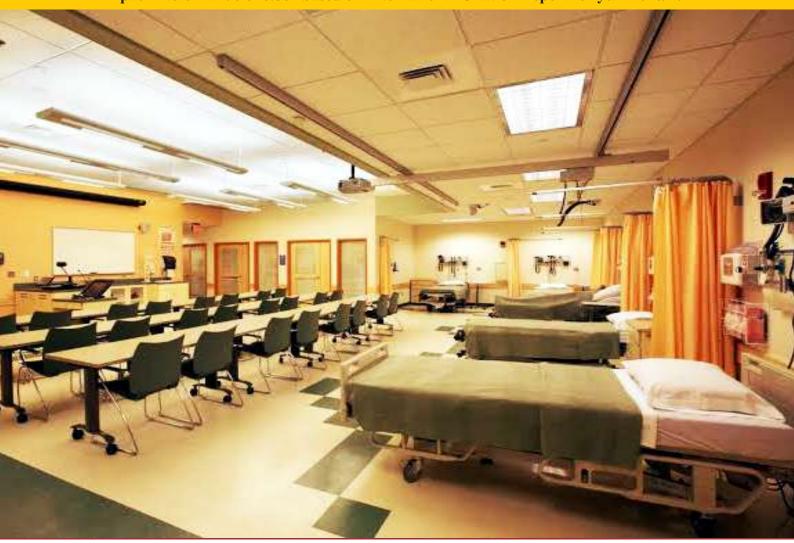


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AWARENESS AND ACCEPTANCE OF SEXUALITY EDUCATION AMONG SELECTED SECONDARY SCHOOLS STUDENTS IN USIEFRUN DELTA STATE

ADEBAMIKE ADENIKE AYANYINKA; YETUNDE OMOLOLA OYEDEJI & OYEBAMIJI RACHEL TOYIN

ABSTRACT

Sexuality education ought to be a fundamental component of the educational process from early childhood through adulthood and its ongoing lifelong learning process. The perception and acceptance of sexuality education and sexual roles are slowly shifting in a favourable direction. A cross sectional descriptive study design was carried out with a total of 400 secondary school students drawn from the target population for the study. The respondents were selected by Simple random sampling technique was used to select 400 students from those who were available at the time of the study. Questionnaires were distributed during morning assembly to the respondents. Same was collected at break time same day from those who were available at the time of the study. The questionnaire is divided into four sections viz; demographic data, respondent information on the awareness and acceptance of sexuality education among secondary school students; Data was analyzed using SPSS (Version 22.00) and presented in frequency distribution tables and percentage. This study indicated that the level of awareness of sexuality education among selected Secondary Students in Usiefrun Community is very high (70%) and the sources of awareness are Social Medial (63.8%), school (75.5%), friends (62.5%) and religious organizations (70%). Further result revealed that level of acceptance of sexuality education among selected Secondary Students in Usiefrun Community is low (40%) and the factors militating against sexuality education include the way they think and their body image (72.5%), their looks and behavior with what their culture dictates with respect to height, weight, hairstyle and skin tone (62.5%), poor socioeconomic background (66%) and lack of sexuality information (97.5%). Conclusively, Adolescents receive sexuality education, which is information designed to assist them in making sensible and responsible choices regarding their sexual behaviour. Effective sex education gives people the chance to gain knowledge, personal insight, motivation, and behavioural skills that are congruent with their personal values and choices.

Keywords: Sexuality Education; Awareness; Acceptance; Secondary Schools Students

INTRODUCTION

All theories of adolescent development give sexuality a central prominence in negotiating the transition from child to adult. Sexuality may bring pleasure or pain, happiness or despair. Traditionally, adolescents are not given any information on sexual matters by parents and this information comes from peer groups and social media and much of this information are of doubtful value. According to a United Nations report, 56% and 15% of females within the ages of 15-19 years and 20-24 years respectively are not married. out of the 18 million people within the age group 15-24 years making 19% of Nigeria's population about one million teenagers annually get pregnant with resultant 44% drop out of school and 50% are not married and young mothers and infants are at enormous health risk

Sexuality education should be an integral part of the learning process beginning in childhood and continuing into adult life and its lifelong learning process. It should be for all children, young people and adults, including those with physical learning or emotional difficulties. It should encourage exploration of values and moral values, consideration of sexuality and personal relationships and the development of communication and decision-making skills. It should foster self-esteem, self-awareness, a sense of moral responsibility and the skills to avoid and resist sexual experience. (Randhir Kumar et al 2017).

Health education plays important roles in human life and it is also a fundamental right. It can help to increase self-esteem, develop effective communication skills and encourage awareness about health and disease related knowledge.

According to Sigmod, the age which children receive sexuality education determines how it affects their knowledge, awareness and pattern of life. Early commencement of sexuality education by parents and teachers will improve the awareness and acceptance of sex education among children. Also Battle 2018 observed that young people can make good decisions about their sexual health if education policies, programs and services are available to help them.

The mixture of myths/stigma secrecy, lack of knowledge, social disparity and negative media messages confuses young people and encourages poor self-esteem resulting in uninformed choices being made and it may lead to incorrect knowledge about sex, unprotected sex, unplanned pregnancy; STI'S including HIV/AIDS or deeply unhappy and damaging relationship. Adolescents rate sexuality education as one of their most important educational needs. However, sexual health education is often a controversial topic with perhaps no other subject sparkling as much debate (Cairus, Collins & Hiebert, el al 2006). The term "biological side of sexuality" refers to the reproductive system as well as the universally present, hormonally controlled biological urge. The relationship that occurs between and is exhibited via intense feelings of love, trust, and compassion is referred to as the emotional and physical components of sexuality.

The awareness and acceptance of sexuality education and sexual roles is gradually gearing towards the positive side. Sexuality education programs that advocate abstinence until marriage are based primarily on religious beliefs. Culture's diversity determines the awareness of sex education acquired among youths. This therefore elicits their behavioural pattern towards sexuality. The tenets of this approach to sexuality education are frequently defined in such a way as to imply that any violation of these precepts is immoral. Dozens of sexuality education programs have been proven effective at helping young people delay sex or have sex less often. Sexual health education can help young people avoid negative health consequences. Every year in the United States, about 750,000 teens become pregnant, with up to 82 percent of those pregnancies being unintended.

Comprehensive sexual health education covers a range of topics throughout all students' grade levels (Atlanta: CDC 2012) Rodriguez (2001), Omoegun (2008) and Ogunjimi, (2009) in their studies also revealed that adolescents' sexual permissiveness is the result of the technological development experienced within the society. This school of thought holds the media and entertainment industry responsible for adolescent's moral decadence. Effiom and Ejue (2003), Walker (2004), and Omoegun (2008), in their various studies affirmed that the consequences of adolescents' permissiveness towards sex are enormous. The consequences includes: contacting sexually transmitted diseases, unwanted pregnancy; illegitimate children etc. These researchers affirm that many adolescents meet their untimely death through contacting sexually transmitted diseases su8ch as AIDS or abortion.

Some adolescents end up having problems with their reproductive organs as a result of either wrong intake of drugs to forestall premarital pregnancy or contact sexually transmitted diseases without timely intervention treatment. Esu (1990) & Isangedighi (1990) noted that the teaching of sex education to adolescents has continued to pose a problem in Nigeria because both literate and illiterate parents share the same cultural and religious beliefs. Both Christian and Islamic religion alike. This study intends to investigate secondary school students' awareness of and acceptance of sex education. The rise in the number of teenage pregnancies among young females, especially those under the age of 18, inspired the researchers to conduct this study. To determine the awareness and acceptance of sexuality education among selected Secondary School Students in Usiefrun Community.

Objectives of the study

 To determine the level of awareness of sexuality education among selected Secondary Students in Usiefrun Community.

- ii. To identify their sources of information
- iii. To assess the level of acceptance of sexuality education among selected Secondary Students in Usiefrun Community
- iv. To identify the factors militating against sexuality education among selected Secondary school Students in Usiefrun Community

Research Questions

- i) What is the level of awareness of sexuality education among Secondary Students?
- ii) What are their sources of information?
- iii) What is the level of acceptance of sexuality education among Secondary Students?
- iv) What are the factors militating against sexuality education among Secondary school Students?

METHODOLOGY

A non – experimental, descriptive type of research design was used in the course of the study. The research was carried out in useifrun Community, located in Ugheli South Local Government Area of Delta State. Its geographical coordinates are 5° 30' 0" North, 5° 53' 0" East. Spoken language are English, Isoko, Urhobo, Hausa, Yoruba, Igbo and Fulah. The closest airport in Nigeria is Warri Airport in a distance of 7 mi (or 12 km), North-West. Besides the airports, there are other travel options available. The community has hospitals, bank ATM, Hotels, marriage hall, police station, church, mosque, public and private primary schools, 16 public and private secondary schools. The common occupations of the people in the community are Civil Service and Farming

The target population for this study are students from four secondary schools (two public schools and two private schools). The public schools are of Ogbavweni Government Secondary School, Oghenede Comprehensive College, Oginibo Secondary School, Otokutu Grammar School. This study focuses on students between ages 12– 21 years. A total number of 2000 students altogether were used for the study. The sample size was determined using Yaro Yamane's formula. A total of 400 secondary school students were drawn from the target population for the study. Simple random technique is used to select 400 students for the study from those who were available at the time of the study. Questionnaires were distributed during morning assembly to the respondents. Same was collected at break time same data. Questionnaire was constructed in English language and given to the respondents to tick on the appropriate box based on what they know, and feel is right.

The questionnaire has four sections A - D, section A was on Demographic data; section B on Awareness of sexuality education; section C on acceptance of sexuality education while section D was on strategies to improve the awareness and acceptance of sexuality education. The instrument was validated, reliability of the instrument was ensured by using the test-retest method. The respondents were clearly informed about the study in order to gain their consent based on their rights and privacy. Confidentiality and anonymity of subjects was employed in respect to information supplied by the questionnaire. Only consenting adolescents were involved in the study and all data treated confidentially. Respondents were instructed not to put their names or those of their schools anywhere in the questionnaires for confidentiality purposes. Responses were voluntary.

RESULTS

Table 1 shows that 86 (21.5%) of the respondents are within the age of 11-13 years, 120 (30%) of the respondent are within the age of 14-16 years, 144 (36%) of the respondents are within the age of 17-19 years while 50 (12.5%) are within the age of 21 and above. From sex distribution, 160 (40%) of the respondents are male while 240 (60%) of the respondents are female.

From class distribution, 26 (6.5%) of the respondents are in JSS 1, 80 (20%) of the respondents are in JSS 2, 106 (26.5%) of the respondents are in JSS 3, 98 (24.5%) of the respondents are in SSS 1, 80 (20%) of the respondents are in SSS 2 while 10 (2.5%) of the respondents are in SSS 3. From religion

distribution, 290 (72.5%) of the respondents are Christians, 80 (20%) of the respondents are Muslims, 10 (2.5%) of the respondents are African Religion while 20 (5%) of the respondents are for other religions like Jehovah's Witnesses and Eckankar. From tribe distribution, 250 (62.5%) of the respondents are from Urhobo, 30 (7.5%) of the respondents are from Isoko, 8 (2%) of the respondents are from Ijaw, 88 (22%) of the respondents are from Ibo while 24 (6%) of the respondents are from other tribes like Hausa, Itsekiri, Calabar and Yoruba. This study indicated that majority of respondents are within the ages of 14 to 16 years and 17 to 19 years, females and are 9n JSS and SSS1. Finding also showed that majority of the respondents are Christians and Urhobo tribe.

Table 1: Distribution table showing demographic data of respondents.

VARIABLE	FREQUENCE	PERCENTAGE
AGE	<u> </u>	21.5%
11-13 years	86	
14-16 years	120	30%
17-19 years	144	36%
20 and above	50	12.5%
Total	400	100%
SEX		
Male	160	40%
Female	240	60%
Total	400	100
CLASS		
JSS1	26	6.5%
JSS2	80	20%
JSS3	106	26.5%
SSS1	98	24.5%
SSS2	80	20%
SSS3	10	2.5
TOTAL	400	100
RELIGION		
Christian	290	72.5%
Muslim	80	20%
African Tradition	10	2.5%
Others	20	5%
Total	400	100%
TRIBE		
Urhobo	250	62.5%
Isoko	30	7.5%
Ijaw	8	2%
Ibo	88	22%
Others	24	6%
TOTAL	400	100%

Students in Usiefrun Community is high Table 2 shows that the level of awareness of sexuality education among selected Secondary (70%).

Table 2; The level of awareness of sexuality education among selected Secondary Students

in	Usiefrun Community.		
S/	ITEMS	YES	NO
N			
1	Does sexual education include issues like health, sexual	390(97.5%)	10 (2.5%)
	reproduction, sexual identification e.t.c		
2	Does sexuality education prevent spread of sexual infection?	250 (62.5%)	150(37.5%)
3	Does sexuality education should only be from 20 years and above?	80(20%)	320(80%)
4	Does sexuality education bring about irresponsible behaviors in secondary schools?	80(20%)	320(80%)
5	Does the respondent aware of sexuality education?	390(97.5%)	10(2.5%)
6	Are parents primarily responsible for educating their children on sexuality education?	310(77.5%)	90(22.5%)
7	Should sexuality education be taught in schools as part of school's curriculum?	290(72.5%)	110(27.5%)
8	Should social/mass media be used to teach sexuality education?	255(63.75%)	145(36.25%)
9	Should church service be dedicated to sexuality education?	302(75.5%)	98(24.5%)
10	Does sexuality education a comfortable topic of discussion?	250(62.5%)	150(37.5%)
11	Does sexuality education help create awareness in young adult about their sexuality?	280(70%)	120(30%)
12	Does sexuality education make young adults more responsible with their sexuality?	391(97.8%)	9(2.25%)
13	Does sexuality education make young adult sexually active?	0(0%)	400(100%)
14	Is sexuality education broad to understand?	251(87.8%)	49(12.24%)
15	Should respondents listen or talk about sexuality education because of religion?	254(63.5%)	146(36.5%)
16	Did teacher and students honest in discussing sexuality education?	383(95.8%) 70%	17(4.25%) 30%

Table 3 reveals that Social Medial (63.8%), school (75.5%), friends (62.5%) and religious organizations (70%) are the Sources of

awareness of sexuality education among selected Secondary Students in Usiefrun Community.

Table 3: The Sources of awareness of sexuality education among selected Secondary

Students in Usiefrun Community.

S/N ITEMS	YES	NO
Social Medial	255 (63.8%)	145 (36.2%)
School	302 (75.5%)	98 (24.5%)
Friends	250 (62.5%)	150 (37.5%)
Religious organization	280 (70%)	120 (30%)

Table 4 reveals that level of acceptance of sexuality education among selected Secondary

Students in Usiefrun Community is low (40%).

Table 4: The level of acceptance of sexuality education among selected Secondary Students in Usiefrun Community.

SN	Items	SA	A	D	SD
1	I accept sexuality education	64(16%)	8(2%)	124(31%)	204(51%)
2	We are taught anatomy and physiology of reproductive system	136(34%)	8(2%)	40(10%)	216(54%)
3	My parents taught that always staying close to opposite sex to prevent pregnancy	64(16%)	160(40%)	40(10%)	136(34%)
4	We are taught the good an d bad effect of family planning in school	60(15%)	24(6%)	92(23%)	224(56%)
5	We are taught that we should avoid kissing and romantic acts	36(9%)	56(14%)	92(23%)	216(54%)
6	We are taught in church that fornication is a sin so we should avoid it	104(26%)	134(33.5%)	90(22.5%)	72(18%)
7	We are taught to always say no to sex before marriage	160(40%)	64(16%)	132(33%)	44(11%)
		22	18	22	40

Table 5 reveals those factors militating against sexuality education among selected secondary school students in Usiefrun community include the way they think and their body image 290 (72.5%), their looks and behavior

with what their culture dictates with respect to height, weight, hairstyle and skin tone (62.5%), poor socioeconomic background 264 (66%) and lack of sexuality information 390 (97.5%).

Table 5. Factors Militating Against Sexuality Education Among Selected Secondary School Students in Usiefrun Community

	YES	NO
The way we feel about our worth.	160(40%)	240(60%)
The way we think and our body image.	290 (72.5%) **	110 (27.5%)
Our looks and behavior with what our culture dictates with	250(62.5%) **	150(37.5%)
respect to height, weight, hairstyle and skin tone.		
religious beliefs	92(23%)	308 (77%)
knowledge	80(20%)	320 (80%)
poor socioeconomic background	264 (66%) **	136(34%)
lack of sexuality information	390 (97.5%) **	10 (2.5%)
value clarification.	48(12%)	352(88%)
Communication	80 (20%)	320 (80%)

Discussion of Findings

This study assesses the awareness and acceptance of sexuality education among selected Secondary School Students in Usiefrun Community. This demographic study indicates that majority of respondents are within the ages of 14 to 16years and 17 to 19years, females and are in JSS and SSS1. Finding also showed that majority of the respondents are Christians and Urhobo tribe.

Our study shows that the level of awareness of sexuality education among selected Secondary Students in Usiefrun Community is very high. This study is not in accordance with Peter (2010), who said that approximately 2.6 million youths globally do not have full awareness and acceptance of sexuality education and Stephen et al (2007) who revealed that 45% of the respondents do not have a good knowledge about sexuality education

This study reveals that Social Medial, school, friends and religious organizations are the Sources of awareness of sexuality education among selected Secondary Students in Usiefrun Community. This study is in agreement with Balter et al (2017) who posit that sexual health education should be a shared responsibility between the parents and the schools. This study is also in line with Toscany Academy (2012) who state that the issue of sex education depends on religious, moral, cultural and social orientation. This study is in agreement with barbarakohl.com/the role-of-the church 2018 which states that "your church can reach parents with the information and training they need in a number of ways. You can offer courses on teen sexuality as part of your Sunday School curriculum, using your own staff or members of the congregation who have some training and experience, such as doctors, nurses, or directors of crisis pregnancy centers.

The result of this study reveals that level of acceptance of sexuality education among selected Secondary Students in Usiefrun Community is low. This study is contrary to a study conducted in Tanzania by Herman, et al., (2013) which revealed that there were conflicting opinions regarding the introduction

of sex education in schools. This study reveals the factors militating against sexuality education among selected secondary school students in Usiefrun community include the way they think and their body image, their looks and behaviour with what their culture dictates with respect to height, weight, hairstyle and skin tone, poor socioeconomic background, and lack of sexuality information. This is in line with the study conducted in university of Nairobi Kenya (year) in which examined the factors contributing to the sexuality education among adolescents include limited understanding of what sex education is all about. This study also supports Mwakelemu, (2012) who found that the respondents are constrained by various challenges including limited knowledge on the scope of sex education and the struggle to meet basic needs which impacts on the amount of time spent with children.

Implication to Nursing Practice

The study elicits the high awareness of sexuality education but low acceptance among secondary school students. The Federal Ministry of Education and Civil Societies should be encouraged to draft and propose a curriculum on sexuality education for both primary and secondary schools. Nurses are important stakeholders of school health and should be available to care for these adolescents and introduce sexuality education to the youth friendly services. The presentation should be acceptable to secondary students and education should be tailored to enlighten students on sexual behavior, dating practice and protection during sexual activities. Lastly, nurses should function to the best of their ability in assisting students with reproductive health.

Conclusion and recommendations

Sexual education is the information provided to adolescent to help them make realistic and responsible decision about sexual behaviour such as dating practice, courtship, mate selection and social roles. Effective sex education supports informed decision making by providing individuals with opportunity to develop knowledge, personal insight, motivation, and behavioural skills that are consistent with personal values and choices.

Adolescents receive sexual education which is the information designed to assist them in making sensible and responsible choices regarding their sexual behaviour, including dating, courting, partner selection, and societal duties. Sexual education should be made youthfriendly to enable adolescents communicate freely. This aids individuals in making informed decisions. It has been suggested that school health programs can help educate students, particularly secondary school students, on sex education and how to make decisions about sex activities. The perception and acceptance of sexual education and sexual roles are slowly shifting in a favourable direction. Programs for sexuality education that encourage waiting until marriage are generally motivated by religious principles. Based on the findings of this study, the researchers recommends that health professionals and individuals (secondary school students), community and significant others in general should adopt the recommendations below:

To the school: Sexual health needs of adolescents have been a central focus of public health in the community, the school health nurse in collaboration with primary health care delivery provider, should incorporate adolescent friendly initiative program into the schools, also encourage a supportive environment for school-based sexuality education; Sexual education should also be Introduced into the school curricular therefore making it a compulsory subject in schools and The secondary school students should be made to understand the significance of sexuality and good Sexual behaviour. Having good selfperception, they should be made to know how various cultural, social groups, peer groups and even religion affects sexuality.

To the government: Immediate training and

retraining of specialized personnel for the teaching of sexuality education in schools and encouraging acceptability and use of social medial for sexual health promotion among students at secondary schools, such students should be modelled on interactions with sexuality education on social medial.

To the community: Scaling up sexuality education in religious houses and collaboration with NGOs for advocacy which is the key components of sexuality education, and it should be one off activity, but needs to be continuously for a desired change to occur.

Family/emotional support: The fact that sexual education is not properly taught by the parents, it is necessary that the parents involve themselves in sexual education of their children. During periods of sexual crisis, the parents should be able to give emotional support and care to the child and counsel them on the right sexual attitude.

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