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The state of adolescent student attitude towards sex/sexuality education in today's contemporary society

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ABSTRACT

This study was conducted to investigate the attitude of adolescent students towards sex education. The investigation was carried out in Junior Secondary Schools in Gwagwalada Area Council, Federal Capital Territory, Abuja. A simple random technique was used to select the sample size of 1,981 respondents, made up of students in three (3) schools within Gwagwalada Area Council, used for the study. The statistical analysis used for data presentation and analysis were frequency table and percentages. The findings indicated that adolescent students held generally positive attitudes towards sexuality education, with female holding more positive attitudes than male. Learners indicated that the sexuality programme provide valuable information especially with regards to their own bodies

and self-respect. Recommendations were given, among which include, that; parents should support their adolescent to practice the knowledge acquired from sex education, ideal (positive) peer group should be form by adolescents, including the society encouraging adolescents to practice teachings of sexuality education, and presenting values and morals that the adolescents can emulate as a guide regarding sexuality issues.

Keywords: Adolescent, Contemporary, Society, Sexuality, Education

1. INTRODUCTION

1. 1. Background of the Study

Adolescence is a stage of maturation between childhood and adulthood, or a period of transition from childhood to adulthood. Also, the term denotes the period from the beginning of puberty to being able to fend for oneself. Puberty usually starts at about age fourteen in males and age twelve in females. The period of maturity or transition to adulthood varies among cultures, but it is generally defined as the time when individuals begin to function independently of their parents. The age range for adolescence generally is empirically defined as 11-12 years of age (Santrock, 2002). Three age groupings are recognized: early adolescence (11-14 years), middle adolescence (15-17 years) and late adolescence (18-22 years) (Mantzorous, Filer and Rogel, 1997). Human growth patterns are generally predictable, but each adolescent follows his or her own unique line of development. Thus, adolescents of the same age range may vary widely in height and weight, physical appearance and pubertal changes. The developmental stage of adolescence has been viewed as a stage that involves the physical and biological complexity of an adolescence. The stage is usually associated with puberty, sex organ development and maturity, controlled by the endocrine glands which manufacture hormones that are released by the pituitary glands located at the base of the brain. Other factors that trigger puberty are heredity and nutrition (Santrock, 2002).

For many years the situation has been that many teenagers would gain initial information about sexuality and related issues from other misinformed youngsters who did not know much themselves. Vergnani and Frank (1998) state that most adolescents do not receive direct formal lessons or talks about sexuality and sex education from their parents or teachers. Rather, what they know about sexuality and sex comes from what they see and hear from their siblings, peers and the media. This has led to the decision made by scholars and ministry of education to make sexuality education part of the curriculum to be taught in Nigeria. Since 1997 there have been many programmes developed to train educators on sexuality education within the African countries, especially in South Africa and Nigeria (South African Department of Education, 2004). Sexuality Education (SE) can range from direct teaching about biological 'plumbing' through to decision-making and value oriented approaches (Moore and Rosenthal, 1993). The desired outcome of sexuality education is an increase in future knowledge about bodily functions and in sexually responsible behavior or even abstinence.

Ansphaugh, Ezell, and Goodman (1987) state that appreciation for the self must start early in life and be developed further each year if children are to feel comfortable with their sexuality and make good sexual decision through preadolescent, adolescent and adult years.

Finger (2000) further states that sexuality education can result in young adults delaying first intercourse or, if they are already sexually active, in using contraception.

Sex education aims to reduce risks of potentially negative outcomes from sexual behavior, equips learners with life skills, and reduce the high level of drop-out of school and unwanted pregnancies. It provides knowledge on how to prevent transmission of diseases such as HIV/AIDS and other health problems (Steinberg, 1996). Historically, the task of instructing about has been seen as the responsibility of parents. Today, the term usually refers to classroom lesson about sex taught in schools. Sex education also aims at contributing to young people's positive experience of their sexuality by enhancing the quality of their relationships. It offers sexuality programmes aimed at providing accurate information about human sexuality for young people to develop and understand their values, attitudes and beliefs about sexuality. This according is a means by which they are help to protect themselves against abuse, exploitation, unintended pregnancies and sexually transmitted diseases.

Amoko, Bugua and Ncayiyana (1996) reported that sexual maturation seems to be experienced at earlier age than previously. They further state that this is associated with early initiation and a high level of sexual activity, low contraception usage, and a high rate of teenage pregnancies and STDs, which exposes them to HIV infections. Research of Nyarko, Adentwi, Asumeng and Ahulu (2014) also presented the rise in immoral acts including teenage pregnancies and HIV/AIDS as factors mitigating sex/sexuality education research across the globe.

The constant rise in sexual immoral acts found here-and-there in our society has been a point of concern to parents, teachers including school administrators. The wrong conception about sex and sexuality have driven grater percentage of young people into acts that is capable or have dragged them into ruin. Various newspapers, periodicals, journals and magazines often carry sensational stories of teenage sex escapades, pregnancies, sexually transmitted diseases like gonorrhoea, syphilis and herpes (Fabiye, 1995), while the reports of expulsion of pregnant students by school authorities are also common (Ehinmowo, 1981; Momodu, 1988; Ogunjimi, 2006).

Ogunjimi (2006) claimed that nearly one million adolescent aged 15-19 years become pregnant in the United State of America yearly, and about 30,000 pregnancies occur out of wedlock and unintended. Although up to date statistics were not available about the situation in Nigeria, there is no doubt that hundreds of Nigerian teenage girls roam about the stress of Nigeria's urban centers offering themselves to various men for economic gains. These sex escapade often result in pregnancies, venereal diseases and at some other times, fatal abortion.

The current general economic depression according to Ogunjimi (2006) had forced so many female adolescents including house-wives and single parents into trading their bodies for money (commercial sex workers). This according to him is being done to either supplement their meager financial resources or as a survival strategy. Some parents have because of poverty made use of their teenage daughters to make money from willing and in randy men. Conclusively, prevailing circumstance among the various families, communities and the general societies at large have rendered the religious, moral and cultural check and balance in matter concerning human sexuality extremely irrelevant and moribund.

It is noteworthy, however, to observe that various recommendations made by scholars towards sexual issues and the inclusion of sexuality issues into our school curriculum arises as a result of the fact that there was a high involvement of adolescents in sexual activities.

The development although created a more insight where adolescents could understand themselves, take good decision and live responsible life, but still their attitude regarding sex/sexuality issues seems to be dragging the society towards ruin. This prompted Fabiyi (1995) to contend that recommendation by experts may not be enough, or even teaching of sexuality issues is not enough. Sex education according to him must be accepted by students themselves as an appropriate measures to guide their emotional, physical, psychological including biological development towards successful living.

1. 2. Statement of the Problem

In recent times, many adolescents are faced with different challenges relating to sex/sexuality, with cases of rise in teenage pregnancy, poor performance in school, high rate of sexually transmitted diseases including HIV/AIDS, in addition to the rapid increase in immoral dressing and speech found here-and-there in our society. Various research literatures including Fabiyi (1995) have reported about 70% increase teenage pregnancy in sub-Saharan Africa, with more than one-third of these pregnancies been admitted in hospitals for bleeding, anemia and fatigue, with other life threatening complications (Nwanko, 1993; Fasuba, 1995).

A large number of school adolescents have been confirmed HIV positive, while some are already dead or at the point of death because of AIDS. This has been linked to negligence to adhere to guides regarding sex/sexuality education. For instance, studies conducted in Cote D'Ivoire, Malawi, South Africa, Tanzania, Zimbabwe and Nigeria confirmed that young women in their teens and early twenties had highest seroprevalence rate (Verkiyl, 1995; Briggs, 1995; Abdvol Karim *et al.*, 1992). Often the society frowns at these adolescents due to series of problems they face. Most of them drop out of school, live on welfare, often below poverty-line, while their health and that of their babies (in the case of the pregnant ones) suffer.

Other than the sexuality education that is taught in schools, programmes like LoveLife have been introduced to help increase awareness in young people about the risks of irresponsible sexual behavior. According to Moore, Rosenthal and Mitchell (1996), in spite of the high levels of knowledge, young people do not appear to be applying that knowledge to their sexual behavior. The alarming rate of teenage pregnancies, STD infections and HIV infections are debilitating factors to the growth of the community, our young people and their future. This study will focus on understanding the attitude of adolescent learners (students) towards such sexuality education. From the numerous literature reviewed for this study, it is evident that information on adolescent attitude to sexuality education is inadequate. Hence, the present study intends to fill this gap.

1. 3. Adolescent and Sexual Behaviour

The poorest most underdeveloped region in the world, sub-Saharan Africa, faces by far the highest rate of HIV infections. Although this region accounts for only 10% of the world population, 85% of AIDS deaths have occurred here (World Bank, 2000). Young people have the fastest-growing infection rate. The statistics seem to increase every year, which has made sexually transmitted diseases (STD's), HIV/AIDS and teenage pregnancy one of the biggest problems facing teenagers today. Sherr (1997) states that "every year, one of every eight sexually active adolescents is infected with a sexually transmitted disease".

South Africa including Nigeria is currently experiencing one of the most severe HIV epidemics in the world. By the end of 2005, there were five and a half million people living with HIV in South Africa, with record of similar statistics been presented for Nigeria.

A survey published in 2004 found that South Africans including Nigerians spent more time at funerals than they did having their haircut, shopping or having barbecues. It was also found that more than twice as many people had been to a funeral in the past month than had been to a wedding. Young people are the age group most severely affected by AIDS, with the largest proportion of HIV infections in the country occurring amongst people between age 15 and 24.

Alarming figures released by a South African provincial education department indicated that school girl pregnancies have doubled in the past years, despite a decade of spending on sexuality education. The number of pregnant school girls jumped from 1,169 in 2005 to 2,336 in 2006, presenting a huge increasing in teenage pregnancy. Over 90% of young Africans in the 1990's are reported to have known that AIDS is a fatal, sexually-transmitted diseases. However, the nature of HIV, the mechanism of transmission and methods of prevention were not as good, research results showed that there are serious gaps in knowledge since in a few interviews undertaken it appeared from the young people answers that their understanding of HIV/AIDS and prevention was sketchy (Richter, 1996).

There was also uncertainty about proper use of condoms. Serious misconceptions seemed to have been held by some young people, for example, that hormonal contraceptives and intrauterine contraceptive devices offer protection against HIV infection, or that the same condom may be used more than once (Blencher, Steinberg, Pick, Hennick and Durcan, 1995). Mythical disadvantages were attached to condoms, such as the widespread belief that condoms can disappear into women and cause them serious injury. According to women and cause them serious injury. According to Eaton, Flisher and Aaro (2004) the perception of low personal risk, the Health Belief Model (HBM) and social-cognitive learning theory (SCLT) both stress the importance of perceptions of adolescent about the seriousness of health threat, perceptions about one's personal vulnerability to a health threat, and one's perceived ability to reduce one's risk as key determinants of health behavior. Low perceived personal vulnerability is a risk factor because it reduces the motivation to take the necessary precautions.

The South African research does indicate that higher perceived vulnerability and anxiety about personal risk is linked to greater intended and actual sexual behavior change. Unfortunately a lot has been written about how many Nigerian including South African youths underestimate their risk for contracting HIV. While many methods have been used to assess perceived risk it has been clear that fewer than half of Nigerian including South African youth perceived any risk to themselves and fewer perceived a high risk (Everatt and Orkin, 1993). Perceptions of risk are unrealistically low in some groups with high rate of sexual activity and low condom use. Denial of risk and personal responsibility may be more prevalent among men than among women (MacPhail and Campbell, 2000).

Findings of Meyer-Weitz, Reddy, Weijtj, Van den Borne and Kok (1998) present social-cognitive factors as one of the factors influencing adolescent sexual behaviours, stating that young men claimed that abstinence or suppression of sexually desire leads to ill-health. Further presenting a research outcome were adolescent respondents stated the perceived disadvantage of abstinence been an hindrance and prevents people from demonstrating their fertility by getting into sexual intercourse and conceiving babies their fertility by acting into

sexual intercourse and conceiving babies. Others reported disadvantages of condom use are loss of pleasure as most young men would reported that they like sex to be ‘ ‘Skin to skin’; too many condoms are required for many round of sex; fear of condoms breaking or slipping; and awkwardness in purchasing condoms. Richter (1996) also upholds that these perceived factors are disadvantageous and seem to prevent young people from using protection. Blecher *et al.* (1995) reported only small minority, mostly women from conservative Christian background see and accept abstinence altogether from sex until marriage as being ideal behonour for adolescent, presenting a view that greater percentage of adolescent are willing and eager to involve in sexual intercourse with or without adhering to using protection using protection. Goliath (1995) presented low self esteem as being associated with earlier onset of sexually activity and the individual resulting in having sexually partners. It has been hypothesized that a person with a poor sexual self-concept may rely on others for affirmation. This may lead him or her to search for external affirmation in multiple sexual encounters.

Reddy and Meyer-Weitz (1997) reported negotiating condom use before and during sex been a problem facing adolescents sexual behavior, communication with one’s partner about STD risk and condom use has been found to be strongly correlated with willingness to use condoms and with self reported use. But talking about condoms is not easy. Discussion tend to be limited and awkward. Introducing condoms into a sexual encounter is still perceived to break the intimacy and romance of the moment Eaton *et al.* (2004) reported coercive male dominated sexual relationship as a factor contributing to the negative behavior of adolescents toward sexuality, reporting that young people heterosexual relationship often in certain communities frequently involve sexually coercion and violence towards the female pertinent, with cases of young women been physically forced or bullied into having sex. In such relationships the male partner largely controls the sexual activity, which usually prevents young girls and women from insisting on condom use. In relationships with such an imbalance of power, young women’s ability to practice safer sex is constrained by their partner’s demands. Buga, Amoko and Ncayiyana (1996) reported sex pressure by adolescent being a negative sexual behavior, stating that both girls and boys experience considerable same sex peer pressure to be sexually active. For boys pressure has to do with providing manliness, and having many sexual partners wins a young man status and admiration. Young men often encounter negative peer attitudes towards condoms. For girls pressure sometimes comes from sexually experienced peers who exclude inexperienced girls from group discussion because they are still young (Wood, Johnny and Peyy, 1997).

1. 4. Research Question

- 1) What is the attitude of male adolescent student towards sex education.
- 2) What is the attitude of female adolescent student towards sex education.

1. 5. Purpose of the Study

The purpose of the study is to find out the attitude of adolescent students towards sex education in today’s contemporary society. In addition, the specific objectives of the study include:

- 1) To discover the attitude of male adolescent students towards sex education.
- 2) To find out the attitude of female adolescent students towards sex education.

2. RESHEARCH METHOLOGY

2. 1. Research Design

This study is a descriptive research work carried out on survey. This was adopted to enable the researchers to collect relevant data from the respondents with respect to the attitude of adolescent students towards sexuality education.

2. 2. Population of the Study

The population consisted of 19,811 adolescent students in Junior Public Secondary Schools in Gwagwalada Area Council FCT-Abuja. Statistics shows that there are 10,214 male and 9,597 female adolescent students in the 18 Public Junior Secondary schools in Gwagwalada Area Council (Gwagwalada Area Council Education Report, 2017). The targeted population consisted of 10% (1,981) of the entire population, hence, three schools; Junior Secondary School (JSS) Phase III Gwagwalada, JSS Hajj Camp and JSS Sabon Gari, Gwagalada was selected where 660 students in JSS phase III Gwagwalada and JSS Hajj Camp, with 661 in JSS Sabon Gari were the respondents.

2. 3. Sample and Sampling Techniques

The selection of Junior Secondary Schools in the population was done using simple random sampling technique. Three public Junior Secondary School was selected for the study on the basis of 660 adolescents in two schools and 661 adolescents in the last school. Therefore a total of 1,981 JSS I-III respondents constituted the sample. This is made up to male and female students.

2. 4. Instrument for Data Collection

The instrument for data collection was a questionnaire designed by the researchers and titled “The State of Adolescent Students Attitude towards sex/sexuality education”. The questionnaire was designed to investigate the attitude of adolescent students towards sex/sexuality education. The instrument consisted of two sections: Section A was designed to obtain demographic information about the respondents, while Section B deals with the attitude of adolescents student towards sex education. The respondents were given alternative responses to choose from. It is a closed-ended questionnaire in which the responses were categorized into 4-point Likert-type scale to their level of agreement with statement given as;

- Strongly Agree (SA)
- Agree (A)
- Disagree (A)
- Strongly Disagree (SD)

2. 5. Validation of Instrument

The instrument was validated through expert judgment in the Department of Educational Foundation, FCT-College of Education, Zuba-Abuja, Nigeria, and the research team to establish both face and content validity. The reliability co-efficient of the instrument was obtained using a standard questionnaire constructed by Myeza (2008) and was found to be 0.74, this was considered reliable, hence suitable for use in this research study.

2. 6. Administration of Instrument

The instrument was administered to the respondents by the research team, with the assistance of the class teacher. Instrument administered were retrieved, processed and used for the study. In order that participant’s rights to privacy and confidentiality were met the following were taken into consideration: Participants were briefed as to the nature and the need of this research study. With the help of guidance teacher, participants were guaranteed that their responses would be handled with confidentiality and sensitivity.

2. 7. Method of Data Analysis

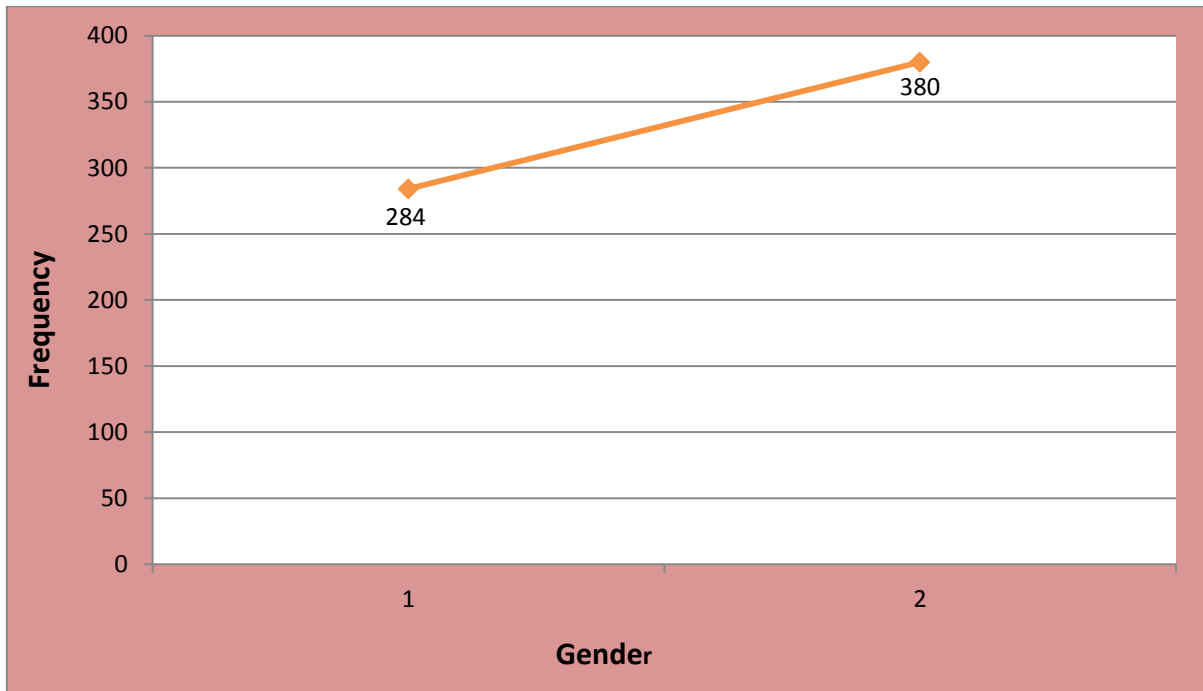
The responds collected from the administered questionnaire were analyzed using descriptive statistics to find the frequencies and percentages.

3. RESULT AND DISCUSSION

Table 1. Percentage Analysis of male and female adolescent student towards sex education

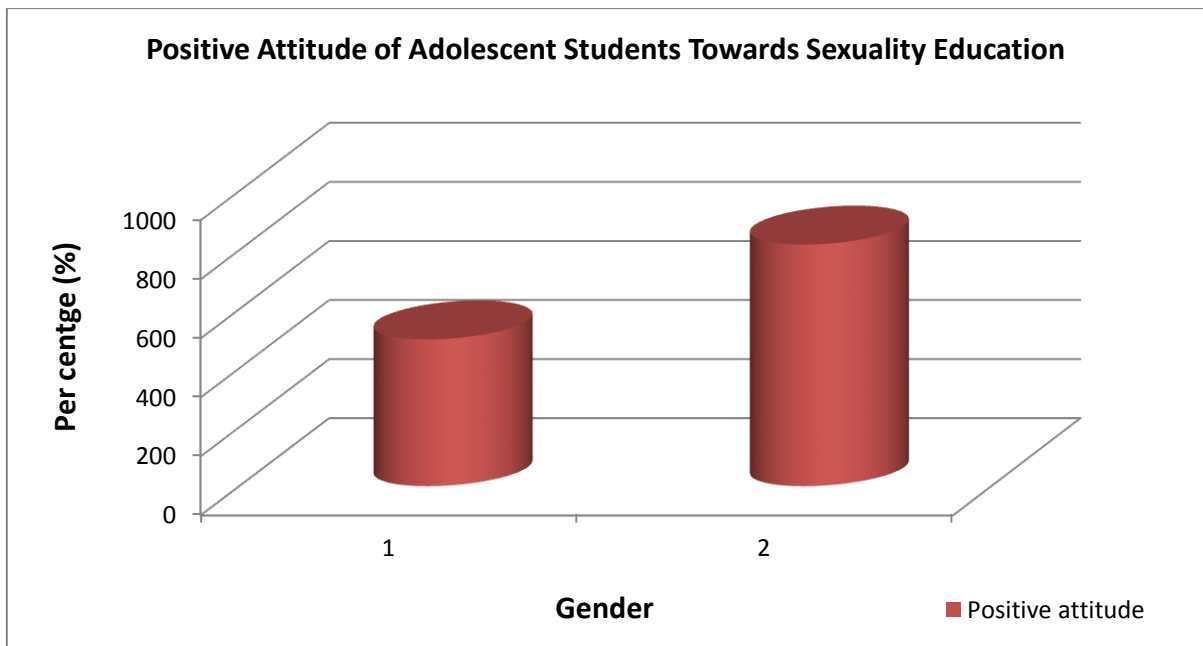
Gender	Attitude towards sexuality education				Total	
	Negative		Positive			
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Male	284	36.31%	498	63.69%	782	100%
Female	380	31.70%	819	68.30%	1,199	100%

Analyzed data presented in (Table 1) shows that both males and females had positive attitudes towards sexuality education, but more females had positive attitudes than did males. With the females having a positive value of 68.30% (819) which stands over 63.69% (498) observed for males. However, 36.3% and 31.70% was recorded as negative attitude for both males and females respectively. Result of this finding is in accordance with the research of Macleod (1995), where the researcher reported more female adolescents having positive attitude regarding sexuality education than did male. Findings of this research further confirms the work Ogunjimi (2006), where the researcher reported more female students in Cross River State of Southern Nigeria responding positively to sexuality issues taught in and outside the school. Result from the study indicates that adolescent both males and females demonstrate a positive significant level of attitude towards sexuality education; however their behavior has not changed. Macleod (1995) produced similar result, and stated the unchanged behavior despite the knowledge/positive attitude as being responsible for the raise in teenage pregnancy, HIV/AIDS including STDs suffered by the adolescent and youth today.



Key: 1 = Male, 2 = Female

Figure 1. Frequency distribution graph of Negative Attitude of Adolescent Student towards Sexuality Education



Key: 1 = Male, 2 = Female

Figure 2. Frequency distribution graph of Positive Attitude of Adolescent Student towards Sexuality Education

4. CONCLUSION

The aim of the study was to investigate the attitude of adolescent students toward sexuality education in today's contemporary society. Outcome of data analysis present the attitude of student both male and female as positive, indicating a view that they understand the teachings of sexuality education and its importance in the lives. Thus, it could be concluded that female adolescent in the study area hold a more positive attitude than the male in matters regarding sexuality.

Recommendation

As sexuality education is one of the many initiatives working towards reducing HIV/AIDS infections including teenage pregnancies. The following recommendations could also be helpful in mitigating the problem of HIV/AIDS, teenage pregnancies among other related problems faced by the adolescents regarding sexuality:

- Parents should support their adolescents to practice the knowledge acquired from sexuality education.
- Ideal (positive) peer group should be form by adolescent/teenagers, as this can enhance the practice of the information acquired through sexuality education.
- The society should encourage adolescents/teenagers to practice the knowledge acquired through sexuality education, while presenting positive view towards teaching of values and morals that could enhance adolescent adjustment towards engaging in vices like unprotected sexual intercourse.

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