

INNOVATIONS

Content available on Google Scholar
Home Page: www.journal-innovations.com

Sexuality education for wellness of secondary school children in Delta state of Nigeria

Dr. Peter Suoke Onohwosafe and Mrs. Catherine Adowei

Department of Physical and Health Education,
Delta State University, Abraka

Abstract

High incidents of pre-marital pregnancies, abortions and sexually transmitted infections including HIV/AIDS among students are clear indication that secondary school children are seriously lacking in some of the very important dimensions of wellness. Though the proper teaching of sexuality education at the secondary school level should be capable of correcting this anomaly, cultural and religious norms are observed to be impediments. Most secondary school children are consequently kept in the dark on core sexuality issues and this has adverse consequences on the children and society at large. It is believed that cultural and religious norms' impediments to sexuality education in schools can be affected positively by the use of Social cognitive Theory (SCT). How the six stages of change in this theory can be used to overcome cultural and religious norms for the proper teaching of sexuality education in secondary schools are discussed.

Keywords: 1. Change theory 2. Cultural norms 3. Religious norms 4. School children 5. Sexuality education.

Introduction

The attitude of students toward sexual practices can be influenced by the knowledge they have hence the need for sexuality education among secondary school children. United Nations Population Fund (UNFPA) (2018b) observed that there are no clearly identifiable reproductive health education programmes being implemented by secondary schools in Nigeria. In support of this, Ilo (2005) stated that a great number of school principals and teachers do not feel comfortable speaking about sexuality as most of them did not receive training in sexuality education themselves. School children therefore, do not understand the positive view of sexuality which should provide them with information and skills for

taking care of their sexual health and help them make sound decisions about the now and the future.

The secondary school children are adolescents within the age group of 12-19 years. It is an important stage of development and learning. The school system in Nigeria is designed to help facilitate all round development of the school child health, and in all spheres of learning. To give the right information for a better living of the child, the schools, parents, churches and mosques need to give special attention to this issue. However, according to Adepoju (2005) and Kolawole, (2011), teachers and parent, rather than given right information on sexuality for a better living, they see it as immoral presentation before the children. They believe sexuality education is all about sexual intercourse thereby leading many students astray as they have to take counselling from their peers, friends, immediate environment and home videos. They go about putting to practice what they have learnt, heard and seen without appropriate guidance. The result is that we now have widespread suicide, unwanted pregnancies, abortions, sexually transmitted infections including HIV/AIDS, school drop-outs constituting social nuisance in our society.

There is a high incidence of pre-marital pregnancy today among our children who are aged below 19 years. Abortion is rampant among secondary school children, and sexual practices are on the increase, immoral and sexual intercourse are now the order of the day. UNFPA (2018b) went further that unwanted pregnancies, abortions, HIV/AIDS among other social nuisances are much more common in our secondary schools because there is no clearly identifiable reproductive health education programme learning that is being implemented in the secondary schools in Nigeria. These are clear indications that sexuality education is necessity in our society. UNFPA (2018b) went on to suggest the following as the basis for the need for sexuality education in our secondary schools.

Students have more freedom and less supervision.

Children are more curious, full of excitement, and inquisitive about sex.

Social institutions have failed to disseminate the right information on sexuality education to our youths.

There is uncontrollable sexual urge by our children today and the school should develop positive factual views of sexuality education.

Concept of Sexuality and Sexuality Education

Sexuality is the expression of passion, affection, admiration and loyalty. It serves as affirmation that the individual body functions well, maintain a strong sense of self identity and provides a means of self-assertion. In the report of UNESCO, UNAIDS, UNFPA, UNICEF (United Nations Children's Fund) & WHO, (2009), sexuality is quite distinct from sex. It consists of aspects of a persons sense of self which has many dimensions; as physical, psychological, social, orientation development and skill dimensions.

A lifelong process of acquiring information, forming attitudes, beliefs and values, which encompasses sexual development, sexual and reproductive health, interpersonal relationships, affections, and intimacy, body language and gender roles is referred to as sexual education. According to Telljohann, Symons and Patemans as cited by Kolawole (2011), it is a life education that encompasses a broad scope of skills and concept 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.

UNESCO, UNAIDS, UNFPA, UNICEF (United Nations Children's Fund) & WHO, (2009) had earlier stated that a comprehensive sexuality education is needed in our country. He had opined that it should be a planned process of education that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality.

Zukowsky-Tavares; Christina, et al (2017) expanded this view that sexuality education provide knowledge on how individual/group of individual develop positive factual knowledge of sexuality information, acquire the information, skills they need to take care of their sexual health, respect, value for themselves and others. It also provides and promotes the skill needed to make healthy decisions about their sexual health and behaviour.

Social Cognitive Theoretical Basis of Sexuality Education

The social cognitive theory proposes that behaviours are enacted if people perceived that they have control over their outcomes (Oviahon, Uwadiae & Owie, 2011). In applying the Social Cognitive Theory (SCT), it is believed that it is not enough to avail students with only factual knowledge on how to abstain from sex but on building their self-efficacy through teaching of other alternatives to abstinences such as contraceptive use. This will indirectly boost their ability to make personal judgments either to abstain or

make use of the alternative if the urge could not be avoided. They are thus provided with the cognitive means by which they are influential in determining their own destiny. These self-efficacies could therefore be strengthened through social support from their parents who can collaborate with teachers in this direction.

The Goal of Sexuality Education

In order to realize the goal of sexuality education, the Sexuality Information and Education Council of the United States (SIECUS) in Hales (2007) noted that sexuality education provides the individual with the opportunity of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. Lewis (2007) stated that the main goals of sexuality education are to promote sexual health and provide learners with the following opportunities: Develop positive factual view of sexuality. Acquire the information and skills they need to take care of their sexual health, including preventing, HIV and AIDS.

Respect and value for themselves and others.

Acquire the skill needed to make healthy decisions about their sexual health and behaviour.

The need for Sexuality Education in Secondary 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 by a lot of people in our society. Sexual perversion in secondary schools according to Okpako (2007) is as a result of lack of knowledge about sexuality. Ajuwon (2005) asserted students need sexuality education for greater individual freedom, less supervision and enforced order over youths. Today's children are always curious about sex in their early life. They are very inquisitive and they ask many questions about their sex organs. At puberty or early adolescent there is usually high interest in sex, this results from secretion of some powerful hormones like the testosterone. It is necessary therefore, for the youths to understand the implication of this natural urge so as to formulate a code of behaviour which will provide a basis for satisfying healthful practices (Hales, 2007).

The school, parents and religious bodies have failed to disseminate the right information on sexuality education to the adolescents and so do not realize the need for sexuality education among adolescents. They believe that sexuality education is secret and an abomination to mention before the children. Unknown to them, the children have learnt from their friends and peers. Teachers are not there for them when the need arises, parents and religious bodies have failed to carry out their responsibilities, by informing them on

when to love and date, what to do during menstruation period, and changes in boys as a result of development. Onohwosafe (2011) observed that the information children get from their friends or somewhere else can be misleading, and that it can lead them into risky behaviours which can be detrimental to their health. Asuzu (2000) had earlier on stated that sexuality education for students is an important concern, especially for reproductive health problems such as unintended pregnancy, maternal mortality, and sexually transmitted diseases including HIV/AIDS.

Adepoju (2005) observed that sexuality education is being compromised in our schools since secondary school teachers do not teach it to give the right information. School children therefore get ideas learnt from their peers and wrong media thereby exposing them to harmful practices like pornography, homosexuality, masturbation, lesbianism and unprotected sexual intercourse. This has resulted in adverse health consequences such as unwanted pregnancy, abortion, drop out of school, diseases, including HIV/Aid and death, to mention but a few. According to Ukpokodu (2011), secondary school children need comprehensive sexuality education in order to control their sexuality and have a healthy life style, alleviate the fear and beliefs people have within certain communities on sexuality, help teachers and parents to give the right information on sexuality to the students as they grow.

Developing Positive Factual View of Sexuality through the School

Schools can provide unique opportunities for students to exchange ideas and thoughts about sexuality with their peers, under the guidance of trained teachers. Many students talk about sexuality with their friends in an unsupervised arena. Through such discussions, they may exchange unhealthy ideas which can influence their sexual life negatively. According to Quakenbush, Kane and Tellyjohann (2004), there is a strong need for the teaching of sexuality education in our secondary schools. Okpako (2007) concurred that this will counter many unhealthy ideas expressed by peers about sexuality of students. A well-organized sexuality education in schools will encourage students to share thoughts, feelings and questions with their peers, where a trained teacher complements the learning that takes place and make necessary corrections.

Information needed by School Children to care for their Sexual Health

Adolescents experience diverse forms of physical, emotional and social changes as they grow. These changes occur as a result of certain hormonal activities which can trigger feelings such as irritability, restlessness, anxiety, excitement and frustration. This is a period when boys and girls experience rapid physical changes in their bodies which makes them uncertain and sometimes confused on how these changes come about and how to

cope with them. At a period like this, they need accurate information and assurances about what is happening and ways of coping with these new sexual feelings.

Ajuwon (2005) observed that the reproductive health needs of students as a group have been largely ignored by existing reproductive health services. He reported that the key challenges affecting adolescent sexuality in Nigeria comprises of the following: Inadequate attention to adolescent reproductive health, early involvement in sexual activity, high incidence of teenage pregnancy, high incidence of abortion, not having open and honest discussions on issues related to sexuality. He had concluded that an effective implementation of sexuality education among youths is the only remedy to this situation.

The need of respect and value for students/children and others

Attitudes regarding sexuality are formulated early in life, which become difficult to change once a person has internalized them. Children began forming opinions about their bodies, their gender identity and their feelings about sexuality at a young age (Quakenbush, Kane & Tellyjohann, 2004). If parents provides children with negative messages about their sexuality when children are young, these messages often stay with them .through adulthood. For instance, if a six year old girl is taught to use slang terms for body parts such as bubs or ass, she will properly continue to use those terminologies as she get older and this gives a message that something is wrong with those body parts. Another example is when, children ask adults questions about sexuality and they are ignored or asked to wait until they get older, such response quickly send a message that there must be something wrong with their concern on sexual matters. Such feelings can make them seek for satisfaction to their sexual curiosity through other negative channels. These wrong attitudes can be corrected through a well- organized sexuality education where children can engage in open and honest discussion on sexuality issues with teachers and other significant adults rather than from peers. This should give them a better chance of developing health attitudes and appropriate sexual communication skills as they get older.

The need for the skill to make healthy decision and behavior

According to Okpako (2007), students' stage is known as a time when youths are sexuality very active and they need proper guidance from parents and teachers concerning their sexual behaviours. Sexuality knowledge increase when students are instructed on negative outcomes of sexual promiscuity which include teen pregnancy, sexuality transmitted diseases, school dropout, sexual abuse and so on. Such skill- based programmes have been found to significantly delay the one set of sexual intercourse and increase contraceptive use among sexually experienced youths. That sexuality education

results in postponement or reduction in the frequency of sexual activity in youths is a strong enough reason for the teaching of sexuality in our secondary schools.

Parent and Spiritual aspects of Human Sexuality

The home is regarded as the first environment a child finds himself or herself. Therefore parents and guardians ought to possess all necessary knowledge about sexuality. However, in most homes, this is not so. As the children approach puberty ages, mothers are expected to constantly guide and counsel the young girls on menstruation, fertility period, sexually transmitted diseases, the danger of early marriage and the father should be of support. According to Umoh (2006), sexuality education if taught in secondary schools, students will behave better.

Education without the knowledge of God is like body without a spirit. Ewuzie(2006) stated that the religious leaders (Church or Mosque) in their sermons have failed to put emphasis on student sexuality issues. It is rather more convenient for them to ignore it. In fact, sexuality education is perceived by most religious teaching as an abomination; for instance, most religious leaders are of the view that sexuality education is sex education and should not be taught so as not to corrupt holy teachings (Lena, 2007).

Health Education Implication

The contending sexuality challenges facing secondary school children today is a pointer to the fact that our school health education system is failing in a vital area. Health education about sexuality education is needed to combat the high prevalence of school dropouts, unwanted pregnancies, infectious diseases since these have very grave implications for health and social-psychic well-being of school children. Teachers, school workers, parents, religious bodies, curriculum policy makers and planners are duty bound to provide sexuality education for our children in order to have a healthy life style and focus on their education.

Conclusion

The need for sexuality education among secondary school students requires a very high attention as this period is the most vulnerable and critical period of human life. Sexuality education could be used to reduce the uncertainty about what is happening around the school child. Sexuality education does not and would not encourage sexual experimentation and sexual involvement rather, it will improve adolescent sexuality behaviour. The need for sexuality education in our schools can be said to include school

children freedom, their curiosity and excitement for sexuality activities, the failure of social institutions to disseminate the right information on sexuality education in our society.

Recommendations

Based on this review, the following recommendations are made.

1. Parents should try as much as possible to teach their children on how to take care of their sexuality before they start experiencing changes in their body.
2. Teachers should be properly educated on sexuality education in order to teach their school children.
3. The religious leaders should constantly use their religious injunctions to educate the teenagers about the bodily and spiritual consequences of pre-marital sexual activities.
4. School children should be guided to formulate some good values which serve as a check on their conducts.
5. There is need to intensify sexuality education and counselling services for these youths to adopt safer sex and to prevent increase in the rate of abortion sexually transmitted diseases. Emphasis should be on total abstinence from sex before marriage.
6. Both educators and parents should try as much as possible to set good examples for these young adults to follow on sexuality

References

1. Adepaju, A. (2005). *Sexuality Education in Nigeria; Evolution, Challenges and Prospects*. In APSRC', *Human Sexuality in Nigeria, understanding human sexuality seminar series 3*. Lagos Africa Religious Centre.
2. Ajuwon, A. A. (2005). *Sexuality education for the young person*. Ibadan: Africa Regional Health Education Centre: Department of Health Promotion and Education. College of Medicine, University of Ibadan.
3. Azuzu, M. C. (2000). *Human Sexuality; A Premier*. Ibadan: Ambassador Publication 1-44.
4. Ewuzie, M. A. (2006). *Health and Illness: Emerging Dimension in Fitness Plan, Health Psychology, Determinants and Intervention Complementary and Alternative Modalities*. Owarri, Nigeria. Cherry Bren Publishers.

5. Hales, D. (2007). *An Invitation to Health Belmont. USA. Thomson Wadsworth 12 edition.*
6. Ilo, C. I. (2005). *Employing school health education intervention in changing socio-cultural motivated food and nutrition pattern amongst teenagers. Nigerian School Health Journal. 17(2).*
7. Kolawole, A. A. (2011). *Strategies for quality and effective teaching for sexuality education in Nigerian sexuality secondary schools .Nigerian Journal of Health Education 15 (1) 87-94.*
8. Lena, L. (2000). *Sexuality Education in Schools: The Swedish Debate in Historical perspective published by Swedish Association for sex education with the support of Swedish International Development Co-operation Agency (SIDA).*
9. Lewis, M. I. (2007), *Sexuality, in W.B Abrams, M.H. Beers, K. Berkow (eds). Merck Manual of Geriatrics. Whitehouse station. N. J. Merck Resource Laboratories.*
10. Okpako, J. E. F. (2007), *Sexuality Education as a necessity for health living o adolescent. West African Journal of physical and health education, 9(1): 130-139.*
11. Onohwosafe, P. S. (2011). *Perception of parents on teaching of sexuality education in secondary schools of Ethiope East Local Government Area, Delta State. Nigeria Journal of Health Education. 15(1):71-76.*
12. Oviahon, C.O. Uwadiae W. C. and Owie, I. (2011). *Dual approaches for controlling sexuality transmitted infection (STI'S) among Nigeria adolescents health education behaviour. Nigeria Journal of Health Education. 31(1)143-164.*
13. Quakenbush, M. Kane W. & Tellyjohann S. (2004). *Teach and Reach Human Sexuality. Santa Cruz, CA: ETR associates.*
14. Ukpokodu, V. (2011). *Strategies to improve the attitude of youths towards the teaching of sexuality education. Nigeria Journal of Health Education 15"1) 103-107.*
15. UNESCO, UNAIDS, UNFPA, UNICEF (United Nations Children's Fund) & WHO, (2009) *International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators. Paris: UNESCO*
16. *United Nations Population Fund (UNFPA) (2018b) Regional comprehensive sexuality education resource package for out of school young people. New York: UNFPA*

17. Urnoh, S. (2006). *The Adolescent Development Relationships and Culture*. Boston: Allyn and Bacon.
18. Zukowsky-Tavares; Christina, et al (2017). *Experience in health education on sexuality with institutionalized adolescents*. *Revista brasileira em promocao de saude*, 30(1):135-140.