# Sexuality Education Training Program Effect on Junior Secondary School Students' Knowledge and Practice of Sexual Risk Behavior

B. O. Diyaolu, O. O. Oyerinde

Abstract—This study examined the effect of sexuality education training programs on the knowledge and practice of sexual risk behavior among secondary school adolescents in Ibadan North Local Government area of Oyo State. A total of 105 students were sampled from two schools in the Local Government area. 70 students constituted the experimental group while 35 constituted the control group. Pretest-Posttest control group quasi-experimental design was adopted. A self-developed questionnaire was used to test participants' knowledge and practice of sexual risk behavior before and after the training ( $\alpha = .62$ , .82 and .74). Analysis indicated a significant effect of sexuality education training on participants' knowledge and practice of sexual risk behavior, a significant gender difference in knowledge of sexual risk behavior but no significant age and gender difference in the practice of sexual risk behavior. It was thus concluded that sexuality education should be taught in schools and emphasized at homes with no age or gender restrictions.

**Keywords**—Early adolescent, health risk, sexual risk behavior, sexuality education.

#### I. INTRODUCTION

ADOLESCENCE is the most critical period everyone must pass through in the course of existence. The term "adolescence", is derived from the Latin word "adolescere" which means to grow to maturity. It is the period of transition from childhood to adulthood characterized by changes in the pattern of thinking, attitude, relationships, moral standards, and abilities [1]. The changes inherent at this period serve to create a number of problems for the adolescent and the society as a whole. It usually comes as a storm and is often overwhelming and stressful. Adolescent period is between 10 and 19 years and further subdivided it into two namely: early adolescence (10-14 years) and late adolescence (15-19 years) [2]-[4].

One of the factors that make adolescence a critical period is the sexuality pattern of these young ones. Research has confirmed that many young people participate in risky sexual activities such as the early debut of sexual activities [5], multiple sexual partners, and low or inconsistent use of condoms [6]. Many young adolescents do suffer greatly many untold consequences for involvement in risky sexual activities. Young adolescents are disproportionately affected by sexually transmitted diseases such as gonorrhea, syphilis, HIV/AIDS and this has increased the reproductive mortality rate [7]. It should be noted that adolescents account for a significant

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proportion of unsafe abortions globally and they are one of the groups hardest hit by HIV/AIDS.

Sexual risk behavior among adolescents has been observed to vary by age and gender [8]. A study of adolescents aged 15-19 years found that gender differences exist in sexual behavior, with boys being five times more likely to have concurrent sexual partners than girls [9]. A study on adolescent aged 10-19 in Ilesha, Nigeria also found that 16.3% of females and 33% of males reported having had two or more partners two months preceding the survey [10].

One of the ways by which the sexuality patterns of adolescents can be addressed is through sexuality education. This has been described as a process of providing information, skills, and services that enable persons to adopt safe sexual behaviors including abstinence, non-penetrative sex such as hugging, holding hands, as well as correct and consistent use of condoms [11]. It involves providing knowledge of sexuality education that will improve the sexual attitude and behavior among adolescents. Sexuality education aims to enhance the quality of young peoples' relationships and their ability to make an informed decision over their lifetime. It also reduces the risk of potentially negative outcomes from sexual behavior such as unwanted pregnancies and infection associated with STD(s) including HIV.

At the early adolescent stage, there are possibility of wrong sexual decision as a result of peer group pressure. This is why they need to be well informed and tutored. Sometimes some of them can make mistakes which could be lifelong and may not be reversible. Improving adolescents' sexual knowledge and attitude is paramount so as to reduce sexual risk behavior [12]. Proper education in this age group is important for the prevention of untoward social and health-related problems. Sexuality education during adolescence is therefore likely to foster positive attitudes and healthy behaviors in adult years [11]. A lot of adolescents do not have adequate information on the reproductive process and are being misled with misconceptions such as, it will take more than one sexual encounter before pregnancy can occur, and that contraceptives are seen as a reason for infertility [11].

The theoretical framework adopted for this study is a psychosocial theoretical framework for sexual health promotion by [13]. Supportive evidence and information revealed that most young people learn about sex and sexual health from school-based sexuality education programs. Hence, the purpose and primary focus of this framework is to sell the product "sex education" and equip adolescents with

what they need to know for a healthy and fulfilling adult life that can contribute to behavior change and help them to make a good decision about their sexual health.

The benefits of sexuality education have been well documented. Reference [11] noted that sexuality education has led to an increase in knowledge and understanding of reproductive health issues among program beneficiaries [14]. During a West African Youth Initiative (WAYI) sexuality education program, it was observed that the participants in the experimental group have more health knowledge than the control group. Another significant benefit of sexuality education is its positive effects on the sexual behavior of young persons. Reference [15] noted that some of the positive behaviors attributable to sexuality education included a reduction in the number of sexual partners; an increase in the use of condoms and a reduction in school drop-out rate due to unwanted pregnancy [11]. Thus, this study aimed at determining the effect of sexuality education programs on knowledge and practice of sexual risk behavior among adolescents in Ibadan North Local Government Area of Oyo State, Nigeria.

# Hypotheses

- There is no significant effect of sexuality education training on the knowledge of sexual risk behavior among junior secondary school students in Ibadan North Local Government area following a 6-week sexuality education training program.
- 2) There is no significant effect of sexuality education training on the practice of sexual risk behavior among junior secondary school students in Ibadan North Local Government area following a 6-week sexuality education training program.
- 3) There is no significant gender difference in the knowledge of sexual risk behavior among junior secondary school students in Ibadan North Local Government area following a 6-week sexuality education training program.
- 4) There is no significant gender difference in the practice of sexual risk behavior among junior secondary school students in Ibadan North Local Government area following a 6-week sexuality education training program.
- 5) There is no significant age difference in the knowledge of sexual risk behavior among junior secondary school students in Ibadan North Local Government area of Oyo State following a 6-week sexuality education training program.
- 6) There is no significant age difference in the practice of sexual risk behavior among junior secondary school students in Ibadan North Local Government area of Oyo state following a 6-week sexuality education training program.

#### II. METHODOLOGY

The research design that was adopted in the study is the pretest post-test control and randomized design using quasiexperimental 2 x 2 x 2 factorial design. The participants for this study consisted of 105 students: male (n = 57) and female (48) within the age groups 10-14 years (76) and 15-19 years (29) which were drawn from two junior secondary schools in Ibadan North Local Government Area of Oyo State. One of the schools served as the experimental while the other was the control group. The experimental school was selected purposively because adolescents from various parts of Ibadan North Local Government are well represented in the school and at least a case of sexual risk behavior has been reported among the students in that school in recent time. 70 students who were randomly selected from a total population of 140 Junior Secondary School (Jss) students in the experimental school constituted the experimental group while 35 students were randomly selected from a total population of 70 students in the control school constituted the control group.

#### Instrument

The data for this study were collected using a 22-item selfdeveloped questionnaire which was subjected to content and construct validity. The instrument was pre-tested using 40 Jss 2 students from another school that were not part of the study. Cronbach's alpha was used to obtain the internal consistency reliability coefficient of the instrument. The internal consistency reliability coefficients were .62, .82, and .74 for the knowledge of sexual risk behavior, the practice of sexual risk behavior, and knowledge of the importance of sexuality education respectively. The questionnaire was divided into five sections. Section A was used to obtain information on the demographic properties of respondents. Section B consisted of six items to test participants' knowledge of sexual risk behavior. It followed a "yes or no" response format. Section C consisted of eight items to determine participants' practice of sexual risk behavior. This followed a yes or no response format. Section D consisted also of eight items and followed a 5-point Likert type rating scale of strongly agree (SA), Agree (A), undecided (U) disagree (D), and strongly disagree (SD) to measure participants' knowledge of the importance of sexuality education

# Procedure

The study was carried out among randomly selected students of two co-educational schools. One (Abadina Junior school 3, U.I.) served as the treatment group while the other (Agbowo/Bodija Junior school 2) served as the control group. Prior to data collection, approval to carry out the study was obtained from the authority of the schools (experimental and control) selected. With the aid of the school attendance register, participants involved in the study were randomly selected by picking names on even numbers on the attendance register. After the selection, the selected students were called out and the purpose of the study was duly explained to them. The students filled out the informed consent form (Appendix 2) as a means of showing their interest to participate in the study. After the selection, the questionnaire was administered to both the experimental and control groups as a way of pretesting their knowledge and practice of sexual risk behavior. This was followed by giving a 6-week sex education training aided with the use of posters, pamphlets on topics related to sexuality education to the experimental groups (schedule of training is presented in Appendix 3 and the training package in Appendix 4). The control group was not exposed to sexuality education training but had normal classroom instruction on physical and health education topics which included: Human trafficking, terms used in sport, values of sport in the society, functions of sport in the society, management in sport, and branches/scope of physical and health education also for a period of 6 weeks. The sexuality education program consisted of the following topics: the adolescent period and its characteristics, the human reproductive system, meaning of sexual risk behavior, commonly practiced sexual risk behavior among adolescents, and consequences of adolescents' sexual risk behavior. After the 6 weeks of training, the participants had a post-test using the same questionnaire used for the pretest (experimental and control) to test the effect of the sexuality education training on their knowledge and practice of sexual risk behavior.

#### Data Analysis

The completed questionnaire was coded and analyzed using descriptive statistics of frequency counts and percentages for the demographic data of respondents. ANCOVA was used to test hypotheses 1 and 2 while T-test was used to test hypotheses 3-6 at 0.05 level of significance.

III. PRESENTATION OF RESULT

Demographic Characteristics of Respondents

TABLE I
DISTRIBUTION OF RESPONDENTS BY GENDER

Gender	Frequency	Percent
Male	57	54.3
Female	48	45.7
Total	105	100.0

The findings of the study as indicated in Table I showed that male respondents accounted for 54.3% of the sample with a frequency of 57 while their female counterparts accounted for 45.79% with a frequency of 48 respondents.

TABLE II
DISTRIBUTION OF RESPONDENTS BY AGE

DISTRIBUTION OF RESPONDENTS BY AGE							
Age Range	Frequency	Percent					
10-14 Years	76	72.4					
15-19 Years	29	27.6					
Total	105	100.0					

The findings of the study as shown in Table II revealed that respondents within 10-14 years with a frequency of 76 respondents accounted for the largest proportion of the respondents with a percentage contribution of 72.4%. This implies that the majority of the respondents fall within early adolescent stage.

The findings of the study as shown in Table III revealed that the experimental group had the highest proportion with a frequency of 70 and a percentage contribution of 66.7%, while the control group accounted for 35 respondents and a percentage contribution of 33.3%.

TABLE III
DISTRIBUTION OF RESPONDENTS BY GROUP

DISTRIBUTION OF RESPONDENTS BT GROOT							
Occupation	Frequency	Percent					
Experimental	70	66.7					
Control	35	33.3					
Total	105	100.0					

# Hypothesis1

There will be no significant effect of 6 weeks sexuality education training program on the knowledge of sexual risk behavior among Jss students in Ibadan North Local Government area of Oyo State.

TABLE IV HYPOTHESIS 1 RESULT ANALYSIS

Source	Type 111 sum of squares	df	Mean square	F	Sig
Corrected model	20.858 a	8	2.607	3.681	0.001
Intercept	257.426	1	257.426	363.430	.000
Pre knowledge	.187	1	.187	.264	.608
treatment	5.100	1	5.100	7.201	.009
Gender	.231	1	.231	.326	.569
Age	.334	1	.334	.471	.494
Treatment*gender	.615	1	.615	.868	.354
Treatment* age	1.751	1	1.751	2.472	.119
Gender* age	1.740	1	1.740	2.456	.120
Treatment*gender*age	1.201	1	1.201	1.695	.196
Error	67.999	96	.708		
Total	1126.000	105			
Corrected total	88.857	104			

a. R Squared = .235 (Adjusted R Squared = .171)

Table IV shows that the 6 weeks sexuality education training program had a significant effect on the knowledge of sexual risk behavior among Jss adolescents in Ibadan North Local Government area of Oyo state, hence hypothesis 1 was rejected.

# Hypothesis2

TABLE V Hypothesis 2 Result Analysis

Source	Type 111 sum of squares	df	Mean square	F	Sig
Corrected model	37.074 a	8	4.634	2.684	0.010
Intercept	642.220	1	642.220	372.018	.000
Pre practice	.003	1	.003	.002	.965
treatment	26.883	1	26.883	15.573	.000
Gender	.002	1	.002	.001	.976
Age	.066	1	.066	.038	.845
Treatment*gender	3.891	1	3.891	2.254	.137
Treatment* age	4.117	1	4.117	2.385	.126
Gender* age	.188	1	.188	.109	.742
Treatment*gender*age	3.398	1	3.398	1.968	.164
Error	165.726	96	1.726		
Total	1719.000	105			
Corrected total	202.800	104			

a. R Squared = .183(Adjusted R Squared = .115)

There will be no significant effect of 6 weeks sexuality education training program on the practice of sexual risk

behavior among Jss students in Ibadan North Local Government area of Oyo State.

Table V shows that the 6 weeks sexuality education training program had a significant effect on the practice of sexual risk behavior among Jss adolescents in Ibadan North Local Government area of Oyo state, hence hypothesis 2 was rejected.

# Hypothesis3

There is no significant gender difference in the knowledge of sexual risk behavior among junior secondary students in Ibadan North Local Government area following 6 weeks sexuality education training program.

Tables VI A and B show that after the 6 weeks sexuality education training program, male participants had a higher mean knowledge of sexual risk behavior  $(3.32 \pm 0.99)$  than their female counterparts  $(2.94 \pm .81)$  and the difference was significant, hence hypothesis 3 was rejected.

# Hypothesis4

There is no significant age difference in the knowledge of sexual risk behavior among junior secondary students in Ibadan North Local Government area following 6 weeks sexuality education training program.

Tables VII A and B show that following the 6 weeks sexuality education training program, participants who are within the age range of early adolescence (10-14 years) had a higher mean knowledge of sexual risk behavior (3.24  $\pm$  0.92) than their counterparts in their late adolescence (2.90  $\pm$  0.90) but the difference was not significant, hence hypothesis 4 was accepted.

# Hypothesis5

There is no significant gender difference in the practice of sexual risk behavior among junior secondary students in Ibadan North Local Government area following 6 weeks sexuality education training program.

TABLE VI A
HYPOTHESIS 3: MEAN & STANDARD DEVIATION RESULT

Gender	N	Mean	Std deviation	Std Error of mean
Pre Knowledge				
Male	57	1.23	.887	.117
Female	48	1.08	.919	.133
Post knowledge				
Male	57	3.32	.985	.130
Female	48	2.94	.810	.117

TABLE VI B HYPOTHESIS 3: T-TEST RESULT

	Levene's test of quality of variance	•	T-test for equality of means					
	E +		16 Gi - (2 t-i1-1)		Mean	Std error	95% confidence into	erval of the difference
	r t	df Sig (2 tailed)	difference	difference	lower	upper		
Post knowledge Equal variance assumed	3.103	2.124	103	.036	378	178	.025	.732

TABLE VII A

HYPOTHESIS 4:	HYPOTHESIS 4: MEAN & STANDARD DEVIATION RESULT								
Age	N	Mean	Std deviation	Std Error of mean					
Pre Knowledge									
10-14	76	1.20	.910	.104					
15-19	29	1.07	.884	.164					
Post knowledge									
10-14	76	3.24	.922	.106					
15-19	29	2.90	.900	.167					

#### TABLE VII B Hypothesis 4: T-Test Result

_	T-test for equality of means								
	F t df Sig (2 tailed) M		M 1:60	Ct 1 1:00	95% confidence interval of the difference				
	Г	ι	ai	Sig (2 tailed)	Mean diff.	Std error diff.	lower	upper	
Post knowledge Equal variance assumed	.158	1.702	103	.092	.340	.200	056	.737	

# TABLE VIII A

HYPOTHESIS:	Hypothesis 5: Mean & Standard Deviation Result								
Gender	N	Mean	Std deviation	Std Error of mean					
Pre practice									
male	57	1.53	1.649	.218					
female	48	1.21	1.383	.200					
Post practice									
male	57	3.81	1.529	.202					
female	48	3.79	1.237	.179					

#### TABLE VIII B HYPOTHESIS 5: T-TEST RESULT

	T-test for equality of means								
	Е	t df Sig Mean diff. Std error di		Std amon diff	95% confidence interval of the differ				
	Г	ι	uı	Sig	Mean un.	Sid error dill	lower	upper	
Post practice Equal variance assumed	2.539	.056	103	.956	.015	.275	530	.561	

#### TABLE IX A

HYPOTHESIS 6:	HYPOTHESIS 6: MEAN & STANDARD DEVIATION RESULT									
Age	N	Mean	Std deviation	Std Error of mean						
Pre practice										
10-14	76	1.32	1.534	.176						
15-19	29	1.55	1.549	.288						
Post practice										
10-14	76	3.74	1.159	.133						
15-19	29	3.97	1.899	.353						

#### TABLE IX B HYPOTHESIS 6: T-TEST RESULT

	T-test for equality of means								
	Б		df	Sig	Mean difference	Std error difference	95% confidence interval of the difference		
	Г	τ					lower	upper	
Post practice Equal variance assumed	4.814	749	103	.456	229	.305	834	.377	

Tables VIII A and B show that following the 6 weeks sexuality education training program, male participants had a higher mean value on the practice of sexual risk behavior  $(3.81 \pm 1.5)$  than their female counterparts  $(3.79 \pm 1.2)$  but the difference was not significant, hence hypothesis 5 was accepted.

# Hypothesis6

There is no significant age difference in the practice of sexual risk behavior among junior secondary students in Ibadan North Local Government area following 6 weeks sexuality education training program.

Tables IX A and B show that following the 6 weeks sexuality education training program, participants in their late adolescence had higher mean the practice of sexual risk behavior  $(3.97 \pm 1.9)$  than their counterparts in their early adolescence  $(3.74 \pm 1.2)$  but the difference was not significant, hence hypothesis 6 was accepted.

#### IV. DISCUSSIONS

This study was carried out to determine the effect of sexuality education training on the knowledge and practice of sexual risk behavior among adolescents in Ibadan North Local Government area of Oyo State.

Results obtained from the analysis of the data revealed that sexuality education had a significant effect on the knowledge and practice of sexual risk behavior among adolescents. There was a mean gain of 2.35 in the knowledge of sexual risk behavior among participants in the treatment group. This finding is similar to that of [11] who stated that sexuality education led to an increase in knowledge and understanding of reproductive health issues among sexuality education program beneficiaries. This finding is also similar to that of [12], [16]; they found that the sex education program adopted in their studies had a significant effect on the reproductive

health knowledge of their participants. The significant effect of the sexuality education training on the knowledge of sexual risk behavior among the participants is likely the reason for the reduction in the practice of sexual risk behavior reported among them by the end of the training program. Reference [17] stated that heightened awareness and knowledge of health risks are important preconditions for self-directed change.

The findings of this study show that male participants had higher mean practice  $(3.81 \pm 1.5)$  of sexual risk behavior than their female counterparts  $(3.79 \pm 1.2)$ ; this finding was similar to that of [9], [10], who reported that boys practiced sexual risk behavior than girls. Although male participants displayed higher knowledge of sexual risk behavior than their female counterparts after the 6 weeks of sexuality education training, it did not reflect much in their practice. Reference [18] stated that information alone does not necessarily exert much influence on refractory health - impairing habits and that findings have shown the severe limitations of efforts to change sexual practices by the information alone.

The findings of this study show that participants within the age range of 10-14 years had higher mean knowledge ( $3.24 \pm 0.92$ ) and lower practice ( $3.74 \pm 1.2$ ) of sexual risk behavior than their counterparts within the age range of 15-19 years; this is somewhat similar to the findings of [19], who reported in their study that sexual activity among their participants increased with age.

# V. CONCLUSION AND RECOMMENDATION

The finding of this study revealed a significant effect of sexuality education training programs on the knowledge and practice of sexual risk behavior.

It also revealed that there was no significant age and gender difference in the practice of sexual risk behavior. It is therefore recommended that sexuality education should be taught in schools and emphasized at homes with no age or gender restriction. Sexual risk behavior can be managed once the students are exposed to the knowledge in early adolescence. It is therefore paramount to put in place various educative programs that will inculcate the consequences of sexual risk to early adolescents. The adolescent stage is very vital in making decisions that can be a life-changing one, therefore adequate orientation and education must be provided at every opportunity where few or groups of adolescents can be found.

#### APPENDIX 1

#### Questionnaire

Dear student, the items in this questionnaire is based on the study Sexuality Education training program effect on Junior Secondary School students knowledge and practice of sexual risk behavior. Kindly supply the right information to the best of your knowledge your confidentiality is highly assured.

Thank you

Dr, Diyaolu B.O. and Dr. Oyerinde O. O.

Section A

_		4 .
Demogra	anhid	r data

- 1) Age (a) 10-14 [ ] (b) 15-19 [ ]
- 2) Sex (a) male [ ] (b) female [ ]

Section B knowledge of sexual risk behavior (KSRBQ)

- 3) Religion (a) Islam [ ] (b) Christianity [ ] (c) traditional [ ] (d) others specify......
- 4)Type of family (a) monogamous family [] (b) polygamous [] (c) family headed by the mother [] (d) living alone [] (e) living with grand parent [] (f) living with guardian (g) others specify......

9) Masturbation is a sexual risk behavior					
10) Having sex once cannot lead to pregnancy					
11) Abortion cannot make someone to have reproductive tract infection					
12) Having at least one boy/girl friend is not a sexual risk behavior					
13) Homosexuality (having sex with same gender e.g. girl and girl) is not a sexual risk behavior					
14) Kissing is not a sexual risk behavior					
Section C (practice of sexual risk behavior (PSRBQ)	Yes	No			
15) I have at least one boy/girl friend presently					
16) I do engage in premarital sex					
17) I do play with my private part for fun					
18) I do have sex without using condom					
19) I do use pill to prevent pregnancy					
20) I do practice homosexuality					
21) my sex partner do plays with my breast /penis for fun					
22) I do kiss my boy/girl friend for fun instead of having sex					
SECTION D (Sexuality Education) SA (strongly agree), A (Agree), U (undecided), D (Disagree), SD (Strongly disagree)	SA	A	U	D	SD
23) Sexuality education is an eye opening for adolescent sexual risk behavior					
24) Sexuality education will help adolescent to make informed decision about sex over their lifetime					
25) Sexuality education will help adolescents to have safe sex and make them to enjoy their sexuality					
26) Sexuality education aims to increase adolescents' knowledge of the risks associated with sexual risk behavior					
27) Sexuality education will increase the knowledge of adolescents' on adolescents' sexual risk behavior					
28) Sexuality education will lead to reduction in the number of sexual partners among adolescents					
29)Sexuality education will prevent adolescents from dropping out of school as a result of teenage pregnancy					
30) Sexuality education will reduce the practice of sexual risk behavior among adolescents					

# APPENDIX 2

Informed Consent of Training on Knowledge and Practice of Adolescents' Sexual Risk Behavior

Dear Student,

You are invited to participate in the above six weeks training (Wednesday s and Thursday s) during school hours. You are requested to provide honest answers to the questions in the questionnaire. Information provided will be kept confidential. Please indicate your willingness to participate in the training by ticking in front of "Yes" written below this form.

Thank you

Dr. Diyaolu B. O. and Oyerinde O. O.

After explanation of the training, I agree to participate in this training. Yes [ ]

Signature		

#### APPENDIX 3

Schedule of Sexuality Education Training Program

Day	Duration	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Wednesday	40mins	√	√	√	√	$\checkmark$	$\checkmark$
Thursday	40mins	√	√	$\checkmark$	√	√	<b>√</b>

#### APPENDIX 4

Sexuality Education Training Package

Week one (lesson 1)

Topic: The Adolescent Period

Duration: 40 minutes

Resource material: Falaye F.V. (2009). Adolescence. Aspects of Human Development and Learning. Ibadan University Press Publishing House, University of Ibadan, Ibadan, Nigeria ISBN: 978-978-121-443-1 pp 45-52.

Objective: By the end of the lesson, the participants should be able to:

- 1) define adolescent period
- 2) identify the two main stages of adolescence
- 3) state the physical and psychological changes that accompany adolescent period

#### Content

Definition of adolescent period

Stages of adolescence

Physical and psychological changes that accompany adolescence

#### Presentation

Step 1: The trainer determines the pre-entry knowledge of the participants and then introduces the topic of the lesson by defining adolescence as the period between 10 and 19 years.

Step 2: The trainer explains to the participant that the period of adolescence is in two stages: early adolescence (10-14 years) and late adolescence (15-19 years).

Step 3: The trainer highlights physical (increase in height for both boys and girls, wet dream in boys menstruation start for girls, chest becomes broader in boys, hips develop in girls) and psychological changes( quest for independence, wanting to be like friends, experimenting with risk behavior) that are associated with adolescence.

Step 4: Trainer entertains questions from participants.

Evaluation: The trainer ask the participants the following questions to determine the extent to which they acquired the knowledge passed across to them in the course of the training.

# Week one (lesson 2)

Topic: Adolescent sexual risk behavior

Duration: 40 minutes

Resource material: Falaye F.V. (2009). Adolescence. Aspects of Human Development and Learning. Ibadan University Press Publishing House, University of Ibadan, Ibadan, Nigeria ISBN: 978-978-121-443-1 pp 45-52.

Objective: By the end of the lesson participants are expected to be able to:

Define sexual risk behavior

List common sexual risk behavior among adolescents

Content

Meaning of sexual risk behavior

Commonly practiced sexual risk behavior among adolescents

#### Presentation

Step 1: The trainer briefly goes over the previous lesson

Step 2: the trainer introduces the topic for consideration for the day (sexual risk behavior)

Step 3: The trainer defines sexual risk behavior as behaviors that place adolescents at the risk of sexual problems.

Step 4: The trainer states some commonly practiced sexual risk behavior among adolescents: masturbation, homosexuality, kissing the opposite sex, having boy/girl friend, having multiple sex partners.

Step 5: The trainer gives detailed explanation on each of the risk behavior.

Step 6: The trainer entertains question from the participants and ask them the following questions: define sexual risk behavior mention commonly practiced sexual risk behavior among adolescents.

# Week two (lesson 1&2)

Topic: Sexuality Education

Duration: 1hour 20 minutes

Resource material: posters and pamphlets containing information of the human reproductive system and that on the effect of sexual risk behavior.

Objective: By the end of the lesson, participants are expected to be able to:

Define sexuality education

State the objective of sexuality education

# Content

Meaning of sexuality education

Objective of sexuality education

Resource material: visual aids, leaflet and write ups on human reproductive system and sexuality education

## Presentation

Step 1: The trainer briefly goes over the previous lesson

Step 2: the trainer introduces the topic for consideration for the day (sexuality education)

Step 3: The trainer defines sexuality education as a form of education which entails empowering people especially young ones on how to keep their bodies against sexual risk behavior.

Step 4: The trainer states the objectives of sexuality education (to increase adolescents knowledge of the risks associated with sexual risk behavior and to empower adolescents to make informed decision over their life time.

Step 5: The trainer explains in detail how sexual risk behavior especially premarital sex normally affects the human reproductive system.

Step 6: The trainer emphasized on the fact that to avoid the problem of sexual risk behavior, participants must say no to sexual risk behaviors.

Step 7: The trainer entertains question from the participants and ask the following questions: Define sexuality education State the objectives of sexuality education

# Week three (lesson 1&2)

Topic: Consequences of adolescent Sexual risk behavior

Duration: 1hour 20 minutes

Resource material: posters and pamphlets containing information of the human reproductive system and that on the effect of sexual risk behavior.

Objective: By the end of the lesson, participants are expected to be able to:

Define sexual risk behavior

Mention some commonly practiced sexual risk behavior among adolescents

State the consequences of sexual risk behavior among adolescents

#### Content

Definition of sexual risk behavior

Commonly practiced sexual risk behavior among adolescents

Consequences of sexual risk behavior among adolescents

#### Presentation

Step 1: The trainer briefly goes over the previous lesson

- Step 2: the trainer introduces the topic for consideration for the day (consequences of sexual risk behavior among adolescents)
- Step 3: The trainer defines sexual risk behavior as behaviors that put adolescents at the risk of sexual health problems such as gonorrhea, syphilis, HIV/AIDS.
- Step 4: The trainer states some commonly practiced sexual risk behavior among adolescents: masturbation, homosexuality, kissing the opposite sex, having boy/girl friend, having multiple sex partners.
- Step 5: The trainer gives detailed explanation on each of the risk behavior.
- Step 6: The trainer states consequences of engaging in sexual risk behavior: infertility, being dropped out of school, gonorrhea, HIV/AIDS, sexually transmitted diseases, unwanted pregnancy and so on.

Step 7: The trainer entertains question from the participants and ask them the following questions: Define sexual risk behavior, Mention commonly practiced sexual risk behavior among adolescents, State consequences of engaging in sexual risk behavior

# Week four (lesson 1&2)

Topic: Consequences of adolescent Sexual risk behavior

Duration: 1hour 20 minutes

Resource material: posters and pamphlets containing information of the human reproductive system and that on the effect of sexual risk behavior.

Objective: By the end of the lesson, participants are expected to be able to:

Define sexual risk behavior

Mention some commonly practiced sexual risk behavior among adolescents

State the consequences of sexual risk behavior among adolescents

Definition of sexual risk behavior

Commonly practiced sexual risk behavior among adolescents

Consequences of sexual risk behavior among adolescents

#### Presentation

- Step 1: The trainer briefly goes over the previous lesson
- Step 2: the trainer introduces the topic for consideration for the day (consequences of sexual risk behavior among adolescents)
- Step 3: The trainer defines sexual risk behavior as behaviors that put adolescents at the risk of sexual health problems such as gonorrhea, syphilis, HIV/AIDS.
- Step 4: The trainer states some commonly practiced sexual risk behavior among adolescents: masturbation, homosexuality, kissing the opposite sex, having boy/girl friend, having multiple sex partners.
- Step 5: The trainer gives detailed explanation on each of the risk behavior.
- Step 6: The trainer states consequences of engaging in sexual risk behavior: infertility, being dropped out of school, gonorrhea, HIV/AIDS, sexually transmitted diseases, unwanted pregnancy and so on.
- Step 7: The trainer asks the participants few questions like what is sexual risk behavior, mention commonly practiced sexual risk behavior among adolescents, State consequences of engaging in sexual risk behavior

## Week five (lesson 1& 2)

Topic: Reasons why adolescents engage in sexual risk behaviors and the way out

Duration: 1hour 20 minutes

Resource material: posters and pamphlets containing information of the human reproductive system and that on the effect of sexual risk behavior and sexuality education song.

Objective: By the end of the lesson, participants are expected to be able to:

State the reasons why adolescents engage in sexual risk behavior

Identify ways to avoid sexual risk behaviors

#### Content

Reasons for engaging in sexual risk behavior

Way out of sexual risk behavior

#### Presentation

Step 1: The trainer briefly goes over the previous lesson

Step 2: the trainer introduces the topic for consideration for the day (reasons why adolescents engage in sexual risk behavior and ways to avoid sexual risk behaviors

Step 3: The trainer asks participants to mention some reasons why adolescents engage in sexual risk behavior: for money, to have experience of sex to please their friends and so on.

Step 4: The trainer states some commonly practiced sexual risk behavior among adolescents: masturbation, homosexuality, kissing the opposite sex, having boy/girl friend, having multiple sex partners.

Step 5: The trainer gives detailed explanation on ways to avoid sexual risk behavior: not having bad friends, not being covetous, staying close to parent or responsible adults and so on.

Step 6: The trainer teach the participants the sexuality education song

Step 7: The trainer entertains question from the participants and ask them the following questions: why do adolescents engage in sexual risk behavior? How can an adolescent avoid sexual risk behavior?

# Week six

Topic: Revision of topics taught during the sexuality education training

Duration: 40 minutes

Resource material: posters and pamphlets containing information of the human reproductive system and that on the effect of sexual risk behavior and sexuality education song.

Objective: By the end of the lesson, participants are expected to be able to:

Define adolescent period and state the two main stages of adolescence

Define sexuality education and its objectives

List commonly practiced sexual risk behavior and their consequences among adolescents

State the reasons why adolescents engage in sexual risk behavior

Identify ways to avoid sexual risk behaviors

Content: Revision on the following topics

Definition of adolescent period and the two main stages of adolescence

Definition of sexuality education and its objectives

List of commonly practiced sexual risk behavior and their consequences among adolescents

Reasons for engaging in sexual risk behavior

Way out of sexual risk behavior

## Presentation

Step 1: The trainer introduces the lesson with the sexuality education song and asks the participant to sing along. She then revised the topics one after the other and asks the participants questions related to what they have earlier being taught.

Step 2: The trainer asks the participants to define adolescence i.e the period between 10 and 19 years.

Step 3: The trainer asks the participant to state the two stages of adolescence: early adolescence (10-14 years) and late adolescence (15-19 years).

Step 4: The trainer asks the participants to highlight physical (i.e increase in height for both boys and girls, wet dream in boys

menstruation start for girls, chest becomes broader in boys hips develop in girls) and psychological changes(i.e quest for independence, wanting to be like friends, experimenting with risk behavior) that are associated with adolescence.

- Step 5: The trainer asks participants to mention some reasons why adolescents engage in sexual risk behavior: for money, to have experience of sex to please their friends and so on.
- Step 6: The trainer states some commonly practiced sexual risk behavior among adolescents: masturbation, homosexuality, kissing the opposite sex, having boy/girl friend, having multiple sex partners.
- Step 7: The trainer gives detailed explanation on ways to avoid sexual risk behavior: not having bad friends, not being covetous, staying close to parent or responsible adults and so on.
- Step 8: The trainer asks some of the participants to state what they have gained in the training and their decision on sexual risk behavior.
- Step 9: The trainer summarizes the lesson and concludes the training by entertaining questions from the participants.

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