

Attitudes of Parents towards the Teaching of Sex Education in Nigerian Schools

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Abstracts

Many young people in Nigeria today are faced with serious challenge regarding their sexual behaviour. Most adolescents in school engage in premature sexual intercourse which has serious negative effects on their health, academic achievement and the socio-economic development of the nation in particular. This paper discussed the need for sexuality education in Nigerian School system as a source of curbing this ugly situation. The paper also highlighted culture and religion permutation as the factors that hinder the parent's attitude towards the teaching of sex education and the implications these could lead their children such as teenage pregnancy, which reduces the number of female students in schools, through abortion, destitution and spread of sexually transmitted diseases. Finally, pertinent recommendations were made to improve and ensure quality and effective teaching of sexuality education in Nigerian schools.

Introduction

The issue of sex education especially in developing countries like Nigeria has been extremely controversial with established religion and cultural organizations spearheading against it. Nakpodia (2012) noted that, negligible percentage of parents could be regarded as really knowledgeable to embrace the teaching of sex education in schools. This is because; the habit, beliefs and lifestyles are influenced by the traditional, religious, beliefs and misconceptions about sexual matters. There are a lot of misconceptions about sexuality education; some people sometimes connect sex education with teaching only about sexual intercourse.

Sexuality education however implies a much broader scope which is associated with human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, contraception's and other aspects of human behaviour. Sexuality education has been defined in various ways by professionals in the field of health education. Araoye (1998), defined sex education as the process of acquiring information and expressing attitudes, beliefs and values about reproductive function and development, Telljohann, Symons and Pateman (2004) see sexuality education as education which encompasses broad scope of skills and concepts relating to information about sexual development, reproductive health, interpersonal relationships, affection, body image, gender roles and identities which teaches skills development in areas such as communication, decision-making, refusal skills and goal setting. Active health incorporation (2003), defined a comprehensive sexuality education as a planned process of education that foster the acquisition of factual information, the information of positive attitudes, beliefs, and values as well as the development of skills to cope with the biological, psychological, social-cultural and spiritual aspects of human sexuality. It also implies instruction about sex and related issues such as the sexual organs and their functions, the reproduction process, equality between sex; hygiene during menstruation, nocturnal emissions and the dangers of unwholesome sexual activities. From the above definitions, one can deduce that sex education implies instructions about sex and sex related issues which enable one acquire proper information and enhance better understanding about sexuality.

The Rationale and Need for Sex Education in Schools

It has been a well-known fact that though sex is not usually discussed in most societies, but it is being practiced secretly and carelessly in most cases. There is greater individual freedom and less supervision and enforced order over youths. Nowadays, parents are realizing that their children need protection in form of education over sex rather than the secrecy of it. Children learn many things about sex matters which in most cases are not correct from other sources like the peer group, may lead to some harmful practices, consequently resulting in bad healthy, unwanted pregnancy which may eventually lead to dropping out of school. To counter the harmful effects of such education from their fellow inexperienced peers, one has got to give correct information to one's children (Ajuwon, 2005).

Children are always curious about sex in their early life, they are very inquisitive that they ask many questions about their sex organs. At puberty or early adolescent, there is usually high interest in sex, these results from secretion of

some powerful hormones like the testosterone. It is therefore necessary for the youth to understand the implication of this natural urge so as to formulate a code of behavior which will provide a basis for satisfying healthful sex practices in the future (Hales, 2007).

Adolescents need not only be informed about the health risk and the potential negative consequences associated with sexual activity, adults are required to provide young people with more balanced messages. Adolescents need to receive clear; protective message about sexual decision making but they also need to hear affirming messages about healthy relationship and healthy sexuality. Sexuality is more than “sexual activity”, it deals with many aspects of life, including biological gender roles, body image and interpersonal relationship, thought, beliefs, values, attitudes and feelings, and sexual behaviors (Action Health Inc, 2003).

Nakpodia (2011) noted in her study that, a high percentage of youths express the view that they should not engage in premarital sexual activity, 25 – 50 percent disclosed that they were already sexually active, and 25 percent of youth girls interviewed revealed that their first experience of sexual intercourse was through rape or in a situation where consent was procured by force. There is early initiation of sexual activity; there is also high incidence of teenage pregnancy and unsafe abortion. Therefore, there is need for young ones to establish and accept the role and responsibility of their own gender by acquiring the knowledge of sex. This will help in set up a foundation for future development in their acquaintance with friends and lovers and their interpersonal relationship.

Nigeria cannot live in isolation from other parts of the world. World Health Organization (2002) noted that Nigerian youths now experience their first sexual acts at an earlier age than their parents with adequate preparation and exposure to correct information like their counterparts in other cultures that are more sexual expressive. This reinforces Carchan and Marshall (1997), that suggested that the failure to discuss sexuality could lead to behaviours that increase in the rate of sexually transmitted diseases, abandoned babies, death through abortion and destitute which has constituted both social and health problems is an indication of an urgent need for proper implementation of sexuality education in Nigerian schools to reduce these ugly trend. Dienye (2011) pointed out that effective sex education will support informed decision making by providing individual with the opportunity to develop the knowledge of personal insight, motivation and behavioural skills that are consistent with each individuals personal values and choices will lead to the decision to abstain from sexual intercourse and other sexual activities.

Sexuality education will help to alleviate the fear and beliefs people have within certain communities of life and continuing search for new growth and experience (Bucher and Lewis 2002). An individual with a sound education on sexuality is more likely to impact positively of live as he is alive to his responsibilities of reducing the occurrence and spread of sexually transmitted diseases (STDS). A proper sexuality education ensures that the brain is tuned in such a way that it can exert self-control when they have urge for sex, they need proper education to forestall any hasty action that may lead to regret. Giddens (2001), supported this by emphasizing the need to regulate human sexual behavior for the promotion of a healthy living and positive interpersonal relationship. The place of the individual will in the sorting out and control of sexual urge cannot be down played. It is improper to always present sex as an uncontrollable feeling. The development of right attitudes about sexuality is necessary for effective control of emotions. Therefore, there is need to implement sexuality education to curtail this action. Through sex education, young people will be able to develop a positive sense of their own sexuality by creating opportunities for them to consider all aspects to sexuality, ask questions and also understand that there are adults who support them as they learn about this part of themselves.

Contents of Sexuality Education

Sex education is not merely a unit in reproduction and teaching of how babies are conceived and born, but that it has a far reaching scope and goals of helping young ones incorporate sexual norms into their present and future lives. This is to provide them with some basic understanding of virtually every aspect of sexuality education, so that by the time they attain full maturity, they will be able to recognize these in order for them to be able to interact harmoniously with those whose sex norms differ from their own (Robin and Kirkendu 1994).

On this basis, (Action Health Inc; 2003) outlined the contents of sex education as follows: The families – family structure, traditions, roles and the way in which change can impact upon the family; love and dating; marriage and life commitments and parenting; puberty, reproductive and image; values; goal setting, decision making, communication, assertiveness and negotiation; Sexual behavior; sexual identity and orientation; reproductive health; reproductive anatomy and Physiology; and sexuality, society and culture. In the opinion of Mba (2006), the following also constitute the contents of sexuality education: human growth and development; relationships; life skills; sexual attitude and

behavior; sexual health; sexual diversity – heterosexual, homosexual; contraception; abortion; family planning; and pregnancy.

Factors Associated With Parents Attitude towards the Teaching of Sex Education and Their Implications

Sexuality education has always been viewed as a prerogative of the married or soon to be married. Discussions about sex between parents and children is more of handing “dos” and “don’ts” without a proper explanation to teenagers of issues that border on proper understanding the problems they encounter in their different developmental stages. Most Nigerians because of cultural bias do not speak openly about sex even between the married couples. Cultural limitations also prevent parents from engaging in sincere discussion about sexuality and sex with younger people with the belief that knowledge for sexual topics will lead to moral deterioration of young people and ignorance maintains innocence. Nakpodia (2011) posited that different religious groups have set beliefs and rules concerning information about sex. It is mostly viewed as encouraging sexual immorality and promiscuity among the unmarried. This implies that talking about sexual matters with or among unmarried is against their Faith and is sin against God and humanity.

Since sexual matter is one area of lives about which people know so little, talking about sex is a taboo in many societies and homes. Nakpodia (2012) noted that adolescents cannot freely approach their parents for guidance concerning sex. Besides those who seek guidance from parents on sex matters never satisfied because they latter try to evade discussions or are not able to give satisfactory answers to questions raised on sexual matters therefore, everything about sexual health is shrouded in mystery. Based on the challenges young people are facing on sexual issues, some of them try to get information from books, friends, or even with the influx of cable television and the airing of erotic movies from foreign channels. This information may be wrong or insufficient and may affect their sexual health negatively. Ogunwu (2003) also noted that, this wrong information, myths and misconceptions the adolescents receive are carried throughout their life time. He further stated that the consequences may be associated with lack of adequate and appropriate knowledge about sexual matters and contraception which may results to sex related problems such as: increase premarital sexual activities; early pregnancy; teenage deaths through abortion; and increased risk of sexually transmitted diseases such as syphilis, herpes, gonorrhoea, hepatitis B, and HIV/AIDS.

Omoegun (1998) observed that both married women and teenage girls had sex related problems, have low awareness of sex related issues. National Commission for Colleges of Education (2009), reported that wide spread of sexually transmitted diseases including HIV/AIDS among young people within the age of 15 – 25 years is due to unhealthy sexual behaviour. In the statistics of the Nigerian Association for the Promotion of Adolescent Health and Development (NAPAD) in Mba (2006) showed that 80 percent of complications from abortions among teenage girls are due to low knowledge about sexual matters. Nakpodia (2011), noted that inadequate or poor knowledge of one’s sexuality can evoke a chain of negative outcomes that could permanently jeopardize an individual’s well being and useful contributions to the development of the society. This is because; inadequate information about appropriate sexual behaviours can lead to risk sexual behaviours which have grave consequences that can impact negatively on our socio – economic life. It can run a whole generation and render the whole country stagnant for a long time.

Blum (2003) noted that any history of sexual intercourse among adolescents is at risk of sexual behavior because it may compromise an individual’s health by exposing them to the risk of infections with STDS. Without a well planned sexuality education programme, adolescents are exposed to what Haffner (1995), refers to as an increase risk of contracting Human Immunodeficiency Virus and other sexually transmitted disease and unwanted pregnancy. In order to ensure that youths are equipped with the information, motivation, personal insight and skills to protect their sexual and reproductive health, it is imperative that schools, in cooperation with parents, the community, counselors in schools and also health care professionals, play a major role in sexual health education and promotion (Oganwu, 2003).

Conclusion

By the nature of our society’s cultural and religious practices that issues concerning sex cannot be easily discussed between adults and children, to avoid early sexual practices, it is obvious that sexuality education do not encourage going into sexual activity instead, it delays the age of sexual initiation and may lead to a safer sex practice and improve their well being.

Recommendations

Based on the fact that youths are derived of proper exposure to correct information concerning sexuality related problems to eliminate or reduce these problems, the following recommendations are given:

1. Parents should serve as primary sexuality educators of their children so as to prevent their children from having wrong information on sex activity
2. Government, ministry of education, school administrators and teachers should organize collaborative sensitization programmes for parents and members of the general public of the need for sexuality education in Nigerian schools.
3. Sexuality education should be taught along with culture and religion so that the reservation of culture and religion could blend for the benefit of the learners.
4. School administrator should organize preparatory programmes in forms of in-service training, seminars and workshops to get their teachers well trained and equipped in skills required for successful teaching of sexuality education.
5. Teachers teaching sexuality education should lay emphasis on skills of abstinence and refusal which may help the children from sexual abuse and harassment.
6. School curriculum at all levels should be regularly reviewed at least every five years to accommodate recent societal and individual needs so as to meet the holistic objectives of curriculum and education especially in the area of sexuality education.

References

- Abubakar, A. & Abubakar, A. A. (2011). "Sexuality education among adolescents and how to manage their sexual behaviour". *Nigerian Journal of Health Education*, 15, 77 – 86.
- Action Health Incorporation (2003). *Comprehensive Sexuality Education Trainer's Manual*. Lagos: Fine prints limited.
- Araoye, M.O. (1998). "Knowledge and attitude of secondary school teachers towards reproductive health education in schools". *Nigeria journal of guidance and counseling*. 6(122), 67 – 78.
- Blum, R. M (2003). *Positive Youth Development, Strategy for Improving Adolescent Health in Learner*. Handbook of applied developmental psychology. London: Thousand Oaks, CA: Sage Publications.
- Butler, R & Lewis, M. (2002). *The new love and sex after 60*. New York: Ballantine Books.
- Carchan, J & Marshall, M. (1997). *Implementation reproductive health awareness: progress to date advances in contraception*, 13(2), 363 – 371.
- Dienye, V. C. (2011). *The educational and social implication of sexuality and sex education in Nigerian schools*. *African Journal of Social Sciences* 1(2), 11- 19
- Giddens, (2001). *Sociology*. Cambridge, Polity Press.
- Haffner, D. N. (1995). *Adolescent sexual health: Fact facing sexual health for American adolescents, sexuality information and education council of the United States*, New York.
- Hales, D. (2007). *An Invitation Health*. Belmont USA, Thomson Wadsworth (12thed). 245
- Kirkendu, H. (1994). *Sex in the adolescent years: New direction in guiding the teaching of Youth*, New York: Association press.
- Mba, T. (2006). *Issues and trends in Nigerian education*, Port Harcourt Pear Publishers.
- Nakpodia, E.D. (2012). "The relevant of sex education in secondary school curricular". *Journal of Business Administration*, 2(2), 36 – 41
- National Commission for Colleges of Education, (2009). *The family life and emerging health issues: curriculum training guide development in collaboration with action health incorporation*, Fine Print Ltd, Nigeria.
- Oganwu, P.I (2003). *Introduction to Population Family Life and HIV/AIDS Education*. Warri: COEWA Publisher.
- Omoegun, M. M. (1998). "Awareness of sex related issues among Female in Lagos metropolis: Implication for counseling". *The Nigeria Journal of Guidance and Counseling*. 6(122), 79 – 88.
- Robin, I. & Kirkendu, H. (1994). *Sex in the adolescent years: New direction in guiding the teaching of youths*. New York Association press.
- Tellyjohann S.K, Symons C.W. & Pateman B. (2004). *Health Education: Elementary and middle school application*. McGraw Hill higher education U.S.A
- World Health Organization, (2002). *Broadening the horizon balancing protection and risk for adolescents*, Geneva.