



**AWARENESS AND PERCEIVED BENEFIT OF SEXUALITY EDUCATION
AMONG ADOLESCENTS IN SELECTED SECONDARY SCHOOLS IN ILE-IFE**

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ABSTRACT: *Little is known about the perception of adolescents on sexuality education and its benefits in Nigeria. This study aimed at assessing the adolescents' awareness and perceived benefit of sexuality education. A descriptive research design and multistage sampling technique were used to select 200 adolescents across selected secondary schools. Hypothesis testing was conducted using Chi-Square at a 0.05 level of significance. High awareness of sexuality education was found among 87.1% of the respondents. The majority of the respondents had a good perception of sexuality education and its benefits. More studies are needed to test the effectiveness of such interventions among this population.*

KEYWORDS: Sexuality Education; Adolescents; Awareness; Schools



INTRODUCTION

Sexuality education refers to appropriate teaching about relationships and sex that is age and gender-specific by giving realistic, scientifically accurate, and non-judgemental information about sexual relationships, reproductive health, and the expected changes at puberty (Ivanova et al., 2020). Sexuality education (SE) is one of the leading examples of intricate interventions widely carried out in the field of sexual and reproductive health (SRH). They are continually interpreted as interventions that embody different interacting components. (Liukkonen, 2019).

The concept of sex education has witnessed different controversies and misconceptions by different people as they believe it promotes sexual immoralities than the healthy sexual awareness it brings (Offiong et al., 2018). According to United Nations Educational, Scientific and Cultural Organization [UNESCO] (2018), sexuality education in or out of schools does not encourage sexual activity, sexual risk-taking attitudes, or increase STI/HIV infection cases. In Nigeria, sexually related matters are rarely discussed; even when discussed, it is usually in secrecy. It is important to state that sexuality education is not just about the anatomy and physiology of the sex organs; it captures gender roles, sexual abuse, and equality. (UNFPA et al., 2016).

World Health Organisation (WHO) stated that women below 20 years of age comprise almost one-tenth of all births (WHO, 2017). This puts the majority of adolescents at risk of pregnancy and childbirth (Kassa et al., 2018). There is a rapid spread of modern communication and easy access to sites that are pornographic, which can change the sexual views of adolescents (Tanto et al., 2015). Both male and female adolescents face considerable reproductive risks (Shiffman et al., 2018). Thus, the need for formal and appropriate sexuality education to help young ones make informed decisions regarding their sexual relationships.

The importance of sexuality education, as reported by Ivanova and Michielsen (2020), is short-term, e.g., improved sexual and reproductive health knowledge, self-esteem, and skills developed, and addressing impacts (long-term), such as reduction in STIs and sexual violence. Frederico et al. (2019) stated that young people, especially young women, need explicit, trustful, and clear communication on sexuality matters within the home context, considering the presence of several sources of sexualised messages. In their study, Tanton et al. (2015) reported that a reduction in the prevalence of teenage pregnancy, STIs, including HIV/AIDS, and abortions were recorded among young adults between 15-24 years when sexuality education was introduced in some European countries. With the rising cases of sexual assault, we cannot afford to limit the purpose of sexuality education merely to lower rates of pregnancy and STIs; it must be maximised to address harmful traditional practices, including gender and sexual norms. (Carpenter, 2017). The effectiveness of sexuality education is birthed when guardians, tutors, schools, and services that are for the youths are accompanied by programs from educational institutes (UNESCO, 2018). To sustain proper sexual development, schools and families must collaborate by addressing adolescents' needs in their knowledge of human sexuality (Izdebski et al., 2022).

In a research study by Kumar et al. (2017), it was revealed that of 695 adolescents who were in favour of sexuality education, 53.7% believed knowledge of sex makes future life easy, 86.3% thought it could prevent the occurrence of AIDS, 57% believed that accurate knowledge of sex education could remove myth and 39.5% thought that it protects from other diseases and 102 (13.7%) did not give any reason for sex education.



Also, Oyedele (2017) stated that Nigerians are still denying how rampant teenage sex is due to cultural and religious sensitivities. The reality was revealed by the Demographic Health Survey (DHS) in 2013, where only 3 in 10 women reported having had their first sexual intercourse at age 20 or later, and 54% said to have had intercourse before turning 18. Amazingly, 24% said they had sexual intercourse before 15. This makes them especially vulnerable to reproductive health problems. UNESCO (2018) reported that 34 % of young people worldwide know accurately about the prevention and transmission of the Human Immunodeficiency Virus [HIV]. And out of every three girls, two are clueless about what to expect when they begin menstruating. A study conducted by (Shiffman et al., 2018) showed that the Nigerian government approved the sexuality education policy in 1999 due to pressure from domestic NGOs and international donors. Implementation of this policy has differed across the states in Nigeria. This study will ascertain the efficacy of this policy in Ile-Ife, Osun State, Nigeria.

Specific Objectives

1. To ascertain the adolescents' awareness of sexuality education.
2. To ascertain the perception of sexuality education among adolescents in selected secondary schools in Ile-Ife.
3. To assess the perceived benefits of sexuality education.

METHODOLOGY

Study Design

This study used a descriptive research design.

Study Area

Nigeria is the largest country in Africa, with the largest economy and six geopolitical zones: North Central, North East, North West, South South-South South, and South West. Ile-Ife is an ancient Yoruba land in southwestern Nigeria. It is located in Osun State. Ile-Ife, also called Ife, is about 218 kilometres northeast of Lagos, with a population of 509,813. They have people of all professions and also have artisans and farmers. Ile-Ife is a rural area with settlements where agriculture is occupied by most. The study was carried out in three selected secondary schools in Ile-Ife, in Osun State. The selected schools are Excel Standard College, Adepetu Comprehensive School, and God's Image Secondary School. They are all mixed schools (comprising male and female students) and are established to cater to the present academic needs of society and its future generations. The school teaching curriculum entails sexuality education as part of the subjects taught in senior classes.

Sampling and Sampling Technique

The total sample size of the study drawn from the selected schools was 200. The sample size was calculated using the Taro Yamane formula. A multistage sampling technique was used to select 200 adolescents across the study settings. The study participants were recruited by simple balloting from the senior secondary class 3.



Instrument for Data Collection

The questionnaire assessed the level of awareness of sexuality education, the perception of sexuality education, and the perceived benefits of sexuality education among their respondents.

Section A: Elicited information on demographic data.

Section B: Collected data on awareness of sexuality education among the respondents.

Section C: Retrieved data on the perception of sexuality education.

Section D: Perceived benefits of sexuality education among the respondents.

Validity and Reliability of The Instrument

Copies of the questionnaire were given to the supervisors and experts in the field of study to determine its face and content validity. The instrument was pretested to determine its reliability among 20 adolescents selected from a different setting aside from the study settings. The result revealed a Cronbach's alpha score of 0.832. The questionnaire contained 34 questions categorised into four sections which are all closed-ended.

Data Collection

The principal investigator administered the questionnaire in the study setting. It was completed and retrieved immediately after completion. The respondents were guided on how to fill in the questionnaire. Data were collected from participants using a structured questionnaire for 4-weeks. The structured validated questionnaire “**Awareness and perceived benefits of sexuality education**” was used to collect data from the respondents. The questionnaire was written in English, guided by predetermined objectives and a literature review.

DATA ANALYSIS

Data entry was done using the Statistical Package for Social Sciences version 21. Variables were analysed using descriptive statistics in the form of frequencies and percentages. Awareness of sexuality education was scored by assigning one (1) mark for each correct answer in response to related questions. The maximum score was 10; scores below average (less than 5) were designated as a low level of awareness, while scores above average (5 and above) were designated as a high level of awareness. Perception of sexuality education among adolescents was determined based on the responses by the respondents to related questions. These were measured on a scale of 0-4 when statements were positively worded but reversed when negatively worded. The maximum score was 40; those who scored less than 20 were categorised as having poor perception, while those who scored 20 and above were categorised as having good perception. Perceived benefits of sexuality education were determined based on the responses by the respondents to related questions. The maximum score was 36; those who scored less than 19 were categorised as perceiving sexuality education as highly beneficial, while those who scored 19 and above were categorised as perceiving sexuality education as not beneficial. The hypothesis was tested using Chi-square at 0.05 level of significance.



Ethical Consideration

Permission to carry out the study at the three facilities was approved by the Ministry of Education's ethical committee. Informed consent was obtained from the participants before the administration of the questionnaire. Confidentiality of the information provided was ensured.

RESULTS

Table 1 shows that the majority of the respondents, 150 (75.1%), were aged 13-15 years; 183 (91.0%) were Christians. About 93.0% were Yoruba; 129 (64.2%) were of middle socio-economic status.

Awareness of Respondents on Sexuality Education

Figure 2 indicated that the majority of the respondents, 175 (87.1%), were aware of sexuality education; 139 (69.2%) heard through social media, 124 (61.7%) from friends, 115 (57.2%) heard from healthcare workers, and about half (51.7%) heard from their parents, 100 (49.8%) from their spiritual leaders (Figure 2).

Perception of Sexuality Education

Table 2 revealed that the majority of the respondents (83.1%) agreed that sexuality education is the perfect way of preventing STIs and unwanted pregnancies. The same percentage agreed that it teaches about sexual and reproductive health and rights. Almost all (94.0%) believed that it is possible to protect themselves from the risk of contracting HIV.

Perceived Benefits of Sexuality Education

Table 3 showed that more than half of the respondents 120(60.2%) agreed that sexuality education knowledge prevents them from contracting sexually transmitted infections, (54.7%) agreed that it prevents them from getting involved in risky sexual behaviours, 116 (57.7%) were of the opinion it prevents them from having unintended pregnancy or impregnating someone, 50.2% opined that sexuality education teaches adolescents to make healthy and respectful choices regarding relationships. In comparison, a few (35.8%) agreed that it helps them choose the appropriate contraceptive device.

Inference: Table 4 indicated that there is a significant difference between the level of awareness of sexuality education of the respondents and their perceived benefit ($p=0.002$, $X^2=15.264$).



DISCUSSION

Various studies supported the fact that there is an increased prevalence of teenage pregnancies globally, including a report by UNICEF in 2020, which stated that approximately 1.7 million [1.1 million-2.4 million] adolescents between the ages of 10 and 19 are living with HIV worldwide, with about 5% of all people living with HIV and about 10% of new adult HIV infections among adolescents. This, therefore, makes sex education the best intervention to avert this. (Siva et al., 2021). This study is one of the few in Nigeria to describe awareness and perceived benefits of sexuality among adolescents in selected secondary schools.

Regarding awareness of the respondents on sexuality education, this study revealed that 87.1% of the students were aware of sexuality education; this could be attributed to the technical know-how of the students as they majorly became aware through social media (69.2%). Similarly, a study by Ilori et al. (2020) reported that the mass media (radio and television) was the main source of information for 36 (42.6%) of the respondents, followed by parents (20.6%). Abdullah et al. (2020) also agreed with this as about 75% of the respondents got informed through the Internet, and 36.5% stated that their information is from their parents. These facts suggest that social media is a major resource for nurses and other health practitioners to divulge adequate health information to adolescents about sexuality. This will help correct wrong sexual information adolescents receive, as social media can also be a source of misleading health information. Contrastingly, a study by Sule et al. (2015) indicated peer groups as a major source of information (35.26%). Also, Kumar et al. (2017), in a study, found that a larger percentage (83.0%) of adolescents prefer school/teacher, and the least preference was parents, 277 (37.3%) respectively.

According to this study, parental influence in sex education seems insignificant to other means of information. However, it appears that parents play a crucial role in reducing the prevalence of sexual health and promoting adolescents' sexual and reproductive health. Manyike (2015) revealed in a study that children educated by parents were 1.23 times less likely to be abused than those not educated. However, studies revealed that parents were the least source of information regarding sex education (Mafuyai et al., 2020). It is, therefore expedient for parents to be involved in their children's exposure to sexuality education even from a tender age. This suggests that children, especially those aged range- 13-25years, have the right to receive accurate information on sexuality matters with no age discrimination but with content relevant to their developmental age and exposure (Kumar et al., 2017).

The study found that the perceived benefit of sexual education among adolescents was essentially the prevention of STIs, 60.2%. Also, we found that knowledge of sexuality education prevents them from engaging in risky behaviour (54.7%). A similar study by Nneka and Okagua (2019) reported that most students believe that knowledge of sex education will help them prevent STIs or HIV. This also aligns with the findings from Kumar et al. (2017).

Several studies have been conducted to reduce adolescent pregnancy (Manlove et al., 2015; Yakubu et al., 2019). This study discovered that perceived benefits of sex education as identified by the students include: knowledge of the prevention of STI (60.2%); understanding of safe sexual health practices (59.2%); prevention of unwanted pregnancies (57.7%); and prevention of risky sexual behaviours (54.7%). This study affirms that sexuality education teaches adolescents to make healthy and respectful relationship choices. A similar study by Santelli et al. (2018) suggested that sex education promotes refusal skills that may protect



young people in college, including teaching young people before college about healthy and unhealthy sexual relationships and how to say no when sexual interaction is not wanted and yes when it is wanted. This study found a significant difference between the respondents' level of awareness of sexuality education and the perceived benefits of sexuality education ($p = .002$). This was also supported by (Siva et al., 2021).

Based on the results, many students seem to be informed about sex education, although with little significance to sexual violence. Future research might explore the perception of students about sexual violence and the impact of sexuality education.

Study Limitation

There are limitations to these findings and studies. The limited sample size adopted in this study might not be suitable for generalisation. Also, the participants might be affected by social desirability bias in that they tend to respond in ways that they consider appropriate or socially acceptable. So, these limitations should be taken into consideration when interpreting the findings.

CONCLUSION

As social media was the source of sexuality education for the majority of our respondents, this suggests that health workers and religious institutions can use social media to reach more adolescents on issues of their sexuality. Similarly, as many of our respondents perceived that sexuality education is beneficial, they are likely to participate in interventions on sexuality education in the nearest future. More studies are needed to test the effectiveness of such interventions on this population.

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The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

Declaration of Interest Statement

The authors report there are no competing interests to declare.

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APPENDIX

Table 1: Socio-demographic characteristics of the respondents

Variables	Frequency	Percent
Age (years)		
13-15	150	75.1
16-18	40	19.9
19 and above	10	5.0
Religion		
Christianity	182	91.0
Islam	18	9.0
Tribe		
Yoruba	187	93.0
Igbo	10	5.0
Hausa	3	2.0
Socioeconomic status		
High	52	26.4
Middle	129	64.2
Low	19	9.5

Table 2: Perception of respondents on sexuality education

Variables	Frequency (n=200)	Percent (100)
Abstinence is the perfect way of preventing STIs and unwanted pregnancies		
Yes	167	83.1
No	33	16.9
Is it possible to protect yourself from the risk of getting HIV?		
Yes	188	94
No	12	6
Sexuality education does not teach about sexual and reproductive health and rights		
Yes	33	16.9
No	167	83.1
Total	200	100.0

**Table 3: Perceived benefits of sexuality education**

Variables	Strongly Agree	Agree	Disagree	Strongly Disagree
Sexuality education knowledge prevents me from contracting sexually transmitted infections.	120(60.2%)	58(28.9%)	9(4.5%)	13(6.5%)
Helps me to choose an appropriate type of contraceptive device	53(26.4%)	72(35.8%)	35(17.9%)	40(19.9%)
Prevents me from getting involved in risky behaviour	110(54.7%)	58(29.4%)	15(7.5%)	17(8.5%)
Prevents me from having an unintended pregnancy or impregnating someone	116(57.7%)	64(31.8%)	12(6.0%)	8(4.5%)
Teaches to make healthy and respectful choices regarding relationships	100(50.2%)	58(28.9%)	31(15.4%)	11(5.5%)

Table 4: Association between the level of awareness of sexuality education and the perceived benefit of sexuality education

Level of awareness	Sexuality education knowledge prevents them from contracting sexually transmitted infections				Total	X ²	Df	P.val
	Strongly agree	Agree	Disagree	Strongly disagree				
High	89	66	12	8	175	15.264 ^a	3	.002
Low	6	11	2	6	25			
Total	95	77	14	14	200			

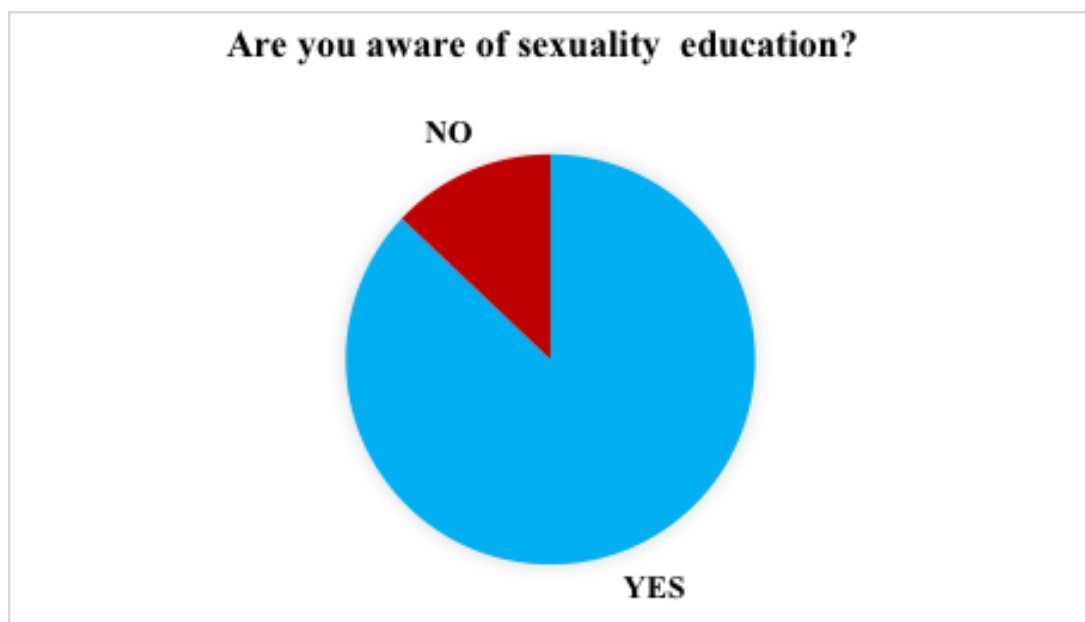


Figure 1: Awareness of respondents on sexuality education

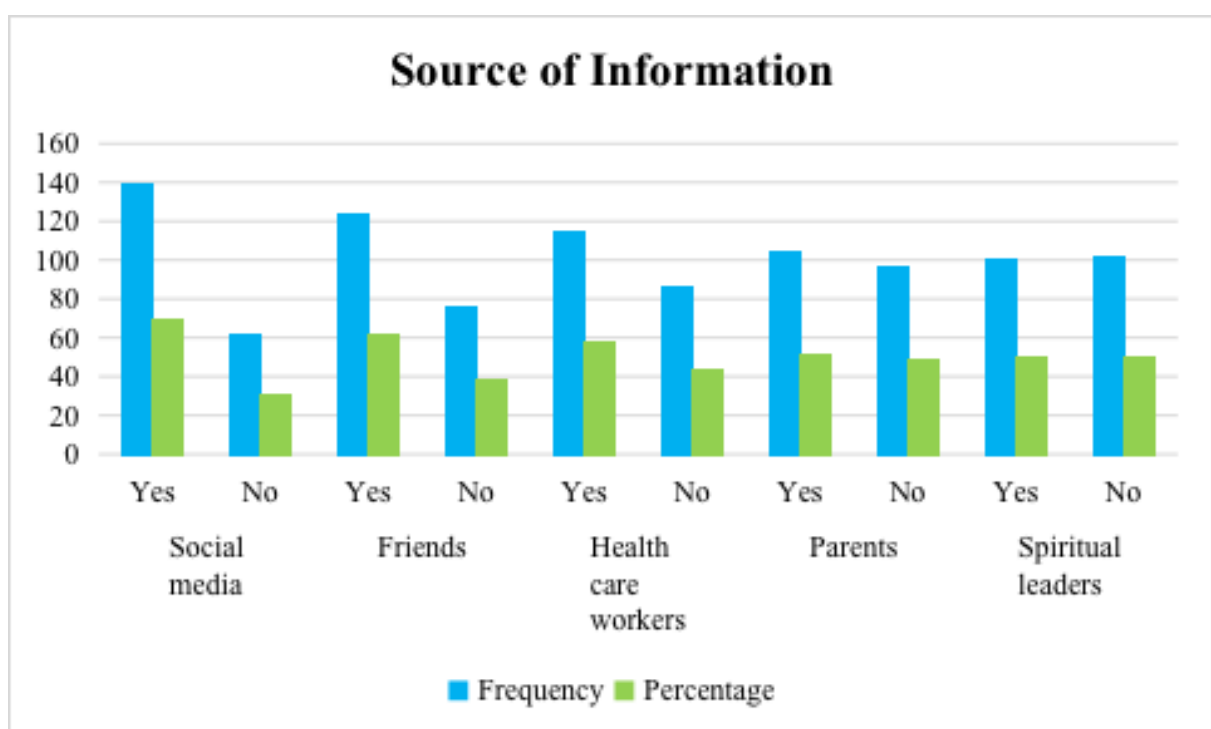


Figure 2: Respondents' source of information about sexuality education