

ASSESSMENT OF ADOLESCENTS ATTITUDE TOWARDS SEXUALITY AND REPRODUCTIVE HEALTH EDUCATION IN ELEME LOCAL GOVERNMENT AREA OF RIVERS STATE, SOUTHERN NIGERIA

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ABSTRACT: *The study aimed at determining the attitude of male and female adolescents towards sexuality and reproductive health education. The population of the study consisted of 5,800 adolescents in public secondary schools in Eleme Local Government Area of Rivers State, Southern Nigeria. The sample of the study was however made up of 200 adolescent drawn through simple random sampling technique. Data of the study was obtained using structured questionnaire titled: “Adolescents Attitude to Sexuality and Reproductive Health Education Questionnaire (AASRHEQ). The instrument was validated by experts in educational psychology and measurement and evaluation. The reliability coefficient of the instrument was 0.75, using Cronbach alpha technique. Data collected were analyzed using mean (x), standard deviation and t-test. Result got after data analysis indicated that generally speaking majority of the adolescents had negative attitude. However, a significant difference was found in the adolescents attitude by gender and by religion;. Consequently, recommendations were made which included that the government needs to do more in term of ensuring the implementation of teaching of sexuality and reproductive health education curriculum in schools, especially in the semi urban and rural areas; and that practicing counselors should take up the responsibility of ensuring enough awareness campaign through programs in school and local communities aimed at enhancing the development of positive attitude towards sexuality education among adolescents.*

KEYWORDS: assessment, adolescents, attitude, sexuality, reproductive, health, education

INTRODUCTION

The word ‘adolescence’ originated from a latin word ‘*adolescere*’ which translated means ‘to grow to maturity’ (Bansal and Mehra, 1998). Adolescence has been defined by various authors according to how they perceive this very important stage of human development. According to Feldman (2005), adolescence is the developmental stage between childhood and adulthood during which many physical, cognitive and social changes take place. On the other hand,

Philpchalk and McConnel (1994) define adolescence as that period in human development which begins with the onset of puberty and extends to the achievement of adulthood. Puberty in this definition refers to the period during which maturity of the sexual organs occur. These definitions imply that adolescence represents the age period between childhood and adulthood in a particular society.

It is a period of transition when an individual neither enjoys the privileges of childhood nor the freedom of adulthood. Various authors do not seem to be in agreement as to the exact age adolescence begins and at what age it ends. For Feldman (2005) puberty which makes the onset of adolescence begins at about 11 or 12 years for girls and 13 to 14 years for boys. Santrock (2002) on the other hand, sees the onset of adolescence to be around ages 10-12 years and its end at 18-21 years of age. These little differences results from the fact that there are wide variations as one moves from one society to the other.

Adolescence as a period in development is a time when young people explore and experiment with their personal, social and sexual identities. In most parts of the world including Sub-Saharan Africa, and Nigeria in particular, this is the time when dating, which involves intimate relationships, emotional closeness and sexual exploration occurs. In fact, it is evident in recent times that many adolescents are sexually active and in some parts of the world as many as half are married (Blanc & Nay, 1998). When adolescents begin sexual activities, such sexual activities put them at risk of various sexual and reproductive health challenges. Adolescence as a period therefore come along with growth, change, opportunity and all too frequently risk to sexual and reproductive health. Such risks could be those of pregnancy, abortion, sexually transmitted diseases, sexual violence and systems in place that limit access to information and clinical services (Rondinis and Krug, 2009). In addition to that sexual and reproductive health is also punctuated by nutrition, psychological wellbeing and economic and gender inequalities that hinder the ability to avoid forced, coerced or commercial sex (Cage, 1998).

Young people therefore going through this period require special attention and need to be provided with adequate information with regard to sexuality and reproductive health. This will not only benefit the adolescents but their entire society as it will contribute to national development. In Nigeria, nearly one third of the entire postulation is between the ages 10 and 24 (Population Reference Bureau, 2008). This significant share of the population positions Nigeria adolescents as a major part of the nation's economic, social and political development. What this mean is that sexual and reproductive health issues may indirectly affect the country's development. When mechanisms that will provide adequate and accurate sexual and reproductive health information are not in place young people are predisposed to the risk of sexually transmitted infection (STIs) and unplanned pregnancy.

Sexuality and reproductive health education therefore is very important. When adolescents have access to effective sexuality and reproductive health education, they are empowered to make constructive and well throughout choices. Generally speaking, this contributes to their overall health and wellbeing.

Sexuality and reproductive health education is the lifelong process of acquiring information, forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses

sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles (Kann, Telijohann & Wooley, 2007). Sexuality and reproductive health education is a process by which youths are provided with scientifically accurate information that are appropriate to their ages and relevant to their culture. It brings together intentionally arranged opportunities that enable young people explore their attitudes and values and to practice positive decision making and other life skills they will need to be able to make informed choices about their sexual lives (Kirby, 2007).

Inspired by the recommendations from the 1994 international conference on population and development held in Caro, Egypt, organizations in many countries including Nigeria have developed many programs which are intended to meet the sexual and reproductive health needs of adolescents. While such efforts are noble and encouraging, the extent to which these youths exploit services emanating from those programs to their advantage depend so much on their attitude to such sexuality and reproductive health.

Attitude according to social psychologists refer to relatively enduring evaluation of something, where the something is called the attitude object. The attitude object might be a person, a product, or a social group (Wood, 2000). Attitudes involve a preference for or against the attitude object. It is the positive or negative evaluations of people, objects, ideas or events. Adolescents attitude towards the teaching of sexuality and reproductive health may not be the same. It depends on factors such a prevailing perceptions held in different communities, social belief system, peer group, age, interest, religious affiliation, family socialization and cultural setup in which the young person grows up (Ghallager and Gallagher, 1996). Furthermore, adolescents attitude (positive or negative) toward reproductive health education can be determined by the gender of the adolescents. Religion can also direct the attitude of adolescents towards sexuality education. Adolescents who are influenced by their religious beliefs tend to exercise restraint with regard to their sexual behaviours and vice versa. Since attitude is very important in the functional use of learning experiences and services provided by sexual and reproductive health programs, it became very important to examine the attitude of the adolescents to these programs.

Statement of the Problem

Adolescence as a transitional period in the human life span has its own unique risks. One of these areas of risks which if not guarded against will limit the likelihood that these youths will grow up to become productive adults is that of sexuality and reproductive health. Quite a substantial part of the sex related problems facing these adolescents today can be linked to inadequate and lack of sexuality education. In fact this had made, some very vulnerable. As a period of experimentation and exploration, some, just in a bid to satisfy their curiosity have experimented many risky behaviours with dare consequences.

As they grow and mature adolescents need access to valid information about sexuality and reproductive health. This is because adolescence is the time when young people develop relevant values, knowledge, attitudes and skills they need to become sexually healthy.

When youths lack adequate and accurate sexual and reproductive health information they are exposed to the risk of sexually transmitted infection and unplanned pregnancy. Sexuality and

reproductive health education reduces risks of these potentially negative outcomes from sexual behaviours, equip learners with functional sexuality life skills and reduce the high level of dropout of schools and unwanted pregnancies. It provides knowledge of how to prevent transmission of STIs including HIV/AIDs and other such problems. Teaching of sexuality and reproductive health education is very important for both male and female adolescents. It is therefore timely that this subject has been included in our schools. However, how much these youths profit from these programs is a function of their attitudes. This formed the crux of the problem of this study.

Aim and Objectives of the Study

The study aimed at determining the attitude of male and female adolescents towards sexuality and reproductive health education. Specifically it was designed to achieve the following objectives;

1. To determine the attitude of adolescents toward sexuality and reproductive health education by gender
2. To find out the attitude of adolescents toward sexuality education by religion

Research Questions

1. What is the attitude of adolescents towards sexuality and reproductive health by gender
2. What is the attitude of adolescents towards sexuality and reproductive health education?

Hypotheses

1. Attitude of adolescents towards sexuality and reproductive health education does not differ significantly
2. There is no significant difference in the attitude of adolescents towards sexuality and reproductive health education based on religion

METHOD

The study was aimed at determining the attitude of male and female adolescents towards sexuality and reproductive health education. The descriptive research design was adopted. Two research questions and two hypotheses guided the study. The population of the study consisted of 5800 adolescents in secondary schools in Eleme Local Government Area of Rivers State, Nigeria. The sample of the study was however, made up of 200 adolescents drawn through the simple random sampling technique. Data of the study was obtained using a structured questionnaire titled: "Adolescents Attitude to Sexuality and Reproductive Health Education Questionnaire (AASRHEQ). The questionnaire made up of 25 items was a modified four (4) point likert scale with the following response options: Strongly Agree, Agree, Disagree and Strongly Disagree. The responses were weighted 4, 3, 2, and 1 respectively. A calculated mean (\bar{x}) score of 62.5 was adopted for (AASRHEQ) as criterion for decision making. The AASRHEQ was validated by experts in educational psychology and measurement and evaluation. The reliability coefficient of the instrument was 0.75 using Crombach alpha technique. The instrument was administered directly to the respondents using two research assistants. Data collected was analyzed using Mean (\bar{x}), standard deviation and t-test.

RESULTS

Results emanating from data analysis were presented in tables below. Analysis of data was done in relation to the research questions and hypotheses.

Research Question 1: What is the attitude of male and female adolescents towards sexuality and reproductive health education?

Hypotheses 1: There is no significant difference in the adolescents attitude towards Sexuality and Reproductive Health education bases on gender.

Table 1: Mean(x), Standard Deviation (SD) and t-test analysis of adolescents attitudes towards sexuality and reproductive health education based on gender.

Adolescents	N	\bar{x}	SD	Df	Cal t	Crit t	Remarks
Male	80	43.67	8.180	198	3.26	1.96	Rejected
Female	120	49.67	16.93				

Table 1 showed that male adolescents had attitude mean (\bar{x}) score of 43.67 and SD 8:180 while their female counterparts had mean (\bar{x}) score of 49.67 and SD 16.93. From this result, both male and female adolescents showed negative attitude toward sexuality and reproductive health education in favour of male Adolescents

However, from same table, the result of the independent samples t-test yielded a calculated t-value of 3.26 at 0.05 alpha level and df of 198. Since the calculated t-test value is greater than the critical value of 1.96, the null hypothesis was therefore rejected. This implied that there was a significant difference in the adolescents attitude towards sexuality and reproductive health education in favour of the males.

Research Question 2: What is the attitude of adolescent towards sexuality and reproductive health education based on religion.

Hypothesis 2: There is no significant difference in the adolescents attitude to Sexuality and Reproductive Health education based on religion.

t-test analysis of adolescent attitude to sexuality education by religion

Table 2: Table 1: Mean(x), Standard Deviation (SD) and t-test analysis of adolescents attitudes towards sexuality and reproductive health education based on religion

Adolescents	N	Mean \bar{x}	SD	df	t-cal	t-crit.	Dec.
Christian	180	63.34	3.18	198	3.31	1.96	Rejected
Muslim	20	19.67	6.42				

Table 2 showed that Christian adolescents had attitude mean (\bar{x}) score of 63.34 while their Muslim counterparts had mean (\bar{x}) score of 19.67. By this result, while the Christian adolescents mean altitude score is a little over the criterion point of 62.5, the mean attitude

score of the Muslim adolescents is well below the criterion point. This result therefore shows that while the Christian adolescents have positive attitude, the Muslim counterparts have negative attitude.

Furthermore, from table 2, the calculated t value of 3.31 at 0.05 alpha level and 198 df is greater than the t-critical value of 1.96. The null hypothesis therefore was rejected. This implied that there was a significant difference in the adolescents attitude to sexuality and reproductive health education by religion.

DISCUSSION

The study examined the attitude of adolescents toward sexuality and reproductive health education. Findings showed that adolescents have negative attitude toward sexuality education with mean (\bar{x}) scores of 43.67 and a corresponding standard deviation of 8.18; and 49.67 and SD of 16.93 for males and females respectively. This finding is dissimilar to that of Monday et al (2018) who found that male and female adolescents had positive attitude toward sexuality education.

The above finding is surprising and unexpected as it deviates from the findings of other studies in which adolescents expressed positive attitude. This difference could have resulted from the area of the study which is a sem. urban area in which young people are still tied to the belief that sexual issues are not meant to be talked about so freely. Furthermore, the study also found that there is a significant difference in the adolescents attitude to sexuality, based on gender. This finding is in line with those of Monday et al (2018), Ognnjimi (2006), Measure (2014) and Macleod (1995) who found significant differences between males and females in their attitude toward sexuality education.

The study also found significant difference in the adolescents attitude with reference to religious affiliation which corroborates the finding of Odimegwu (2005) and Amy and Brittany (2012) who found that there is a strong relationship between religiosity and adolescents sexual attitudes. In fact according to these researchers, Muslims, compared to Christian are less likely to report anything about premarital sex.

CONCLUSION

From the findings of this study, it was concluded that:

- Adolescents have negative attitude toward sexuality education
- Significant differences were found in adolescents attitude to sexuality by gender
- Significant differences were found in adolescents attitude toward sexuality education by religion.

Recommendations

Based on the findings of this study, the following recommendations were made.

1. Though the government is doing more now than before, it has to do more in terms of ensuring the implementation of the teaching of sexuality education curriculum in schools especially in the semi urban and rural areas.
2. There is also the need for the government to create more opportunities for civil society groups who have been at the forefront in addressing sexual and reproductive health concern to do so freely especially in creating more awareness.
3. Practicing counselors must take up the responsibility of ensuring enough awareness campaign through programs in schools aimed at enhancing the development of positive attitudes towards sexuality among adolescents.
4. There is also the need to train more sexual and reproductive health workers to meet the need for the teaming population of adolescents
5. Finally, there is need for religious leaders to be more open in their own attitude toward sexual and reproductive health education.

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