



Perceived Effects Of Sex Education In Reducing Unprotected Sex Among Adolescents In Rivers State College Of Health Science And Management Technology, Port Harcourt, Rivers State

¹Orukwou Udo

¹Department of Nursing Science,
Faculty of Basic Medical Sciences,
College of Medical Sciences, Rivers State University, Port Harcourt, Nigeria
(udocd27@gmail.com)

ABSTRACT

This study investigated the perceived effects of sex education in reducing unprotected sex among adolescents in Rivers State College of Health Science and Management Technology, Port Harcourt, Rivers State. Three objectives guided the study. The study adopted the descriptive survey design with a population which consisted of 1,584 adolescents in the study area. The sample size for the study was 94 persons which was selected through a simple random sampling technique. The instrument for data collection was a structured questionnaire. The data obtained from the questionnaire were analyzed using statistical parameters such as frequency tables and simple percentage. The result showed that, the perceived effects of sex education on adolescents' sex behaviour include the following: it promotes understanding, value, and feeling of autonomy over their bodies 67(71.3%), it protects their academic success 94(100); it brings about understanding healthy and unhealthy relationships 78(83.1%), and avoidance of negative health consequences 59(62.8%). It was concluded that, adolescents have the right to live healthy lives thus, society needs to provide adolescents with honest, age-appropriate information they need to live healthy lives, and build healthy relationships. It was concluded that, the Government and None-Governmental Organizations (NGO's) should embark on sensitization/awareness campaign on the necessity of sexuality education among adolescents.

Keywords: Adolescents, Effects, Education, Unprotected Sex

INTRODUCTION

Adolescents are faced with challenges in decision making about relationships, sexuality, and sexual behaviour. Such decisions are very vital as they can impact either positively or negative on their health and general well-being. Adolescents have the right to lead healthy lives, and society has the responsibility to prepare youth by providing them with comprehensive sexual health education that gives them the tools they need to make healthy decisions. But it is not enough for programmes to include discussions of abstinence and contraception to help them avoid unintended pregnancy or disease. Comprehensive sexual health education must do more. It must provide adolescents with honest, age-appropriate information and skills necessary to help them take personal responsibility for their health and overall well-being (Byers et al, 2013).

Adolescents suffer the aftermath of unprotected sex. A report from the World Health Organization (WHO) released on 13th December 2018, cites that more than 1.1 million adolescents aged 10-19 years

died in 2016 or more than 3,000 per day. Most of the causes of their deaths were traffic injuries, HIV/AIDS, labour, and the practice of abortion (Wight, Plummer & Ross, 2012). In developing countries, approximately about 16 million girls aged 15-19 years and 2.5 million girls under the age of 16 give birth each year. Generally, the complication during pregnancy and labour emerges as the main cause of their deaths. Annually, nearly 3.9 million girls aged 15-19 years undergo unsafe abortions that ultimately end their lives. An adolescent mother (aged 10-19 years) faces a higher risk of eclampsia, endometritis during puerperium, and of asystemic infection than those of aged 20 years and over. Such higher risk also impacts on adolescents' deaths (WHO, 2018). The underlying factors of the high adolescents' pregnancy rate, according to Achema, Emmanuel and Moses (2015), incorporates a lack of parental care and guidance (46.7%), a lack of self-control (36.7%), and a lack of sex education (13.3%). It also corresponds to the argument of Papri et al. (2016) stating that the underlying factors of the high pregnancy rate among adolescents include; low socioeconomic status, low education level, the family disruption, and the substandard sexual health services and practices. Several studies related to adolescent's sexual behaviours suggest that sex education becomes an alternative to reduce the high rate of sexual activities among adolescents.

Sex education is the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help adolescents communicate about and make informed decisions regarding sex and their sexual health. Sex education should occur throughout an adolescent's stage, with information appropriate to their development and cultural background. It should include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image, gender identity and sexual orientation. It should be taught by trained teachers. Sex education should be informed by evidence of what works best to prevent unintended pregnancy and sexually transmitted infections, but it should also respect adolescents' right to complete and honest information. Sex education should treat sexual development as a normal, natural part of human development (World Health Organization, WHO, 2018).

Most adolescents are at high risk in one or more self-destructive behaviour such as unsafe sex, experimentation in sex, failure or dropping out of school due to teenage pregnancy and childbearing. Some of the behaviour according to Igbokwe (2012) could be sometimes attributed to lack of basic education concerning sex and sexuality thereby making the knowledge of sex education imperative. Unprotected sexual intercourse, unintended pregnancy, and STIs are not new among adolescents. However, several changes over the past hundred years have had a profound impact on the prevalence, nature, and outcomes of adolescent sexual activity in the United States. Puberty now occurs years earlier and young people marry years later. In addition, access to condoms and other forms of contraception has greatly increased, and society's values about sex before marriage – even pregnancy and childbearing before marriage – have changed considerably. For these and other reasons, many adolescents began having sexual intercourse at increasingly younger ages during the 1960s, 1970s, and 1980s. Consequently, the widening gap between initiation of intercourse and marriage led to a larger proportion of sexually experienced unmarried adolescents, a greater number of sexual partners before marriage, and higher rates of unintended pregnancy, births outside of marriage, and STIs, including HIV (International Technical Guidance on Sexuality Education, 2010).

Although formal sex education has been introduced by many countries to be taught as a full course as part of the curriculum in secondary schools as efforts to ameliorate problems associated with sexuality, it is partially taught as only one unit within a more comprehensive school subjects such as Biology, Home economics, Health science or Physical and health education in Nigeria. This to a large extent has an impact on the sexuality knowledge of in-school adolescents. Sex education is very important to adolescents and our secondary schools is the place where young boys and girls are trained both in character and in learning (Herman, 1999) but suffice is to say that sex, abortion, teenage pregnancy and other juvenile delinquency have made the above objective unrealistic considering the likelihood that adolescents may not be an exception. Thus, it became necessary to investigate the perceived effects of sex education in reducing unprotected sex among adolescents in Rivers State College of Health Science and Management Technology, Port Harcourt, Rivers State.

Objectives of the Study

The following objectives were stated to guide the study:

1. To ascertain the knowledge of sex education among adolescents in Rivers State College of Health Science and Management Technology, Port Harcourt, in Obio/Akpor Local Government Area of Rivers State
2. To examine the impacts of sexuality education on the sexual behaviour of the adolescents in Rivers State College of Health Science and Management Technology, Port Harcourt, in Obio/Akpor Local Government Area of Rivers State.
3. To assess the effects of unprotected sex among adolescents in the study area

Research Questions

The study provided answers to the following research questions:

1. What is the knowledge of sex education among adolescents in Rivers State College of Health Science and Management Technology, Port Harcourt, in Obio/Akpor Local Government Area of Rivers State?
2. What are the impacts of sexuality education on the sexual behaviour of the adolescents in Rivers State College of Health Science and Management Technology, Port Harcourt, in Obio/Akpor Local Government Area of Rivers State?
3. What are the effects of unprotected sex among adolescents in the study area?

METHODOLOGY

The study adopted the descriptive survey design with a population which consisted of 1,584 adolescents in the study area. The sample size for the study was 94 persons which was selected through a simple random sampling technique and was made realizable by balloting method which gave everyone in the study population equal opportunity of being chosen in the sample size. The instrument for data collection in this study was a structured questionnaire which has two sections, A & B. Section A consists of respondent’s socio demographic data while section B focused on the research objectives. The copies of the questionnaire were administered to respondents directly (face-face) and were collected after 3 days as it was completed. The data obtained from the questionnaire were analyzed using statistical parameters such as frequency tables and simple percentage.

RESULTS

The results of the study were presented below in Tables:

Table 1: Knowledge of sex education

SN	Items	Agree F(%)	Disagree F(%)
1	Sex education is the provision of information about bodily development, sex, sexuality, and relationships, along with skills building to help adolescents communicate about and make informed decisions regarding sex and their sexual health	76(89.1)	18(10.9)
2	Sex education provides accurate, complete, and developmentally appropriate information on human sexuality, including risk-reduction strategies and contraception	59(62.8)	35(37.2)
3	Adolescents who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only-until-marriage programmes	59(62.8)	35(37.2)
4	Received sex education	89(94.7)	5(5.3)
5	Sex education makes adolescents to be an effective public health strategy to reducing adolescent pregnancy, sexual abuse, incidence of HIV, and STIs	94(100)	0(0.0)

Table 1 indicated that the majority 76(89.1%) of the respondents agreed that sex education is the provision of information about bodily development, sex, sexuality, and relationships; 62.8% each knew that Sex education provides accurate, complete, and developmentally appropriate information on human sexuality and adolescents who received comprehensive sex education were 50 percent less likely to experience pregnancy while 94(100%) knew that sex education makes adolescents to be an effective public health strategy to reducing adolescent pregnancy, sexual abuse, incidence of HIV, and STIs.

Table 2: Perceived effects of sexuality education on the sexual behaviour of the adolescents

SN	Items	Agree F(%)	Disagree F(%)
1	It promotes understanding, value, and feeling of autonomy over their bodies	67(71.3)	27(28.7)
2	Make them respect others' right to bodily autonomy	61(64.9)	33(35.1)
3	It protects their academic success	94(100)	
4	Avoidance of negative health consequences	59(62.8)	35(37.2)
5	It enhances communication about sexuality and sexual health	61(64.9)	33(35.1)
6	It brings about understanding healthy and unhealthy relationships	78(83.1)	14(16.9)

Table 2 indicated that the perceived effects of sex education on adolescents' sex behaviour include the following: it promotes understanding, value, and feeling of autonomy over their bodies 67(71.3%), it protects their academic success 94(100); it brings about understanding healthy and unhealthy relationships 78(83.1%), and avoidance of negative health consequences 59(62.8%).

Table 3: Perceived effects of unprotected sex among adolescents

SN	Items	Agree F(%)	Disagree F(%)
1	Increasing incidence of teenage and unintended pregnancy, births outside of marriage	63(67.0)	31(33.0)
2	Higher rates of sexually transmitted infections and diseases (STIs & STDs), including HIV	61(64.9)	33(35.1)

Table 3 indicated that 63(67.0%) of the respondents agreed that increasing incidence of teenage and unintended pregnancy, births outside of marriage is one of the effects of unprotected sex while 61(64.7%) agreed that higher rates of sexually transmitted infections and diseases (STIs & STDs), including HIV is also another effect of unprotected sex among adolescents.

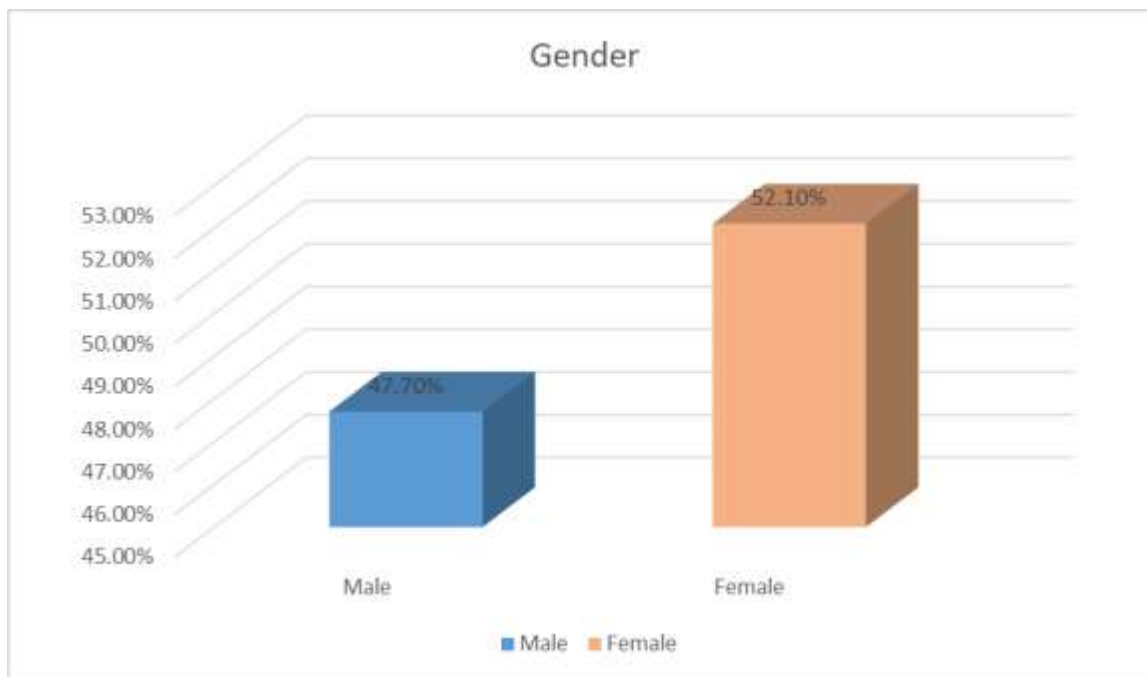


Fig 1: Percentage distribution showing the gender of respondents

Fig 1 revealed that 45(47.7%) of the respondents were male while 49(52.1%) were female, hence majority of the respondents are female.

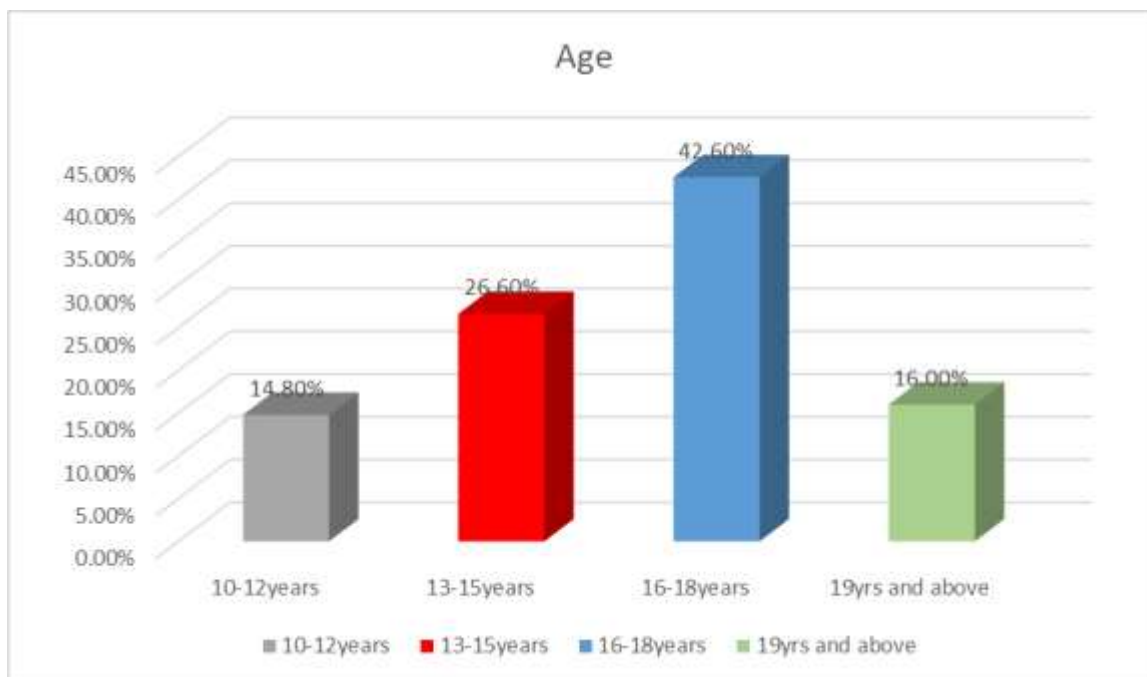


Fig 2: Percentage distribution showing the age of respondents

Table 2 showed that the respondents whose age limit fall between 10 – 12years were 14(14.8%), the one within the age bracket of 13 –15years were 26(26.6%), the group between the ages of 16 - 18years had a

frequency of 40(42.6%) which form the majority of the total respondents, while those within the age limit of 19 –above were 15(16.0%).

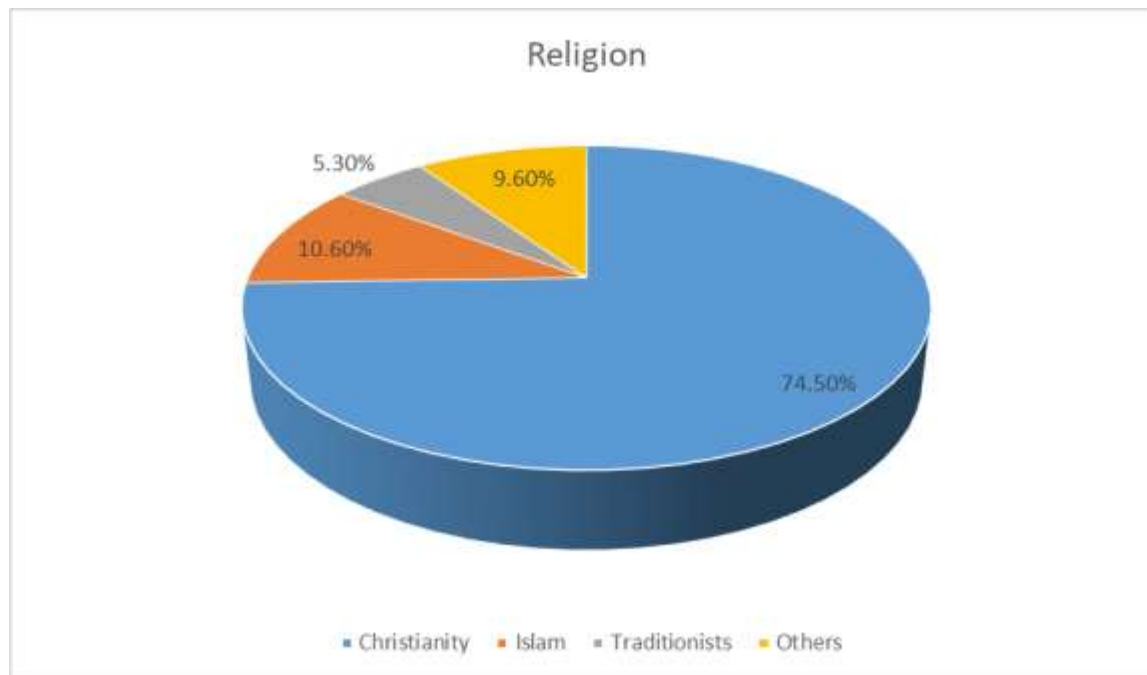


Fig 3: Pie chart showing the religious affiliation of the respondents

Information obtained from fig 3 revealed that 70(74.5%) of the respondents were Christians which makes the majority of the total respondents, 10(10.6%) were Islamic worshippers, while 5(5.3%) were traditionalist and 9(9.6%) worship other religions.

DISCUSSION OF FINDINGS

This study is aimed at assessing impacts of sex education in reducing unprotected sex among adolescents in Rivers State College of Health Science and Management Technology, Port Harcourt, Rivers State. The finding in table 1 indicated that the knowledge of sex education is high among adolescents in the study area, since 94% of them agreed that sex education makes them to be an effective public health strategy, hence reducing adolescent pregnancy, sexual abuse, incidence of HIV, and STIs. Also 94.7% agreed that they received sex education, and 89% confirmed that sex education provides them with accurate, complete, and developmentally appropriate information on human sexuality, including risk-reduction strategies and contraception. This finding is in line with the report of World Health Organization, WHO, (2018) on “knowledge of sex education among the youths” and the study of Kim (2007), “sex education among adolescents in secondary schools”.

The results of his study reported that sex education provides accurate, complete, and developmentally appropriate information on human sexuality, including risk-reduction strategies and contraception which help them take steps to protecting their health, including delaying sex, using condoms or contraception, and being monogamous and also sex education makes adolescents to be an effective public health strategy to reducing adolescent pregnancy, sexual abuse, incidence of HIV, and STIs. Similarly, the finding of the study showed that 100% of the adolescents in the study area agreed that one of the impacts of sex education was that it protects them in their academic success and 83.0% accepted that another impacts of sex education is that it brings about understanding healthy and unhealthy relationships. This finding is supported by the finding of the study conducted by Achema, Emmanuel and Mosses (2015), on impacts of sex education and adolescent academic success. The result of the study revealed that sex education Protects

adolescents in their academic success. Student sexual health can affect academic success. This finding is also in consonance with the report of National Institutes of Health, NIH, (2018), Sex education, understanding and identifying healthy and unhealthy relationship patterns among the adolescents. Furthermore, another finding of this study in table 3 revealed that 67.0% of adolescent in the study area agreed that one of the effects of unprotected sex among adolescents is increasing incidence of teenage and unintended pregnancy, births outside of marriage and 64.7% of them confirmed that unprotected sex among adolescents can cause higher rates of sexually transmitted infections and diseases (STIs & STDs), including HIV. This finding is corroborated with the report of International Technical Guidance on Sexuality Education, (2010), which highlighted unprotected sexual intercourse, unintended pregnancy, and STIs as some of the effects of unprotected sexual intercourse among adolescents in the United States.

CONCLUSION

Adolescents have the right to live healthy lives. As they develop, we want them to take more and more control of their lives so that as they get older, they can make important life decisions on their own. The balance between responsibility and rights is critical because it sets behavioral expectations and builds trust while providing them with the knowledge, ability, and comfort to manage their sexual health throughout life in a thoughtful, empowered and responsible way. But responsibility is a two-way street. Society needs to provide adolescents with honest, age-appropriate information they need to live healthy lives, build healthy relationships, and take personal responsibility for their health and well-being. Advocates must also work to dismantle barriers to sexual health, including poverty and lack of access to health care.

RECOMMENDATIONS

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

1. The Government and Non-Governmental Organizations (NGO's) should embark on sensitization /awareness campaign on the necessity of sexuality education among adolescents.
2. Sexuality education should be included in the school curriculum where knowledge of sex education will be impacted on the adolescents
3. Parents/Guardians should give their children and wards orientation regarding sexuality education.

REFERENCES

- Achema, G., Emmanuel, A., & Mosses, A. O. (2015). *Factors responsible for teenage pregnancy and its implication on adolescent health and education: Perception of secondary school students in Cross River State, Nigeria*. Journal of Sociological Research, 4(2).
- Byers, E. S., Sears, H. A., Voyer, S. D., Thurlow, J. L., Cohen, J. N., & Weaver, A. D. (2013). An adolescent perspective on sexual health education at school and at home: II middle school student. *The Canadian Journal of Human Sexuality*, 12(1), 19-33.
- Herman, P.S. (1999). *Sex Education as Health Promotion: What Does it takes*. Archives of Sexual Behaviour. Pubmed. Exeter.
- Igbokwe, I. (2012). *Youth Sexual Health Education*. National Library of Medicine, Bethesda.
- International Technical Guidance on Sexuality Education ((2010). An Evidence - informed Approach for Schools, Teachers and Health Educators. Paris: UNESCO.
- Kim, T. (2007). Impact of Sex Education and HIV Education Programs on Sexual Behaviours of Youth In Developing and Developed Countries.
- Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. National Campaign to Prevent Teen Pregnancy.
- Lingram, F. (2003). *Factors associated with the content of sex education in u.s. public secondary schools*. Alan Guttmacher Institute (AGI).
- National Institutes of Health (2018). *The case for a moral sex education in the school*. NIH.
- Owie, E. (2005). *Sexuality Education and its Impacts on the Youth*. Bristol Policy Press
- World Health Organization (2018). *Adolescent pregnancy*. <https://www.who.int/news-room/fact->