



AWARENESS OF HEALTH CONSEQUENCES OF PRE-MARITAL SEX AMONG SECONDARY SCHOOL STUDENTS OF MBAITOLI LOCAL GOVERNMENT AREA.

BY

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Abstract

The study determined awareness of health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area, Imo State. Specifically, five research objectives in line with five Research questions and two hypotheses guided the study. The research design adopted for the study was descriptive survey design. The population of study consisted of 12,493 students within the age of 13 years – 18 years, the sample of the study comprised of two hundred and twenty students, and multi-stage sampling procedure was used to draw the sample size. The researchers structured, valid, and reliable ($r=0.86$) questionnaire was used for data collection. Data generated were analyzed using descriptive statistics of frequency counts, percentage, and mean to answer the research questions while chi-square was used to test the null hypotheses at 0.05 level of significant at appropriate degrees of freedom. The findings revealed that 90(40.9%) of the respondents are highly aware that pre-marital sex leads to HIV/AIDS, 80(36.4%) are moderately aware, 30(13.6%) have low awareness while 20(9.1%) are not aware with a mean of 3.1. On emotional health consequences, it was revealed that 80(36.4%) of the respondents are highly aware that broken heart is an emotional consequences of pre-marital sex, 70(31.8%) are moderately aware, 60(27.3%) have low awareness while 10(4.59%) are not aware with a mean of 3. On social health consequences, it was revealed that 94(42.7%) of the respondents are highly aware that corruption of character's associated with pre-marital sex, 81(36.8%) are moderately aware, 35(16%) have low awareness while 40(4.5%) are not aware with a mean of 3.2. It was recommended among others that parents, health educators should improve in teaching the students the health consequences of pre-marital sex and ways of controlling it. Healthcare workers and health educators should encourage public enlightenment campaign on the health consequences of pre-marital sex on regular basis through the mass media as well as the electronic media.

Keywords: Awareness, health consequences, pre-marital sex, secondary school students, Mbaitoli Local Government Area.

1. INTRODUCTION

Secondary school students are in their adolescent age. Adolescence (10-19 years) is the time when majority of youths become sexually active, however majority of them are not aware of the health consequences associated with pre-marital sex. Sexuality is the total expression which encompasses our whole psychosocial development and entire self-concept; it begins from birth and ends at death. It is a construct that requires understanding; therefore a child needs understanding soon as he is ready for it (Action Health Incorporated, 2008). The term pre-marital sex has been described as a boy-girl relationship which involves sexual

activity (Anusiem, 2003). Pre-marital sex is any sexual activity with an opposite-sex partner or with a same-sex partner before he or she have started a married life. Sexual intercourse before the age of 20 is common among secondary school students who are in their adolescent age. They experience an accelerated development in different parts of the body, an unprecedented growth and development of sex organs, and attendant heightened emotions; all these are significant factors that may predispose them to pre-marital sex. Merriam (2012) maintained that several early and continuous sexual activities are due to early onset of puberty and high levels of androgen. Aderibugbe and Araoye (2008), noted that the interests and motivations of secondary school students to pre-



marital sex is for sexual experience and sexual satisfaction. For the boys, having multiple partners is often a means for them to gain social status and respect among their peers. Students are seen as a group of people that want to show off, want to explore, seeking motive, and wanting to belong to the happening group. When secondary school students engage in premarital sex, there is no suitable or specific need of having sex but just to seek for pleasure. Another factor that may lead to premarital sex among students is inadequate sex education. Sex education in schools has always received oppositions and challenges. The issue of "who educates adolescents" has always been debated upon, whether the parents, churches, professional, etc. To parents and mature people, sex education is only for married people therefore should not be discussed outside this circle. Based on this fact, some students fall victim of pre-marital sex, getting infected to cases like sexually transmitted disease (STDS) such as Human Immune Deficiency Virus (HIV) and acquired immune deficiency syndrome (AIDS) among others. Moreover, due to the fact that majority of secondary school students are economically insecure, they are susceptible to economic incentives that can lead to higher risk of sexual practices (Lamesgin, 2013). Okonkwo and Eze (2006) added that premarital sex is wrong and dangerous to health, resulting in sexually transmitted diseases, unwanted pregnancy, abortion, forced marriage, school dropout, and bad reputation among others. The study of Rayburn, (2007) was in support of her explanation that premarital sexual behaviour of various types that involves intentional stimulation of the genital area often occurs before marriage in adolescents. Such behaviours includes vaginal intercourse, kissing or touching private parts, hugging, and holding hands. It has also been noticed that most behavioural responses of young people habitually revolve around sexual activities, the practice that Inyang, (2007) viewed as the usual aftermath of intimacy in emotion-laden romantic relationships. Since one thing will always lead to another, engaging in the pleasure of romantic intimacy more often than not, usually ends up in sexual intercourse between the youngsters. Sex is good because God made it so, but it is good within the confines of marriage (Ejifugha, 2011). Onuzulike (2016) opined that the catholic doctrine forbids premarital relationship, they call it fornication. According to Shittu, Zachariah, Ajayi, Oguntola, Izuegbu, and Ashiru (2007), sexuality issue is a very important aspect of human existence and it is directly related to both the physical and psycho-social wellbeing of an individual. They further noted that 60% of the youths do not know that pregnancy can occur at first sexual intercourse and teenagers accounted for 80% of unsafe abortion complications. Although sex has become more familiar, many adolescents do not know how to keep themselves from those diseases or even unwanted pregnancy and abortion (Duong, Nguyen, Hoang, Do, Pham & Roger, 2007). Do (2009) stated that students perception of sexual activity showed that pre-marital sex is common, acceptable, and fashionable for young people. As a result of lack of knowledge of sexual and reproductive health and access to services, less life experience, and sexual exploitation, adolescents are more vulnerable to sexual risk

behaviour than those who are more matured (Shaw, 2009). In sub-Saharan Africa, including Nigeria studies confirmed that a large proportion of young people have unmet reproductive health needs. For instance, Ajuwon, Olaleye, and Faramogu (2006) asserted that evidence of unmet needs is reflected on the fact that some of them lack adequate knowledge and understanding of the reproductive process such that many of them harbor misconceptions. Glasier, Gulmezoglu, Schmid, Moreno, and Vanlook (2006) in their study on physical health consequences of premarital sex, asserted that unsafe premarital sex is the second most important risk factor for disability and death in the world's poorest communities and the ninth most important in developed countries. Joshi and Chauhan (2011) observed that pregnancy is associated with increased maternal and neonatal morbidity. WHO (2012b) reported that lack of access to sex education is the key issue contributing to reproductive health problems faced by adolescents and youth. This research work will therefore centre on determining the awareness of health consequences of premarital sex among secondary school students in Mbaitoli Local Government Area of Imo State. The main purpose of the study was to determine the level of awareness of health consequences of premarital sex among secondary school students in Mbaitoli Local Government Area.

Specifically, the objectives of the study were to determine: 1) The level of awareness of physical health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area. 2) The level of awareness of emotional health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area. 3) The level of awareness of social health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area. 4) The level of awareness of health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area based on gender. 5) The level of awareness of health consequences of premarital sex among secondary school students in Mbaitoli Local Government Area based on age.

2. RESEARCH METHODOLOGY

2.1 Research Design

The study was a descriptive survey of awareness of health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area of Imo State. According to Ejifugha (2014), survey is an attempt to collect data from members of a population with respect to one or more variables. Ejifugha (2014) opined that survey affords a researcher the opportunity to collect original data in a natural setting with respect to one or more variables, Ejifugha (2014) opined that survey affords a researcher the opportunity to collect original data in a natural setting for the purpose of giving it detailed description. Nwaeze (2009), opined that descriptive survey designs are concerned with the level of one or more variables or the association between certain variables. Nkwocha (2007), defined descriptive survey as a research which systematically investigates and describes existing conditions such as current practices, beliefs, interests and

attitudes. The choice of research design is informed by a study carried out by Meleko, Mitiku, Kebede, Muse, and Molono (2017) on the magnitude of pre-marital sexual practice and its associated factors among Mizan preparatory school students in Mizan Aman Town, South West Ethiopia, the success of their study substantiates the use of this design for this study which is similar to it.

2.2. Area of the Study

The area of study is Mbaitoli Local Government Area of Imo State. Mbaitoli Local Government Area was created on May 11 1989 under the leadership of Gen. Ibrahim Babagida and their population in the 2006 Census was 237,556 people (Wikipedia, 2006). The Local Government is made up of nine (9) villages namely: Afara, Eziamma Obiato, Mbieri, Umuonyeali, Ogwa, Ubomiri, Ifakala, Orodo, and Umuho. It shares common boundaries with Njaba to the North, Owerri North, and Owerri West to the South, Oguta to the west, and Isiala Mbanu and Ikeduru to the East. The Administrative Headquarters of Mbaitoli L.G.A is at Nwaorieubi. The people are peace-loving and always well-dressed, expressing the confidence they have in themselves, Mbaitoli LGA has about 91 primary schools and 20 secondary schools. This study on pre-marital sex was chosen because the rate of teenage pregnancy resulting from premarital sex among secondary school students in Mbaitoli Local Government Area of Imo State has continued to increase.

2.3 Population of the Study

All Government secondary school students in Mbaitoli Local Government Area of Imo State constitute the population of the study. According to the secondary Education Management Board (2017), there are 20 public secondary schools in Mbaitoli Local Government Area. In all, there are 12,493 students in Mbaitoli LGA.

2.4 Sample and Sampling Technique

The sample for this study comprised two hundred and twenty (220) students from five randomly drawn schools in Mbaitoli L.G.A of Imo State. Ten percent (10%) of the population was used as sample size. Multistage sampling procedure was used to derive the sample size. Stage one: involved the selection of towns in Mbaitoli Local Government Area. Purposive sampling technique was used in selecting five (5) towns from the nine towns in Mbaitoli LGA of Imo State. Stage two: involved selection of one school from each of the five towns selected using balloting without replacement to have five schools. Stage three: involved proportionate selection of ten percent (10%) of the population of students from each of the five schools to arrive at 220 as the sample size.

2.5 Instrument for Data Collection

The instrument for data collection was structured questionnaire; the structured questionnaires were developed by the researchers following reviews of related consequences of pre-marital sex. Structured questionnaire was used because most of the respondents are secondary schools students. The questionnaire are in sections, section A to D., section A elicits demographic data of the respondents, section B seeks information on awareness of physical health consequences of

premarital sex, section C elicits information on awareness of emotional health consequences of pre-marital sex, section D elicit information on awareness of social health consequences of pre-marital sex. Response options of question A to D was used to elicit information from the respondents, the questions were close-ended questions.

2.6 Validation of the Instrument

The approved structured questionnaire was validated by three health education lecturers in the Department of Health Education of Alvan Ikoku Federal College of Education Owerri. The validators were requested to examine the instrument alongside the objectives of the study, research questions, and hypotheses, in order to ascertain the possibility of the instrument to eliciting appropriate responses for the study. Modifications were made based on the validator's comments.

2.7 Reliability of the Instrument

The corrected version of the validated structured questionnaire was tested for reliability using test-re-test method. Ten copies of the questionnaire were distributed to ten (10) students in one of the Government Schools not sampled or selected in Mbaitoli L.G.A. The ten copies of the instruments were distributed on face to face bases by the researchers with the help of the principal and teachers of the schools. Thirteen days later, the same but fresh copies of the instruments were redistributed to the same ten students. Results of the first and second tests were collected and analyzed using Spearman Correlation Co-efficient.

2.8 Method of Data Collection

The researchers collected a signed letter of introduction from the project supervisor which was given to principals of the schools to allow entry into the school. Research assistants (the school prefects and monitors) were trained to help in administering the instrument in the schools based on the supervisions of the teachers which was appointed by the principals of the schools. Copies of the instrument were distributed to SS 1- SS 3 students in the schools. The distribution of the instruments was done on face to face basis with the help of the trained assistants.

2.9 Method of Data Analysis

The duly completed copies of the structured questionnaire was collected, coded, and analyzed using descriptive statistics of frequency counts, percentage, and mean, as well as inferential statistics of chi-square(χ^2) Research questions were answered using percentages, chi-square was used in testing the null hypothesis at 0.05 level of significance and appropriate degrees of freedom.

3. DATA ANALYSIS AND PRESENTATION

This section presents data obtained from the study as well as the interpretation. They are presented in line with research questions and hypotheses.

Research Question 1

What is the level of awareness of physical health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area of Imo State?

Table 1.1: Level of awareness of Physical Health Consequences of Pre-marital sex.

S/N	Questionnaire items	Highly Aware F%	Moderately Aware F%	Low Awareness F%	Not Aware F%	Total %	Mean %
1.	Pre-marital sex leads to HIV/AIDS	90(40.9)	80(36.4)	30(13.6)	20(9.1)	220(100)	3.1
2.	Gonorrhoea is a physical health consequence of pre-marital sex.	67(30.4)	93(42.2)	50(22.8)	10(4.5)	220(100)	3
3.	Genital warts result from pre-marital sex	30(13.6)	40(18.2)	72(32.7)	78(35.5)	220(100)	2.1
4.	Prolonged labour is a consequence of pre-marital sex	70(31.8)	72(32.7)	40(18.2)	38(17.3)	220(100)	2.8
5.	Pre-marital sex leads to pregnancy-related diseases	68(30.9)	60(27.3)	50(22.7)	42(19.1)	220(100)	2.7
6.	Engaging in pre-marital sex leads to cervical incompetence	20(9.1)	30(13.6)	70(31.8)	100(45.5)	220(100)	1.9
7.	Perforated womb is a health consequence of pre-marital sex	40(18.2)	70(31.8)	80(36.4)	30(13.6)	220(100)	2.5
	Total	385	445	392	318	1540	
	Grand mean						2.6
	Average total	55	63	56	45	220	
	Percent %	25%	28.9%	25.5%	20.6%	100%	

Table 1.1 above shows the findings on level of awareness of physical health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area. The table reveals that 90(40.9%) of the respondents are highly aware that pre-marital sex leads to HIV/AIDS, 80(36.4%) are moderately aware, 30(13.6%) have low awareness while 20(9.1%) are not aware with a mean of 3.1. The table also shows that 67(30.4%) of the respondents are highly aware that gonorrhoea is a physical consequence of pre-marital sex, 93(42.2%) are moderately aware, 50(22.8%) have low awareness while 10(4.5%) are not aware with a mean of 3. Furthermore, the table shows that 30(13.6%) are highly aware that genital warts result from pre-marital sex, 40(18.2%) are moderately aware, 72(32.7%) have low awareness while 78(35.5%) are not aware with a mean of 2.1. The table further shows that 70(31.8%) of the respondents are highly aware that prolonged labour is a consequence of pre-marital sex, 72(32.7%) are moderately aware, 40(18.2%) have low awareness while 38(17.3%) are not aware with a mean of 2.8. From the table also, 68(30.9%) of the respondents are highly aware that pre-marital sex leads to pregnancy-related diseases, 60(27.3%) are moderately aware, 50(22.7%) have low awareness while 42(19.1%) are not aware with a mean of 2.7. The table also shows that 20(9.1%) of the respondents are highly aware that engaging in pre-marital sex leads to cervical incompetence, 30(13.5%) are moderately aware, 70(31.8%) have low awareness while 100(45.5%) are not aware with a mean of 1.9. Moreover, the table shows that 40(18.2%) are highly aware that perforated womb is a health consequence of pre-marital sex, 70(31.8%) are moderately aware, 80(36.4%) have low awareness while 30(13.6%) of the

respondents are not aware with a mean of 2.5. The grand mean of 2.6 which is greater than the criterion mean of 2.5 implies that secondary school students in Mbaitoli Local Government Area are aware of the physical health consequences of pre-marital sex.

Research Question 2 What is the level of awareness of emotional health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area?

Table 3.2 Levels of awareness of emotional health consequences of pre-marital sex.

S/N	Questionnaire items	HA F%	MA F%	LA F%	NA F%	Total %	Mean
1.	Broken heart is an emotional health consequence of pre-marital sex	80(36.4)	70(31.8)	60(27.3)	10(4.5)	220(100)	3
2.	Engaging in pre-marital sex leads to frustration	67(30.5)	59(26.8)	50(22.7)	44(20)	220(100)	2.7
3.	Anger is an emotional health consequence of pre-marital sex	79(36)	51(23.1)	59(26.8)	31(14.1)	220(100)	2.8
4.	Feeling of depression results from pre-marital sex	93(42.3)	68(30.9)	39(17.7)	20(9.1)	220(100)	3.1
5.	Those who engage in pre-marital sex have fear of abandonment, bitterness	60(27.3)	80(36.4)	50(22.7)	30(13.6)	220(100)	2.8
6.	Loss of self-esteem is associated with pre-marital sex	88(40)	63(28.6)	41(18.6)	28(12.7)	220(100)	3
7.	Feeling of guilt is an emotional health consequence of pre-marital sex	77(35)	59(26.8)	55(25)	29(13.2)	220(100)	2.8
	Total	544	450	354	192	1540	
	Grand mean						2.9
	Average total	78	64	51	27	220	
	Percent %	35.3%	29.2%	23%	12.5%	100%	

Table 2 above shows the findings on level of awareness of emotional health consequences pre-marital sex among secondary school students in Mbaitoli Local Government Area of Imo State. Data on the table reveals that 80(36.4%) of the respondents are highly aware that broken heart is an emotional consequence of pre-marital sex, 70(31.86) are moderately aware, 60(27.3%) have low awareness while 10(4.5%) are not aware with a mean of 3. The table also shows that 67(30.5%) of the respondents are highly aware that engaging in pre-marital sex leads to frustration, 59(26.8%) are moderately aware, 50(22.7%) have low awareness, while 44(20%) are not aware with a mean of 2.7. Furthermore, the table shows that 79(36%) of the respondents are highly aware that anger is an emotional health consequence of pre-marital sex, 51(23.1%) are moderately aware, 59(26.8%) have low awareness, while 31(14.1%) are not aware with a mean of 2.8. The table further shows that 93(42.3%) of the respondents are highly aware that feeling of depression results from pre-marital sex, 68(30.9%) are moderately aware, 39(17.7%) have low awareness, while 20(9.1%) are not aware with a mean of 3.1. From the table also, 60(27.3%) of the respondents are highly aware that those who engage in premarital sex have fear of abandonment, 80(36.4%) are moderately aware, 50(22.7%) have low awareness while 30(13.6%) are not aware with a mean of 2.8. From the table also, 88(40%) of the respondents are highly aware that loss of self-esteem is associated with pre-marital sex, 63(28.6%) are moderately aware, 41(18.6%) have low awareness while 28(12.7%) are not aware with a mean of 3. Moreover, the table also shows that 77(35%) of the respondents are highly aware that feeling of guilt is an emotional health consequences of pre-marital sex, 59(26.8%) are moderately aware, 55(25%) have low awareness while 29(13.29%) are not aware with a mean of 2.8. Grand mean of 2.9, which is greater than the criterion mean of 2.5 implies that secondary school students in Mbaitoli Local Government Area are aware of the emotional health consequences of pre-marital sex.

Research question 3 What is the level of awareness of social health consequences of pre-marital sex among secondary school students in Mbaitoli Local Government Area?

Table 3.2 Levels of awareness of social health consequences of pre-marital sex.

S/N	Questionnaire items	HA F%	MA F%	LA F%	NA F%	Total%	Mean
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1.	Corruption of character is associated with pre-marital sex	94(42.7%)	81(36.8)	35(16)	10(4.5)	220(100)	3.2
2.	Engaging in pre-marital sex gives one bad reputation	86(39.1)	77(35)	43(19.5)	14(6.4)	220(100)	3.1
3.	Insecurity is a social health consequence of pre-marital sex	69(31.4)	86(39.1)	45(20.5)	20(9)	220(100)	2.9
4.	Loss of family support results from pre-marital sex	81(36.8)	68(30.9)	59(26.8)	12(5.5)	220(100)	3.0
5.	Pre-marital sex leads to early marriage	90(40.9)	63(28.6)	44(20)	23(10.5)	220(100)	3.0
6.	Low academic performance is associated with pre-marital sex	84(38.1)	71(32.2)	50(22.7)	15(6.8)	220(100)	3.0
7.	Discrimination is a consequence of pre-marital sex	71(32..3)	63(28.6)	56(25.5)	30(13.6)	220(100)	2.8
	Total	575	509	332	124	1540	
	Grand mean						3
	Average total	82	73	47	18	220	
	Percent %	37.3%	33.1%	21.5%	8.1%	100%	

Table 3 above shows the findings on level of awareness of social health consequences of pre-marital sex among secondary school students in Mbitoli LGA. Data on the table reveals that 94(42.7%) of the respondents are highly aware that corruption of character is associated with pre-marital sex, 81(36.8%) are moderately aware, 35(16%) have low awareness while 10(4.5%) are not aware with a mean of 3.2. The table also shows that 86(39.1%) of the respondents are highly aware that engaging in premarital, sex gives one bad reputation, 77(35%) are moderately aware, 43(19.5%) have low awareness while 14(6.4%) are not aware with a mean of 3.1. Furthermore, the table shows that 69(31.4%) of the respondents are highly aware that insecurity is a social health Consequences of pre-marital sex, 86(39.1%) are moderately aware, 45(20.5%) have low awareness while 20(9%) are not aware with a mean of 2.9. The table further shows that 81(36.8%) of the respondents are highly aware that loss of family support results from pre-marital sex, 68(30.9%) are moderately aware, 59(26.8%) have low awareness while 12(5.5%) are not aware with a mean of 3.0. From the table also, 90(40.9%) of the respondents are highly aware that pre-marital sex leads to early marriage, 63(28.6%) are moderately aware, 44(20%) have low awareness while 23(10.5%) are not aware with a mean of 3.0. The table also reveals that 84(38.1%) of the respondents are highly aware that low academic performance is associated with pre-marital sex, 71(32.26) are moderately aware, 50(22.7%) have low awareness while 15(6.8%) are not aware with a mean of 3.0. Moreso, the table reveals that 71(32.3%) of the respondents are highly aware that discrimination is a consequence of pre-marital sex, 63(28.6%) are moderately aware, 56(25.5%) have low awareness while 30(13.6%) are not aware with a mean of 2.8. Grand mean of 3 which is greater than the criterion mean of 2.5 implies that secondary school students in Mbitoli Local Government Area are aware of the social health consequences of pre-marital sex.

Research question 4: What is the level of awareness of health consequences of pre-marital sex based on gender?

Table 3.4 Levels of awareness of health consequences of pre-marital sex based on gender.

S/N	Health consequences of pre-marital sex	HA F%	MA F%	LA F%	NA F%	Tot al	M e a n	HA F%	MA F%	LA F%	NA F%	Tot al	Me an	%
				MAL E						FEMA LE				
1.	Physical health consequences of pre-marital sex	22(10%)	30(14%)	24(11%)	25(11%)	101	2.5	33(15%)	33(15%)	32(15%)	20(9%)	119	2.7	100
2.	Emotional health	41(19%)	27(12%)	19(9%)	12(6%)	99	3.0	37(17%)	37(17%)	32(14%)	15(7%)	121	2.8	100

	consequences of pre-marital sex																	0
3.	Social health consequences of pre-marital sex	36(16%)	33(15%)	24(11%)	7(3%)	100	3.0	46(21)	40(18%)	24(11%)	10(5%)	120	3.0	1000				
	Total	99	90	67	44			116	110	88	46							
	Grand mean						2.8											

Table 4 shows the responses on the level of awareness of health consequences of pre-marital sex based on gender. Data on the table reveals that female students are more aware of the physical health consequences of pre-marital sex with a mean of 2.7 than the males with a mean of 2.5. The table also shows that both male and female respondents are aware of the emotional health consequences of pre-marital sex with mean of 3.0 and 2.8 respectively which is above the criterion mean of 2.5. Furthermore, the table reveals that both male and female respondents are aware of the social health consequences of pre-marital sex with mean of 3.0 for both gender which is above the criterion mean of 2.5. The grand mean of 2.8 for both the male and female respondents are above the criterion mean of 2.5, this implies that both male and female respondents are aware of the health consequences of pre-marital sex.

Research question 5:What is the level of awareness of health consequences of pre-marital sex based on age?

Table 3.5: Level of awareness of health Consequences of Pre-marital sex based on age.

S/N	Health consequences of pre-marital sex	Less than 13				13-15 years				16-18 years				More than 18 years				%
		HA	MA	LA	NA	HA	MA	LA	NA	HA	MA	LA	NA	HA	MA	LA	NA	
1.	Physical health consequence of pre-marital sex	3(1.3%)	3(1.4%)	2(0.9%)	3(1.4%)	24(10%)	24(11%)	25(12%)	17(8%)	28.8(12.8%)	29.7(13.5%)	23.1(10.5%)	25.3(11.2%)	3.7(1.7%)	4.1(1.9%)	4.2(2%)	2.9(1.4%)	100
	Mean				2.5				2.6				2.5				2.6	
2.	Emotional health consequences of pre-marital sex	2.7(1.2%)	2.7(1.2%)	2.6(1.2%)	3(1.4%)	28.6(13%)	34.3(15.6%)	15.6(7.1%)	11.4(5.2%)	34(15%)	29(13%)	27(13%)	14(6%)	4(1.8%)	4.3(2%)	4.1(1.9%)	2.6(1.5%)	100
	Mean				2.5				3				2.8				2.6	
3.	Social health consequences	2.4(1.1%)	2(0.9%)	3.1(1.4%)	3.4(1.6%)	31(14%)	22(10%)	21(10%)	16(7%)	27(12%)	30(14%)	20(9%)	27(12%)	4(2%)	3.1(1%)	3.4(2%)	4(2%)	100

	of pre-marital sex																	
	Mean				2.3				2.8				2.5					2.4
	Total	8.1	7.7	7.7	9.4	83.6	80.3	61.6	44.4	86.8	88.7	70.1	66.3	11.7	11.5	11.7	9.9	
	Grand mean				2.4				2.8				2.6					2.5

Data on Table 5 shows responses on level of awareness of health consequences of pre-marital sex based on age. The table reveals that students in ages 13-15 years and more than 18 years are more aware of the physical health consequences of pre-marital sex with mean 2.6 for both age groups than those less than 13 years and 16-18 years with mean 2.5 for both age group. The table also reveals that students in ages 13-15 years, 16-18 years, and more than 18 years are more aware of the emotional health consequences of pre-marital sex with mean 3, 2.8, and 2.6 respectively than those less than 13 years with mean 2.5. The table further reveals that students ages 13-15 years are more aware of the social health consequences of pre-marital sex with mean 2.8, those 16-18 years are aware of the social health consequences of pre-marital sex with mean 2.5, those less than 13 years and more than 18 years have low awareness with mean 2.3 and 2.4 respectively. Grand means of 2.4, 2.8, 2.6, and 2.5, for students less than 13 years 13-15 years, 16-18 years and more than 18 years respectively implies that students 13-15 years are more aware of the health consequences of pre-marital sex with mean 2.8 which is greater than the criterion mean of 2.5. Those 16-18 years are also aware of the health consequences of pre-marital with grand mean 2.6 which is also greater than the criterion mean. Those more than 18 years have moderate awareness with grand mean 2.5 which is equal to the criterion mean, while those less than 13 years have low awareness of the health consequences of pre-marital sex with grand mean 2.4 which is less than the criterion mean of 2.5.

Hypothesis 1: There is no significant difference among secondary school students in Mbaitoli Local Government Area in their level of awareness of health consequences of pre-marital sex based on gender.

Table 3.6: Summary of chi-square (x²) on the level of awareness of health consequences of pre-marital sex based on gender.

Variable	X ² cal	X ² cr	Df	Level of significance	Decision
Gender	5.61	7.83	3	0.05	Accept H ⁰

Table 6 shows chi-square analysis of no significant difference among secondary school student based on gender. From the results of chi-square analysis above, calculated values of 5.61 is less than the critical value of 7.83 at 3 degree of freedom and 0.05 level of significance therefore, the null hypothesis is accepted. This implies that there is no significance difference

among secondary school students in Mbaitoli Local Government Area in their level of awareness of health consequences of pre-marital sex based on gender.

Hypothesis 2: There is no significant difference among secondary school students in Mbaitoli Local Government Area in their level of awareness of health consequences of pre-marital sex based on age.

Table 3.7: summary of chi-square (x²) on the level of awareness of health consequences of pre-marital sex based on age.

Variable	X ² cal	X ² cr	Df	Level of significance	Decision
Age	39.5	16.9	9	0.05	Rejected H ⁰

Table 7 shows chi-square analysis of no significant difference among secondary school student based on age. From the results of chi-square analysis above, calculated values of 39.5 is greater than the critical value of 16.9 at 9 degree of freedom and 0.05 level of significance, therefore the null hypothesis is rejected. This implies that there is significance difference among secondary school students in Mbaitoli Local Government Area in their level of awareness of health consequences of pre-marital sex based on age.

Conclusion

Based on the findings, the following conclusions were drawn; Majority of the respondents are aware of the physical, emotional, and social health consequences of pre-marital sex. Gender and age make no significant difference among secondary school students in Mbaitoli local government area in their levels of awareness of health consequences of pre-marital sex. Based on the findings, the researchers made the following recommendation; the federal, state, and local government should intensify actions on the improvement of world health programmes in the design of the secondary school curriculum in the country by including sex education and providing adequate health personnels that will help in giving health education talks in schools and home.

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