owing to the fact that the studies that recognised SEB as having impact on young people's sexuality, have consistently recommended and called for

urgent programme intervention. Hence the present research result may indicate the change in trend induced by such campaigns or recommendations that: media communications must be balanced, relevance and credible in illustrating consequences of behaviour if young people must be helped by such messages to choose healthy behaviours Fishers et al (2008); while United Nations Fund and Population Activities (UNFPA, 2002) focused on the need to design and prioritize a poverty alleviation programme to help young people and parent alike afford to look after their needs. Though the study found that access to the media and SEB had no significant influence on undergraduate student's sexuality, however reproductive health education did. This is in line with Adedimeji (2005) and Ikulayo (2007) who advocated the potentials of exposing people to quality and holistic sexuality education . Teaching of reproductive health education, especially when it is well balanced to the young and growing equips them with the skills they need to make informed choices about sexual issues. The ability of an individual to constructively apply a reasonable argument on an issue is a function of his or her in-depth knowledge of what is being discussed. It is common to watch and listen to movies, but without being influenced by the message being delivered if the listener has his or her own view of what is presented. Hence in the view of Ikorok (2004) the consequence is a situation where young people now device their own world of sex and as such most of them become sexually active with little or no knowledge about sexual issues. Such a pattern of sexual activity puts them at more risks.

Conclusion/Recommendation

Based on the findings of this study, it was concluded that undergraduate students who are exposed to holistic reproductive health education are less likely to engage in risky and uninformed sexual relations, irrespective of their access to mass media and socio-economic background, than those who are not given proper exposure.

It is recommended that a more comprehensive reproductive health education content be developed and explained as an informal educational programme for undergraduate students, as this is bound to curb the increase in the bottlenecks involved in the use of conventional content of sexuality education as taught in most Nigerian schools.

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APPENDIX

SAMPLE OF TEST ITEMS IN UNDERGRADUATE STUDENTS' SEXUALITY QUESTIONNAIRE

Time Allowed; 30 minutes

SECTION A: SEXUAL ACTIVITY

Please indicate how often you engage in the following activities with your boy/girl friend.

S.No	Statements	Very often	Often	Sometimes	Never
7.	Kissing each other				
8.	Carrying each other on the laps				
9.	Rubbing various parts of the body				
10.	Touching each other's sex organs				
11	Dressing to attract each other				
12	Lying down together				
13	Romancing with each other				
14	Having sex with him / her				
15	Having sex with condom				
16	Having sex without any protection				

SECTION B: REPRODUCTIVE KNOWLEDGE

Indicate the extent to which you agree or disagree with the following statements: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

S.No	Statements	SA	A	D	SD
17	Having casual sex is risky				
18.	Having multiple sex partners is not good				
19	Keeping multiple sex partners is an advantage				
20	Unprotected sex increases the risk of pregnancy				
21	Early pregnancy is dangerous to a young girl				
22	Abortion can damage the womb				
23	A girl can get pregnant by having sex only once				
24	Only one out of millions of sperm fertilizes an egg to cause pregnancy				
25	Multiple sex partners increase the risk of STIs / HIV				
26	Use of condom can protect against STIs / HIV				
27	A boy/girl can get STIs / HIV at first time of sexual intercourse				
28	HIV/AIDS can be contacted through sexual fluid				
29	Unprotected sex can lead to contraction of STIs / HIV				
30.	Pregnancy is risky especially for young girls				

SECTION C : SOCIO ECONOMIC BACKGROUND

Instruction: Indicate YES or NO in each bracket below

1. Father's/Mother's Educational level

	Father	Mother
a. Attended no school	( )	( )
b. Did not complete primary school	( )	( )
c. Completed primary school	( )	( )
d. Completed secondary school/ Commercial school	( )	( )
e. College of Education/Polytechnic	( )	( )
f. University	( )	( )

2. What is your father/mother currently doing to earn a living?

		Father	Mother
a.	Self employed	( )	( )
b.	Civil servant	( )	( )
c.	Farmer	( )	( )
d.	Trader	( )	( )
e.	Student	( )	( )
f.	Unemployed	( )	( )

Tick the appropriate option

3. What residence do your family stay in?

a.	One single room	( )
b.	Two rooms	( )
c.	Three rooms	( )
d.	Two bedroom flat	( )
e.	Three bedroom flat	( )
f.	Four bedroom flat	( )
g.	Self-built house	( )

4. Tick as many items as your parents have in the house

a.	Radio	( )
b.	Motorcycle	( )
c.	Television	( )
d.	Computer	( )
e.	Fridge/freezer	( )
f.	Car	( )
g.	Heavy furniture	( )

5. How many children do your parents have?

a.	One	( )
b.	Two	( )
c.	Three	( )
d.	Four	( )
e.	Five	( )
f.	Six	( )
g.	Above six	( )

6. How do you rate your parents' total earning in relation to the responsibility of the number of children they have?

a. Adequate ( )
b. Fairly adequate ( )
c. Inadequate ( )
d. Crossly inadequate ( )

SECTION D: STUDENTS' ACCESS TO THE MEDIA

Please tick (√) appropriately

1.(a) Do you read/listen to news on any media? Yes ( ) No ( )

If yes, go to (1b)

1(b) How many times do you do so in a week? 1 ( ), 2 ( ), 3 ( ), 4 ( ), 5 and above ( ).

2. How often do you do the followings?

S.No	Statements	Very often	Often	Sometimes	Never
a	Look at pornographic/sex pictures				
B	Read love magazine				
C	Watch love movies				
D	Read family planning information on posters				
E	Browse for sexual information on internet				
F	Listen to reproductive health talks on radio				
G	Watch jingle of HIV/AIDS				
H	Listen to jingle on condom				