

KNOWLEDGE OF SEXUALITY EDUCATION ON REPRODUCTIVE HEALTH PRACTICES OF IN-SCHOOL ADOLESCENTS IN SOUTH-WEST NIGERIA

BABALOLA ATINUKE TITILOPE (PhD)⁺

atlnukebabalolasteve@gmail.com

ABSTRACT

The study investigated knowledge of sexuality education and Reproductive health practices of in-school Adolescents in South-West Nigeria. The study was a descriptive research of the survey type. The population was all senior secondary school II students in the six states of the South-West Nigeria. A sample of 1350 in schools adolescents were selected through multistage sampling technique. The research instrument was a questionnaire which was validated by the researcher. 3 research questions were raised and (1) hypothesis was postulated and tested at 0.05 level of significance. Results of the analyses revealed that in school adolescents are not well informed on sexuality education. Counselling implications of the findings were highlighted. Based on the findings it was recommended that more emphasis should be placed on the consequences of sexual promiscuity and the effect it has on the adolescents and the nation at large.

Keywords: In-School adolescents, reproductive health practice, sexuality education.

INTRODUCTION

Adolescents appear to have become a focal point of discussion of sexuality and reproductive health matters because they belong to the most active segment of the population. Practical concerns on preventing unwanted pregnancy, sexually transmitted infections and casual observation show that adolescents display sexual behaviours and developmental characteristics that place them at risk to sexually transmitted infections, unwanted pregnancies and other related problems. Adolescence is one of the most fascinating and complex transitions in the life of man. It is a time of accelerated growth and change. It involves biological, cognitive and socio-emotional changes. The adolescence period is characterized by physical, emotional and psychological transition from childhood to adulthood. During this period, puberty is attained, social identity is formed and there is a high level of sexual experimentation. (Fasuba and Ojo, 2005).

In Nigeria, the statistical data on adolescents' health problem due to risky sexual behaviour revealed that HIV/AIDS is prevalent among young people of ages between 20 to 24 years. Moreover, Sexually Transmitted Diseases/Human Immunodeficiency Virus control estimated that over 60% of adolescents are among ages fifteen to twenty five. Centre for Disease Control and Prevention, (2007) revealed that recently, there has been increase in the number of adolescents with HIV/AIDS and other sexually transmitted infections.

Morahson-Bello, Oladokun, Enakpene, Fasuba and Ojengbede (2008) investigated the sexual behaviour of in-school adolescents in South west Nigeria. The outcome of their

⁺ Department of Guidance and Counselling, Faculty of Education, Ekiti State University, Ado-Ekiti Nigeria

study revealed that in-school adolescents in Ibadan is sexually active and most engaged in unsafe sexual practices. They are vulnerable to various medical complications including STIS/HIV/AIDS and genital cancers.

Fayemi, Adanikin, Adewusi, Olomojobi, Osho and Fasubaf(2013) observed that there has been an alarming increase in the number of girls having sexual intercourse in their teens with the consequences of unwanted pregnancies, sexually transmitted infections, vaginal discharge and chronic pelvic pain. In addition to this is the increasing incidence of HIV infections among both in-school and out of school adolescents. In Ekiti State, the National Demographic Health Survey NDHS (2000) put adolescent pregnancy rate at 8% and contraceptive intake among the adolescents at 4.5%. The recent Ekiti State Free Health Mission conducted in 2012 revealed that a sizeable number of girls have engaged in sexual intercourse with a significant number of them being HIV positive.

Owuamanam (2004) stressed that traditional societies frowned at premarital sex, believing that sex should be reserved for marriage and procreation. However, nowadays there is a visible evidence of different forms of sexual aberrations among adolescents. Young boys and girls relate and have penetrative sexual relations as regular aspect of dating. Virginity at marriage is no longer seen as a thing of pride. The implication, therefore, is high rate of unwanted pregnancies among Nigerian adolescents. The continuation may have a negative influence on their marriage in the future. Risky sexual behaviour places young people in African and indeed, in South Western Nigeria at an increased risk of infection with Human Immunodeficiency Syndrome Virus (HIV), as well as the potentials for unplanned pregnancy (Sunmola, Dipeolu, Babalola, & Adebayo, 2003).

Sexuality education is the provision of valuable information concerning sexuality. It equips individual with skills required to have a positive and respectable approach to sex and sexual relationship. It also provides basic, accurate information about the risk of unprotected sexual intercourse and methods of avoiding unprotected intercourse. Furthermore, sexuality education is a proactive step in sensitizing individuals toward good or acceptable reproductive health practices (Onwuasonya, 2005) If there will be a fruitful outcome in the prevention of unwanted pregnancies and curbing of infection among adolescents, then education on sexual issues will have to be purposely, intelligently and precisely delivered. Sexuality education is a behavioural change communication programme targeted at adolescents to consider how the issues of myths, wrong information and poor attitude can have negative impact in their reproductive health practices. Sex education is needed in order to salvage our most vulnerable adolescent girls.

It appears many adolescents in Nigeria are at risk of sexual problems and other problems when they have sexual intercourse because they lack knowledge of sex education and sexuality. These appear to have been accountable for the kinds of risks; unintended or unwanted pregnancy, sexually transmitted infections of adolescent.

The Rational Emotive Behaviour Therapy (REBT) provided the theoretical framework for this study. REBT was developed by Albert Ellis. It is a therapy that consciously uses cognitive, emotive and behavioural techniques to help clients to change their irrational thinking into rational thinking.

RESEARCH METHOD

The descriptive research design of the survey type was used for the study. Survey design was considered appropriate because it focuses on the observations and perception of existing situation of reproductive health practices among adolescents in investigating the relationship between the independent and the dependent variables, sexuality education and adolescents reproductive health practices in the study. The population for the study consisted of all

adol
six s
with
ID) w
fema
Educ
adol
Sam
was
instr
asse
instr
and
signi
Data
perc

Rest
Rese
Kno

A wet
inter
To ov
virgin
An ad
engag
Abort
Abort
Teens
I have
I learn
My p
I learn

Ado
The
first
(46.
(53.
sex
disa
dam
can
590
disa

sex
of 1
(45.

adolescents in Senior Secondary School (SSII) in South West, Nigeria. South-West consist of six states; Ekiti, Osun, Ondo, Oyo, Ogun and Lagos. The adolescents under study were within the range of 14 – 19 years. These were students from Senior Secondary School II (SS II) within the senatorial districts across each state. The population comprised of male and female in – school adolescents. The population is (130,817) as obtained from the Ministry of Education of each state as at 2014. The sample for this study consisted of 1350 in-school adolescents between the ages of 14-19 years in South west, Nigeria Selected using multistage Sampling techniques. The instrument that was used for the collection of data for the study was tagged: Adolescents Reproductive Health Practice Questionnaire (ARHPQ). The instrument was adopted from a standardized instrument known as reproductive health; needs, assessment of youth's project state questionnaire. Face and content validities of the instrument were ensured. Using test-retest method, reliability coefficient of 0.79 was obtained and construct validity coefficient of 0.74 was obtained. These were significant at 0.05 level at significance. The research instrument was administered by the researcher in the classrooms. Data generated were analysed using descriptive and inferential statistics. Frequency counts, percentage, and Pearson Product Moment Correlation Analysis.

Results

Research Question 1: Do adolescents have the knowledge of sexuality education?

Knowledge of sexuality education by in-school adolescents

Items	Agreed		Disagreed	
	freq	%	Freq	%
A woman cannot get pregnant on the very first time that she has intercourse	718	62.3	439	37.7
To overcome menstruation pain you need to get rid of your virginity	544	46.6	623	53.4
An adolescents can contract sexual transmitted diseases if he/she engages in sexual intercourse.	616	52.7	551	53.4
Abortion can damage the womb	717	61.4	450	38.6
Abortion can lead to untimely death	675	57.8	492	42.2
Teenage pregnancy is dangerous to one's health	590	50.6	577	49.4
I have heard about sexuality education before	718	61.6	449	38.5
I learnt about sexuality education through internet	638	54.7	529	45.2
My parent taught me about sexuality education	745	63.8	422	36.2
I learnt about sexuality education in school	861	73.8	306	26.3

Table 1 below shows the frequency and percentage responses of In School Adolescents on the Knowledge of Sexuality Education and Reproductive Health Practices. The results reveals that 716 (62.3%) agreed that a woman cannot get pregnant on the very first time that she has intercourse while 439 (37.7) disagreed. Out of 1167 respondents, 544 (46.6) agreed that you need to get rid of your virginity to get rid of menstrual pain while 623 (53.4%) disagreed. Also, 616 (52.7%) of the total sample agreed that adolescents can contract sexual transmitted diseases if he/she engages in sexual intercourse, while 551(47.2%) disagreed. The analysis indicated that 717(61.4%) was of the opinion that abortion can damage the womb, while 450 (36.6%) disagreed. Also, 675 (57.8%) indicated that Abortion can lead to untimely death, while 492 (42.2%) did not support this. Analysis revealed that 590 (50.6%) claimed that teenage pregnancy is dangerous to one's health, while 577 (49.4%) disagreed.

Furthermore, the result showed that 718 (61.6%) indicated that they have heard about sexuality education before, while 449 (38.5%) claimed that they had not. Also, 638 (54.7%) of the respondent indicated that they learnt about sexuality through internet, while 529 (45.2%) disagreed. Also, 745 (63.8%) indicated that their parents taught them about sexuality

education, while 422 (36.2%) was of contrary opinion. Results showed that 861 (73.8%) heard about sexuality education in school, while 306 (26.3%) disagreed with that statement. It could be seen that adolescents are not well informed about Reproductive Health Practices and that a sizeable no of the respondents got information on sexuality education through schools then followed by parents and Internet.

Research Question 2: what reproductive health practices do in-school adolescents engage in?

Table 2: Reproductive Health practices of in-school adolescents.

Items	Agreed		Disagreed	
	Freq	%	Freq	%
I have a girl or boy friend	473	40.5	694	59.4
I have someone whom I am sexually attached to	264	22.6	903	77.4
Holding Hand	449	38.5	718	61.5
Touching	422	36.5	742	63.5
Hugging	353	30.2	814	69.7
Pecking	333	28.6	834	71.4
Kissing	250	21.5	874	74.9
Breast stimulation	248	21.3	919	78.8
Dating	364	31.2	803	68.8
I have had sexual intercourse with my boy/girlfriend	167	14.2	1000	85.7
I have had sex with more than one sexual partner	249	21.3	918	78.7
I enjoy masturbation than sexual intercourse	255	21.8	912	78.2
I engage in masturbation in order to release sexual tension	325	27.9	842	72.1

In table 2, the result showed that on the issue of having a boy/girl friend, 473 (40.5%) agreed that they have a boy/girl friend, while 694 (59.1%) claimed they did not have. Also, out of 1167 respondents, 264 claimed they have someone who they are sexually attached to. The result revealed that 903 (77.4%) are not sexually attached to anybody. 449 (38.5%) agreed that they have engaged in Holding Hand, while 718 (61.5%) disagreed. 422 (36.5%) reported that they have engaged in Touching. 742 (63.5%) claimed they have not. Also, 353 (30.2%) reported they have engaged in Hugging, but 814 (69.7%) disagreed. 33.5 (28.6%) indicated that they have engaged in pecking, while 834 (71.4%) disagreed. Also, out of the respondents 250 (21.5%) had practiced kissing while 874 (74.9%) had not practiced it. The results showed that 248 (21.3%) had been involved in breast stimulation, while A Higher percentage 919 (78.8%) had not been involved. 364 (31.2%) agreed that they have dated before, while 803 (68.8%) disagreed. The result revealed that 167 (14.2%) of the respondents agreed on the statement of engagement in sexual intercourse while 1000 (85.7%) disagreed. This result shows that adolescents engaged in both social and solitary Reproductive Health practices ranging from holding hand, touching, hugging, pecking, kissing, breast stimulation, dating, sexual intercourse, and masturbation.

Hypothesis One: There is no significant relationship between Sexuality Education and Reproductive Health Practices of in-school Adolescents in South-West Nigeria.

In testing the hypothesis, the mean scores of respondents on reproductive health practices and sexuality education were computed using Pearson Product Moment Correlation Analysis at 0.05 level of significance. The result is presented in Table 5

Pearson Product Moment Correlation of the Relationship between Sexuality Education and Reproductive Health Practices of In-School Adolescents

Variables	N	\bar{X}	SD	r_{cal}	r_{tab}
Sexuality Education	1167	11.75	2.80	-0.079	0.195
Reproductive Health Practices	1167	33.29	11.89		

*Not significant $P > 0.05$.

The result revealed that there was a negligible negative correlation between the two variables ($r_{cal} = -0.079$, $n = 1167$, $r_{tab} = 0.195$). The r -calculated is lower than r -table value therefore, the null hypothesis which says that there is no significant relationship between sexuality education and reproductive health practices of in-school adolescents was accepted. This implied that there is no significant relationship between the sexuality education and reproductive health practices of school adolescents.

Among the various forms of Reproductive Health Practices exhibited among In-School Adolescents, 449 (38.5%) agreed that they have engaged in Holding Hand, while 718 (61.5%) disagreed. 422 (36.5%) reported that they have engaged in Touching, while 742 (63.5%) claimed they have not. The result indicated that 356 (30.2%) reported they have engaged in Hugging, while a greater percentage 814 (69.7%) disagreed. 335 (28.6%) indicated that they have engaged in pecking, while 834 (71.4%) disagreed. Also, out of the respondents, a lower percentage 250 (21.5%) had practiced kissing, while 874 (74.9%) had not practiced it. The result indicated that 248 (21.3%) had been involved in breast stimulation, while 919 (78.8%) had not been involved. 364 (31.2%) agreed that they have dated before, while 803 (68.8%) disagreed. Furthermore, 67 (14.2%) of the respondents agreed on the statement of engagement in sexual intercourses while the study revealed that 1000 (85.7%) they have not. Also, 249 (21.3%) of the respondents claimed they have been involved in sex with multiple partners, while a higher no 912 (78.2%) disagreed. Finally, the results showed that 325 (27.9%) of the respondents had practiced masturbation while a higher percentage 842 (72.1%) claimed they have not. This study revealed that adolescents engage in both social and solitary Reproductive Health practices ranging from Holding Hand, Touching, Hugging, Pecking, Kissing, Breast Stimulation, Dating, Sexual Intercourse, and masturbation. The study showed that adolescents have exhibited various forms of Reproductive Health Practices such as holding hand, kissing, touching, hugging, pecking, dating, masturbation and sexual intercourse.

DISCUSSION

The study examined knowledge of sexuality Education and reproductive health practices of in-school adolescents in South-West Nigeria. The study revealed a wide spread of lack of accurate and adequate information about reproductive health practices. The study revealed that adolescents have the knowledge of sexuality education, through peers, internet and schools. It further showed that adolescents engages in various form of reproductive health practices ranging from holding hand, hugging, pecking, kissing, breast stimulation, dating, masturbation and sexual intercourse. These findings corroborated the findings of some researchers like Tinuola (2003) and Duru, Ibaiaka, Nnebue, Headike and Okoro (2010) who affirmed that about 40% of in school adolescents, who had already had first sexual experience also reported to have engaged in various forms of reproductive health practices.

The study indicated that a sizeable number of adolescents heard about sexuality education through their parents. Parents have been found to play an integral role in encouraging sexual health behaviour among adolescents. This is in line with the study of Ogunsanmi and Olusanya (2014), who asserted that quality of parents-child relationship and

parental communication style is related to adolescent sexual behaviour. They concluded in the study that parents are the major stakeholders in the upbringing and development of their children. Furthermore the study revealed that adolescents practised both solitary and social health practices. This is in consonance with the study of Insej and Ruth (2000) who asserted that 8% of teenage boys and 55% of teenage girls masturbate and that regular sexual interaction during adolescence usually takes place between peers.

Findings on the analysis of hypothesis one showed that there was no significant relationship between sexuality education and reproductive health practices of in school adolescents. This finding is at variance with the study of Esere (2008) on the effect of sex education programme on the risk sexual behaviour of secondary school adolescents in Ilorin. She used a specially designed information sex education programme which resulted in a reduction of risky sexual behaviour of adolescents. In the same vein, Osowole and Oladepo (2000) used a sample of male high school students and the findings revealed increase in reproductive knowledge. However, the study is in line with Meder (2007) who noted that earlier large-scale research in the effectiveness of sex education was not very effective at delaying sex. The researchers analyzed the possible effect that sex education had on the sex lives of teens and adjusted the results to account for the effect of factors like the wealth of their families. The present study has shown no significant relationship between sexuality education and adolescents' reproductive health practices. The researcher expected that sexuality education will influence adolescents' reproductive health practices but the study has proved otherwise. The contradictory findings might not be unconnected with the variation in sample used, design of the study, the period covered by the study and years of study.

CONCLUSION

Based on the analysis of data and interpretations of the findings of the study, the following conclusions could be drawn from the study.

1. In school adolescents have limited knowledge of sexuality education
2. In school adolescents engages in both solitary and social reproductive health practices.
3. Sexuality education does not significantly influence the reproductive health practices of in school adolescents.

COUNSELLING IMPLICATIONS OF THE FINDINGS AND RECCOMENDATIONS

The ultimate aim of counselling is behavioural change. School counselors are meant to modify behaviour. School counsellor should intensify their efforts by increasing awareness on the consequences of negative reproductive health practices. Counsellors in various places could design programs and policies which will meet the needs of the adolescents and prevent them from being exposed to the dangerous after effect of unsafe abortions, unwanted pregnancies and exposure to sexually transmitted diseases.

RECCOMENDATIONS

Based on the findings and their interpretations in this study it is recommended that all stakeholders should be involved for proper sexual awareness of our adolescent, like government at all levels, parents, teachers, community/ religious leaders, Nongovernmental organisations, community based organization and faith based organisation.

The study revealed limited knowledge of sexuality education there should be promotion of youth friendly forum in schools, where morality, abstinences as all of the other extracurricular activities like sports and debate where adolescents can be rightly informed.

REFERENCES

- Capera, E. A. (2011). Family influences on adolescents sexual and contraceptive behaviour. *Journal of Sex Research* (39): 22-26.
- Centre for Disease Control and Prevention (2007). Teen Birth Rate Rises for First Time in 15years, Press Release. CDC, National Centre for Health Statistics office of Communication, (301): 458-800.
- Chukwuka C.O. (2013). Adolescents Problems and their Counseling Strategies in Nkanu East Local Government Area of Enugu State. *An Unpublished First Degree Thesis*, Ekiti State University, Ado-Ekiti.
- Duru, C.B, Ibajaka, C., Nnebue, C.C, Ifeadike C O. & Okoro O.P.(2010). Sexual Behaviour Among Secondary School Adolescent in Anambra State. *Afrimed Journal* (2) 22-27
- Esere, M. O. (2008). Effect of sex education programs on at risk sexual behaviour of school going adolescents in Ilorin, Nigeria. *African Health Science Journal* 8(2): 120-125.
- Fasuba O.B. & Ojo D.O (2005). Adolescent Sexuality and Family Life Education in South Western Nigeria: Responses from Focus Group Discussion. *Journal of Social Science*, 10(2): 111-118.
- Fayemi, K. J., Adanikin, A. I., Adewusi, F., Ajayi, E., Olomjobi, F., Osho, T. & Fasuba, O. B. (2013). Survey of the problems of girl child in Ekiti State. *Tropical Journal of Obstetrics & Gynecology*. Volume 30(2): 48-57.
- Insel, P. M. & Ruth, W. T. (2000). *Core Concepts in Health California*: May Field Publishing Company.
- Morahson-Bello, I. O., Oladokun, A, Enakpene C. A, Fabawo A. O., Obisesan K. A. & Ojengbede O. A. (2005). Department of Obstetrics and Gynecology, University College Hospital, Ibadan and Department of Obstetrics and Gynecology, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria.
- Nigeria Demographic and Health Survey (NDHS) (2000) federal office of Statistics and Ad/Macro International Inc.
- Ogunsanmi, J. O. & Olusanya, O.A (2014). Influence of quality of parent-child Relationship and Parental Communication Styles among in School Adolescents in Ondo State. *European Scientific Journal*. 10(16).
- Osowole, O. & Oladepo, O. (2000). Effects of Peer Education on Deaf Secondary School Students HIV/AIDS Knowledge, Attitude and Sexual Behaviour. *Africa Journal Reproductive Health* 4(2): 93-103
- Owuamanam, D. O. (2004). *Fundamental of Educational Psychology*, Lagos: Bolabay Publications
- Onwuasoanya P. (2005). Effects of Premarital Counselling on Student Attitude Towards Marriage. *The Nigeria Journal of Guidance & Counselling* 10 (1) 95-103.
- Santelli, J. S., Richard M: D., Nance, D. & Roben, B. L. (2000). The Association of Sexual Behaviours with Socio-Economic Status, Family Structure, Race and Ethnicity among U. S. Adolescents

- Sunmola, A. M., Morenike-Dipeolu, M., Babalola, S. & Adebayo, O. D. (2003). Reproductive Knowledge, Sexual Behaviour and Contraceptive Use among Adolescents in Niger State of Nigeria. *African Journal of Reproductive Health*, 7(1): 37-48.
- Tinuola, F.R (2003) Premarital Pregnancy in Ekiti State University, Ado-Ekiti. *Journal of Education* 1 (2).