Factors Influencing Uptake of Sex Education Among Adolescents in Selected Secondary Schools, Ondo, Ondo State.

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ABSTRACT

Background: *Adolescent sexual and reproductive health is a pressing concern globally. While comprehensive sex education is crucial, some factors significantly impact its uptake. This study aims to identify the factors influencing uptake of sex education among adolescents in selected secondary schools, Ondo, Ondo State.*
Methods: *A descriptive research design was utilized for this study. The target population for this study was 327 adolescents in JSS3-SS2 from selected secondary schools in Ondo State. The questionnaire captured the socio-demographic, socio-cultural, economic and religious factors influencing the uptake of sex education among adolescents.*
Results: *Findings of this study revealed that most of the adolescents were aged 15 years, with many of them being females (56.9%). Furthermore, the top influencing factors perceived by the adolescents are sex education going against their cultural and traditional values (67.9%), presence of some cultural taboos that discourage discussions about sexual health (73.4%), lack of money limiting their access to sex education programs (63.9%), financial challenges affecting their ability to prioritize sex education (65.4%), cost of sex education programs (51.4%), financial restriction when seeking sexual healthcare services (55.7%) religious leaders discouraging discussions about sex education (47.1%), and sex education against their religious belief (58.7%). Hypothesis was tested at a level of 0.05 significance and it was deduced that there was no significant relationship between the respondent's age and the socio-cultural factors influencing uptake of sex education (P-Value 0.123> 0.05, X2=60).*
Conclusion: *The study highlights a comprehensive need for sex education programs that respects the cultural and religious beliefs of adolescents while also making it easily accessible and affordable. The study recommends provisions of initiatives for further education and training that stress the importance of sex education among stake holders such as teachers, parents, religious and community leaders who in turn educate their community.*

Keywords: Sex Education, Adolescents, Socio-cultural, Economic, Religious

INTRODUCTION

Adolescent sexual behavior profoundly impacts the future trajectories of both females and males. It must be guided by appropriate education, as it is a vital component in attaining sustainable development objectives.[1] Annually, around 21 million teenagers aged 15 to 19 in low-income economies are predicted to become pregnant. Concurrently,

about 50% of them give birth, excluding an additional 777,000 teenagers under 15 years old who give birth in impoverished countries. The health issues and consequent challenges associated with the sexual lives and activities of adolescents are substantial.[2] The World Health Organization (WHO) characterizes an adolescent as a person between the ages of 10 and 19 years.[3] The sexual health requirements of adolescents have become a primary concern for the public health sector. The entitlement to sexual information has emerged as the fundamental justification for sexuality education.[4] Nevertheless, adolescents encounter numerous obstacles in the realm of sexual and reproductive health, which impede their access to available sexual and reproductive health care services. Additionally, societal constructs surrounding masculinity and sexual orientation further complicate adolescents' perceptions and utilization of sexual and reproductive health services.[5]

Adolescent sexual activity and teen births and pregnancies have been decreasing since 1991, reflecting an increased use of contraception at first intercourse and in the use of dual methods of condoms and hormonal contraception in already sexually active teenagers. Nevertheless, the United States continues to lead industrialized countries with the highest rates of adolescent pregnancy. Importantly, 88% of births to adolescents 15 to 17 years of age in the United States continued to be unintended.[6] In sub-Saharan Africa, where a fourth of all adolescents are reported to have sexual experience, education on sexual and reproductive health is generally reported to be low.[7] It is estimated that in 2016, 777,000 births occurred among young adolescents aged 10 to 14 in developing countries, 58% of which were in Africa.[8]

Nigeria has a growing population of young people, with adolescents constituting an important proportion of the population. About 28% of adolescents in Nigeria are said to be sexually active. In spite of the introduction of sex education in secondary schools for more than a decade now, sources from research works, the media and general public show that the implementation is still haphazardly carried out and is being impeded by many factors. Consequently, this information gathered has gone a long way to expose young teenagers to sexuality, with no definite explanation to what they have been exposed to, thereby leading them to learn through experiment, exploration and practice of what they have been seeing on the internet and mass media.[9]

Programmes for sex education are becoming more widely available, but there is still a big gap in how well young people are receiving and disseminating this important knowledge. In addition to misunderstandings and false beliefs about sexual health, this gap may result in a number of negative effects, such as increased rates of sexually transmitted infections, unwanted pregnancies, and sexual assault. Various factors affect the adoption of sex education among adolescents, encompassing socio-cultural, economic, educational, and

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individual attributes including age, gender, and past knowledge, which might influence teenagers' perceptions and engagement with sex education.[10]

A previous study on sex education, awareness and perception among adolescents: a cross sectional study from Central Kerala deduced that attitude toward sex education has association with the sex of the participant and the syllabus they are studying.[11] In a descriptive study to assess the knowledge and attitude regarding sexual health among adolescents in selected schools of New Delhi, the study revealed that there was significant relationship between knowledge and demographic profiles of the study subjects, including religion, father's educational status and mother's educational status.[12]
While existing research has explored the knowledge, perception and attitude towards sex education among adolescents, there remains a notable gap in understanding the factors influencing the uptake of sex education. This research aims to identify and analyze the key factors that influence the uptake of sex education among adolescents. By understanding these factors, the study seeks identify factors influencing uptake of sex education among adolescents in selected secondary schools, Ondo, Ondo State.

Research Questions

1. What are the socio-cultural factors influencing uptake of sex education among adolescents?
2. What are the economic factors influencing uptake of sex education among adolescents
3. What are the religious factors influencing uptake of sex education among adolescents?

Research Hypothesis

Ho: There is no significant relationship between the age of adolescents and socio-cultural factors influencing uptake of sex education in selected secondary schools, Ondo, Ondo State.

MATERIALS AND METHOD

Research Design and Setting

This descriptive cross-sectional study was conducted at selected secondary schools in Ondo Town including St. James Grammar school, St. Stephen Grammar school, Adeyemi demonstration secondary school Ondo and Independence grammar school.
Sample size and population

The sample size of 327 was determined from a total 1160 students in the four selected schools using Taro Yamane's formula. A 10% attrition was added to get 327. Thus, 327 copies of the questionnaire were administered to respondents during this study

Sampling Technique

A multistage sampling technique was used to select 327 students across the four selected schools in Ondo.

Stage 1: Purposively, all 32 public secondary schools in Ondo Town were selected.
Stage 2: Using purposive sampling, the target was de-limited to mixed public schools. There are 25 mixed public secondary schools in Ondo.
Stage 3: Using Simple Random method, four schools was selected for the study.
Stage 4: Adolescents from JSS3-SS2 was purposively selected for the study.
Stage 5: Proportionate sampling technique was used to select 327 respondents across the selected schools that filled the questionnaires voluntarily.

Table 1: Total population of students in each school

Names of Selected Secondary Schools	Number of Adolescents (Jss3-Ss2) in Each School	Proportionate Sampling technique
St. James Grammar School	290	290/1160 X 327= 82
St. Stephen Grammar School	307	307/1160 X 327 = 86
Adeyemi Demonstration Secondary School	304	304/1160 X 327 = 86
Independence Grammar School	259	259/1160 X 327 = 73
Total	**1160**	**327**

Data Instrument

A Standardized questionnaire was used to elicit information from the respondents. The instrument consisted of four sections: Section A, B, C, D. **Section A:** socio-demographic variable of respondents will contain instruments that measures socio demographic data of respondents such as age, gender, class and religio. **Section B:** contain 7 items to measure the socio-Cultural factors influencing uptake of sex education among adolescents. **Section C:** contain 6 items to answer economic Factors influencing uptake of sex education among adolescents. **Section D:** contain 6 items to answer religious factors influencing uptake of sex education among adolescents. Face and content validity was done to ensure questionnaire was clear, relevant and easy to comprehend by the respondent. A pilot was carried out to test the consistency of the questionnaire using the Cronbach alpha test a value of 0.75 was confirmed.

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Data Analysis

The data collected was analyzed based on the results obtained from the questionnaire using descriptive and inferential statistics with the aid of Statistical Package for Social Sciences (SPSS) version 29. Descriptive variables in form of frequency table and bar chart were used to answer the objectives while Chi square was used to answer hypothesis.

Ethical consideration

A letter of approval was obtained from the central office for research and development of the University of Medical Sciences, for ethical clearance before the commencement of data collection. All participants were fully informed of the objectives and design of the study. Informed consent was obtained from the participants after adequate explanation and information have been given to them.

RESULTS

Sociodemographic characteristics of respondents

Table 2 revealed the mean age of the participants is 14.36 years, with the least age respondent being 10 years and the highest was 19 years. Majority of the respondents, 186 (56.9%) were females. Also, 112 (34.3%) of the respondents were in JSS3, while 108 (33.0%) of the respondents were in SS1, and 107 (32.7%) of the respondents were in SS2. Finally, 259 (79.2%) of the respondents were Christians.

Table 2: Sociodemographic characteristics of respondents (N=327)

Socio-demographic Data	Frequency	Percent
Age (in years)		
10-12	51	15.6
13-15	186	56.9
16-19	90	27.5
Gender		
Male	141	43.1
Female	186	56.9
Class		
JSS3	112	34.3
SS1	108	33.0
SS2	107	32.7
Religion		
Christian	259	79.2
Muslim	58	17.7
African Tradition	7	2.1
Others	3	0.9

Mean age = 14.36

Socio-Cultural factors influencing uptake of sex education among adolescents

Table 3 reveals majority 75.8% of the respondents are of the opinion that Pressure from family and friends can make them avoid receiving sex education while 67.9% of the respondents also agreed that sex education goes against their cultural and traditional values. Also, 73.4% of the respondents are in agreement that there are some cultural taboos that discourage discussions about sexual health.

Table 3: Socio-Cultural factors influencing uptake of sex education among adolescents

Statement Items	SA	A	D	SD
Sex education is a very important concept and should be treated as such.	156 (47.7%)	123 (37.6%)	22 (6.7%)	26 (8.0%)
Pressure from family and friends can make you avoid receiving sex education.	88 (26.9%)	160 (48.9%)	33 (10.1%)	46 (14.1%)
Sex education goes against my cultural and traditional values.	118 (36.1%)	104 (31.8%)	45 (13.8%)	60 (18.3%)
There are some cultural taboos that discourage discussions about sexual health.	109 (33.3%)	131 (40.1%)	29 (8.9%)	58 (17.7%)

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I have open and honest conversations about sexual health from my family or community leaders.	111 (33.9%)	108 (33.0%)	42 (12.8%)	66 (20.2%)
I feel comfortable seeking advice on sexual health from my family or community leaders.	111 (33.9%)	111 (33.9%)	31 (9.5%)	74 (22.6%)
My family or community supports my decision to receive sex education.	97 (29.7%)	102 (31.2%)	42 (12.8%)	86 (26.3%)

Economic factors influencing uptake of sex education among adolescents

Table 4 reveals 209 (63.9%) of the respondents agreed that lack of money limits their access to sex education, while 168 (51.4%) have been prevented from participating in sex education programs because of the cost. Also, majority of the respondents 215 (65.4%) believed that financial challenges affect their ability to prioritize sex education. Furthermore, majority of the respondents 178 (54.4%) have had to choose between basic needs and accessing sex education due to lack of money. Similarly, 194 (59.3%) have had economic factors influencing their decisions to discuss sexual health with a health care provider, while 182 (55.7%) had experienced financial restriction when seeking sexual health care services. Lastly, 192 (58.7%) have had their economic situation influenced their perception of the importance of sex education.

Table 4: Economic factors influencing uptake of sex education among adolescents

Question Items	Yes	No
Does lack of money limit your access to sex education?	209 (63.9%)	118 (36.1%)
Has the cost of sex education programs prevented you from participating?	168 (51.4%)	158 (48.3%)
Do you believe that financial challenges affect your ability to prioritize sex education?	214 (65.4%)	113 (34.6%)
Have you had to choose between basic needs and accessing sex education due to lack of money?	178(54.4%)	149(45.6%)
Does economic factors influence your decision to discuss sexual health with a healthcare provider?	194 (59.3%)	133 (40.7%)
Have you experienced financial restriction when seeking sexual healthcare services?	182 (55.7%)	145 (44.3%)
Has your economic situation influenced your perception of the importance of sex education?	192 (58.7%)	135 (41.3%)

Religious factors influencing uptake of sex education among adolescents

Table 5 revealed that157 (48.0%) of the respondents strongly agreed that their religion is a very important aspect of their lives, while 133 (40.7%) of the respondents agreed that their religion teaches about sex and sexuality. Also, 102 (31.2%) of the respondents strongly disagreed that their religious leaders encourage sex education, while 98 (30.0%)

of the respondents agreed that sex education goes against their religious belief. Furthermore, 109 (33.3%) of the respondents agreed that they feel supported by their religious communities in their decisions about sex education and lastly, 108 (33.0%) of the respondents strongly agreed that they feel comfortable enough to seek guidance from their religious leaders on sex education.

Table 5: Religious factors influencing uptake of sex education among adolescents

Statement Items	SA	A	D	SD
My religion is a very important aspect of my life.	157 (48.0%)	150 (45.9%)	11 (3.4%)	9 (2.8%)
My religion teaches about sex and sexuality.	67 (20.5%)	133 (40.7%)	58 (17.7%)	69 (21.1%)
My religious leaders encourage sex education.	85 (26.0%)	88 (26.9%)	52 (15.9%)	102(31.2%)
Sex education goes against my religious belief.	94 (28.7%)	98 (30.0%)	60 (18.3%)	75 (22.9%)
I feel supported by my religious community in my decision about sex education.	108 (33.0%)	109 (33.3%)	37 (11.3%)	73 (22.3%)
I feel comfortable enough to seek guidance from my religious leaders on sex education.	108 (33.0%)	96 (29.4%)	43 (13.1%)	80 (24.5%)

DISCUSSION

Findings from this study titled "Factors influencing uptake of sex education among adolescents in selected secondary schools in Ondo Town" revealed that most of the adolescents were aged 15 years with the mean age of respondents as 14.3578, which corresponds to the findings of Moreira et al.[13] in a study titled Knowledge about sex education in adolescence: a cross sectional study where most adolescents were aged between 15 and 17 years. Also, majority of the respondents were females, which is in consonance with the findings of Nguyen et al.[14] in a study titled Factors influencing sexual and reproductive health perceptions among mountainous adolescents in Vietnam where majority of the respondents were females.

Almost all the respondent agree that sex education is a very important concept and should be treated as such, this consensus among adolescents about the importance of sex education aligns with recent studies indicating a growing awareness of sexual health issues. A study by Gagnon et al. (2021) reported that young people increasingly recognize the need for accurate sexual health information to navigate relationships and prevent sexually transmitted infections. This present shows that most of the respondents are of the opinion that Pressure from family and friends can make them avoid receiving sex

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education which points to the complex social dynamics that affect adolescent's willingness to engage with sexual health information. Collins et al (2020) emphasizes that adolescents often prioritize the opinions of the peers and families, leading them to shy away from topics they believe are taboo, thus limiting their access to vital information. A significant proportion also agreed that sex education goes against their cultural and traditional values which is similar to the findings of Moreira et al.[13] Also, majority of the respondents have open and honest conversations about sexual health from their family or community leaders and they also feel comfortable seeking advice on sexual health from their family or community leaders.

Majority of the respondents believed that financial challenges affect their ability to prioritize sex education. Furthermore, half of the respondents have had to choose between basic needs and accessing sex education due to lack of money. These findings align with previous research highlighting that socio-economic factors critically influence educational opportunities and outcomes in sexual health education. A study by Reddy et al., (2019) found that adolescents from low-income families often face barriers to comprehensive sex education programs.

Few of the respondents agreed that their religion teaches about sex and sexuality and strongly disagreed that sex education goes against their religious belief. In addition, some of the respondents agreed that they feel supported by their religious belief. Mukonka et al.[15] reported that religion can be a hindrance owing to the fact that the community around some schools in this town were very religious, hence the strong opinions against sexual education. It was also indicated that most topics were appropriate with religion depending on the language the teachers use. This shows that religion or religious involvement can influence the uptake of sex education, which is why it is important to integrate faith-based perspectives into comprehensive sex education programs.

CONCLUSION

In conclusion, the findings highlight a critical need for comprehensive sex education that respects cultural and religious context while addressing the needs of adolescents.

RECOMMENDATIONS

Based on the findings, provision of initiatives for further education and training that stress the importance of sex education among stakeholders such as teachers, parents, Religious and community leaders who in turn educate their community. To make sex education programs and adolescent youth friendly services pocket-friendly and easily accessible. Government should make and develop public awareness campaigns to address misconceptions and stigma surrounding sex education.

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