
INFLUENCES OF PARENTAL GUIDANCE TOWARDS SEX EDUCATION AMONG TEENAGERS IN SAMA AND ILELEMA COMMUNITIES, RIVERS STATE, NIGERIA

Ibinabo Fubara Bobmanuel¹ and Abel Fortune Charles².

1. Department of Human Anatomy, College of Health Sciences, University of Port Harcourt, Rivers state, Nigeria.
 2. Department of Haematology, Blood transfusion and Immunology, College of Health Sciences, Gregory University, Uturu, Abia state, Nigeria.
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ABSTRACT: *Sex is an important part of human life to which many people desperately seek answers, with its knowledge and attitude being very significant that humans are to seek it from any available source. However, most parents, even the educated ones and those in civilized climes find it difficult to discuss it with their children and wards. To this end, the later seek it from different sources, some of which may be detrimental to them. The study ascertained the influence of parents on the sexual behavior of their children. A cross-sectional aimed at measuring the influences of parental guidance towards sex education among teenagers in Sama and Ilelema communities, Asari-Toru Local Government Area of Rivers state. Data was analyzed using SPSS version 20 and the results presented as frequencies and percentages. About half of the respondents, 136(45.4%) are 17-19 years old, with the least, 71(23.6%) been 10-13 years. More females, 162(54.0%) participated, with most, 272(90.7%) been single while 28(9.3%) are married. Most, 253(84.3%) have secondary education and most are also students, 269(89.7%). Almost all the respondents, 294(98.0%) knew that sex education can reduce the problem of sexually transmitted diseases. 273(91.0%) agreed that correct information about sex education will prevent premarital sex, while 278(92.7%) agreed its early knowledge will not corrupt the children. 206(68.7%) have heard of sex education, with most hearing about it more than 6 times, 84(40.8%), of which 54(22.2%) heard it from peer groups/friends. About half, 167(55.7%) have had boy/girlfriend, with most of the former having between 1-3 boy/girlfriends. One hundred and seventeen (39.0%) have not had sexual intercourse, while 193(64.3%) waiting until they are married before having sex. Similarly, 247(82.3%) did not have pressure to have sex, with friends being most cause of pressure in 43(81.1%). 212(70.7%) are into serious relationship, with 66(22.0%) expecting the relationship to get to marriage. 92(82.9%) employed a means of preventing pregnancy during intercourse, of which 46(30.0%) and 33(35.9%) used condoms and withdrawal methods respectively. The respondents are aware of sex education and the effects of indulging in early sex, but peer groups/ friends pressure militate against their will to abide by tenets of safe sex. Vigorous enlightenments should be carried out by religious bodies, parents and other organizations, on the importance of sex education and the risks of early and unprotected sexual relationships. Sex education should, thus be given early to avoid children seeking information from peers, which may not be accurate. Doing this, will give them a clearer perception and better future.*

KEYWORDS: sex education, pressure, teenage, community.

INTRODUCTION

Sex is an explosive word which people want desperate answer to related problems. Sex education is the summation of a school's action that is directed at ensuring socially desirable attitudes, practices and personal conduct on children and young adults that will protect them, and by extension, the society (Kearney, 2008; Collin, 2002), since children, according to Collin (2002) can recall most things they are taught at an early age. Knowledge and attitude about sex is very significant that people seek it from any available source. The basic aim of sex education is to ensure adequate knowledge of the nature and importance of sexuality (Akioh, 2002). Akioh (2002) further stated that it is a process that will enable the individual live a full life and develop into responsible members of the society, to which they belong. It is, thus, important that parents educate their children about sex as early as childhood and answer, correctly and truthfully, questions of interest to the child. This should be based on moral and ethical values, and respect for the culture, belief and religious backgrounds of the individual. Most parents feel shy to mention the word "sex" in the presence of their children, while others feel that teaching their children about sex would make them immoral, thereby, having negative thought about sex education. Those who seek for guidance from parents are unsatisfied with the answers proffered. Few of them try to gather information from friends, books or films, while lack access to such information.

When accurate information is not given, people will ignorantly accept wrong information for the truth. Derefaka (2003) is of the opinion that it is unjust to place the duty of sex education on formal learning. Parents should also have the duty to up-bring their children and not the state or country, alone. Effective sex education develops young people's skills, avail them with informed choices about their behavior and afford them competence in choice-making.

Most times, children receive wrong information about sex and sexuality, and the misconceptions could be lifelong. The negative effects of not guiding the teenager properly about sex are numerous, and include; early/unwanted pregnancy, school dropout, child abandonment, sexual abuse, increased risk of sexually transmitted infections/diseases, maternal/infant morbidity and mortality, high rates of sexual promiscuity and criminal abortion. The abortion is further necessitated by the annex city, Port Harcourt, which hosts several multinational companies and influx of people from several works of life, which through unguarded sexual interactions, leads to both increased rate of infections and unwanted pregnancies (Charles *et al.*, 2016). These have led to inability to concentrate, poor school performance, deterioration of mental health of student, high rate of school drop outs, and increase in illiteracy and over population. The lives of teenagers are shattered daily, due incorrect information shared among them, while being misled by others. The educational opportunity of the Nigerian youth is greatly affected, posing a great loss to the society. Despite the increasing sexual problems, parents and academic institutions are yet to provide teenagers with the required knowledge of sex, thus, there is tendency of the trend continuing.

METHODOLOGY

A cross-sectional, descriptive study, conducted in Sama and Ilelema community, in Asari-toru Local Government Area of Rivers State, Nigeria. The communities are both rural, with fishing as their main occupation, while trading, civil service and menial jobs were the other occupations. The total population of the two communities is about 11,355. The study population was teenagers between (13-19) years residing in either of the two communities as at the time of the study and reliability of the technique tested by conducting 10% of the test in a nearby community and the results not added to this. The sample size was calculated using the formula; $n = \frac{z^2 pq}{d^2}$ (Kirkwood and Sterne, 2006) and 23% prevalence (Warakamine *et al.*, 2004) to arrive at 300, while those with speech or hearing difficulties were excluded. Multistage sampling procedure was used, interviewer-administered questionnaire with 5 sections was used to obtain the data from the respondents, while the data was analyzed using SPSS version 20 and Microsoft Excel data analyzer. Ethical approval was obtained from the Ethics committee of the University of Port Harcourt Teaching Hospital, while community consent and Informed consent were obtained from the traditional ruler of the community respondents respectively and a data completeness of 100%.

RESULTS

Table 1a Distribution of respondent's sex, age, marital and educational status

Variables	Frequency (n=300)	Percentage (100%)
Sex		
Male	138	46.0%
Female	162	54.0%
Age		
10-13	71	23.7%
14-16	93	31.0%
17-19	136	45.3%
Marital status		
Married	28	
Single	272	9.3%
Divorced	0	90.7%
Widow	0	
Educational qualification		
Non formal	4	1.3%
Primary	32	10.7%
Secondary	253	84.3%
Tertiary	11	3.7%

Table 1a above is the socio-demographic parameters of the respondents. Of the 300 respondents, 138(46.0%) were males while 162(54.0%) were females. The least number of respondents were

aged between 10-13 years, 71(23.6%) with the highest number being those between 17-19 years old, 136(45.3%). Marital status shows that no respondent was divorced or widowed, but 28(9.3%) were married while 272(90.7%) were single, and 4(1.3%) had non-formal education, while 253(84.3%) had secondary education.

Table 4.1b Distribution of occupation, religion, tribe and number of children

Variables	Frequency (n=300)	Percentage (100%)
Occupation		
Trading	19	6.3%
Farming	2	0.6%
Fishing	5	1.7%
Civil servant	0	
House wife	5	1.7%
Student	269	89.7%
Number of children		
None	275	91.7%
1	18	6.0%
2	7	2.3
3 and above	0	
Religion		
Christianity	299	99.67%
Islam	0	
African traditional	1	0.33%
Tribe		
Ijaw	278	92.67%
Igbo	13	4.33%
Others (please specify)	9	3.00%

Table 1b above show that no respondent is a civil servant, but 19(6.3%), 2(0.7%), 5(1.7%), 5(1.7%) and 269(89.7%) were traders, farmers, into fishing, housewife or students respectively. Majority of them, 275(91.7%) had no child, none had 3 children and above, while, 18(6.0%) had 1 child and 7(2.3%) had 2 children. Almost all of them, 299(99.7%) were Christians, while 278(92.6%) were Ijaws.

Table 2. Respondent's knowledge of sex education

Variables	Frequency (n=300)	Percentage (100%)
Sex education can reduce the problem of sexually transmitted diseases (STDs) among teenagers		
Yes	294	98.0%
No	6	2.0%
Correct information about sexual education will lead teenagers to premarital		
Yes	27	9.0%
No	273	91.0%
Early sex education given early, will corrupt the children		
Yes	22	7.3%
No	278	92.7%
Ever been concerned about contracting AIDS or other sexually transmitted diseases		
Very concerned	61	20.3%
Somehow concerned	43	14.3%
Not concerned	196	65.4%

Table 2 above show that 294(98.0%) said the problem of STDs can be reduced by knowledge of sex education, 27(9.0%) affirmed that correct information about sex education will lead to premarital sex, 22(7.3%) said early knowledge of sex education will corrupt the children, while 196(65.3%) were not concerned about contracting AIDS.

Table 3. Influence of parents on teenagers knowledge of sex education

Variables	Frequency (n=300)	Percentage (100%)
Discussion of sex-related matters with your parents		
Yes	36	12.0%
No	264	88.00%
If yes, how often		
Often	8	22.20%
Occasionally	15	41.70%
Never	13	36.10%

In table 3 above, the presented 36(12.0%) respondents to have ever discussed sex education, among which 8(22.22%) conceded to often discussing the subject with their parents.

Table 4. Respondents source of information on sex education

Variable	Frequency (n=300)	Percentage (100%)
Heard of sex education before		
Yes	206	68.7%
No	94	31.3%
If yes, number of times		
1-3	21	10.2%
4-6	56	27.2%
7-10	45	21.8%
11 and above	84	40.8%
Source of sexual information		
School	63	30.0%
Home/community	4	2.0%
Health center/hospital	43	20.8%
Radio/TV/Newspaper/Internet	31	15.1%
Church/Mosque	11	5.3%
Peer group/friends	54	26.2%

Table 4 above for the respondents' source of information about sex education shows that 206(68.7%) had heard of sex education, with 84(40.8%) respondents' having heard of it 11 times above, while 63(30.6%) and 54(26.2%) responded to hearing about it from school and peer group/friends respectively.

Table 5a. Respondent's level of sexual experience

Variable	Frequency (n=300)	Percentage (100%)
Have you had a boy/girl friend		
Yes	167	55.7%
No	133	44.3%
If yes, how many have you had		
1	68	40.8%
2	48	28.6%
3	51	30.6%
Reasons for having sexual intercourse		
I don't feel ready to have sex	67	22.3%
I have not had the opportunity	23	7.7%
I think that sex before marriage is wrong	117	39.0%
I am afraid of getting pregnant	53	17.7%
I am afraid of getting HIV/AIDS and other sexually transmitted diseases	40	13.3%
Which statement best describes your plans		

I plan to wait until I am engaged to be married	193	64.3%
I plan to wait until I find someone I love	98	32.7%
I plan to have sexual intercourse when am opportune	9	3.0%

For their level of sexual experience as shown in table 5a above, 167(55.7%) had had a boy/girlfriend before, with majority having had between 1-3 boy/girlfriends, 67(22.3%) had not experienced sexual intercourse, 23(7.7%) do not feel ready to have sex, 117(39.0%) had not had the opportunity to have sexual intercourse, while 193(64.3%) plan to wait until they are engaged to be married before venturing into sex.

Table 5b. Respondent's level of sexual experience cont'd

Variable	Frequency (n=300)	Percentage (100%)
Pressure from people to have sexual intercourse		
Yes	53	17.7%
No	247	82.3%
If yes, from whom do you feel pressure		
Friends	43	81.2%
Relative	2	3.7%
Work colleagues	5	9.4%
Parents/special friends	3	5.7%
Others(specify)	0	
Kind of relationship you keep		
Casual	212	70.7%
Serious	9	3.0%
Might lead to marriage	66	22.0%
Engaged to be married	13	4.3%
Age at which you had your first boy/girl friend		
10-13 years old	6	2.3%
14-16 years old	82	31.5%
17-19 years old	172	66.2%
During sexual intercourse, do you do anything to avoid pregnancy		
Yes	92	82.9%
No	19	17.1%
Method of contraceptive used		
Condom	46	50.0%
Pill	4	4.4%
Safe period	33	35.8%
Withdrawal	9	9.8%
Infection	0	
Others (specify)	0	

In table 5b above, 53(17.7) respondents felt the pressure to have sexual intercourse, 43(81.1%) felt the pressure from friends, 212(70.7%) respondents were in casual relationships, 66(22.0%) feel their relationship could lead to marriage, most of them first had sex when they were between 13-19 years, with 92(82.9%) using a form of contraception, while the commonest contraceptive method they used was condom 46(30.0%).

DISCUSSION

The respondent's knowledge in regards to sex education was very high, 294(98.0%), with 6(2.0%) respondents accepting that knowledge of sex education can reduce the problem of STDs. This finding agrees with that of Jaideep (2012) and Benzaken (2011). But disagreed with the findings of Mueller *et al.*, (2008), in which 48% of the respondents accepted that sex education was important. This may be associated with cultural and social variations in the settings of the study. In this study also, 273(91.0%) disagreed that sex education will lead to premarital sex. This finding corroborates that of Mueller *et al.*, (2008). This study observed that most respondents 196(65.3%) were not concerned if they will contract AIDS as the knowledge of sex will lead to early indulgence in the act. This is, however, contrary to the findings of Mueller *et al.*, (2008).

Most respondents 264(88.0%) in this study have never discussed sex with their parents, thus, agreeing with the finding of Wellings *et al.*, (2001). However, very few 8(22.2%) had discussed sex with their parents, which is also in tandem with the finding of Wellings *et al.*, (2001).

Two hundred and six (68.7%) respondents had heard about sex education. This finding agrees with that of Jaideep (2012). Majority 63(30.6%) got the information from school, while 43(20.9%) got to know about it at the health center/hospital, 31(15.1%) from radio/TV/newspaper/internet and 54(22.2%) from peer group/friends. The finding is in agreement with that of Jaideep (2012) and Wong *et al.*, (2006), but contrary to the findings of Dorle *et al.*, (2010) and Datta & Majumder (2010).

For the level of sexual experience, 167(55.7%) had had a boy/girlfriend, thus agreeing with the finding by Wong *et al.*, (2006) and Hackett *et al.*, (2016). Most sexually active respondents have 1-3 boy/girlfriends, being in tandem with the finding of Halpern *et al.*, (2004), while those that have not had sex mostly think sex before marriage is wrong, with 67(22.3%) not ready to have sex yet. One hundred and ninety three (64.3%) respondents plan to wait until they are engaged before having sex. However, studies in this regard is not readily available, thus, this can serve for a baseline in this region. Majority responses 247(82.3%) show that they do not feel any pressure to have sexual intercourse, with few 43(81.1%) having pressure mainly from friends, while most respondents were 13-19 years old at the time of sexual but, and corroborates the finding of Halpern *et al.*, (2004). Finally, 92(82.9%) of them did something to prevent pregnancy during sexual intercourse, with 46(30.0%) using condom and this also agrees with the finding of Zhang *et al.*, (2007).

SUMMARY/CONCLUSION

This study was to determine the influences of parental guidance towards sex education among teenagers in Sama and Ilelema communities, Asari-toru local government area of Rivers state. With four objectives and four research questions serving as guide and a five-component questionnaire administered on the respondents, the data obtained collated, analyzed (using simple tables and Chi-square) and presented in frequency tables. The sample size is 300 and was calculated using Kirkwood & Sterne (2009) formula for sample size calculation.

The findings of this study show that most of the respondents were between 17-19 years of age, more female participation, 162(54.0%) most 272(90.7%) were single, had secondary school qualification 253(84.3%), none had 3 children and above, but most of them had at least 1 child, 18(6.0%), all but 1(0.3%) was a Christians and were mainly Ijaws 278(92.7%).

Almost all, 294(98.0%) respondents agreed STDs will be reduced with knowledge of sex education, with 278(92.7%) agreeing also that early knowledge of sex education will not corrupt the child. Most respondents were not concerned, 196(65.3%) if they will contact AIDS, 206(68.7%) had heard of sex education and mainly from peer group too.

This study affirms that sex education should be taught early, as failure to do so may lead the teenagers relying on friends and peers for misguided information and negative outcomes. Early sex education will also delay sexual debut and thus, increase the chances of a better future.

REFERENCES

- Akioh, E. (2002), Adolescents growth and development. *The Tide*. Monday August 26, page 8.
- Benzaken, T., Patep, A. and Gill, P. (2011). Exposure to and opinions towards sex education among adolescent students in Mumbai: a cross-sectional survey. *BMC Public Health*. 11:805.
- Charles, A. F., Dodoa, B. and Okerengwo, A. (2016). Immunophenotyping of Human Immunodeficiency Virus-infected Patients with Mycobacterium Tuberculosis Co-infection. *British Journal of Medicine & Medical Research*. 17(6): 1-9.
- Collins, E. (2004). The position of sex education in schools in Nigeria. *School Health Journal*. 13:23.
- Derefaka, W. (2003). Teenagers early self-indulgence in Nigeria. A challenge for parents. *Basic health science education*. 11(4):4-8.
- Datta, S. and Majumder, N. (2012). Sex education in school. *Journal of Clinical and Diagnostic Research*. 6(7): 1362-1364.
- Dorle, A., Hiramath, L., Mannapur, B and Ghattargi, C. (2010). Puberty changes in secondary school children of Bangkok, Kamataka. *Journal of Clinical and Diagnostic Research*. 4:3016-3019.
- Hackett, S., Balfe, M., Masson, H. & Phillips, J. (2016). A study of long-term outcomes of children with harmful sexual behaviours: using social media to reach and

- engage a “hard to reach” population. in innovations in social work research. Using methods creatively. Hardwick, L., Smith, R., Worsley, A. and Kingsley, J. *London*. 92-106.
- Halpern, C., Oslak, S. and Young, M. (2001). Partner violence among adolescents in opposite sex romantic relationships: findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*. 91(10): 1679-1685.
- Jaideep, K. (2012). Need assessment for sex education among the University students: a pilot study. *GJMEDPH*. 1(2):23-29.
- Kearney, M. S. (2008). Teen pregnancy prevention as an anti-poverty intervention; a review of the evidence. Retrieved from <http://econserver.umd.edu/kearney/papers/kearney> on november 5, 2018.
- Kirkwood, B. and Sterne, J. (2006). Essential Medical Statistics. 2nd Ed. Massachusetts, USA: *Blackwell Science Limited*. 2006; 420.
- Mueller, T., Gavin, L. and Kulkarni, A. (2008). The association between sex education and Youth’s engagement in sexual intercourse age at first intercourse, and birth control use at first sex. *Adolescent Health*. 42: 89-96.
- Warakamin, A., Whittaker, S. and Rutgers, R. (2004). Prevalence of induced abortion and associated complications. Retrieved from www.researchgate.net on the 23rd of June, 2018.
- Wellings, K., Nauchaal, K. and Machdowal, H. (2001). Early Heterosexual Experience”. *Lancet*. 358:1834–1850.
- Wong, W., Lee, A., Tsang, K. and Lynn, H. (2006). The impact of AIDS/Sex education by schools or family doctors on Hong- Kong Chinese adolescents. *Psychol Health Med*. 11(1): 108-116.
- Zhang, L., Xiaoming, L. and Shah, H. (2007). Where do Chinese adolescents obtain knowledge of sex? Implications for sex education in China. *Health Education*. 107(4): 351-363.