



Influence of Sex Education on Early Pregnancy among Adolescent Female Students in Port Harcourt Metropolis: Implication for Students Academic Performance

Patricia E. O. Agbor¹, Otakpo Chile² and Edna N. Ogu³

**Department of Educational foundations,
Faculty of Education,
Rivers State University,
Port Harcourt, Nigeria**

Email: patriciagbor68@gmail.com¹; ednaogu89@yahoo.com²; angelchile300@gmail.com³

Phone No: 08033697766/07067884802

ABSTRACT

The study examined perceived influence of sex education on early pregnancy among female students in Port Harcourt Metropolis: Implication for Students Academic Performance. To achieve the purpose of the study, two (2) objectives of the study and research questions guided the study. The research design used for the study was descriptive survey design. The population of the study consists of 12,000 SS I and SS 2 students drawn from thirty (30) public senior secondary schools in Port Harcourt Metropolis. The sample techniques used was multistage sampling techniques with a sample size of 400 students. This figure was generated using Taro Yamane formula. The instrument used for the study was a structured questionnaire. The instrument was patterned using 4 – point rating scale of Strongly Agreed, Agreed, Disagreed and Strongly Disagreed. The data gathered from the research questions were analyzed using mean and standard deviation. Based on the analysis of the study, the findings revealed that: Students practicing sexual abstinence will not have early pregnancy in the society, uses of contraception like condoms help to prevent early or unwanted pregnancy Based on the findings of the study, the following recommendations are hereby put forward to ensure that this study achieve its objectives: Government through ministry of education or school management should organize awareness or enlightenment campaign on sexual abstinence in public secondary schools in Port Harcourt Metropolis, Students should be discouraged from using contraceptive devices to prevent early pregnancy hence there is no 100% assurance or guarantee.

Keywords: Influence, sex education, early pregnancy, adolescent, female students

INTRODUCTION

The introduction of sex education in the contents of health education in secondary schools is mainly to instill a comprehensive sex education through a school-based instruction in order to assist young people (adolescents) have relevant information and make healthy decisions about sex and healthy sexual behaviours. Many Nigerian teenagers are sexually active resulting from the harsh economic conditions and negative influences of the society on the adolescent, negative social and health outcomes has been of immense worry to parents, schools, government and the entire society (Collins & Robbin, 2012).

Adolescents of different cultural background are poorly informed about how to protect themselves sexually and are particularly susceptible to unwanted pregnancies and sexually transmitted diseases (STD's) (Lakshmi, Gupta & Kumar, 2015). Hence sex education has become relevant as a guide or influence on adolescents inspite of the risks associated with sexual behaviour.

The last several decades have witnessed a dramatic rise in the rates of sexual activity and pregnancy among unmarried teens in Nigeria (Hewitt, 2015), despite a significant expansion of school-based sex education (Kenney, 2009). At least in part because of these trends, a contentious debate ranges about the effects of sex education on teenage sexual behaviour. Critics of sex education, in addition to their moral objections to these programmes, claim that sex education leads to higher rates of teen sexual activity and teen pregnancy. In contrast, advocates of sex education argue that such programmes do not encourage sexual activity, but rather reduce the risks of illness and unwanted or early pregnancy among teens who are already sexually active.

According to Microsoft (2015), sex education could mean any instruction on the processes and consequences of sexual activity ordinarily given to the children and adolescents. The task to educate adolescents about sex has been seen as a shared responsibility of parents and agents of socialization (churches, schools and volunteer groups). The results of the prevalence of adolescent ignorance on sexuality education is the increase in teenage mothers, early ex engagement among adolescents, depreciating moral and cultural values, teen pregnancy, increase in school dropouts and increasing social vices among adolescents.

However, Olayinka (2015) asserted that sexuality education has always been viewed as prerogative of the married or soon to be married. Discussions about sex between parents and children was more of handing down do's and don'ts without proper explanation to teenagers of issues that bother on proper understanding of teenagers and the problems they encounter in their different developmental stages. Most parents in Nigeria due to cultural values do not speak openly and freely about sex even between married couples. Cultural limitations therefore prevent parents from engaging in sincere discussions about sexuality and sex with younger people. The relevance of instruction, therefore, on sexuality would provide the adolescents with information, knowledge and concept that will enable them take responsible decisions about sexual behaviours at all stages of their lives and to prevent early pregnancy among female adolescents.

Early pregnancy which can also be referred to as adolescent or teenage pregnancy is pregnancy that took place after sexual intercourse in a female that is below the age of 20. Sexual intercourse that leads to pregnancy occur before or after the ovulation and it is usually before the first menstrual period. Early pregnancy or teenage pregnancy mostly occurs outside marriage. A lot of factors contribute to early pregnancy. Some of such factors are lack of sex education, peer pressure, early engagement of sexual activity. Some cultures encourage early marriage and pregnancy as a result of this is planned. Also, drug addiction and excessive drinking of alcohol by teenager can limit the active functioning of brain and also increase hypersexual feelings that may result to unplanned pregnancy. Unavailability of resources to support teenagers' needs due to low social economic status of families also contributes to early pregnancy. A lot of teenagers engage in prostitution in order to meet up with societal demands. Peer pressure and sexual abuse are also linked to early pregnancy. Most teenagers have been sexually abused by family members. Also with the prevalent of social media, majority of teenagers tend to practice what they watch and read, these have contributed to high increase in early pregnancy.

Notwithstanding age, the pregnant teenager still undergo pregnancy related issues like other women and also at very high risk of healthy wellbeing as such early pregnancy may lead to premature labour, anemia, preeclampsia and fistula. Young women under age 20 are especially prone to developing fistulas, if they cannot get a caesarean section during prolonged obstructed labour. The pregnancy teenager is confronted with social issues like stigma and not been able to cope with the commitment that may be involved as teenagers are still under the care of their parents and when they become parents themselves, it poses a lot of danger and becomes a very heavy burden to every member of the family who will need to battle with a lot of issues including stigma.

The victim of teenage pregnancy is also faced with distraction and academic failure. The first thing that happens to teenage girls when they get pregnant is that they drop out of school. Even if the affected teenager eventually gets back to school, she would have wasted some years and sustained some lasting emotional or psychological wounds which may adversely affect the academic performance. Again, adolescents who are sexually active could easily be distracted in school whether they get pregnant or not because they have issues about their relationship to think about alongside their academics.

Early pregnancy or teenage pregnancy damage relationship and brings hatred in families. Most times some families force both parties to marry. When it happens it becomes child marriage and it is very dangerous. Child marriage is any marriage carried out below the age of 18 years, before the girl is physically and psychologically ready to shoulder the responsibilities of marriage and child bearing. According to International Centre for Research on Women (2010), child marriage makes it harder for families, communities and countries to escape poverty. It erodes the health and well-being of girls and the overall welfare of communities. It also undercuts international efforts to fight poverty and HIV/AIDS, improve child health and survival.

Early pregnancy most times leave the victim with ugly past life that keep hunting far into the future making it impossible to fully enjoy life in the present. The danger associated with early pregnancy can dangerously affect life both at the moment of being pregnant and in the future. The instant sexual pleasure in sexual intercourse among teenage does not worth toying with life and future hence the need to (1) seek for knowledge on sex education (2) develop the right value (3) be decent in dressing to avoid sexual harassment or rape (4) be assertive and learn to resist peer pressure (5) have a vision for future (6) being unable to succumb to self pity and low self esteem (7) be watchful of what you read and view (8) placing God above everything and pray for help.

Statement of the Problem

Early pregnancy also known as adolescent or teenage pregnancy is pregnancy that occurs in a female under the age of 20 (Wikipedia, 2017). The outcome of such pregnancy is associated with social and biological issues which affect the health and psychological well-being of the victim. It is envisaged that lack of education on sexual abstinence, use of contraceptives, safe sex, sexual orientation, gender identity and body image pose a major problem on students decisions about sexual behaviour has given room to school dropout due to teenage pregnancy, forced marriage, contracting of STD and HIV, reducing well-being of females, depression and suicide. Also, overall welfare of communities is affected and international efforts to fight HIV/AIDS, improve child health and survival have been undercut by prevalent teenage pregnancy.

Purpose of the Study

The purpose of the study is to investigate influence of sex education on early pregnancy among adolescent female students in Port Harcourt Metropolis. Specifically, the study tends to:

- (1) Determine the influence of sexual abstinence on early pregnancy among female students in Port Harcourt Metropolis.
- (2) Determine the influence of contraception on early pregnancy among female students in Port Harcourt Metropolis.

Research Questions

- (1) How does sexual abstinence influence early pregnancy among female students in Port Harcourt Metropolis?
- (2) How does contraception influence early pregnancy among female students in Port Harcourt Metropolis?

REVIEW OF RELATED LITERATURE

Sexual Abstinence and Early Pregnancy

Sexual abstinence is the act of not engaging in sexual intercourse. It is the best approach to prevent early pregnancy and contracting STI by teenagers. The act does not involve exchange of body fluids. Sexual abstinence which practiced by teenagers has 100% effectiveness in preventing early pregnancy among

female school students. There is no side effect in practicing sexual abstinence rather its benefits in ensuring healthy life free from STI, good academic performance, free from distraction, healthy lifestyle free from physical, emotional and psychological risks among teenagers cannot be overemphasized.

Sexually abstinence teenagers who are most likely students are less prone to contact a sexually transmitted disease that may cause infertility, experience cancer or of cervix and early pregnancy which is usually not planned and comes with complications and risks such as premature birth, anemia, pregnancy induced, hypertension that can result to preeclampsia, infant mortality and cephalopelvic disproportion and also social stigma, rejection and damaged relationship. Sexual abstinence is simple and is actually best way to prevent early pregnancy among teenagers. It helps teenagers to focus on things that are of priority such as school, sports and planning for the future. Sexual abstinence cost nothing, requires dedication and willpower. To prevent early pregnancy through the act of sexual abstinence, teenagers' adoption of guarding principles against sexual act is pertinent. (1) There is need to develop the right value, (2) be assertive and learn to resist peer pressure (3) have vision for future (4) have high self esteem (5) place God above everything and pray for his help and be mindful of what to read and watch. Sexual abstinence is very effective in pregnancy, early pregnancy and STI but does not avert AIDS, hepatitis B and hepatitis C that may be contacted from non-sexual affair.

Contraception and Early Pregnancy

Contraception is the use of pills, devices not surgery to avert pregnancy. Some contraception does not guarantee 100% effectiveness in preventing pregnancy. However, condoms among other contraception rank high in averting pregnancy. It forms a barrier for sperm in fertilizing female egg and it does a good job in protecting against STI and HIV. Another method of preventing early pregnancy is the use of contraceptive pills. Contraceptive pills are made up of male version of oestrogen and progesterone hormone produced naturally by woman in the ovaries for conception. For female teenagers, it is advisable not to continuously use contraceptive pills as its prolonged use may lead to hormonal imbalance. Even though contraceptive pills can prevent early pregnancy among female teenagers, it is always good to ask a doctor if it is the safest choice as it cannot be taken under certain health conditions.

Another form of preventing early pregnancy is the use of contraceptive implant and injections. Such implants like diaphragms serve as a barrier for egg fertilization. It is usually fit inside vagina thereby blocking sperm from entering the ovary. Intrauterine device is another form of contraceptive device use to prevent early pregnancy. It is also known as "coil". A well fitted intrauterine device can stay in the womb for at least 10 years and can prevent pregnancy. Female sterilization is another method of preventing early pregnancy. It works by cutting on blocking the female fallopian tubes from carrying eggs to the womb. It is done through operation. Such method can ruin teenage reproductive life and render her barren for life.

Vaginal ring is another form of preventing early pregnancy. The ring is usually placed inside female vagina and it is removed after some weeks with replacement. There is no 100% effectiveness in the use of contraceptives to prevent early pregnancy. However, effectiveness is determined by components like female age, correct use and application of contraceptive and health situation.

Concept of Sex Education

Sex education is instruction on issues relating to human sexuality, including human sexual anatomy, sexual reproduction, sexual activity, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, and birth control (Tupper & Kenneth, 2013). Common avenues for sex education are parents or caregivers, formal school programs, and public health campaigns. Sex education may be taught informally, such as when someone receives information from a conversation with a parent, friend, religious leader, or through the media. It may also be delivered through sex self-help authors, magazine advice columnists, sex columnists, or sex education web sites. Formal sex education occurs when schools or health care providers offer sex education. Sex education teaches the young person what he or she should know for his or her personal conduct and sexual relationship with others (Seeley, 2016).

According to Gruenberg and Rosen (2014), sex education is necessary to prepare the young for the task ahead. Formal sex education is taught as a full course as part of the curriculum in junior high school or high school. Other times it is only one unit within a more broad biology class, health class, home economics class, or physical education class. Some schools offer no sex education, since it remains a controversial issue in several countries, particularly the United States (especially with regard to the age at which children should start receiving such education, the amount of detail that is revealed, including LGBT sex education, and topics dealing with human sexual behaviour, e.g. safe sex practices, masturbation, premarital sex, and sexual ethics (Janofsky & Michael, 2013). Sexuality is an important aspect of the life of a human being and almost all people, including children, who want to know about it. Sex education includes all the educational measures which - regardless of the particular method used may center on sex. Sex education stands for protection, presentation extension, improvement and development of the family based on accepted ethical ideas (Ellis, 2014).

Kenney (2009) also defined sex education as “involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution.” Thus, sex education may also be described as ‘sexuality education’, which means that it encompasses education about all aspects of sexuality, including information about family planning, reproduction (fertilization, conception and development of the embryo and fetus, through to childbirth), plus information about all aspects of one’s sexuality including: 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 (Kenney, 2009).

Various aspect of sex education are considered appropriate in school depending on the age of the students or what the children are able to comprehend at a particular point in time. Rubin and Kindendall (2011) expressed that sex education is not merely a unit in reproduction and teaching how babies are conceived and born. It has a far richer scope and goal of helping the youngster incorporate sex most meaningfully into his present and future life, to provide him with some basic understanding on virtually every aspect of sex by the time he reaches full maturity (Rubin & Kindendall, 2011).

Wilhelm (2016) asserted that, sex education of his time was a work of deception, focusing on biology while concealing excitement and arousal, which is what a pubescent individual is mostly interested in. Reich added that this emphasis obscures what he believed to be a basic psychological principle: that all worries and difficulties originate from unsatisfied sexual impulses. Leepson (2011) asserted that the majority of people favour some sort of sex instruction in public schools, and this has become an intensely controversial issue because, unlike most subjects, sex education is concerned with an especially sensitive and highly personal part of human life. He suggested that sex education should be taught in the classroom. The concept of sex education has been incorporated in the national social studies curriculum and are learnt in the senior secondary schools health science and biology curriculum with a view to preparing students in adequate sex education.

The problem of pregnancy in adolescents is delicate and difficult to assess using sex education. However, Calderone (2012) believed that the answer to adolescents’ sexual woes and pregnancy cannot lie primarily in school programmes which at best can only be remedial; what is needed is prevention education and as such parents should be involved. When sex education is contentiously debated, the chief controversial points are whether covering child sexuality is valuable or detrimental; whether sex education should be integrated into the curriculum; the use of birth control such as condoms and hormonal contraception; and the impact of such use on pregnancy outside marriage, teenage pregnancy, and the transmission of STIs.

Concept of Adolescent

Adolescent according to Colman (2013) is the period of development from the outset of puberty to the attainment of adulthood, beginning with the appearance of secondary sexual characteristics, usually between 11 and 13 years of age, continuing through the teenage years, and term mating legally at the age of majority, usually 18 years of age. This is the time in a person’s life when he or she develops from a

child into an adult. However, studies of changes in behaviour, attitudes and values throughout adolescence have revealed that these changes are more rapid in the early years than in the later part of adolescence but also the behaviour attitudes and values in the early part of adolescence period are markedly different from those in the widespread practice to divide adolescence into two subdivisions, early and late adolescence (Freeldman & Elliot, 2015).

Generally, all adolescents undergo significant changes in their physical size, shape and capacities. In our society, many adolescents also experience substantial changes in their social activities, relationship and responsibilities and even in their abilities to think and reason in the view of themselves. These psychological changes are the result of both nature (physical changes) and nurture (the changes on setting and expectations) to which our culture exposes adolescents (Kimberly, 2013). The secondary sexual indicators in a female adolescents starts with budding of the breast, appearance of the pubic hair and fats deposition at the buttocks, widening of the hips etc. this are followed by the onset of menarche (first menstruation), which occurs at about age 12, normally at the zenith of the general growth spurts (Tanner, 2010). For boys some of the secondary sex characteristics include deepening of the voice as laryngeal muscles develop growth of hair in the pubic, armpit, and upper lip, this are followed by the onset of spermarche (first production of sperm and nocturnal emission), enlargement of penis, testes and scrotum as well as an increase in the diameter of the areola and elevation of nipple (Tanner, 2010, Nwankwo, 2013, Eriega, 2015). The implications of this trend, as posited by Muuss (2012) include changes in interest, attitudes and social sophistication earlier interest in sex, love and marriage, greater tolerance of others, and increased seriousness and social awareness, predicated on these implications of developmental changes is the issue of adolescent sexuality.

Importance of Sex Education

Sex education aims to reduce the risks of potentially negative outcomes or unplanned pregnancies and infection with sexually transmitted diseases including HIV/AIDS. It also aims to contribute to young people's positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions over their life time. Sex education provides information to individual that help them to be safe and enjoy their sexuality. Through sex education adolescents make wise, responsible and informed decisions by providing them with accurate, current and age- appropriate-knowledge on human sexuality and the consequences of sexual activity.

Sex education is needful and necessary for our young ones. Being mindful of the exposure given to our young ones in school, in the media and among their peers, sex education teaches our young ones about sexual intimacy, but also enlightens them on their productive transmitted diseases, It also exposes them to their gender identity, gender role, family role, body images, sexual expression what it entails and how to time it, intimacy and marriage relationship (Muller, 2010). Sex education provides knowledge and clarification of issues to the adolescents and teens. This is because well informed children on male and female anatomy handle puberty better than the uninformed ones. Sex education affects a child's attitude positively that is either the male or the female becomes more tolerant of the others behaviour pattern and option. A sexual oriented child learns to believe in the quality of men and women, the sacrament of marriage and parental responsibilities (Shonde, 2015).

Well informed sex-education help to reduce the rate of unwanted pregnancy and spread of sexually transmitted diseases. On the other hand sex education provides opportunities for young people to develop general life-skills such as communication, negotiation, decision-making assertion and listening, other important life skills include being able to recognize pressures from other people and to resist them when necessary, dealing with and challenging prejudice and being able to seek help from adults including parents careers and professionals through the family, community and health and welfare services.

Effects of Sex Education on Teenage Pregnancy among Secondary School Students

With the more relaxed sexual standards of modern times, teens are becoming sexually active at younger ages. Sex education and teenage pregnancies are concepts deeply linked with each other. The task of

instructing adolescents about sex has been seen as the responsibility of the parents. But parent-child communication in sexual matters may be hindered by parental inhibitions or by various intergenerational tensions, and studies have shown that children rarely receive their first information on sexual matters from their parents (Encarta, 2007). The battle has always been between sex education and abstinence-only. Some experts argue that abstinence education is the only way to prevent teenagers from having sex, while others insist that teenagers will have sex no matter what, and it is better for them to be equipped with solid educational information about sex. Such will enable them to limit HIV infections and prevent many unplanned teen pregnancies (Gutmacher Institute, 2008). Pam Lehman (2008) stated that Sex education becomes important to teens because, teen pregnancies are associated with serious health concerns for both mother and child. Complications of pregnancy, miscarriage, stillbirth, premature birth and low birth weight, birth defects and disabilities are more likely in teen pregnancies. In addition to physical health risks, teen parents generally have a less optimistic future than peers who are not teen parents. Long term effects for children of teen pregnancies include lower academic achievement, have less successful careers, and more likely to live in poverty and a tendency to become teen parents themselves (Pam Lehman, 2008).

The problem of teenage pregnancy is considerably worse in Nigeria than in any other developing country. Among developing countries, Nigeria has one of the highest birth rates for women less than 20 years and study suggested that the problem of teen pregnancy in Nigeria may be related to less sex education in schools and lower availability of birth control services and supplies to adolescents (Encarta, 2007). Since sex education found its way into the Nigerian school system the emphasis has been impacting moral lesson and social value to secondary school students, although some have voiced out that sex education increases sexual activity (Encarta, 2007). Sex education has not yielded much success in Nigeria since its introduction in the secondary school curriculum as more adolescents get pregnant and drop out of school. However, effective sex education programs can decrease sexual activity and increase contraceptive use among those already sexually active. They maintain a narrow focus on reducing specific sexual risk-taking behaviours; provide accurate information about sexuality; build interpersonal and communication skills to resist sexual pressures; address both social and media influences on sexual behaviours (Amazigo, 2003). Therefore this study seeks to investigate the influence of sex education early pregnancy among female secondary school students.

Factors Influencing Adolescent's Sexual Behaviour

Families are an incredibly important influence on the behaviour of any child in many ways. For instance, low family socio economic status has been repeatedly linked to risky adolescent sexual behaviour (Briggs, 2011; Kotchick, 2011). Numerous studies have also demonstrated that living with both biological parents is related to increased age of sexual debut (Tans and Semin, 2007; Briggs, 2011; Upchurch, 1999). Parental control and monitoring have been repeatedly linked to lower levels of risky adolescent sexual behaviour, usually, it is thought, by reducing the amount of opportunity available to engage in premarital sexual behaviour (Luster and Small, 2014; Hovell, 2014). Parental warmth or support has also been found to relate to adolescent sexual behaviour (Miller, 2011). Luster and Small (2014) found that highly supportive parents had adolescents at much lower risk for having more than one sexual partner and inconsistently using contraception. Fisher (2009) found that more communication with parents teens perceive as liberal was related to females engaging in more sexual behaviour, and communication between conservative parents and sons led to sons being more conservative themselves.

Preventing Teen Pregnancy: The Impact of Dolls, Abstinence and Sex Education

The rate of teen pregnancy in Nigeria is in decline; but even so, 2 out of every 100 teenagers in Nigeria become pregnant. In 2015, more than 220,000 teens between the ages of 15 and 19 gave birth. Most are adolescents living below the poverty line, minorities, and those in rural communities. African American and Hispanic teens are twice as likely as white teens to give birth (Carol, 2016).

Teen pregnancy, childbirth, and childrearing present major social and economic challenges for teenage parents, their children, and society as a whole. Teen mothers are more likely to have lower educational attainment, a lower income, and a greater dependency on social services. Children of teen parents are more likely to be born prematurely, have more health problems, have a lower educational advancement, to be incarcerated, and to also become teenage parents themselves. These outcomes make teen pregnancy a part of the “cycle of poverty” that is so difficult to break. There is also a substantial economic cost to society. In 2010, for example, teen pregnancy and subsequent childbirth resulted in nearly \$9.4 billion dollars in public costs for prenatal care, labor and delivery, postpartum care, and first year of infant life care.

Researchers have evaluated the effectiveness of many teen pregnancy prevention programs. Some have been shown to be effective at reducing teen pregnancy while others have not. Examining the effectiveness of these programs is important because it should influence whether the program receives funding. Additionally, it has been shown that specific programs work in some communities but not others.

Abstinence Programs and Sex Education Programs: Some communities advocate for abstinence-only programs. Abstinence-only programs vary in their design and content, but in general do not discuss the use of contraceptives or condoms as methods to prevent pregnancy and sexually transmitted infections (STIs). Some programs stress continued abstinence until marriage, whereas others focus on abstinence in the short-term future. In contrast, comprehensive sex education programs discuss both abstinence and safe sex practices to prevent pregnancy and STIs. A subset of comprehensive sex education programs discusses contraception while stressing the importance of abstinence. Others include specific discussions of contraception applications and techniques.

It is important to understand the short-term impact of abstinence only programs. Choosing the Best (CTB) is an abstinence-only program used in Georgia classrooms. This program has had some short-term success. An evaluation of the program for students in the 9th and 10th grades, found that students who had no prior sexual experience entering the program were 1.5 times more likely to remain committed to abstinence by the end of 9th grade. However by the beginning of 10th grade, the students were no longer committed to abstinence. And, among students who were sexually active before participating in the CTB program, the abstinence-only program had no effect on their behaviour. Most curricula are designed for a specific age group. For example, the older the teenagers, the more likely they are to be sexually active, in which case abstinence-only interventions are less likely to be effective.

Research shows that while comprehensive sex education can be very successful at reducing risky sexual behaviours, the most effective programs combine comprehensive sex education with skills building and youth development. An example is Love Notes, a curriculum designed for 14-19 year old males and females who have yet to experience teen pregnancy. Love Notes teaches a comprehensive sex education program alongside a larger curriculum focused on forming healthy relationships and preventing intimate partner violence. Specific topics include life goals, family-of-origin issues in relationships, safety, healthy communication strategies, problem solving, commitment and relationship decision-making, and sexuality in close relationships. Research has shown that the Love Notes program is effective in increasing abstinence, reducing the number of sexual partners, and increasing use of birth control and condoms six months after the completion of the program.

Benefits of Sex Education

According to World Association for Sexual Health, “to achieve sexual health, all individuals, including youth, must have access to comprehensive sexuality education and sexual health information and services throughout the life cycle” (Sexual Health for the Millennium 4). In the fifteenth century, scientists and educators raised the issue of sex education of children and adolescents. This topic particularly was discussed after the sexual revolution that occurred in the past century, when there were the first attempts to introduce sex education courses first as electives, and then as a mandatory class. Sex education should be taught in schools as a compulsory subject in order to develop knowledge about puberty as well as to prevent unintended pregnancies and sexually transmitted infections. The sexual revolution occurred in the

second half of the twentieth century. It was caused by a variety of reasons such as the weakening of control of adolescent behaviour, separation of sexuality from reproduction, and open appearance of different orientation.

Furthermore, people ceased to perceive sex as something shameful and immoral. In this regard, there were many problems associated with the ignorance of the majority of people in matters of sexuality; consequently, government decided to impose a ditty to explain to pupils basic reproductive processes and precautions on schools. Teaching a class of sex education would have sufficient benefits such its “lower teenage pregnancies, a decline in sexually transmitted diseases, more responsible thinking” (Blanton). First, sex education gives the children general knowledge about the sexual side of life, such as the differences between boys and girls and puberty. Teachers must clearly and intelligibly middle of paper....wrong and harmful. Quality sex education, on the contrary, develops a responsible attitude towards sexuality and delays the onset of sexual activity. These programs do not just call for teenagers to rush into their first sexual contact, but also teach them the rules of safe sex. Overall, sex is supposed to be responsible, which means that it must be safe for the person as well as his or her partner, and it assumes knowledge. Society has to provide classes of sexual education in order to not force adolescents to gain this knowledge on their own experience. Schools, where children spend much of their time, are the most appropriate place for children to receive information about sex, relationships, and sexually transmitted infections. Consequently, children and adolescents who have sex education classes know more about sexuality, and their knowledge is more reliable.

Benefits of Sex Education in Public Schools

Bill Cosby quotes, “sex education may be a good idea in the schools, but I do not believe that kids should be given homework.” Although Cosby makes light of the situation, educating the youth about sex and sexuality is imperative to providing a holistic educational experience. Sexual education in the public school setting is best described as education about human anatomy, reproduction, intercourse, and other human sexual behaviour. Most importantly, sex education in an academic setting which provides students the facts they need to make informed decisions regarding their own sexuality and sexual behaviours....(tags: Education, argumentative, persuasive). Sex is a predominant part of life, and that is not changing anytime soon. A common response to this is to dismiss the conversation. Instead of overlooking the problem like the majority of individuals, an inquiry into what is being taught/shown to youth is needed. Strasburger, the author of “Adolescents, Sex, and the Media: Ooooo, Baby, Baby-a Q & A” notes: “I’ve often wondered what it would be like if we taught young people swimming the same way we teach sexuality. If we told them that swimming was an important adult activity one they will all have to be skilled at when they grow up, but we never talked with them about it.

Sex Education: Incorporated Into Public Schools

For Sex Education in Public Schools, an observation of the prevalent television programs and popular topics broadcasted in the media often depict teenagers with an air of promiscuity. Is teenage pregnancy really an uncontrolled epidemic, as depicted in shows such as “16 and Pregnant”? Are a vast majority of teenagers exchanging racy photos of their bodies with each other? If so, are teenagers acting out because of too much sex education? Or is the outbreak of hyper-sexualized activity linked to lack.

METHODOLOGY

This section deals with the procedures or methodology that was used for the study. It was discussed under the following sub-headings: research design, population of the study, sample and sampling techniques, instrument for data collection and data analysis technique or procedure.

Research Design: In carrying out this research, the researcher employed descriptive survey design. Descriptive survey gave a clear picture of a situation and it was served as a basis for most researchers in assessing the situation as a prerequisite for drawing conclusion. It attempts to describe or document current conditions or attitudes, that is, to explain what exists at the moment (Wimmer & Dominick,

2011). According to Ezinwa and Okoye (2015), descriptive survey is a research method which focuses on a representative sample derived from the entire population. This design will be adopted because of its ability to ensure a representative outlook and provide a simple approach to the study of opinions, attitudes and values of individuals.

Population of the Study: According to Wimmer and Dominick (2011), population is a group or class or subjects, variables, concepts or phenomena within the area or scope of research or study. The population of the study consists of the students in SS I and SS II in all the public senior secondary schools in Port Harcourt Metropolis with a population size of twelve thousand (12,000) students.

Sample and Sampling Techniques: It is not possible to study the entire population because of time and resources constraints. The researcher therefore used multistage sampling technique. Wimmer and Dominick (2011) revealed that multistage involves dividing the population into groups or clusters. Due to the large number of the population of study, the researcher adopted Taro Yamane’s formula to arrive at a sample size of 400 students from the selected secondary schools.

Instrument for Data Collection: The instrument that was used for this study is a questionnaire. The questionnaire was divided into 2 sections. Section A is the demographic information about the respondents and section B accessed the respondents’ idea on the subject matter. The instrument is titled: Perceived Influence of Sex Education on Early Pregnancy Questionnaire (ISEEPQ). Its items was rated base on the modified 4-point Likert scale i.e. Strongly Agree (SA) - 4, Agree (A) - 3, Disagree (D) – 2 and Strongly Disagree (SD) - 1.

Data Analysis Technique: The data collected were analyzed using frequency table, mean score and standard deviation. The criterion decision rule is that any mean score that is from 2.50 and above is accepted while the mean score that is less than 2.50 is rejected.

RESULTS

This section deals with the presentation and analysis of data collected for the study, the interpretation of results as well as findings that emerged from the analysis of data. In this section, each of the research questions has been restated, and the results of the data analysis carried out.

Data Presentation

Research question 1: *How does sexual abstinence influence early pregnancy among female students in south west senatorial district of Rivers State?*

Table 1: Mean responses on how sexual abstinence influence early pregnancy among female students in south west senatorial district of Rivers State.

S/ No	Questionnaire Items	No. of teachers	Mean \bar{X}	SD	Remarks	No. of Students	Mean \bar{X}	SD	Remarks
1.	Students practicing sexual abstinence will not have early pregnancy in the society.	180	2.55	1.60	Agree	120	3.10	1.70	Agree
2.	Sexual abstinence will make the students to stay away from sexual intercourse or sexual relationship.	180	2.60	1.61	Agree	220	2.90	1.70	Agree
3.	Students practicing sexual abstinence are less prone to contact a sexually transmitted disease	180	2.80	1.67	Agree	220	3.15	1.77	Agree
4.	Sexual abstinence is the best way to control or prevent early pregnancy among teenagers	180	2.60	1.61	Agree	220	2.95	1.72	Agree
5.	Students can as well contact sexual diseases and have early pregnancy even when practicing sexual abstinence.	180	2.38	1.51	Agree	220	2.41	1.57	Agree
Grand Total		180	2.59	1.61		220	2.91	1.69	

Table 1 above reveals that the respondents accepted or agree on the view that students practicing sexual abstinence will not have early pregnancy in the society. They also accepted or agreed that the sexual abstinence will make the students to stay away from sexual intercourse or sexual relationship. It was also observed from table that the respondents accepted or agreed on the point that students practicing sexual abstinence are less prone to contact a sexually transmitted disease. The table still indicates that their respondents agreed that sexual abstinence is the best way to control or prevent early pregnancy among teenagers. However, the table shows that the respondents disagree or rejected the view that students can as well contact sexual diseases and have early pregnancy even when practicing sexual abstinence.

Research Question 2: *How does contraception influence early pregnancy among female students in South West Senatorial District of Rivers State?*

Table 2: Mean responses on how contraction influences early pregnancy among female students in South West Senatorial district of Rivers State.

S/ No	Questionnaire Items	No. of teachers	Mean \bar{X}	SD	Remarks	No. of Students	Mean \bar{X}	SD	Remarks
6.	Use of condoms to make love helps the students to prevent early pregnancy in the society.	180	2.90	1.70	Agree	220	3.10	1.76	Agree
7.	The use of condoms in making love or sex in most cases fails the students and they end up contracting sexual diseases and having early pregnancy.	180	2.70	1.64	Agree	220	2.95	1.72	Agree
8.	Use of injections as contraception is helpful to the students in preventing or controlling early pregnancy but dangerous to their health.	180	2.65	1.62	Agree	220	2.95	1.72	Agree
9.	There is no total assurance in the use of contraceptives to prevent early pregnancy.	180	2.80	1.67	Agree	220	3.10	1.76	Agree
10.	To use contraception devices, the students are advised to consult their doctor for professional or medical advice.	180	2.60	1.61	Agree	220	3.05	1.75	Agree
Grand Total		180	2.73	1.65		220	3.03	1.74	

Table 2 above indicates that the respondents accepted or agreed that use of condoms to make love helps the students' adolescents to prevent early pregnancy in the society. The table still reveals that the respondents accepted or agreed that the use of condoms in making love in most cases fail the students and they end up contacting sexual diseases and having early pregnancy. It was also observed from the table that the respondents agreed that the use of injections as contraception is helpful to the students in preventing or controlling early pregnancy. Also showed in the table is that the respondents agreed or accepted that there is no total assurance in the use of contraceptives to prevent early pregnancy. The table still indicates that the respondents accepted or agreed to view that to use contraception devices, the students are advised to consult their doctor for professional or medical advice.

DISCUSSION OF FINDINGS

The findings in research question one: how does sexual abstinence influence early pregnancy among female students in South West Senatorial district of Rivers State, revealed that students practicing sexual abstinence will not have early or unwanted pregnancy and will make them to stay away from sexual intercourse or relationship. This view is in line with Kenney (2009). He observed sexual abstinence which practiced by teenagers has 100% effectiveness in preventing early pregnancy among the female students. He also asserts that the students are less prone to contact a sexually transmitted disease that may cause infertility, experience cancer hence there is no exchange of fluid.

The study indicated in research question two: How does contraception influence early pregnancy among female students in South West Senatorial district of Rivers State that there is a partial influence of intraception on early pregnancy. This is in collaboration with Ikpe (2014). He opined that some contraception do not guarantee 100% effectiveness in preventing pregnancy. According to Ikpe (2014), it is advisable for the female not to continuously use contraceptive pills as it's prolonged use may lead to hormonal imbalance. Ellen (2011) also observed that the use of female sterilization is another form of contraction but very dangerous hence it can ruin teenagers' reproductive life and render them barren for life.

CONCLUSION

The influence of sex education on early pregnancy among female students in South West senatorial district in Rivers State cannot be over emphasized. However, the study concludes that; sexual abstinence has positive influence on early pregnancy among female students. Hence students are advised to stay away from sexual relationship. The study still concludes that contraceptive devices have negative influence on students hence there is no 100% assurance in uses of the devices. The study also concludes that sexual orientation has negative influence on early pregnancy. Hence bisexual lesbian female teenagers are likely to get pregnant than heterosexual teens if they have sex with men. The study finally concludes that body image or appearance of the study can lead them to early pregnancy if care is not taken.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are hereby put forward to ensure that this study achieve its objectives.

1. Government through ministry of education or school management should organize awareness or enlightenment campaign on sexual abstinence in public secondary schools in Port Harcourt Metropolis.
2. Students should be discourage from using contraceptive devices to prevent early pregnancy hence there is no 100% assurance or guarantee.

REFERENCES

- Amazigo, M.L. (2013). *Truancy reduction: Keeping students in school office of juvenile justice and delinquency prevention*. Washington: OJJDP.
- Robin, I. & Kindendall, U. (2014). Sexual behaviour, condom use and attitude toward HIV/AIDS among adolescents in Nigeria. University of Ilorin. An unpublished Ph.D thesis.
- Briggs, L.A. (2011). *Adolescent pregnancy: A worldwide concern*. Lagos: Hyacinth.
- Calderone, D. (2012). *The impact of schools and school programs upon adolescent sexual behaviour*.
- Carol, H. (2016). Truancy, absenteeism and delinquency. *Scottish Educational Studies*, 14-28.
- Christopher, S. (2012). Cyberbullying, school bullying and psychosocial distress: A regional consensus of high school students. *American Journal of Public Health*, 1, 171.
- Collins, C.J. & Robin, A.D. (2012). *Global health statistics*. Cambridge: MA. Harvard School of Public Health, (Global Burden of Disease and Injury Series, Vol. 11).

- Colman, R. (2013). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In Tonry, M. and Morris, N. (Eds.). *Crime and Justice. An Annual Review of Research*, (Vol. 7). University of Chicago Press, Chicago.
- Ellen, EC. (2011). Official publication of national association of pediatric nurse association and practitioners. *Journal of Pediatric Health Care*.
- Ellis, V. (2014). Something more to tell you: Lesbian, gay or bisexual young peoples. *Journal of Adolescence*, 30(2), 213-225.
- Encarta, C.J (2007). Co-occurrence of delinquency and other problem behaviours. *Juvenile Justice Bulletin OJJDP* November.
- Eriega, H. (2015). Development of multidimensional peer victimization scale. *Aggressive behaviour*, 26, 169-178.
- Ezinwa, O. & Okoye, N.C. (2015). Factors underlying occupational preference. *West African Journal of Education*, 8(3), 9-15.
- Fisher, D. (2009). Commentary: Siblings in their families. *Journal of Family Psychology*, 19(4).
- Freeldman, R. & Elliot, J. (2015). Emotional development in adolescence: What can be learned from a high school theatre program. *Child Development*, 78(4), 1083-1099.
- Grundberg, J. & Rosen, D. (2014). Getting into adolescent heads: An essential update. *Contemporary Pediatrics*, 26(4), 1-11.
- Hovell, F. (2014). *Social phobia among university students and its relation to self-esteem and body image can be psychiatry*. 49(9), 630-434.
- Ikpe, E.B. (2014). *Human sexuality in Nigeria: A historical perspective in AFSRC human sexuality in Nigeria*. Understanding human sexuality seminar series, No. 1. Lagos: African Regional Sexuality Resource Centre.
- Tanner, M.C. (2010). Linking maternal efficacy beliefs, developmental goals, parenting practices and child competence in rural single-parent. African American families. *Child Development*, 70, 1197-1208.
- Janofsky, F.S. & Michael, A.O. (2013). Training manpower factors and students academic performance in economics. *Journal of Clinical Counselling Psychology*, 9(10), 109-121.
- Kenney, M. (2009). Providing inclusive sex education in schools will address the health needs of youths. *Journal of Youth Adolescence*, 39(60).
- Kimberly, I. (2013). Truancy among secondary school students in Kano city: Cause and remedies. Unpublished PGDE project, Federal College of Education, Kano.
- Kindendall, S.E. (2011). *The nature and consequences of peer victimization*. Retrieved from www.edu/indiv/b/brock/workshop.
- Kotchick, O. (2011). Psychosocial factors associated with sexual behaviour in early adolescence. *The Ethiopian Journal of Contraception and Reproductive Health Care*, 16, 298-306.
- Leepson, W. (2011). Effect of social foresight training on the school adjustment of high risk youth. *Child Study Journal*, 14(1), 61-77.
- Lehman, B. (2008). A multilevel examination of peer victimization and bullying prevention in schools. *Journal of Criminology*.
- Luster, A.A. & Small, A.R. (2014). Awareness and attitude towards sex health education and sexual health services among youngsters in rural and urban settings of Sindh Pakistan. *Journal of Pakistan Medical Association (JPMA)*. Retrieved from <http://www.jpma.org.Pk/fullarticle-textphp?article-id=3558-on23/2/2016>.
- Miller, L. (2011). Sexual orientation and gender identity/expression related peer victimization in adolescence: A systematic review of associated psychosocial and health outcomes. Doi:10.1080/00224499.2012.750639 PMID: PMC3602930 NIIMSID: NIHM423
- Moore, M.D. (2016). Unmasking social anxiety disorder. *Journal of Psychiatry and Neuroscience*, 32(6)85-189.

- Muller, A.E. (2010). Sex education and unwanted pregnancies among adolescents in Madison. Unpublished Research Paper.
- National Pregnancy Prevention Campaign (2006). Improving services for women and child victims of violence. The Department of Health Action Plan. <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationspolicyandGuidance/DH>
- Nwankwo, O.G. (2013). *Research writing: A practical guide*. Port Harcourt. Pam Unique Publishers Co. Ltd.
- Olayinka, C. (2015). Longitudinal associations between sibling relationship quality, parental differential treatment and children's adjustment. *Journal of Family Psychology*, 19(4), 550-559.
- Pam, O. & Lehman, I. (2008). Co-occurrence of delinquency and other problem behaviours. *Juvenile Justice Bulletin OJJDP*.
- Seeley, K. (2016). *Guidelines for a national definitions of truancy and calculating rates*. Deriver, C.O.: National centre for school engagement.
- Shonde, G. (2015). Truancy and academic performance of secondary school students in South Eastern Nigeria: Implications for counselling. *International Journal for Cross-Disciplinary Subjects in Education (IJCDSE)*. Special Issue Volume 3 Issue 2.
- Smith, A.A. & Maekie, T.M. (2015). Knowledge and perception of sexuality education among students of a rural secondary school in Kwara State, Nigeria. *Nigeria Medical Practitioner*, 52(3), 55-59.
- Smith, I. (2015). *Peer victimization social support and psychosocial adjustment of sexual minority adolescents*. 34(5), 471-482.
- Tans, M.B. & Semin, D.J. (2007). Social anxiety disorder. *The Lancet*, 371 (9618) 1115.
- Tupper, K. & Kenneth, O. (2013). Sex, drugs and the honour roll: The perennial challenges of addressing moral purity issues in schools. *Critical Public Health*, 3(2), 1-7.
- Wikipedia.org (2017). *Teenage pregnancy*.
- Wilhelm, O. (2016). *Bully child trends rate bank*. Retrieved from <http://www.childrendatabank.org/?q-node1370>.
- Wimmer, D.R. & Dominick, R.J. (2011). *Mass media research: An introduction*. United Kingdom: CPI, Antony Rowe.