

High School Teachers' Perception on Content and Timing of Sex Education in Ife Central Local Government, Osun, Nigeria

Oni Oluwabunmi Bola¹, Ayandiran Olufemi¹, Olajide Joshua Seun²

¹Department of Nursing Science, Obafemi Awolowo University, Ile-Ife, Nigeria

²Centre for Distance Learning, Obafemi Awolowo University, Ile-Ife, Nigeria

Email address:

bettybola90@gmail.com (O. O. Bola)

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Abstract: Sex education is out of bounds in a typical African society due to cultural values and belief systems. So, sex education is assumed to support promiscuity among adolescents. Premised on this, teachers equally have lopsided views of responsibility. This greatly has hampered the success of inculcation of sex education in high school curriculum and the teaching of the subject. This study aimed to assess the perception of high school teachers towards the contents and timing of sex education in secondary schools in Ile-Ife, South-West Nigeria. 200 high school teachers were randomly selected and served questionnaire that has been pretested and standardized for data collection. Data collected was analyzed using descriptive statistics. Teachers' responses showed positive attitude towards sex education and its inclusion into secondary school curriculum. Higher numbers of the respondents were of the opinion that it is best suited for Secondary schools. However, there were discrepancies as regard the appropriate age at which students should be taught sex education. Also, there were variants on the contents of sex education curriculum. One-third of the teachers indicated that 16 to 18 years were appropriate for sex education. Foremost among the factors identified affecting introduction of sex education into school curriculum were culture, religion, mass media and peer influence. The study concluded that appropriate age, timing and class are major factors to be considered before the introduction of sex education into secondary school curriculum.

Keywords: Sexuality, Education, Curriculum, Perception, Content

1. Introduction

Adolescents' sexual and reproductive health concerns have over the years been a topical issue. However, the societal and cultural ideologies about sexuality and reproductive health have been, and are possibly still being, ignored. Majority of adolescents remained uninformed about sex and sexuality and hence vulnerable to sexual escapades with its negative consequences. Absence of sexual and reproductive health education makes adolescents vulnerable to daunting reproductive and sexual health problems [1].

In Nigeria, discussion on bodily maturation, sexuality, birth control and parenting with adolescents in the family is usually a contentious issue. This has been attributed largely to cultural views, values, beliefs, norms and environment. However, there

is no justifiable excuse for denying the teeming, adventure-prone adolescents of comprehensive sexual education. In consonance with this, the United Nations submits that the enjoyment of the right to sexual education plays a crucial preventive role and may be a question of life or death [2]. Similarly, sexual education was identified as a human right, since it is essential for development and human well-being. Additionally, sexual health is one of five core aspects of the global reproductive health strategy approved by the World Health Assembly [3]. WHO noted that sexuality is influenced by the interaction of biological, psychological, social, economic, political, ethical, legal, historical, religious and spiritual factors [4]. Similarly, it was argued that sexuality education encompasses education about all aspects of sexual orientation and pleasure including information about family

planning, body image, values, decision making, communication and dating. It also includes knowledge of sexually transmitted infections and birth control method [5].

While parents are the primary contact for socialization, schools play important role as secondary socializing agent of adolescents in schools. Teachers, therefore, occupy a pivotal role in the lives of students. First, because they develop the academic potential of young people and two, the influence they have in behavioral development and charting the course life of adolescents. It is not surprising then that, several researchers have reported the roles of teachers in school-based reproductive health programme as critical to addressing reproductive health challenges of in-school adolescents [6]. As in all areas of education, sexual education must be adapted to different age groups and cultures. In addition, teaching strategies must be differentiated and flexible to meet the differing needs of female and male students. Comprehensive sexual education is extremely important especially for groups at greater risk, women and girls exposed to gender-based violence or persons in difficult financial circumstances.

Sexual education has been described as planned process of education that fosters the acquisition of factual information of positive attitudes, beliefs and values and development of skills to cope with human sexuality. Sexuality education is a lifelong process of acquiring information about identity and intimacy, reproductive health, interpersonal relationships, body image and gender roles [7]. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of human sexuality [8]. In order of appropriateness, sexual education must be age-appropriate, fact-based and medically accurate. Also, it must be culturally acceptable among parents, family, peers, school teachers and community [9]. Despite the acclaimed dividends of sex education, there has been an age-long controversy over appropriateness of inculcation of sex education in Nigerian secondary schools curriculum. Past research work showed that many of the sexual health problems among the adolescents can only be addressed through inclusion of sex education that is constructive and result oriented, into secondary school curriculum [10].

In Nigeria, there has been no substantial report on the perception of high school teachers on the content and timing of sex education. Assumption has it that, implementations of policies, instructions or curricula are easier when well informed stakeholders are at the hem of decision making. However, because of strong cultural and religious belief systems of parents and/or teachers, there is subtle reservation on the discussion of human sexuality in schools among adolescents. This study was designed to assess high school teachers' perception on the content and timing of sex education with a view to reducing risks of harmful sexual behaviours among school adolescents and to improve their reproductive health.

2. Methodology

A cross sectional study was adopted to assess the factors

affecting the teaching of sex education and sexuality in secondary school. Adopting simple random sampling technique, four government and four private high schools selected. Ethical clearance was granted by the Institute of Public Health Research Ethics Committee, Obafemi Awolowo University, Ile-Ife, Nigeria. Purposive random sampling technique was used in the selection of teachers. Informed consent was sought appropriately. A well-structured, self-administered, pre-tested, close ended questionnaire was used as instrument for data collection. The reliability of the questionnaire was established by split half reliability technique. Completed questionnaire was subjected to homogeneity test to determine its reliability. Apart from socio-demographic data, other sections of the questionnaire were test for internal consistency using Cronbach's Alpha score. The data collected was subjected to descriptive statistics using Statistical Package for Social Science (SPSS) version 21.

3. Results

The ages of the respondents ranged between 20 and 60 years. Teachers within the age group 31-35 had the highest percentage (18.7%) while respondents of between 20 and 25 years had the lowest percentage (6.6%). 84 (42.4%) of the respondents were male while 112 (56.6%) were female. The teachers who were holder of Bachelor's degree accounted for 71 (35.9%) while 20 (10.1%) had obtained Master of Science degree as highest educational qualification. The result of the findings showed that 91 (46.0%) of the respondents have spent 1 to 10 years in active service while 17 (8.6%) have spent 31-35 years in service. Government school teachers were 123 (62.1%) while private schools had 75 (37.9%) teachers interviewed. Majority of the teachers (99.4%) were positive about inclusion of sex education into the school curriculum (Table 1).

Table 1. Socio-demographic Characteristics of High School Teachers.

Variables	Frequency	Percentage
Age of teachers in years		
No response	3	1.5
20-25	13	6.6
26-30	26	13.1
31-35	37	18.7
36-40	35	17.7
41-45	22	11.1
46-50	29	14.6
50-60	33	16.7
TOTAL	198	100.0
SEX		
No response	2	1.0
Male	84	42.4
Female	112	56.6
TOTAL	198	100.0
RELIGION		
No response	1	0.5
Christianity	156	78.8
Islam	38	19.2
Traditional	2	1.0
Others	1	0.5
TOTAL	198	100.0
EDUCATIONAL LEVEL		

Variables	Frequency	Percentage
No response	4	2.0
NCE	34	17.2
B. Edu	69	34.8
B. Sc	71	35.9
M. Sc	20	10.1
TOTAL	198	100.0
ETHNICITY		
No response	4	2.0
Yoruba	174	87.9
Igbo	17	8.6
Hausa	1	0.5
Others	2	1.0
TOTAL	198	100.0
MARITAL		
No response	2	1.0
Single	54	27.3
Married	135	68.2
Divorced	3	1.5
Widow	4	2.0
TOTAL	198	100.0
CATEGORY OF SCHOOL		
Public	123	62.1
Private	75	37.9
TOTAL	198	100.0

The content of sex education curriculum was viewed differently by the respondents as 193 (97.5%) of the respondents agreed that physical and social changes associated with puberty should be included in sex education curriculum, 4 (2.0%) disagreed with such inclusion. 178 (89.9%) agreed that sexually transmitted diseases should be included into the curriculum as 19 (9.6%) of the respondents disagreed with its inclusion. 148 (73.7%) agreed that family planning and birth control should be included as 52 (26.3%) disagreed with inclusion of family planning and birth control. 153 (77.2%) were of the opinion that developing and managing intimate relationship should be included in sex education curriculum but 55 (22.8%) declined its inclusion. 164 (82.8%) agreed that abortion and complications of unsafe abortion should be part of the curriculum but 33 (16.7%) opposed its inclusion into the secondary school curriculum. 114 (57.6%) wanted homosexuality to be part of sex education curriculum whereas 72 (36.4%) disagreed with its inclusion (Table 2).

Table 2. Teachers Opinions on Contents of Sex Education.

Items	AGREE		DISAGREE		NO RESPONSE	
	Freq	%	Freq	%	Freq	%
Physical and social changes associated with puberty.	193	97.5%	4	2.0%	1	0.5%
Sexually transmitted diseases.	178	89.9%	19	9.6%	1	0.5%
Abstinence and its relationship with healthy living.	174	87.8%	22	11.1%	2	1.0%
The reproductive systems of both male and female and their functions.	186	94.0%	12	6.0%	0	0.0%
Reproduction and sexual relationships.	169	85.4%	26	13.1%	5	1.5%
Family planning/ birth control.	148	73.7%	52	26.3%	0	0.0%
Positive values about self-image.	182	91.9%	16	8.1%	0	0.0%
Discipline and self-control particularly as related to sexual matters.	183	92.4%	15	7.6%	0	0.0%
Learning positive un-exploitative gender roles e.g. leadership, nurturing etc.	180	91.0%	18	9.0%	0	0.0%
Developing and managing intimate relationship.	153	77.2%	55	22.8%	0	0.0%
Premarital sex and teenage pregnancies.	171	86.4%	25	12.7%	2	1.0%
Abortion and complications of unsafe abortion.	164	82.8%	33	16.7%	1	0.5%
Rape and its effects on the physical, social and psychological wellbeing of people.	181	91.4%	17	8.6%	0	0.0%
The menace of sexual abuse.	181	91.4%	16	8.1%	1	0.5%
Homosexuality.	114	57.6%	72	36.4%	12	6.0%

Table 3 shows the opinions of high school teachers about the appropriate timing, age and school class at which sex education should be taught. 13 (6.6%) respondents reportedly agreed that sex education should begin between Primary three to six, although 60 (30.3%) opined that it should start in tertiary class. 66 (33.3%) of the teachers agreed that sex education should be introduced between ages 13-15 but opposed by 4 (2.1%) who indicated that it should be introduced from age 21 and above. 132 (66.7%) of the teachers agreed that sex education should begin in secondary schools while 7 (3.5%) said it should start in the university.

Table 3. Teachers' Opinion about Appropriate Timing, Age and Class for Sex Education.

Variables	Frequency	Percentage
Level of education		
No response	8	4.0
Primary school	43	21.7
Secondary school	132	66.7

Variables	Frequency	Percentage
College	8	4.0
University	7	3.5
TOTAL	198	100.0
TIMING		
Primary 3-6	13	6.6
Jss 1-3	43	21.7
SS 1-3	82	41.4
Tertiary class	60	30.3
TOTAL	198	100.0
AGE		
9-12	7	3.5
13-15	54	27.3
16-18	66	33.3
19-21	49	24.7
21 and above	18	9.1
TOTAL	198	100.0

Various factors were reportedly said to influence inclusion of sex education into school curriculum, 141 (71.2%) of the respondents recognized religion as an influencing factor for

including sex education into school curriculum, 150 (75.8%) said culture is an influencing factor, 100 (50.5%) identified mass media, films and teenage pregnancy as influencing factors. Social media was pointed by 78 (39.4%) respondents as influencing factor. Also, 87 (43.9%) said increase in rate

of acquiring STIs is an influencing factor. 94 (47.5%), 52 (26.3%) and 125 (63.1%) identified rape/sexual harassment, peer influence and tutors respectively as influencing factors (Table 4).

Table 4. Teachers Opinion on Factors Influencing Inclusion of Sex Education into School Curriculum.

VARIABLES	WRITTEN		NOT WRITTEN	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
RELIGION	141	71.2%	57	28.8%
CULTURE	150	75.8%	48	24.2%
MASS MEDIA& FILMS	100	50.5%	98	49.5%
SOCIAL MEDIA	78	39.4%	120	60.6%
TEENAGE PREGNANY	100	50.5%	98	49.5%
STI's	87	43.9%	111	56.1%
RAPE&SEXUAL HARRASSMENT	94	47.5%	104	52.5%
PEER INFLUENCE	52	26.3%	146	73.7%
TUTORS	125	63.1%	73	38.9%

4. Discussion

Majority of respondents have favourable attitude to the inclusion of sex education into school curriculum. This was in coherence with various works including works done in various continents [11] [12]. More female participants were recorded in this study. It has been found that female teachers usually have positive attitude towards sex education in school than their male counterparts [19]. This could be the reason for general acceptance of the concepts. Accordingly, several studies in Nigeria had validated the introduction of sex education in schools. In a cross-sectional study carried out in Kwara State, Nigeria, it was gathered that 78% of the respondents suggested that sex education should be made compulsory in schools [13]. Although, the teaching of strict abstinence from sex encourages self-worth, character building, and skills needed to refuse or accept sexual disposition was well supported by majority of teachers. This teaching however does not acknowledge that many teenagers could become inquisitive about the use of contraceptives, condom especially. It also failed to discuss abortion and sexually transmitted disease [14].

This study revealed that most of the respondents agreed to the teaching of sensitive topics as part of sexual education curriculum. In other study conducted, majority of teachers believed sex education can contribute to the sexual health of the students [15]. However, such teaching may arouse dating desires among students. It may also increase the interest for sexual games, masturbation, inappropriate behaviour which may generate further unhealthy sexual quests. Consequently, the study concluded that respondents posited that sexual education will enhance sexual experimentation and fantasy. Sex education, as encouraged by the teachers, is deeply gendered and this means that sexuality education should be informed by knowledge of gender which was well supported [14].

The result of this study was in support of other work where majority of the respondents asserted that sex education should be included in secondary schools and showed positive attitude toward it [16]. However, it is in variant as majority of

the teacher gave the appropriate age to introduce sex education was before 15 years [14] whereas majority of respondents in this study agreed to age between 16 and 18 years. An enormous impact on sensitizing children and young adults before they become sexually active can be made by introducing comprehensive sex education school curriculum delivered by well trained teachers [17].

Also, majority of the respondents agreed to substitute the subject of sex education with more culturally and friendly name. This is identified as one of the difficulties in delivering successful sexuality education, pointing to the fact that many of these teachers had no training. It is a view premised on parental resistance, conservative cultural and religious education and inadequately trained teachers who subtly are uncomfortable with inculcation of the subject into school curriculum [18]. This we perceive will be misleading as students of high schools need sexuality education to enable them make informed decisions about their sexual health and to assist them with developing their sexual identities.

Teachings about physical, emotional and social changes associated with puberty were first among the content of sex education as suggested by respondents in this study. This was closely followed by reproductive tract systems of both male and female. This implies that teachers were not oblivious of bodily changes and the basis for teaching sex education. This is in line with report of importance of sex education in secondary school curriculum where teacher asserted the sex education in the areas of differences in reproductive organs and gender differences will help young ones to establish and accept role and responsibilities of their own gender by acquiring the knowledge of sex [19]. This will help to set up foundation for good awareness about sexuality, interpersonal relationship and hence healthy sexual society.

5. Conclusion

This study reflects that most of the respondents agreed to the teaching and inclusion of sex education into school curriculum. The positive attitude and perceptions towards sex educations among teachers of high school is highly

commendable. This is an indication of the high educational attainments of the teachers. However, their reservations about salient issues about sexuality showed lack of adequate training in human sexuality. Again, culture, conservative religious beliefs and fear in the way of integrating sex education into school curriculum. All hands must be on deck irrespective of the position or stand of teachers to ensure that adolescents receive healthy and factual sex education for all-round development at appropriate time, age and class.

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