

The Menace of Illegal Sexual Activities in Gym Centres in Warri South LGA: Implications on Marital Stability and Public Health

Ekpo G. ¹, Oyibo R.U. ^{2,*} and Ogbede O.M. ²

¹ Department of Human Kinetics, Ignatius Ajuru University of Education, Rumuolumeni, Port Harcourt, Nigeria.

² Department of Physical and Health Education, College of Education, Warri, Delta State, Nigeria.

World Journal of Advanced Research and Reviews, 2026, 30(02), 1022-1033

Publication history: Received on 03 April 2026; revised on 12 May 2026; accepted on 14 May 2026

Article DOI: <https://doi.org/10.30574/wjarr.2026.30.2.1207>

Abstract

Gym centres are primarily established to promote physical fitness and healthy lifestyles, but some have increasingly become environments where illegal sexual activities occur among users and instructors. This study focused on examining the prevalence of these practices and their impact on marital stability and public health in the Warri South Local Government Area of Nigeria. A descriptive survey design was adopted, with data collected from 200 respondents using a structured questionnaire. Recent findings reveal that illegal sexual activities (ISA) are surprisingly prevalent in gym centers. Indecent dressing ($M = 3.15$) and sexual harassment ($M = 3.07$) topped the list of concerns. The study's sample included 54.0% females and 62.0% married individuals, highlighting a significant presence of these issues within marital settings. The results also indicated that ISA plays a role in marital instability, particularly by fostering increased mistrust ($x = 3.13$) and leading to extramarital affairs ($x = 3.11$). Additionally, these activities pose serious public health risks, such as the spread of sexually transmitted infections ($\bar{x} = 3.16$) and unsafe sexual practices ($x = 3.11$). Inferential statistics confirmed significant relationships at the 0.05 level. The paper concludes that inadequate supervision and weak regulatory practices help encourage these behaviors. Strict enforcement of gym rules, staff training, monitoring systems, and continuous health education was recommended to reduce ISA and protect users.

Keywords: Gym Centres; Illegal Sexual Activities; Marital Stability; Public Health; Nigeria.

1 Introduction

Physical fitness and exercise are vital in modern lifestyles, and they provide benefits for both the body and the mind. Gym centres are facilities with exercise equipment that can improve health. Okafor & Ajayi (2022) posit that gyms have evolved into spaces that attract different individuals seeking fitness, body shaping, or stress relief. However, some gyms have also become sexualized places that encourage inappropriate behaviours. In Nigeria, gym centers have increased with more people engaging in fitness to enhance appearance, relieve stress, and prevent some lifestyle-related diseases. These centers are intended to provide safe spaces for structured physical training under professional supervision. However, observation in recent times suggests that some gym facilities have gradually deviated from their primary health functions, and are becoming venues for immoral and illegal sexual encounters among clients and instructors (Jones & Smith, 2018).

A gym instructor's main job is to create a conducive environment for activities such as strength training with free weights or machines and workouts using treadmills and ellipticals. This setup enables individuals to achieve a range of health objectives, from weight loss and muscle building to improved mobility and endurance. Nowadays, many gyms go the extra mile by offering additional services that promote overall health. This includes group fitness classes like yoga, spinning, and HIIT, personal training sessions, wellness features like saunas and steam rooms, and even nutritional

* Corresponding author: Oyibo R. U

guidance. All of this contributes to a more comprehensive approach to well-being (Crunch Fitness, 2024; EZFacility, 2020).

In gym centres, illegal sexual activities manifest as sexual harassment, transactional sex, and extramarital affairs between fitness partners (Cohen et al., 2022). These behaviours violate the moral and professional ethics of the fitness industry and thus endanger marital relationships and community health. Marital stability, a major component of societal harmony, is threatened by extramarital relations engendered by a supposedly health-promoting facility (Muehlenbeck, 2019; Cohen et al., 2022). Public health is also endangered due to unprotected sexual behaviours in these facilities, which heightens the chances of sexually transmitted Infections (STIs), emotional distress, and mental health issues. Identifiable sexual activities include sexual harassment, transactional sex, sexual assault, and other immoral behaviours which are initiated in some gym facilities (Schisler). These activities often come with a cloak of secrecy, exploitation, or disregard for moral and professional ethics. In the conservative cultural landscape of Nigeria, the rising instances of sexual misconduct in gyms mirror larger societal shifts driven by urbanization, increased media exposure, and a decline in moral values. Many patrons of gym facilities view fitness centres as social lounges rather than a professional training ground.

The absence of regulatory policies and the lack of ethical training for fitness instructors have further worsened the situation. This paper, therefore, aims to examine the nature of illegal sexual activities occurring in gym centres, explore their effects on marital stability, and analyze their public-health implications. It also suggests preventive and corrective measures that can help restore moral discipline and professional integrity in the nation's fitness industry.

1.1 Problem Statement

In gym centres, illegal sexual activities have become a real cause for serious concern regarding social and public health, which are often ignored despite their primary aim of ensuring fitness and wellbeing. The facilities that are characterized by close physical interactions, a body-centric culture, and semi-private areas like locker rooms, steam rooms, and the like can influence sexual misconduct and extramarital affairs. The prevalence of ISA can detract from the gym's primary aim of promoting health instead of transforming them into venues where immorality and health risk thrive. A major concern is marital stability, as infidelity facilitated in such settings contributes to mistrust, conflict, and possible family breakdown.

However, empirical evidence linking gym environments to marital infidelity remains limited. ISA is also associated with public health risks, such as an increase in the likelihood of contracting sexually transmitted Infections (STIs). This is because such behaviour often occurs outside formal health monitoring systems, devoid of adequate preventive measures. The issue is further exacerbated by ineffective regulations, limited policy frameworks, and a dearth of awareness programmes in gym facilities. Underreporting of issues related to sexuality and infidelity in gym centres is due largely to cultural sensitivity, which is compounded by weak regulations and insufficient awareness programmes. This problem, which raises significant risks for marital stability and public health, remains unexplored. This calls for more empirical research and evidence-based solutions.

1.2 Research Objectives

The primary aim of this study is to investigate the nature and implications of illegal sexual activities in gym centres. The specific objectives are to:

- Identify the different forms of illegal sexual activities that occur in the gym centres
- Evaluate the impact of illegal sexual activities on the marital stability of the participants.
- Examine the public health consequences associated with illegal sexual activities in gym environments.
- Determine the efficacy of several preventive and corrective measures in curbing illegal sexual activities prevalent in gym centers

1.3 Research Questions

The study is guided by the following research questions:

- What specific forms of illegal sexual activities are prevalent in gym centers within the area of study?
- In what ways do illegal activities in gym centers influence marital stability among participants?
- What are the public health consequences resulting from illegal sexual activities in gym centers?
- What are the preventive and corrective measures that will be most effective in curbing the occurrence of illegal sexual activities in gym centres?

1.4 Research Hypotheses

The following hypotheses were formulated to be tested in the study:

- H 1: There is a significant relationship between the prevalence of illegal sexual activities in gym centers and the level of marital instability among gym users.
- H 2: Illegal sexual activities in gym centers have a significant impact on public health outcomes and the physical well-being of participants.
- H 3: Adopting preventive and corrective measures significantly reduces the occurrence of illegal sexual activities in gym centres.

1.5 Significance of the Study

This study is significant in many ways:

- It fills a research gap by providing novel empirical data on illegal sexual activities in several gyms in Nigeria, thereby adding to the body of knowledge in the area of recreational health risks.
- It enhances Public health by offering a foundation for health educators to design effective interventions against STIs and psychological trauma associated with gym facilities.
- Supports Marital Stability: Provides counselors with insights into how gym-based illicit activities trigger marital conflict and breakdown.
- It will provide meaningful information and regulations that will guide gym owners and policymakers in establishing ethical codes, surveillance, and safety measures.
- It will provide baseline data that will serve as a reference point for subsequent researchers and NGOs who are focused on sexual health and social stability of the citizenry, especially gym patrons

2 Literature Review

2.1 Conceptual Framework

The conceptual framework of this study focuses on gym centres as social and physical environments within which illegal sexual activities (ISA) may occur, and how such behaviours relate to marital stability and public health outcomes. Gym centres, also referred to as fitness centres, are structured environments designed to promote physical fitness, wellness, and healthy lifestyles through organized exercise programmes, professional supervision, and specialized equipment (Okafor & Ajayi, 2022; Mor et al., 2014).

In addition to promoting health, gym centres serve as a social space for fitness, stress relief, and social engagement. However, the design and social dynamics of these facilities which comprise semi-private areas like locker rooms and steam rooms, can inadvertently facilitate illicit sexual behaviours if not properly monitored (Mathisen et al., 2021). Such behaviours, which are defined as a violation of legal and ethical standards, include sexual harassment, transactional sex either for financial or material gain, voyeurism, infidelity, or adultery. These activities seriously undermine the integrity of the gym centres as venues for discipline and healthy living.

From a legal and ethical perspective, ISA represents serious violations with significant consequences. Acts such as sexual harassment and assault are recognized as criminal offences with far-reaching psychological, emotional, and physical impacts on victims (Walsh, 2023). In the fitness industry, these behaviours also contravene established professional standards and duty-of-care obligations, thereby exposing offenders and institutions to sanctions including loss of certification, employment termination, civil liability, and criminal prosecution (International Fitness Association Standards, 2023). In Nigeria, sexual misconduct is a deeply rooted socio-cultural issue that affects various social and professional environments (Onoja & Enejo, 2024; Mapayi et al., 2023; Adepoju et al., 2022).

Gym centres are not exempt from this problem because their interactive nature and close physical proximity can nurture opportunities for such behaviour. A most significant challenge in addressing sexual misconduct in Nigeria is the tendency to under-report such incidents as a result of fear of stigmatization, retaliation, or sheer lack of trust in the institutional and legal structures (Eze et al., 2021; Onyema & Iwuagwu, 2020). In addition, existing socio-cultural norms such as patriarchal structures and traditional gender roles can unintentionally normalize or downplay certain types of misconduct, which consequently undermines accountability (Adesina & Olaniyan, 2023).

Another key aspect of this study is marital stability, which refers to how well a marriage can maintain its strength and functionality over time. This is usually assessed through factors like trust, commitment, mutual satisfaction, and the absence of extramarital affairs (Adesina & Obasi, 2025; Onyinye, 2020). The rise of intimate social attachments (ISA) in gym settings can have significant effects on marital stability, especially in situations involving infidelity and emotional bonds that develop through frequent interactions. Such behaviours have been identified as major contributors to marital conflict, psychological distress, and eventual dissolution of marriages (Ajonye et al., 2025; Fisher, 2024). The increasing role of contemporary social spaces, including fitness centres, in facilitating these interactions further underscores their relevance to marital outcomes (Ehoro & Badey, 2021; Rokach & Chan, 2023).

Moreover, the public health implications of illegal sexual activities in gym centres extend beyond individual relationships to broader community health concerns. Spontaneous, anonymous, or transactional sexual behaviours that are considered risky are associated with increased transmission of sexually transmitted infections (STIs) and HIV (Okunoa et al, 2025; Workneh et al., 2024). The semi-private nature of gym facilities may contribute to the formation of hidden sexual networks, which complicate public health surveillance and intervention efforts (Thompson et al., 2019; Newmyer et al., 2022). In addition, there probability of individuals involved in such activities having a low risk perception, engaging in inconsistent protective practice, and shying away from regular health screening, which may increase vulnerability to infections and related psychological and social consequences (Onoja & Enejo, 2024; Rokach & Chan, 2023)

In summary, this conceptual framework establishes a link between gym environments, illegal sexual activities, marital stability, and public health outcomes, providing a foundation for understanding the complex interactions among these variables within the study context.

2.2 Theoretical Framework

This study examines the interplay of Social Learning Theory (SLT) and the Health Belief Model (HBM) with a view to understanding the social and psychological motivators of illegal sexual activities (ISA) in gym centres, together with their implications for marital stability and public health. SLT, introduced by Bandura in 1977, suggests that people learn behaviours through observation and social interactions, whereby they imitate observed actions and are motivated by perceived social approval. Bandura further emphasized the concept of reciprocal determinism, where behaviour is shaped by the interaction between personal factors, environmental influences, and behavioral patterns (Bandura, 1986).

In the context of this study, gym centres provide social environments where users interact closely and are exposed to various behaviours. Illegal activities such as sexual harassment and secret relationships can be learned through observations, especially when such behaviours seem normal and are not penalised. Environmental factors like physical closeness, body exposure, and insufficient supervision can heighten the likelihood of individuals, especially people with low self-control, imitating these behaviours. This mimicry may lead to adverse outcomes, including marital infidelity, emotional distress, and a greater risk of sexually transmitted disease. Consequently, these learned behaviours may result in outcomes such as marital infidelity, emotional distress, and increased risk of sexually transmitted infections. Social Learning Theory is therefore relevant as it explains how such behaviours are acquired and sustained within gym settings.

The Health Belief Model (HBM), propounded by Rosenstock (1974), which was later expanded by Becker (1978), explains that the health behaviours of people are often influenced by their perception of the risks and possible outcomes. The model identifies key components, including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Champion & Skinner, 2008). Applied to this study, HBM explains why individuals may engage in or avoid illegal sexual activities in gym centres.

Several individuals may underestimate their susceptibility to the risk of sexually transmitted infections or marital consequences, while for others, they may downplay the severity of such consequences. However, the avoidance of such behaviours offers some benefits like improved health and marital stability; other factors like peer influence, environmental temptations, and paucity of regulation may be hindering factors. Attitudinal change is often triggered by cues such as health education, counselling, and institutional policies. Self-efficacy, on the other hand, determines an individual's ability to resist temptation and maintain proper conduct. The relevance of HBM rests with the ability to explain the perceptual and motivational factors that may influence risky sexual behaviour, as well as its usefulness in guiding and preventive interventions.

Summarily, Social Learning Theory illustrates how illegal sexual behaviour is socially acquired and is reinforced within the gym facilities, while the Health Belief Model explains the cognitive and perceptual factors that influence individuals' engagement with such behaviour. The combination of these theories offers a comprehensive framework for understanding and addressing the consequences of ISA on public health and marital stability.

Empirical Review

Empirical studies indicate the presence of sexual misconduct and risky sexual behaviours within gym environments. Mor et al. (2012; 2014) found that intensive gym participation was associated with higher sexual risk behaviour, including multiple partners and unprotected sex. Although not directly focused on illegal sexual activities, these findings highlight the role of gym environments in shaping risky behaviour.

Studies on harassment reveal its prevalence and impact. Schisler (2024) emphasized the importance of bystander intervention, while Dyer et al. (2021) and Bjorklund et al. (2021) reported significant levels of harassment among fitness instructors, with associated psychological effects. RunRepeat (2021) confirmed that harassment is a widespread global issue. Institutional and environmental factors also contribute. Poor regulation has been linked to non-compliant behaviour (Peretti-Watel et al., 2025), while body image concerns influence sexual behaviour (Brown & Graham, 2008). In Nigeria, Onoja and Enejo (2024) and Adesina and Obasi (2025) identified harassment, peer influence, and opportunity structures as contributors to infidelity. Broader studies (Musibau et al., 2023; Seidu et al., 2024; Okunlola et al., 2025) highlight the role of peer norms and semi-public environments in risky sexual behaviour.

Illegal sexual activities also have implications for marital stability and public health. Studies link infidelity and environmental stressors to marital dissatisfaction and conflict (Nazari et al., 2024; Salehzadeh et al., 2024; Bach et al., 2025; Campbell et al., 2025), as well as mental health challenges and STI risks. Gym subcultures further shape behaviour. Environments promoting hyper-masculinity may normalize harassment (Giacomini et al., 2023; Taggart & Mattson, 2021). Evidence also points to transactional sexual relationships within fitness spaces (Muehlenbeck, 2019; Aliyu, 2025). Emerging forms of misconduct include digital voyeurism, with serious psychological consequences (Walsh, 2023). Gym-based relationships may also evolve into emotional or sexual infidelity (Fisher, 2024; Rokach & Chan, 2023).

In Nigeria, reporting of misconduct is hindered by stigma and power dynamics (Eze et al., 2021; Onyema & Iwuagwu, 2020; Adepoju et al., 2022). Peer influence, environmental design, and anonymity further enable deviant behaviour (Musibau et al., 2023; Mathisen et al., 2021; Newmyer et al., 2022). Biological and structural factors, including steroid use and power imbalance, also contribute (Kring, 2021; Mapayi et al., 2023; Onoja & Enejo, 2024). Social media culture has intensified objectification and harassment (Taylor, 2022), while infidelity-related misconduct leads to psychological trauma and health risks (Saddington, 2017; Martinez, 2025). Institutional gaps, particularly limited monitoring in private areas, further enable ISA (Deborah, 2022). These studies show that gym environments, when poorly regulated, can foster sexual misconduct, psychological vulnerability, and public health risks, with limited Nigerian-specific evidence.

2.3 Summary of Literature Review

The literature reveals that although gym centres are designed to promote health and wellness, their social and structural dynamics may facilitate illegal sexual activities with significant implications for marital stability and public health. Empirical evidence highlights the prevalence of harassment, risky sexual behaviours, and emerging forms of exploitation, but there is limited research focused specifically on Nigerian gym environments. This gap necessitates further investigation into the nature, causes, and consequences of ISA within this context. The integration of Social Learning Theory and the Health Belief Model provides a strong framework for understanding how such behaviours are learned, reinforced, and influenced by individual perceptions, thereby guiding effective intervention strategies.

3 Methodology

3.1 Research Design

The study adopts a descriptive survey research design, which is suitable for collecting data from a large population to describe the prevalence, types, determinants, and implications of illegal sexual activities in gym centres.

3.2 Population of the Study

The population comprises registered and active gym users, gym instructors, fitness trainers, married gym attendees, and selected gym administrators in Warri South LGA, Delta State. The total population is approximately 1,740, based on gym entry records.

3.3 Sample and Sampling Technique

A sample of 200 respondents was selected using a multi-stage sampling technique. Purposive sampling was used to select gym centres with high patronage. Stratified sampling categorized respondents by gender to ensure representation, followed by simple random sampling that was used to select participants from each group. This approach enhances representativeness and reliability.

3.4 Instrument for Data Collection

Data were collected using a structured questionnaire titled Illegal Sexual Activities in Gym Centres Questionnaire (ISAGCQ). The instrument consists of four sections, which include demographic data, prevalence of illegal sexual activities, public health implications, and marital stability implications. Responses were measured on a 4-point Likert scale ranging from Strongly Agree to Strongly Disagree.

3.5 Validity of the Instrument

The instrument was validated by experts in Public Health Education, Measurement and Evaluation, and Human Kinetics to ensure clarity, relevance, and content adequacy.

3.6 Reliability of the Instrument

A pilot study was conducted in selected gym centres within Warri South LGA. Reliability was determined using the test-retest method and Cronbach's Alpha, with a coefficient of 0.70 or above considered acceptable.

3.7 Method of Data Collection

The questionnaire was administered personally by the researcher, with the assistance of trained research assistance, to ensure a high response rate and accuracy.

3.8 Method of Data Analysis

Data were analyzed using descriptive statistics (frequency, mean, and standard deviation) to answer research questions, while inferential statistics (Chi-square and Independent t-test) were used to test hypotheses at a 0.05 level of significance.

4 Data presentation, and interpretation

This section presents the analysis and interpretation of data obtained from respondents on illegal sexual activities in gym centres and their implications for marital stability and public health in Warri South Local Government Area of Delta State.

Table 1 Demographic Characteristics of Respondents

Variable	Category	Frequency (f)	Percentage
Gender	Male	92	46.0
	Female	108	54.0
Total		200	100.0
Marital Status	Married	124	62.0
	Single	76	38.0
Total		200	100.0
Age (Years)	18-25	46	23.0
	26-35	88	44.0

	36-45	48	24.0
	46 years +	18	9.0
Total		200	100.0
Frequency of Gym Attendance	1-2 times weekly	64	32.0
	3-4 times weekly	86	43.0
Total	Daily	50	25.0
		200	100.0

Table1 shows that female respondents (54.0%) were more than males (46.0%), indicating higher gym participation among women in the study area. The majority of respondents were married (62.0%), making issues relating to marital stability highly relevant. Respondents aged 26-35 years (44.0%) constituted the largest age group, suggesting that gym attendance is more common among young and economically active adults. A significant proportion of respondents (43.0%) attended gym centres three to four times weekly, indicating frequent exposure to gym environments.

4.1 Research Question One

What are the specific forms of illegal sexual activities prevalent in gym centres within the study area?

Table 2: Mean Ratings of Forms of Illegal Sexual Activities in Gym Centres

S/N	Items	Mean \bar{x}	SD	Decision
	Sexual harassment among gym users	3.07	0.84	Accepted
	Sexual advances by instructors/trainers	2.98	0.89	Accepted
	Indecent dressing that provokes sexual attention	3.15	0.76	Accepted
	Secret sexual relationships within gym premises	2.96	0.91	Accepted
	Use of gym facilities for sexual activities	2.72	0.95	Accepted

Criterion Mean = 2.50; Weighted Average Mean = 2.98

The results in Table 2 indicate that all identified behaviours recorded mean scores above the criterion mean of 2.50, showing that they are prevalent in gym centres within Warri South LGA. Indecent dressing ($\bar{x} = 3.15$) was rated highest, followed by sexual harassment among gym users ($\bar{x} = 3.07$). Given the higher female participation in gym attendance, these findings suggest increased exposure of female gym users to inappropriate sexual behaviours.

4.2 Research Question Two

How do illegal sexual activities in gym centres influence marital stability among participants

Table 3: Mean Ratings on Influence of Illegal Sexual Activities on Marital Stability

S/N	Item	Mean (\bar{x})	SD	Decision
	Creates mistrust between spouses	3.13	0.82	Accepted
	Encourages extramarital affairs	3.11	0.85	Accepted
	Leads to frequent marital conflicts	3.02	0.88	Accepted
	Reduces marital satisfaction	2.94	0.90	Accepted

Criterion Mean = 2.50; Weighted Average Mean = 3.05

Table 3 reveals that illegal sexual activities in gym centres have a strong negative influence on marital stability. The highest mean scores were recorded for marital mistrust ($\bar{x} = 3.13$) and extramarital affairs ($\bar{x} = 3.11$). This implies that frequent interaction and exposure within gym centres, especially among married female gym users, may contribute to marital tension and instability.

4.3 Research Question Three

What are the public health consequences resulting from illegal sexual activities in gym centres?

Table 4 Mean Ratings of Public Health Consequences

S/N	Item	Mean (\bar{x})	SD	Decision
	Increased risk of sexually transmitted infections (STIs)	3.16	0.74	Accepted
	Psychological stress and emotional distress	3.06	0.86	Accepted
	Exposure to unsafe sexual practices	3.11	0.79	Accepted
	Decline in overall physical well-being	2.96	0.88	Accepted

Criterion Mean = 2.50; Weighted Average Mean = 3.07

Findings in Table 4 demonstrate that illegal sexual activities in gym centres pose significant public health risks, as evidenced by a Weighted Average Mean of 3.07, which exceeds the Criterion Mean of 2.50. The highest concern identified by respondents was the increased risk of STIs ($\bar{x}=3.16$, $SD=0.74$), followed by exposure to unsafe sexual practices ($\bar{x}=3.11$). The relatively low standard deviations across all items indicate a high level of consensus among participants. These findings suggest that prolonged exposure in such environments significantly heightens female vulnerability to both physical health complications and psychological distress." Illegal sexual activities in gym centres pose serious public health risks.

4.4 Research Question Four

What preventive and corrective measures are most effective in curbing illegal sexual activities in gym centres?

Table 5 Mean Ratings of Preventive and Corrective Measures

S/N	Item	Mean (\bar{x})	SD	Decision
	Strict enforcement of gym rules and regulations	3.20	0.71	Accepted
	Presence of trained supervisors and instructors	3.14	0.77	Accepted
	Public health and moral education programmes	3.10	0.81	Accepted
	Sanctions against offenders	3.13	0.79	Accepted

Criterion Mean = 2.50; Weighted Average Mean = 3.14

Table 5 indicates that respondents strongly agreed that effective supervision, rule enforcement, and health education can significantly reduce illegal sexual activities in gym centres. Strict enforcement of gym rules ranked highest, suggesting the need for institutional control, particularly in gyms with high female patronage.

4.5 Test of Hypotheses

4.5.1 Hypothesis One

There is no significant relationship between illegal sexual activities in gym centres and marital instability.

Table 6 Chi-Square Analysis of Illegal Sexual Activities and Marital Instability

χ^2 cal	χ^2 Crit	df	α	Decision
21.46	9.49	4	0.05	Null Hypothesis Rejected

In Table 6, the calculated chi-square value (21.46) is greater than the table value (9.49); the null hypothesis is rejected. This indicates a significant relationship between illegal sexual activities in gym centres and marital instability among gym users.

Hypothesis Two

Illegal sexual activities in gym centres have no significant impact on public health outcomes.

Table 7: Independent t-Test on Illegal Sexual Activities and Public Health Outcomes

Group	N	Mean	SD	t-cal	t-crit	Decision
High exposure	100	3.18	0.62	4.26	1.96	Rejected
Low exposure	100	2.74	0.58			

The calculated t-value (4.26) exceeds the critical value (1.96); therefore, the null hypothesis is rejected. This implies that illegal sexual activities in gym centres significantly affect public health outcomes.

4.5.2 Hypothesis Three

Preventive and corrective measures do not significantly reduce illegal sexual activities in gym centres

Table 8 Chi-Square Analysis of Preventive Measures and Reduction of Illegal Sexual Activities

χ^2 cal	χ^2 Crit	df	α	Decision
18.92	9.49	4	0.05	Rejected

The null hypothesis is rejected since the calculated chi-square value (18.92) is greater than the table value (9.49). This indicates that preventive and corrective measures significantly reduce illegal sexual activities in gym centres

5 Discussion of findings

The demographic results showed higher female participation (54.0%) compared to males (46.0%), indicating increasing female involvement in fitness activities. These findings are in line with Taylor (2022), who observed that modern fitness culture is influenced by body image and social media. However, higher female participation may increase exposure to harassment, as reported by RunRepeat (2021) and Dyer et al. (2021). The dominance of married respondents (62.0%) and the 26–35 age group aligns with Mor et al. (2014) and Brown and Graham (2008), highlighting young adults as frequent gym users exposed to risky subcultures.

The study revealed that illegal sexual activities are prevalent in gym centres, with indecent dressing and sexual harassment ranking highest. A similar observation was made by Giacomini et al. (2023) and Taggart and Mattson (2021), who noted that gyms are increasingly sexualized spaces. It also supports findings by Dyer et al. (2021), Bjorklund et al. (2021), and Onoja and Enejo (2024), who documented widespread harassment in fitness environments. Taylor (2022) further explains this trend through increased body exhibitionism and influencer culture. Findings also showed that ISA significantly undermines marital stability, with high levels of mistrust and extramarital involvement. This supports Adesina and Obasi (2025), Ajonye et al. (2025), and Fisher (2024), who identified infidelity as a major cause of marital breakdown. Rokach and Chan (2023) and Fisher (2024) further explain how gym interactions can evolve into emotional or physical infidelity.

In terms of public health, ISA was associated with increased risk of STIs and unsafe sexual practices. This is consistent with Mor et al. (2012; 2014), Okunlola et al. (2025), and Workneh et al. (2024). The findings also support Thompson et al. (2019) and Newmyer et al. (2022), who identified recreational venues as hidden transmission networks. Psychological consequences align with Walsh (2023) and Martinez (2025). Preventive measures such as strict rule enforcement and supervision were found to significantly reduce ISA. This is consistent with the findings of Schisler (2024), Button et al. (2024), and Peretti-Watel et al. (2025), which emphasized institutional regulation. However, Deborah (2022) noted that surveillance alone is insufficient without effective enforcement.

All three hypotheses were supported. There was a significant relationship between ISA and marital instability, which is consistent with Adesina and Obasi (2025), Ajonye et al. (2025), and Fisher (2024). ISA also significantly affected public health, aligning with Mor et al. (2012; 2014) and Okunlola et al. (2025). Furthermore, preventive measures significantly reduced ISA, supporting Schisler (2024) and Button et al. (2024).

Summary

The study examined illegal sexual activities in gym centres and their implications for marital stability and public health in Warri South LGA. Using a descriptive survey design and a sample of 200 respondents, data were collected through a structured questionnaire and analyzed using descriptive and inferential statistics. Findings showed that illegal sexual activities such as harassment, indecent dressing, and secret relationships are prevalent in gym centres. These behaviours significantly contribute to marital instability through mistrust and infidelity, and pose serious public health risks, including STIs and psychological distress. The study also established that preventive measures such as rule enforcement, supervision, and education can effectively reduce such behaviours.

6 Conclusion

Based on the findings, it can be concluded that illegal sexual activities exist to a notable extent in gym centres and undermine their role as health-promoting environments. These activities have adverse effects on marital stability by fostering mistrust and extramarital involvement, while also posing significant public health risks. However, effective regulation, supervision, and education can mitigate these behaviours and promote safer gym environments.

Recommendations

Based on the findings from this study the following recommendations are made

- Enforcement of Regulations: Gym management should establish and strictly enforce clear behavioural codes.
- Staff Training and Supervision: Trainers and staff should receive regular training on ethics and professional conduct.
- Health and Moral Education: Awareness programmes should be organized to educate users on risks and appropriate behaviour.
- Reporting Mechanisms: Confidential systems should be provided for reporting misconduct, with clear sanctions for offenders.
- Gender-Sensitive Measures: Safety policies should protect vulnerable users, especially females.
- Government Regulation: Authorities should ensure compliance through monitoring and licensing.
- Marital Awareness Programmes: Counselling and education should address the impact of social environments on marital stability.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article. The study was conducted objectively without any financial, personal, or institutional influence that could have affect the research process, findings, and interpretation of findings.

Statement of Informed Consent

Informed consent was obtained from all participants included in the study. The participants were duly informed about the purpose and nature of the research, and participation was entirely voluntary. Participants were also guaranteed of the confidentiality and anonymity of the information provided, and they were notified of their right to withdraw from the study at any stage without any consequences.

References

- [1] Adesina, O. A., & Obasi, C. I. (2025). Predictors of marital instability among Nigerian adults. *Nigerian Journal of Family Studies*, 9(1), 45–61.
- [2] Adesina, O. A., & Olaniyan, F. O. (2023). Patriarchy, gender norms, and the normalization of sexual misconduct in Nigerian social institutions. *Journal of Gender and Society*, 15(2), 112–126.
- [3] Adepoju, A. O., Lawal, A. M., & Ogunleye, O. T. (2022). Sexual misconduct and institutional silence in Nigeria: Implications for victims' wellbeing. *African Journal of Social Issues*, 14(3), 89–104.

- [4] Aliyu, M. S. (2025). Commodification of fitness culture and transactional relationships in urban Nigeria. *Journal of Contemporary African Studies*, 18(1), 73–90.
- [5] Ajonye, E. E., Bello, K. A., & Yusuf, M. O. (2025). Infidelity and marital dissolution: Psychological and social correlates. *Journal of Marriage and Family Therapy*, 21(2), 134–150.
- [6] Bach, K., & Koch, M. (2025). Relationship satisfaction and the Big Five: Utilizing longitudinal data covering 9 years. *Personality and Individual Differences*, 233, Article 112887. <https://doi.org/10.1016/j.paid.2024.112887>
- [7] Bandura, A. (1977). *Social learning theory*. Prentice-Hall.
- [8] Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
- [9] Bartholomew, K., Smith, D., & Green, L. (2022). Institutional ethics and sexual misconduct in health and fitness environments. *International Journal of Sport Ethics*, 15(3), 221–239.
- [10] Becker, M. H. (1978). The health belief model and personal health behavior. *Health Education Monographs*, 2(4), 324–473.
- [11] Bjorklund, E., Hansen, T., & Moen, F. (2021). Sexual harassment among fitness instructors in Norway. *Scandinavian Journal of Sports Science*, 13(4), 301–315.
- [12] Black, P., & White, L. (2021). Sexually transmitted infections and risk behaviors in urban gym populations. *Journal of Sexual Health*, 18(4), 301–312.
- [13] Blow, A. J., & Hartnett, K. (2005). Infidelity in committed relationships II: A substantive review. *Journal of Marital and Family Therapy*, 31(2), 217–233. <https://doi.org/10.1111/j.1752-0606.2005.tb01556.x>
- [14] Brown, J. D., & Graham, L. F. (2008). Body satisfaction and sexual behavior among gym-active men. *Archives of Sexual Behavior*, 37(3), 379–392.
- [15] Button, D. M., Lewis, K., & Harper, S. (2024). Preventing sexual misconduct in recreational spaces: A systematic review. *Journal of Community Safety*, 11(2), 101–118.
- [16] Campbell, J. T., Leme, L. F. V. de M., & Gesselman, A. N. (2025). Infidelity among parents in committed relationships during the COVID-19 pandemic. *PLOS ONE*, 20(8), e0329015. <https://doi.org/10.1371/journal.pone.0329015>
- [17] Deborah, T. A. (2022). Surveillance, privacy, and the CCTV paradox in public facilities. *Security Studies Review*, 10(2), 59–74.
- [18] Dyer, J., O'Connor, D., & McMahon, J. (2021). Sexual harassment experiences among fitness professionals. *Frontiers in Psychiatry*, 12, Article 735015. <https://doi.org/10.3389/fpsy.2021.735015>
- [19] Ehoru, O. J., & Badey, P. O. (2021). Social spaces and marital boundary erosion in urban Nigeria. *Nigerian Sociological Review*, 7(2), 88–102.
- [20] Eze, U. N., Okeke, C. C., & Nwankwo, S. I. (2021). Barriers to reporting sexual harassment in Nigerian institutions. *Journal of African Social Research*, 12(1), 66–80.
- [21] Giacomini, D., Riva, P., & D'Angelo, S. (2023). Masculinity norms and sexual aggression in gym subcultures. *Psychology of Men & Masculinities*, 24(4), 489–503.
- [22] Kring, A. (2021). Anabolic steroid use and sexual aggression among gym users. *Journal of Substance Use & Behaviour*, 16(2), 105–118.
- [23] Mapayi, O., Adewale, T., & Eze, P. (2023). Gender, authority, and sexual misconduct in Nigerian gyms. *African Journal of Social Behaviour*, 8(1), 55–72.
- [24] Martinez, D. (2025). Psychological distress following marital infidelity. *Journal of Mental Health and Behavior*, 14(1), 1–15.
- [25] Mathisen, L., Svendsen, T., & Johansen, H. (2021). Gym design and behavioral deviance: The role of semi-private spaces. *Journal of Environmental Psychology*, 76, Article 101616.
- [26] Mor, M., Parfionov, G., Davidovitch, N., & Grotto, I. (2014). Physical activity patterns and sexual risk behaviors in gyms. *Journal of Sports & Health Science*, 6(2), 135–144.
- [27] Mor, M., Parfionov, G., Davidovitch, N., & Grotto, I. (2012). Anaerobic training intensity and sexual risk behavior. *Sexual Health Journal*, 9(3), 211–218.

- [28] Muehlenbeck, H. (2019). Transactional sex in urban wellness centres. *Ethnography of Health & Fitness*, 4(1), 27–45.
- [29] Nazari, A. M., Hosseini, S. M., & Rezaei, R. (2024). Marital satisfaction and permissive attitudes toward infidelity. *Journal of Family Studies*, 30(1), 1–16.
- [30] Newmyer, S., Patel, R., & Johnson, L. (2022). Hidden sexual networks in semi-public fitness spaces. *Journal of Public Health Research*, 15(2), 211–224.
- [31] Nicholas, R., & Taylor, P. (2023). Gym subcultures and normalization of sexual deviance. *Journal of Social Behavior*, 17(3), 89–103.
- [32] Okunlola, M. A., Adegboye, O. A., & Lawal, O. O. (2025). Risky sexual behavior and STI prevalence in Nigeria. *African Journal of Public Health*, 19(1), 77–92.
- [33] Onoja, A. J., & Enejo, S. T. (2024). Sexual harassment and psychological distress among Nigerian athletes. *Journal of Sports and Mental Health*, 8(1), 29–44.
- [34] Onoyona, E., & Ojoboh, K. (2024). Digital media, community engagement, and sexual risk awareness. *Journal of Nigerian Media Studies*, 11(1), 55–70.
- [35] Onyema, C. I., & Iwuagwu, E. C. (2020). Victim blaming and sexual violence reporting in Nigeria. *Nigerian Journal of Psychology*, 15(2), 141–156.
- [36] Onyinye, E. O. (2020). Marital stability and emotional well-being among Nigerian couples. *Journal of Family Life Education*, 5(1), 23–37.
- [37] Peretti-Watel, P., et al. (2025). Hygiene perceptions and non-compliant behavior in gyms. *BMC Public Health*, 25, 113–127.
- [38] Rokach, A., & Chan, C. (2023). Micro-cheating, gym-partner attachment, and marital boundaries. *Journal of Relationship Research*, 18(2), 89–104.
- [39] Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health Education Monographs*, 2(4), 354–386.
- [40] Saddington, T. (2017). Betrayal trauma in marital relationships. *Journal of Family Psychology*, 31(4), 456–470.
- [41] Salehzadeh, R., Zamani, B., & Karimi, H. (2024). Infidelity attitudes and marital dissatisfaction. *Journal of Couple and Relationship Therapy*, 23(2), 150–165.
- [42] Schisler, T. M. (2024). *Gym sexual harassment and bystander intervention: An application of the Reasoned Action Approach* (Doctoral dissertation, University of Arkansas).
- [43] Snani, H., et al. (2024). The impact of physical activity on body and sexual self-esteem, psychological distress, and marital satisfaction. *Frontiers in Sports and Active Living*, 6, Article 1343951. <https://doi.org/10.3389/fspor.2024.1343951>
- [44] Taylor, C. J. (2022). Fitness influencer culture and digital sexual harassment. *New Media & Society*, 24(6), 1378–1395.
- [45] Thompson, R., et al. (2019). Venue-based anonymity and sexual risk behaviors. *Sexual Health*, 16(4), 321–333.
- [46] Walsh, J. A. (2023). Digital voyeurism and sexual exploitation in semi-private spaces. *Journal of Cybercrime Studies*, 6(1), 41–58.
- [47] Workneh, F., Assefa, N., & Mitike, G. (2024). Risky sexual behavior and STI outcomes in urban populations. *International Journal of Public Health*, 69, 1–10.