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PERCEPTION TOWARDS THE INTRODUCTION OF SEX EDUCATION TO SECONDARY SCHOOL STUDENTS AMONG SELECTED WOMEN ATTENDING UCH IBADAN FAMILY CLINIC.

Makinde Olufemi Yinyinola, Olawale Olufunke Rhoda & Adeniran Dorcas Adekemi

ABSTRACT

The concept of sex education and its introduction in secondary schools has witnessed much controversies and misconception by many teachers, parents, the society and students. Sex education which is sometimes called sexuality education or sex and relationships education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is the information and skills acquired by an individual to help the individual to deal with human sexuality. The objective of this study is to assess the perception of women attending University College Hospital (UCH) family clinic towards teaching of sexuality education in secondary schools. A descriptive cross-sectional study design was adopted; and a cluster sampling technique was used in selection of 100 women for the study. A self-structured and interviewer-administered questionnaire was used to obtain information from respondents within 4 weeks. The data collected were coded and entered into SPSS windows, version 20.0. It was further analyzed using descriptive statistics and Chi-square (χ^2) test with level of significance at 5%. Findings show that the mean age of the respondents is 37.63 ± 7.71 years. Further findings reveal that majority of respondents are married, majority are Christians and majority have tertiary education as the highest educational qualification. This study also shows that the respondents have positive perception and perceived positive attitude towards introduction of sexual education in secondary school. Further findings observe that the perceived knowledge of women on role of sex education in adolescent sexual issues is poor. Hypothesis tested show that there is no significant influence on gender, education, religion and age of parents on perception of sexuality education in secondary schools. It is

therefore recommended that parents and teachers should jointly have the responsibility to provide correct and factual information on sexual health to students since they spend most of the time with parents at home and teachers at schools.

Keywords: Perception; women; sexuality education; secondary schools, students.

INTRODUCTION

The concept of sex education and its introduction in secondary schools has witnessed much controversies and misconception by many teachers, parents, the society and students. The concept of sex education which is sometimes called sexuality education or sex and relationship education attracts a plethora of definitions from different people. According to Frimpong (2010), sex education is “the systematic attempt to promote the healthy awareness in the individual on matters of his/her sexual development, functioning, behavior and attitudes through direct teaching”. Similarly, the Sexuality Information and Education Council of the United States (SIECUS) in Njoku (2008), sees sex education as “a planned process of education that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural, and spiritual aspects of human sexuality.

From these definitions, it can be deduced that sex education is a deliberate, planned and organized learning experience in the aspect of human sexuality which is intended to equip young people with the requisite skills and adequate knowledge which will enable them to develop positive attitude on sex related issues as well as to take rational

decisions in line with societal expectations. It is important to note that sex education is not just incorporated into social studies for knowledge acquisition but to help young people develop attitudes, values, goals and practices that are based on sound knowledge which will enable them to express their sexual and mating impulses in a manner that is socially and ethically acceptable as well as personally satisfying (Ameh; 2015).

The concept of sex education in Nigerian schools is not a new concept in Nigeria. Abdu (2006) postulated that traditional form of sex education and family life education has been in existence where kinship systems, age grade and coming –of –age ceremonies or initiation ceremonies where the youths are tutored about manhood and womanhood. It is purely biological and cultural, while various methods of contraceptives are just kept at the domain of married people and kept secret. Many young people are kept in the dark as they are not opportune to be properly educated on family life and sex education because their training is on “dos and don'ts” (Ameh; 2015). Sex education is described as education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, contraception, family planning, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections (STIs) and how to avoid them, and birth control methods (Wilhelm; 2011).

Sex education which is sometimes called sexuality education or sex and relationships education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is the information and skills acquired by an individual to help the individual to deal with human sexuality. Sex education is the information provided to adolescents to help them make realistic and responsible decisions about sexual behaviours such as dating practices, courtship, mate selection and social

roles Sex education gives a detailed account on the development and understanding of the physical, mental, emotional, economic, social and psychological stages of human relations as they affect male and female relationship (Akpama; 2013). Sex education is also about developing young people's skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices (Akpama; 2013).

It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV and AIDS. It is also argued that providing sex education helps to meet young people's right to have their needs met and to help them enjoy their sexuality and the relationships that they form. (Ekpere, 2006). Young people have the right to appropriate information to make discussions and access to the means to help them act responsibly, which some societies forbid giving sex education or contraceptives to adolescents. Programs worldwide have developed innovative ways to provide these services to youth (Ekpere, 2006). According to Hafner (2008), such programs may improve knowledge about sexuality, delay intercourse and increase contraceptive use. Sex education works best when it reaches youth before their first intercourse. For many teenagers having sex at an early age is associated with other risk factors such as poverty, poor school performance, smoking, drinking or taking drugs. In addition, many adolescents who become sexually active when they are young come from troubled families where they have been abused (Mohammed & Barker, 2007).

Sex education aims at reducing the risks of potentially negative outcome from sexual behavior such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases including HIV. It also aims to contribute to young people's positive experience of their sexuality by enhancing the quality of their relationship and their ability to make informed decisions over their lifetime.

Sex education should be more than just puberty and reproductive biology, it should help young people to be safe and enjoy their sexuality (Eggleston, 2008). The provision of sexuality education and contraceptive services to unmarried adolescents has become a key issue in the era of AIDS (Fugleseng; 2010). According to a study conducted in Enugu State by Onyechi, Okere&Anyaeibunam (2014), it has been echoed by some parents that the teaching of sex education in secondary schools has violated the innocence of children. As a result of cultural factors discussion of sex is seen as a taboo in many homes. For others, the danger in the absence of adequate, valid and reliable information as is found in sexuality education, may have led adolescents into unsafe sexual activities. The problem of this study put into a question is thus: what is the perception of sexuality education of adolescents in secondary schools by parents in Enugu State? Therefore, the study is carried out to find out the perception towards the introduction of sex education to secondary school students among selected women attending UCH Ibadan family clinic.

Specific objectives are:

1. To identify the perception of selected women attending UCH Ibadan Family Clinic towards the introduction of sex education to secondary school students.
2. To assess the perceived attitudes of women attending UCH Ibadan Family Clinic towards sex education of their children.
3. To determine the perceived knowledge of women attending UCH Ibadan Family Clinic on the role of sex education in adolescent sexual issues.
4. To identify the perceived effect of religion and cultural belief towards sex education

RESEARCH QUESTIONS

- What is the perception of selected women attending UCH Ibadan Family Clinic towards the introduction of sex education to secondary school students?

- What are the perceived attitudes of women attending UCH Ibadan Family Clinic towards sex education of their children?
- What is the perceived knowledge of women attending UCH Ibadan Family Clinic on the role of sex education in adolescent sexual issues?
- What is the perceived effect of religion and cultural belief towards sex education?

HYPOTHESIS

There is no significant influence of women' education, religion and age on their mean perception of teaching sexuality education in secondary schools.

METHODOLOGY

Study Design: - This study is a descriptive cross-sectional study.

Study Setting: - The study was conducted in family clinic of University College Hospital (UCH), Ibadan, Oyo State. The University College hospital (UCH), Ibadan is one of the premier tertiary health institutions in Nigeria. It is located at the heart of Ibadan (the largest indigenous city in West Africa and capital of Oyo State, Nigeria). The University College Hospital started from Adeoyo State Hospital Yemetu, Ibadan in 1948 when the hospital was an appendage of University of London.

The physical development of the hospital commenced in 1953 in its present site and was formally commissioned after completion in November 20th, 1957. The Hospital admitted its first set of patients in April, 1957. The tertiary health institution serves, as a referral centre for diabetic mellitus treatment especially in the South West Geo-Political Zone of Nigeria and other West Countries. The Hospital has 56 service and clinical departments and runs 96 consultative out-patient clinics a week in 50 specialty and sub-specialty disciplines.

The study population: - comprised women currently attending the family clinic of University College Hospital (UCH) in Ibadan. This includes women that are ready to

participate voluntarily in the current research. This involves women from different socio-economic, cultural, educational and marital background. They were carefully selected to give a true representative of the study. However, those that refused to consent were excluded from participating in the study.

Sample Size Determination: - according to Okeke (2010), can be determined by using Taro Yamane formulae. This formula is stated below:

$n = \frac{\text{Minimum sample size required or desired sample size}}{N}$

$N =$ Estimated population of women currently attending family clinic at the University College Hospital (UCH), Ibadan ($N=134$).

$e =$ Limit of sampling error or degree of accuracy desired, usually set at 5% or 0.05.

$$n = \frac{134}{1 + 0.335} = 100.3 \approx 100 \text{ respondents (approximately)}$$

The minimum acceptable sample size was 100 respondents. (women).

Sampling Technique: - A cluster sampling technique was used to select one hundred participants for the study.

The instrument: - The instrument used for this study was a semi structured interviewer administered pre-tested questionnaire consisting of 35 questions that are in 3 sections (A-E). Section A was used to collect data on socio-demographic characteristics and it comprised of six (6) items, Section B was used to collect data on the women's perception on introduction on sexuality education in secondary schools, and it comprised of twenty-two (22) items, while Section C was used to collect data on the perceived attitudes towards sex education of their children and it comprised of seven (7) items. Section D was used to collect data on the perceived knowledge on role of sex education in adolescent sexual issues and it comprised of seven (7) items. Section E was used to collect data on the perceived effect of religion and cultural belief towards sex education and it comprised of seven (7) items.

Validity of the Instrument: Peer review of the instrument was done among colleagues in the Department of Nursing for criticism and appropriate suggestion. An in-house review was carried out among Health experts who are lecturers in the college of health sciences, for face and content validity. This allowed professional comments on the appropriate method used in setting the instrument.

Reliability of the instrument: - Pilot test of the instrument was carried out using 10% of the instrument at the family clinic in Oluyoro Catholic Hospital Ibadan, Oyo State which is a similar set of participants in similar setting, to ensure relevancy, appropriateness and adequacy of all items in the instrument. Necessary corrections were made before the final instrument was administered. The reliability of the questionnaire was determined from the pre-test using Alpha Cronbach test, which reported a reliability coefficient of 0.79 which was interpreted to be high.

Data Collection: The questionnaires were administered by the researcher and one recruited trained research assistant. Assistance was given to the respondents as regard requested explanation on any question that needs clarification. The data collection process for the questionnaires took three weeks to complete.

The family clinic days of Wednesday – 8am and Thursday – 12noon) – at University College Hospital (UCH) family clinic, were the periods when the questionnaires were administered to the respondents and their responses were elicited.

Data Analysis: - All questionnaires were retrieved and manually checked for error, data was fed into Statistical Package for Social Science (SPSS) version 19.0 and descriptive statistical method was used in analysis of collected data. The sorted data were represented using tables, charts, figures and graphs as appropriate. Associations existing between variables were assessed using chi-square test with level of statistically significant differences set up at a value of 0.05.

Ethical Consideration: Ethical approval or clearance was obtained from the Ethical Review Board/Committee of University

College Hospital (UCH), Ibadan. Oyo State, as part of the pre-requisite and inform consent was obtained from the respondents in which confidentiality of collected information was guaranteed.

RESULTS

One-hundred (100) questionnaires are administered to the selected respondents. The

same are retrieved. The summary of the analysis is computed and the results are presented in frequency distribution tables, percentages and proportions, bar charts, pie charts, and references are made. For each hypothesis, the statistical tests of significance applied are stated and tested using chi-square test techniques. A p-value of less than or equal to 0.05 was considered statistically significant.

Figure 1 shows that the ages of respondents range from 30years to 5years. The mean age of the respondents is 37.63 ± 7.71 years. 45 (45.0%) of the respondents are in the age group of 30-34years, 19(19.0%) of the respondents are in the age group of 35-39years, 17(17.0%) of the respondents are in the age group of 40-

44years, 9(9.0%) of the respondents are in the age group of 45-49years, while 10(10.0%) of the respondents are in the age group of 50 years & above. Thus, many (45.0%) of the respondents are in the age group of 30-34years.

Socio-demographic characteristics of respondents.

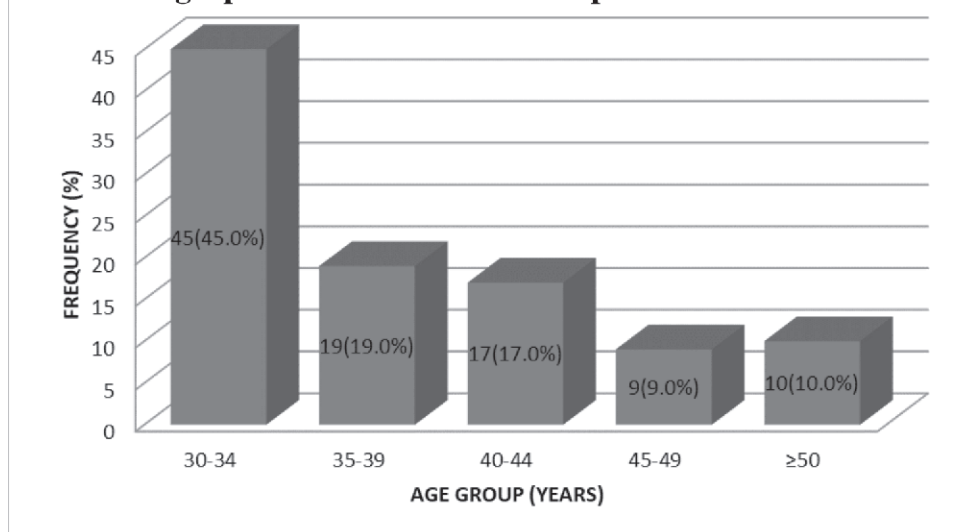


Figure 2 above shows that 24(24.0%) of the respondents are single, 73 (73.0%) of the respondents are married, 2(2.0%) of the

respondents are divorced/separated, while 1(1.0%) of the respondents are widowed.

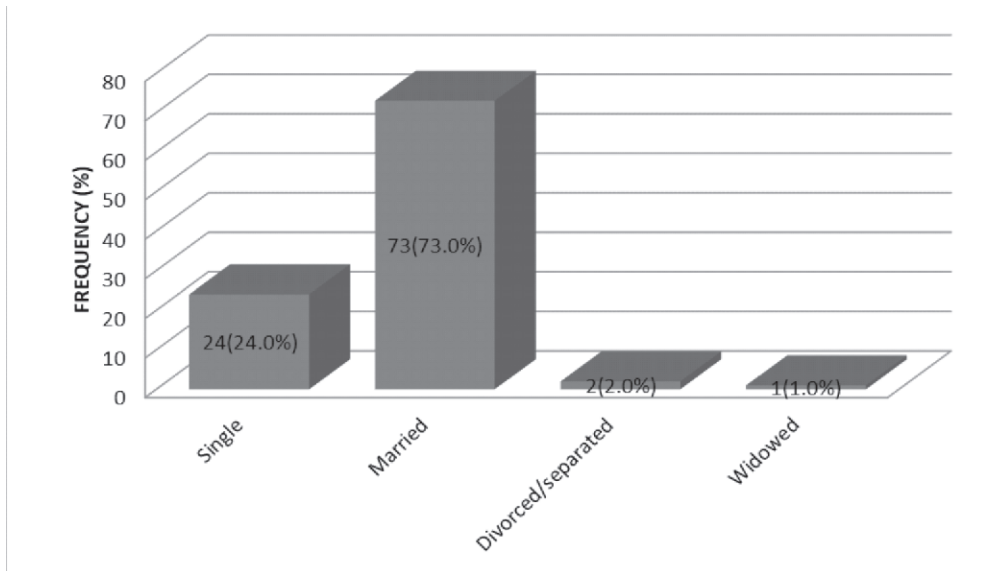


Figure 2: Marital status of the respondents.

Figure 3 shows that 72(72.0%) of the respondents practiced Christianity, while 28(28.0%) of the respondents practiced Islam.

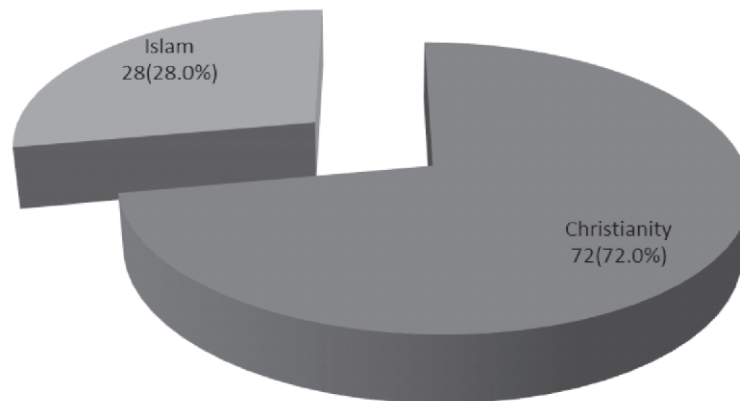


Figure 3: Religion of the respondents.

Table 1 above shows that 90(90.0%) of the respondents are Yorubas, 6 (6.0%) of the respondents are Igbos, 1(1.0%) of the

respondents are Hausas, while 3 (3.0%) of the respondents are other ethnic groups.

Table1: Ethnic group of the respondents.

Ethnic group	Frequency (n=100)	Percentage (%)
Yoruba	90	90.0
Igbo	6	6.0
Hausa/Fulani	1	1.0
Others	3	3.0
Total	100	100.0

Table 2 shows that 1(1.0%) of the respondents have no formal education, 4(4.0%) of the respondents have primary education,

35(35.0%) of the respondents have secondary education, while 60(60.0%) of the respondents have tertiary education.

Table 2: Highest Educational qualification of the respondents.

Highest Educational qualifications	Frequency (n=100)	Percentage (%)
No formal education	1	1.0
Primary education	4	4.0
Secondary education	35	35.0
Tertiary	60	60.0
Total	100	100.0

Table 3 shows that 38(38.0%) of the respondents are civil servants, 11(11.0%) of the respondents are unemployed/students, 21(21.0%) of the respondents are traders,

23(23.0%) of the respondents are self-employed, 5(5.0%) of the respondents are artisans, while 2(2.0%) of the respondents are others.

Table 3: Occupation of the respondents.

Respondents' occupation	Frequency (n=100)	Percentage (%)
Civil servant	38	38.0
Unemployed/student	11	11.0
Trading/business	21	21.0
Self employed	23	23.0
Artisan	5	5.0
Others	2	2.0
Total	100	100.0

Table 4 shows that 14(14.0%) of the respondents strongly agree that adolescents in secondary school should be sexually educated; 28(28.0%) agree; 7(7.0%) are undecided; 30(30.0%) disagree; while 21(21.0%) strongly disagree. 36(36.0%) of the respondents strongly agree that knowledge of sex education will expose secondary school students to sexual activities; 23(23.0%) agree; 1(1.0%) are undecided; 35(35.0%) disagree; while 5(5.0%) strongly disagree. 4(4.0%) of the respondents strongly agree that knowledge of sex education will delay sexual activities; 34(34.0%) agree; 2(2.0%) are undecided; 32(32.0%) disagree; while 28(28.0%) strongly disagree. 16(16.0%) of the respondents strongly agree that sex education should not be taught as a subject but should be incorporated into biology; 36 (36.0%) agree; 11(11.0%) are undecided; while 37(37.0%) disagree. 9(9.0%) of the respondents strongly agree that sex education can help secondary school students overcome the temptation of indiscriminate sex; 35(35.0%) agree; 2(2.0%) are undecided; 42(42.0%) disagree; while 12(12.0%) strongly disagree.

Twenty-four(24.0%) of the respondents strongly agree that it is necessary to teach both boys and girls sex education; 47(47.0%) agree; 8(8.0%) are undecided; 17(17.0%) disagree; while 4(4.0%) strongly disagree. 7(7.0%) of the respondents strongly agree that sex education ought to be compulsory in secondary schools; 29(29.0%) agree; 8(8.0%) are undecided; 31(31.0%) disagree; while 25(25.0%) strongly disagree. 18(18.0%) of the respondents strongly agree that sex education should not be taught only by parents; 24(24.0%) agree; 2(2.0%) are undecided; 24(24.0%) disagree; while 32(32.0%) strongly disagree. 18(18.0%) of the respondents strongly agree that it is a good idea to combine teachers and parents in the teaching of sex education; 25(25.0%) agree; 3(3.0%) are undecided; 14(14.0%) disagree; while 40(40.0%) strongly disagree. 8(8.0%) of the respondents strongly agree that sex education is useful to adolescents in secondary schools; 36(36.0%) agree; 8(8.0%) are undecided; 36(36.0%) disagree; while 12(12.0%) strongly disagree. 41(41.0%) of the respondents strongly agree that sex education in secondary schools can lead to adolescents experimenting sex; 27(27.0%) agree; 1(1.0%) are undecided; 27(27.0%) disagree; while 4(4.0%) strongly disagree.

Fifteen (15.0%) of the respondents strongly agree that sex education must have some positive contributions to the society; 38(38.0%) agree; 23(23.0%) are undecided; 23(23.0%) disagree; while 1(1.0%) strongly disagree. 10(10.0%) of the respondents strongly agree that sex education will put an end to sexual immortality in secondary schools; 29(29.0%) agree; 5(5.0%) are undecided; 36(36.0%) disagree; while 20(20.0%) strongly disagree. 9(9.0%) of the respondents strongly agree that in sex education, male teachers should teach only male students and female teachers, female students; 30(30.0%) agree; 15(15.0%) are undecided; 32(32.0%) disagree; while 14(14.0%) strongly disagree. 23(23.0%) of the respondents strongly agree that it is ignorance, not sex education that stimulates irresponsible actions; 20(20.0%) agree; 2(2.0%) are undecided; 46(46.0%) disagree; while 9(9.0%) strongly disagree. 23(23.0%) of the respondents strongly agree that if students are taught sex education, ideas will be put into their heads that they would not ordinarily have; 47(47.0%) agree; 6(6.0%) are undecided; while 24(24.0%) disagree.

Twenty-two (22.0%) of the respondents strongly agree that sex education violates the innocence of children; 26(26.0%) agree; 5(5.0%) are undecided; 39(39.0%) disagree; while 8(8.0%) strongly disagree. 3(3.0%) of the respondents strongly agree that all aspects of sex education should be given to adolescents; 21(21.0%) agree; 12(12.0%) are undecided; 24(24.0%) disagree; while 40(40.0%) strongly disagree. 16(16.0%) of the respondents strongly agree that they feel teaching learners about the sex education is a waste of time; 23(23.0%) agree; 7(7.0%) are undecided; 39(39.0%) disagree; while 15(15.0%) strongly disagree. 21(21.0%) of the respondents strongly agreed that sex education should not be taught at all because it promotes teenage pregnancy among students; 28(28.0%) agree; 4(4.0%) are undecided; 36(36.0%) disagree; while 11(11.0%) strongly disagree. 21(21.0%) of the respondents strongly agree that they don't like sex education because it promotes promiscuity (having many sexual partners) among students; 29(29.0%) agree; 2(2.0%) are undecided; 36(36.0%) disagree; while 12(12.0%) strongly disagree.

Table 4: Women’s perception to introduction towards sex uality education in secondary schools.

Women’s perception to teaching sexuality education. (n=100)	SA	A	U	D	SD
Adolescents in secondary school should be sexually educated.	14(14.0%)	28(28.0%)	7(7.0%)	30(30.0%)	21(21.0%)
Knowledge of sex education will expose secondary school students to sexual activities.	36(36.0%)	23(23.0%)	1(1.0%)	35(35.0%)	5(5.0%)
Knowledge of sex education will delay sexual activities.	4(4.0%)	34(34.0%)	2(2.0%)	32(32.0%)	28(28.0%)
Sex education should not be taught as a subject but should be incorporated into biology.	16(16.0%)	36(36.0%)	11(11.0%)	37(37.0%)	0(0.0%)
Sex education can help secondary school students overcome the temptation of indiscriminate sex.	9(9.0%)	35(35.0%)	2(2.0%)	42(42.0%)	12(12.0%)
It is necessary to teach both boys and girls sex education.	24(24.0%)	47(47.0%)	8(8.0%)	17(17.0%)	4(4.0%)
Sex education ought to be compulsory in secondary Schools.	7(7.0%)	29(29.0%)	8(8.0%)	31(31.0%)	25(25.0%)
Sex education should not be taught only by parents.	18(18.0%)	24(24.0%)	2(2.0%)	24(24.0%)	32(32.0%)
It is a good idea to combine teachers and parents in the teaching of sex education.	18(18.0%)	25(25.0%)	3(3.0%)	14(14.0%)	40(40.0%)
Sex education is useful to adolescents in secondary schools.	8(8.0%)	36(36.0%)	8(8.0%)	36(36.0%)	12(12.0%)
Sex education in secondary schools can lead to adolescents experimenting sex.	41(41.0%)	27(27.0%)	1(1.0%)	27(27.0%)	4(4.0%)
Sex education must have some positive contributions to the society.	15(15.0%)	38(38.0%)	23(23.0%)	23(23.0%)	1(1.0%)
Sex education will put an end to sexual immortality in secondary schools.	10(10.0%)	29(29.0%)	5(5.0%)	36(36.0%)	20(20.0%)
In sex education, male teachers should teach only male students and female teachers, female students.	9(9.0%)	30(30.0%)	15(15.0%)	32(32.0%)	14(14.0%)
It is ignorance, not sex education that stimulates irresponsible actions.	23(23.0%)	20(20.0%)	2(2.0%)	46(46.0%)	9(9.0%)
If students are taught sex education, ideas will be put into their heads that they would not ordinarily have.	23(23.0%)	47(47.0%)	6(6.0%)	24(24.0%)	0(0.0%)
Sex education violates the innocence of children.	22(22.0%)	26(26.0%)	5(5.0%)	39(39.0%)	8(8.0%)
All aspects of sex education should be given to adolescents.	3(3.0%)	21(21.0%)	12(12.0%)	24(24.0%)	40(40.0%)
I feel that teaching learners about the sex education is a waste of time.	16(16.0%)	23(23.0%)	7(7.0%)	39(39.0%)	15(15.0%)
Sex education should not be taught at all because it promotes teenage pregnancy among students.	21(21.0%)	28(28.0%)	4(4.0%)	36(36.0%)	11(11.0%)
I don't like sex education because it promotes promiscuity (having many sexual partners) among students.	21(21.0%)	29(29.0%)	2(2.0%)	36(36.0%)	12(12.0%)

Table 4a shows that 54(54.0%) of the respondents have good perception towards introduction to sexuality education in

secondary schools; while 46(46.0%) of the respondents have poor perception.

Table 4a: Summary of respondents’ perception to introduction sexuality education in secondary schools.

Score	Frequency (n=150)	Percentage (%)
Good perception	54	54.0
Poor perception	46	46.0
Total	100	100.0

Table 5 shows that 14% strongly agree that only education program promote abstinence from sex 28% agree, 7% are indifferent, 30 % disagree and 21% strongly disagree. 36% strongly agree that character building does not acknowledge that many teenagers will become sexually active 23% agree, 1% as indifferent, 35 % disagree and 5% strongly disagree. 4% strongly agree that refusal skill does not acknowledge that many teenagers will become sexually active 34% agree, 2% are in different, 32 % disagree and 28% strongly disagree. 9% strongly agree that Schools provide an ideal setting for sex education 35% agree, 2% are indifferent, 42 % disagree and 12% strongly disagree. 41%

strongly agree that teachers offering sex education often use more passive forms of learning 27% agree, 1% indifferent, 27 % disagree and 4% strongly disagree. 23% strongly agree that teachers offering sex education tend to disregard skill-oriented learning activities 47% agree, 6% are in different, 24 % disagree 19% strongly agree that teachers offering sex education often put sexuality in a larger developmental context 29% agree, 7% are indifferent, 29 % disagree and 16% strongly disagree. This study concludes that a woman's perceived attitude towards introduction of sexuality education in secondary schools is positive with the score of 53%.

Table 5: Women’s perceived attitude towards introduction of sexuality education in secondary schools.

Women’s perceived attitude towards introduction of sexuality education. (n=100)	SA	A	U	D	SD
Only Education program promote abstinence from sex	14(14.0%)	28(28.0%)	7(7.0%)	30(30.0%)	21(21.0%)
character building does not acknowledge that many teenagers will become sexually active	36(36.0%)	23(23.0%)	1(1.0%)	35(35.0%)	5(5.0%)
refusal skill does not acknowledge that many teenagers will become sexually active	4(4.0%)	34(34.0%)	2(2.0%)	32(32.0%)	28(28.0%)
Schools provide an ideal setting for sex education	9(9.0%)	35(35.0%)	2(2.0%)	42(42.0%)	12(12.0%)
teachers offering sex education often use more passive forms of learning.	41(41.0%)	27(27.0%)	1(1.0%)	27(27.0%)	4(4.0%)
teachers offering sex education tend to disregard skill-oriented learning activities.	23(23.0%)	47(47.0%)	6(6.0%)	24(24.0%)	0(0.0%)
teachers offering sex education often put sexuality in a larger developmental context	19(19.0%)	29(29.0%)	7(7.0%)	29(29.0%)	16(16.0%)
	21%	32%	4%	31%	12%

Table 6 above shows that 11(11.0%) of the respondents strongly agree that teaching sex education in secondary school will go along in preventing sexually transmitted diseases including HIV / AIDS; 31(31.0%) agree; 3(3.0%) are undecided; 40(40.0%) disagree; while 15(15.0%) strongly disagree. 21(21.0%) of the respondents strongly agree that sex education cannot reduce the problems of sexually transmitted diseases among secondary school students; 33(33.0%) agree; 42(42.0%) disagree; while 4(4.0%) strongly disagree. 3(3.0%) of the respondents strongly agree that sex education in secondary school would reduce the problem of Vesico Vaginal Fistula (VVF) in our society; 39(39.0%) agree; 2(2.0%) are undecided; 43(43.0%) disagree; while 13(13.0%) strongly disagree. 11(11.0%) of the respondents strongly agree that sex education in secondary school will help adolescents in the area of unwanted pregnancy and illegal abortion; 39(39.0%) agree; 1(1.0%) are undecided; 40(40.0%) disagree; while

9(9.0%) strongly disagree. 10(10.0%) of the respondents strongly agree that unwanted pregnancy and illegal abortion cannot be reduced by teaching of sex education in the secondary school; 35(35.0%) agree; 49(49.0%) disagree; while 6(6.0%) strongly disagree. 6(6.0%) of the respondents strongly agree that sex education should be integrated into secondary school curriculum since it will reduce adolescent's sexual health problems; 33(33.0%) agree; 5(5.0%) are undecided; 35(35.0%) disagree; while 21(21.0%) strongly disagree. 19(19.0%) of the respondents strongly agree that have nothing against sex education if it teaches learners about how to avoid sexually transmitted diseases; 29(29.0%) agree; 7(7.0%) are undecided; 29(29.0%) disagree; while 16(16.0%) strongly disagree. This study observes that the perceived knowledge of women on role of sex education in adolescent sexual issues is poor with the average score of 41%.

Table 6: The Perceived knowledge on Role of Sex Education in Adolescent Sexual issues.

Role of sex education. (n=100)	SA	A	U	D	SD
Teaching role of sex education in secondary school is to prevent sexually transmitted diseases including HIV / AIDS.	11(11.0%)	31(31.0%)	3(3.0%)	40(40.0%)	15(15.0%)
Sex education cannot reduce the problems of sexually transmitted diseases among secondary school students.	21(21.0%)	33(33.0%)	0(0.0%)	42(42.0%)	4(4.0%)
Sex education in secondary school will reduce the problem of Vesico Vaginal Fistula (VVF) in our society.	3(3.0%)	39(39.0%)	2(2.0%)	43(43.0%)	13(13.0%)
Sex education in secondary school will help adolescents in the unwanted pregnancy and illegal abortion.	11(11.0%)	39(39.0%)	1(1.0%)	40(40.0%)	9(9.0%)
Unwanted pregnancy and illegal abortion cannot be reduced by teaching of sex education in the secondary school.	10(10.0%)	35(35.0%)	0(0.0%)	49(49.0%)	6(6.0%)
Sex education should be integrated into secondary school curriculum since it will reduce adolescent's sexual health problems.	6(6.0%)	33(33.0%)	5(5.0%)	35(35.0%)	21(21.0%)
I have nothing against sex education if it teaches learners about how to avoid sexually transmitted diseases.	19(19.0%)	29(29.0%)	7(7.0%)	29(29.0%)	16(16.0%)
	12	29	3	40	12

Table 7 observes 14% strongly agree that Religion affect the pattern of sexual behavior 28% agree, 7% are in different, 30 % disagree and 21% strongly disagree. 4% strongly agree that Religion affect the pattern of sexual attitudes towards premarital sex 34% agree, 2% are in different, 42 % disagree and 12% strongly disagree. 24% strongly agree that My culture imposes sanctions and norms on sex education. 47% agree, 8% are in different, 17% disagree and 4% strongly disagree. 18% strongly agree that my spiritual belief influences my decision on sex education 24% agree, 2% are in different, 24 % disagree and 32% strongly disagree. 18% strongly agree that it is a good idea to combine teachers and parents in the teaching of sex education 25% agree, 3% are in different, 14 % disagree and

40% strongly disagree. 8% strongly agree that culture and value system influence the introduction of sex education in secondary schools 36% agree, 8% are in different, 36% disagree and 12% strongly disagree. 41% strongly agree that sex education in secondary schools can lead to adolescents experimenting sex 27% agreed, 1% are in different, 27% disagree and 4% strongly disagree. 15% strongly agree that it is believed that sex education does not have some positive contributions to the society 38% agree, 23% are in different, 23% disagree and 1% strongly disagree. The women's perception on the effect of religion and cultural belief towards introduction of sexuality education in secondary schools is positive with the average score of 50%.

Table 7: Women’s Perceived Effect on Religion and Cultural Belief Towards Introduction of Sexuality Education In Secondary Schools.

Women’s perception to teaching sexuality education. (n=100)	SA	A	U	D	SD
Religion affect the pattern of sexual behavior	14(14.0%)	28(28.0%)	7(7.0%)	30(30.0%)	21(21.0%)
Religion affect the pattern of sexual attitudes towards premarital sex.	4(4.0%)	34(34.0%)	2(2.0%)	32(32.0%)	28(28.0%)
Religion affect the pattern of sexual behavior in partners across the lifecycle.	9(9.0%)	35(35.0%)	2(2.0%)	42(42.0%)	12(12.0%)
My culture imposes sanctions and norms on sex education	24(24.0%)	47(47.0%)	8(8.0%)	17(17.0%)	4(4.0%)
My spiritual belief influences my decision on sex education.	18(18.0%)	24(24.0%)	2(2.0%)	24(24.0%)	32(32.0%)
It is a good idea to combine teachers and parents in the teaching of sex education.	18(18.0%)	25(25.0%)	3(3.0%)	14(14.0%)	40(40.0%)
Culture and value system influence the introduction of sex education in secondary schools.	8(8.0%)	36(36.0%)	8(8.0%)	36(36.0%)	12(12.0%)
Sex education in secondary schools can lead to adolescents experimenting sex.	41(41.0%)	27(27.0%)	1(1.0%)	27(27.0%)	4(4.0%)
It is believed that sex education does not have some positive contributions to the society.	15(15.0%)	38(38.0%)	23(23.0%)	23(23.0%)	1(1.0%)
	17	33	6	27	17

TESTING OF HYPOTHESIS

Hypothesis in this study was tested using chi-square test techniques. This is done in order to establish relationships and make predictions. The contingency tables below are the chi-square test statistic for the relationships between women's educational level, religion and age; on their mean perception of teaching sexuality education in secondary schools, and the corresponding degree of freedom (df) as well as p-values.

Hypothesis 1: This hypothesis states thus:

Ho: There is no significant influence of women's education, religion and age on their mean perception of teaching sexuality education in secondary schools.

Table 7 above shows that there is a significant influence of women's education ($\chi^2 = 9.516$; $p=0.023$) and age ($\chi^2 = 10.260$; $p=0.036$) on their mean perception of teaching sexuality education in secondary schools.

Decision: Since the tabulated significance level (0.05) is higher than the calculated significant value of 0.023 and 0.036 respectively ($p<0.05$), therefore reject the null hypothesis and conclude that there is a significant influence of women's education and age on their mean perception of teaching sexuality education in secondary schools. This means that women's education and age influence their mean perception of teaching sexuality education in secondary schools. However, there is no significant influence of women's religion ($\chi^2 = 3.006$; $p=0.083$) on their mean perception of teaching sexuality education in secondary schools.

Decision: Since the tabulated significance level (0.05) is less than the calculated significant value of 0.083 ($p>0.05$), therefore accept the null hypothesis and conclude that there is no significant influence of women's religion on their mean perception of teaching sexuality education in secondary schools. This means that women's religion does not influence their mean perception of teaching sexuality education in secondary schools

Table 8: Cross tabulation of educational level, religion, age and perception of teaching

Socio-demographic characteristics	Respondents' mean perception towards teaching of sex education in secondary schools.		Chi square value (χ^2)	Degree of freedom	p-value
Highest level of Education			9.516	3	0.023*
No formal education	1(100.0%)	0(0.0%)			
Primary education	3(75.0%)	1(25.0%)			
Secondary education	25(71.4%)	10(28.6%)			
Tertiary education	25(41.7%)	35(58.3%)			
Religion			3.006	1	0.083
Christianity	35(48.6%)	37(51.4%)			
Islam	19(67.9%)	9(32.1%)			
Age (in years)			10.260	4	0.036*
30-34	17(37.8%)	28(62.2%)			
35-39	14(73.7%)	5(26.3%)			
40-44	12(70.6%)	5(29.4%)			
45-49	6(66.7%)	3(33.3%)			
50	5(50.0%)	5(50.0%)			
Total	54(54.0%)	46(46.0%)			

* $p<0.05$ (i.e. Significant);

DISCUSSION

This study assesses the perception towards the introduction of sex education to secondary school students among selected women attending UCH Ibadan Family Clinic. The socio-demographic characteristics of respondents reveals that majority of the women are between 30 -34years, married, Christians and Yoruba. Further findings show that the highest educational qualification of the majority of respondents is tertiary education and the occupation is civil service. The study shows that the respondents have positive perception towards introduction of sexuality education in secondary schools. This study is contrary to a study conducted by Onyechi, Okere & Anyaegbunam (2014) on parental perception of Sexuality Education of Adolescents in Secondary Schools in Enugu State.

This study shows that women have perceived attitude towards introduction of sexuality education in secondary schools is positive. This study is in support of Okpara, Ike and Tabansi (2013) who maintain that young people should have adequate information about their sexuality. This study also supports the study conducted in Kaduna in Nigeria by Balogun (2011) that the male and female students want sex education to be included into the secondary schools curriculum. This study is contrary to [Smith](#) and [Harrison](#) (2012) who reports that teachers expressed judgmental attitudes towards young people's sexuality and pregnant students, and focused on girls' perceived irresponsible behavior instead of strategies to minimize HIV risk.

The study observes that the perceived knowledge of women on role of sex education in adolescent sexual issues is poor. This is in support with the study of (Mustapha Mohammed 2018) that both parents and teachers perceived that sex education could expose the students to sexual promiscuity. The women's perception on the effect of religion and cultural belief towards introduction of

sexuality education in secondary schools is positive with the average score of 50%. This study is in contrast to Mohammed, Sadiq and Mohammed (2018) who reports that perception of parents and teachers towards the effect of religion and cultural belief is negative. The result of this study is in support of the findings of Eko (2013) that parents have positive perception of introduction sexuality education in Calabar South Local Government Area of Cross River State.

The findings of this study also reveal that none of the demographic variables (gender, education, religion and age) can be said to influence the respondents' perceptions as their F-values surpass the 0.05 threshold. For gender $F = .129$ at $P < .05$; education $F = .462$ at $P < .05$; religion $F = 1.812$ at $P < .05$; Age $F = 1432$ at $P < .05$. Based on the above result, it can be concluded that there is no significant influence on gender, education, religion and age of parents on perception of sexuality education in secondary schools. This finding is in support of the study of Anna (2018) that there is no significant difference in the attitude of male and female teachers towards the teaching of sexuality education in Federal government colleges

IMPLICATION OF FINDINGS FOR NURSING

The findings of this study have implications for nursing intervention. The outcomes of this study show that interventions aimed at capacity building strategies are needed to provide women with adequate knowledge and awareness towards early introduction of sex education among their children. The study reveal that majority of the women has good perception towards teaching sexuality education in secondary schools. As health care workers, nurses should know the importance and impact of early introduction of sex education to secondary school students. Hence, refresher courses, seminars or workshops should be

organized to update their knowledge and attitude towards sex education as it helps to overcome the temptation of indiscriminate sex; and in the prevention of sexually transmitted diseases like HIV/AIDS. Since sex education enhances knowledge of students on sexual issues, thus, it is very essential and necessary for nurses to embark on massive health education starting from the grass root to the urban, on the need and importance of sexual education to adolescents. Moreover, nurses should make sure that their immediate family members adopt the introduction of sex education to their children in schools as it contributes positively to the society.

CONCLUSION

The findings in this study reveal that study participants have a favorable perception toward the introduction of sex education in schools. Most respondents felt that areas such as HIV/AIDS, sexually transmitted diseases and basis of reproduction, should form core content of sex education in schools. Sexuality education is one of the major avenues in passing accurate information which will help youths in secondary schools to integrate sex in their lives in a responsible and constructive manner and prevent unwholesome conditions like prostitution, promiscuity, unwanted pregnancies, and sexually transmitted diseases, amongst others in our contemporary communities. Sexuality education should be an integral part of the secondary school curricula and be taught by Biology, Integrated science and Health science teacher or pay later in terms of aforementioned unwholesome conditions. Hence, all hands must be on deck to ensure that unwholesome barriers do not hinder sexuality education in secondary schools. School is a privileged setting for formal, articulate sex education as children and adolescents spent a considerable amount of their time at school and other agents of sex education like the internet and other media can often provide non-structured education. Teachers are the major source of information for students on sexual

issues. The findings from the study are therefore used to form the basis of the recommendations provided at the concluding part of the study.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

- 1 During parents and teachers association (PTA) meeting, the counsellor should liaise with the principal to introduce talks on adolescents' sexuality and the parents should collaborate with schools to prepare adolescent mind on sexuality issues
- 2 Parents should be sensitized on the benefits of sexuality education to adolescents in secondary school and religious leaders should be informed that sexuality education is not a catalyst for immorality.
- 3 The government should organize trainings, workshops and supports conferences and seminars for teachers intermittently to present more papers on the teaching of sex education to adolescent in secondary schools. This will motivate parents as they listen to the plenary sessions to ask question for clarification on the aspect of sex education that conflict with their religious and traditional belief.
- 4 Government should formulate a definite, explicit, and workable sexuality education policy and the Curriculum planners should include quality and comprehensive programme on sexuality education in the secondary school curricula as a separate subject.
- 5 Sex education teachers should teach comprehensive sex education in a friendly atmosphere with the students in line with the culture of the society without any element of prejudice to any aspect of the content.

- 6 Parents and teachers should jointly have the responsibility to provide correct and factual information on sexual health to adolescent since they spend most of their time with their parents at home and teachers at schools.

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