

Impact of Sex Education in Kogi State, Nigeria

Sule HA^{1*} Akor JA¹ Toluhi OJ¹ Suleiman RO¹ Akpihi L² Ali OU³

1. Department of Integrated Science, Kogi State College of Education, Ankpa, Nigeria

2. Department of Economics, Kogi State College of Education, Ankpa, Nigeria

3. Department of Theatre Arts, Kogi State College of Education, Ankpa, Nigeria

*Corresponding author email: sule.education001@gmail.com

Abstract

The focus of this study was to investigate the impact of family sex education in secondary schools on students in Kogi State, Nigeria. The descriptive survey design was used for the study. A total of 1,960 secondary school students were drawn by stratified random sampling from 40 schools within Kogi State, Nigeria. Three research questions were generated for the study. Data collected using a researchers' structured questionnaire were subjected to statistics of frequency counts and percentage. The results revealed that students have sexual problems, misuse of sex, high teenage pregnancies and abortion and inadequate information on sex. Among the recommendations made include the provision of adequate counseling and enlightenment programmes for students, teachers and parents on the dangers of sex misuse and abuse, and the implementation of the law against sex abuse of any form, and full enforcement of the child right act of Nigeria.

Keywords: Sex, education, abuse, impact, Kogi State, Nigeria

Introduction

Sex education is a vital aspect of health education curriculum. It provides factual knowledge to assist parents and teachers, children and adolescents to avoid sex related problems. The knowledge also includes ways of helping children develop self respect, sexual understanding, define the values of interpersonal relationships and strengthen communication skills in sex and education. This promotes a wholesome and stable sex life. It is necessary for parents and teachers to acquire scientific, social, and psychological understanding of the need for sex education. The sexual revolutions among contemporary youths recommend sex education as an imperative for adolescents that should be protected from the harmful effects of deviant sexual behaviors. In 2002, Simon Forest, the director of Sex Education Forum in the United Kingdom carried out a good work in this field. According to him, sex education which is sometime called sexuality education or sex and relationships attitudes is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationship and intimacy. It is also about developing young people's skills so that they make informed choices about their behaviors and feel confidence and competent about acting on these choices. Sex education is a well planned and designed education scheme to instill in the young ones and adolescent to acquire knowledge, skills and understanding of the need for sex so that they can fit into the society as desirable member of the community.

In the view of the Orji and Anikweze (1998), sex education refers to instruction about sex and related issues such as the sexual organs and their functions, the reproduction process, equality between sexes, hygiene during menstruation, and dangers of unwholesome sexual activities. According to Hershel (1976), sex education is a powerful force and its true meaning has to be revealed to adolescent to enable them make rational decision based on self-control and personal code of conduct. They have also noted "teenagers seem to know enough to get into bed but not enough to stay out of trouble". Therefore, sex education is desired to replace ignorance, fear, secrecy and guilt with knowledge understanding, openness and rationality.

Jorgensen (1972) maintain that contemporary adolescents in secondary schools have access to formal sex education but indirectly in their biology, home economics and social studies. They also acquire substantial knowledge about sex and love from literature, books, novels and films. It would therefore be naïve for adults to object to instructional need for sex education for adolescents in schools.

In the view of Hilgard *et al.* (1971), the adolescents need sex education in order to learn the acceptable forms of expressing sexual appetite without running into the dangers of unexpected consequence. Sex education seeks both to reduce the risks of potentially negative outcome from sexual behavior like unwanted or unplanned pregnancies and infection with sexually transmitted diseases, and to enhance the quality of relationship. It is also about developing young people's ability to make decision over their entire lifetime, the need for sex education that work by which we mean that it is effective the need for sex education that contribute to this over all aim.

Effective sex education develops young people's skills in negotiation, decision-making assertion and listening. Other important skills include being able to recognize pressures from other people and to resist them, deal with and challenge prejudice, seek help from adult including parents, careers and professionals through the family, community, health and welfare services the need for sexual education that work, according to Forest also help equip young people with skills to be able to differentiate between accurate and inaccurate information, discuss and range of mortal and social issues and perspectives on sex and sexuality, including different cultural

attitudes and sensitive issue like sexuality, abortion and contraception.

For sex education to be effective, it need to include opportunity for young people to develop skills as it can be hard for them to act on the basis of only having information. The kinds of skills young people develop as part of sex education are linked to more general skills. For examples, being able to communicate, listen, negotiate, ask for, and identify sources of help and advice, are useful life-skills and can be applied in terms of sexual relationships. Young people can be exposed to a wide range of attitude and belief in relation to sex and sexuality. These sometime appear contradictory. For example, some health messages emphasis a risk and danger associated with sexual activities and some media coverage promote the idea that being sexually active makes the person more attractive and mature. Because sex and sexuality is a sensitive subject, young people and sex educators can have strong views on what attitudes people should hold, and what moral framework should govern people's behavior – these can sometime seem to be at odds.

Young people are very interested in the oral and cultural framework that binds sex and sexuality. They often welcome opportunities to talk about issues where people have strong views, like abortion, sex before marriage, lesbianism and gay issue and contraception and birth control. It is important to remember that talking in a balanced way about differences in opinion does not promote one set of view over another, or mean that one agree with a particular view. Part of exploring and understanding cultural, religion and oral view is being able to agree people provided they have attitudes and believes of their own about sex and sexuality and it is important not let these influence negatively. For example, even if a person believes that young people should not have sex until they are married, this does not imply withholding important information about safer sex and contraception. Sex education fail when educators impose narrow moralistic view about sex and sexuality on young people. Rather than trying to deter or frighten young people away from having sex, effective sex education should include work on attitudes and believes coupled with skill development, that enable young people to chose whether or not to have sexual relationship taking into account the potential risk of any sexual activity.

Effective sex education also provides young people with an opportunity to explore resources on sex and sexuality, to understand why people have sex, and to think about how it involves emotional respect for one self. Young people should have the chance to explore gender differences and how ethnicity and sexuality can influence people's feeling and option. They should be able to decide for themselves what the positive qualities of relationship are. It is important that they understand how abuse and exploitation can negatively influence relationships.

In his work titled "what is the need for sex education", Forest said that young people get information about sex and sexuality from a wide range of sources including each other, through the media including advertising, television and magazines as well as leaflets, books and websites (such as www.avert.org) which are intended to be sources of information about sex and sexuality. Some of this will be accurate and some inaccurate. Sex education therefore should include finding out what young people already know, adding to their existing knowledge and correcting misinformation, because without correct information, young people can put themselves at greater risk.

Young people need to have information about the physical and emotional changes associated with puberty and sexual reproduction, including fertilization and conception about sexually transmitted disease, including HIV/AIDS. They also need to know about conception and birth control including what contraception are available, how they work, how people uses them, and how they decide what to use or not, and how they can be obtained. In terms of information about relationships they need to know about kinds of relationship, love and commitment, marriage and partnership and law relating to sexual behavior and relationship as well as the range of religious and cultural views on sex and sexual identity. In addition, young people should be provided with information on abortion, sexuality, and confidentiality as well as about the range of source of advice and support that is available in the community and nationality.

Sex education must start early before young people reach puberty and before they have developed courtship behaviors and established partners. The precise age at which information should be provided depend on the physical, emotional and intellectual development of the young people as well as their level of understanding. What is covered depends on who is providing the sex education, when it is provided, and in what context, as well as what the individual young person wants to know about it.

In Africa, the traditional practice with the age grades and initiation ceremonies and other activities that provided some effective general education, including sex education, are no longer open to the Africa schoolchild. Many school pupils in Nigeria indeed in most countries do have insufficient sex education in their homes. Because many parents are inadequate in this respect, school pupils have to rely on their own initiative and whatever they can learn from their friends and their school mates. Thus they undergo a great deal of emotional stress caused by a variety of reasons, chief amongst, which for the group, may be problems of ignorance about sex. It is for this reason that the school must be aware of the need to fill the gap created by the replacement of traditional education by formal education. The aim of this study is to investigate those factors militating against sex education in secondary schools and the need for its place in the secondary school curriculum.

The following questions were put forward as guiding principles in an attempt to find out the implications of sex education and its effectiveness in the Nigeria secondary school.

- a. Does sex education in secondary schools curriculum provide adequate information about sex generally?
- b. Does knowledge of sex in secondary schools abolish the miss-use of sex among youth and adolescents?
- c. Does education about sex provide adequate information about sexual and reproductive health?

Methodology

Design of the Study: The descriptive survey research method was used for the study. Bowling (1999) revealed that survey research enables the collection of detailed and factual information.

Population of the Study: The population of this study was all public secondary schools in the twenty one (21) Local Governments Areas of Kogi State. The population consisted of about 20,800 JSS I to SSS III secondary school students in Kogi State.

Sample and Sampling Procedure: The stratified and random sampling techniques were used to select 1,960 students from forty (40) schools in 10 Local Governments for the study. The choice of stratified random sampling was to ensure proper representation of local governments and gender.

Description of Research Instruments: The instrument for this study was a researchers' designed questionnaire. According to Bowling (1999), the use of questionnaire for survey research was the best instrument for collecting data because as surveys are carried out in natural settings, questionnaire increases the external validity of the study. The questions were developed based on information and experiences derived from review of literature.

Validity of Instruments: In order to ensure validity of the instruments, the researchers' structured questionnaire was referred to four experts in the field of biology, psychology and English for vetting so as to ensure its appropriateness, relevance and clarity.

Reliability of Instruments: A test-retest of the instruments after four weeks of the initial administration to some selected students in a Local Government that is not part of the study yielded a reliability coefficient of 0.89.

Data Analysis: Data generated was subjected to descriptive statistics of frequency counts and percentage analysis.

Results

Research Question 1: Does sex education in secondary schools curriculum provide adequate information about sex generally?

Table 1: Sources of information on sex, sexuality and reproductive health

	Male (%)	Female (%)	Total (%)
Parents	34 (16.83%)	168 (83.17%)	202 (10.31%)
Teachers	43 (38.74%)	68 (61.26%)	111 (5.66%)
Peer Group	339 (49.06%)	352 (50.94%)	691 (35.26%)
Media (Television, magazines, books, novels, websites etc.)	354 (53.07%)	313 (16.93%)	667 (34.03%)
Others	152 (52.60%)	137 (47.40%)	289 (14.76%)
Total	922 (47.04%)	1038 (52.96%)	1960 (100%)

Table 1 shows the sources of information about sex, sexuality and reproductive health. 202 (10.31%) indicated their parents as source of information on sex, sexuality and reproductive health. 34 (16.83%) were male while 168 (83.17%) were female. 115 (5.66%) comprising of 43 (38.74%) male and 68 (61.26%) female indicated their teachers as source of information. 691 (35.26%) of the respondents, comprising of 339 (49.06%) male and 352 (50.94%) female indicated their peer group as source of information. 667 (34.03%) consisting of 354 (53.07%) male and 313 (46.93%) female indicated the media as their source of information. A total of 259 (14.76%) respondents comprising of 152 (52.60%) male and 137 (44.40%) female indicated that neither parents, teachers, peer groups nor media are source of information on sex, sexuality and reproductive health.

Table 2: Sex related problems of students

	Male	Female	Total
In an active relationship	593 (39.64%)	903 (60.36%)	1496 (76.33%)
Have had sex (vaginal, anal, oral sex)	501 (35.06%)	928 (64.94%)	1429 (72.91%)
Had used condom during sex	148 (26.96%)	401 (73.04%)	549 (38.42%)
Had been forced to have sex	38 (8.86%)	391 (91.14%)	429 (30.02%)
Teachers or school staffs have shown sexual interest	62 (13.39%)	401 (86.61%)	463 (23.62%)
Have had sex with teachers or school staffs	38 (12.14%)	275 (87.86%)	313 (21.90%)
Close relatives have shown sexual interest	98 (14.10%)	597 (85.90%)	695 (35.46%)
Have had sex with close relatives	75 (24.04%)	237 (75.96%)	312 (21.83%)
Have problem of unwanted pregnancy	-	687 (74.03%)	687 (48.08%)
Have conducted abortion	-	499 (72.64%)	499 (34.92%)
Have child/children out of wedlock	62 (25.62%)	180 (74.38%)	242 (16.94%)

Table 2 presents the sex related problems of students in the study. 1496 (76.33%) of the respondents were in an active relationship. 593 (39.64%) of them were male while 903 (60.36%) were female. 1429 (72.91%) of the respondents, comprising of 501 (35.06%) male and 928 (64.94%) female have had sex. 549 (38.42%) of the students that had sex, comprising 148 (26.96%) male and 401 (73.04%) had used condom during sex. 429 (30.02%) of the students that had sex, comprising of 38 (8.86%) male and 391 (91.14%) female had been forced to have sex. Teachers or school staffs had shown sexual interest in 463 (23.62%) of the respondents, consisting of 62 (13.39%) male and 401 (86.61%) female. 313 (21.90%) of the students that had sex, comprising of 38 (12.14%) male and 275 (87.86%) female have had sex with their teachers or school staffs. Close relatives of students had shown sexual interests in 695 (35.46%) of the students, consisting of 98 (14.10%) male and 597 (87.90%) female. 312 (21.83%) of the students that have had sex, comprising of 75 (24.04%) male and 237 (75.96%) female, have had sex with close relatives. 687 (48.08%) of the students that have had sex (74.03% of the female students that had sex) had been pregnant. 499 (72.64%) of the students that had been pregnant (34.92% of students that have had sex) had conducted abortion. 242 (16.94%) of the students that have had sex, comprising of 62 (25.62%) male and 180 (74.38%) female have child/children out of wedlock.

Table 3: In a relationship

Class	Yes			No			Grand Total (%)
	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)	
JSS 1	80 (47.06%)	152 (80.00%)	232 (64.44%)	90 (64.44%)	38 (20.00%)	128 (35.56%)	360 (18.37%)
JSS 2	71 (47.97%)	144 (46.75%)	215 (68.47%)	77 (52.03%)	22 (13.25%)	99 (31.53%)	314 (16.02%)
JSS 3	79 (53.38%)	150 (84.27%)	229 (70.25%)	69 (46.62%)	28 (15.73%)	97 (29.75%)	326 (16.63%)
SSS 1	91 (65.00%)	142 (87.65%)	283 (77.15%)	49 (35.00%)	20 (12.35%)	69 (22.85%)	302 (15.41%)
SSS 2	125 (84.46%)	146 (91.25%)	271 (87.99%)	23 (15.54%)	14 (8.75%)	37 (12.01%)	308 (15.71%)
SSS 3	147 (87.50%)	169 (92.86%)	316 (90.29%)	21 (12.50%)	13 (7.14%)	34 (9.71%)	350 (17.86%)
Total	593 (64.32%)	903 (86.99%)	1496 (76.33%)	329 (35.68%)	135 (13.01%)	464 (23.67%)	1960 (100%)

Table 3 shows the students in an active relationship or dating. 232 (64.44% of the total students in JSS1) JSS1 students indicated to be in a relationship. 80 (47.06% of male in JSS1) of them were male while 152 (80.00% of female in JSS1) were female. 215 (68.47% of students in JSS2) JSS2 students indicated to be in a relationship. 71 (47.97% of male in JSS2) were male while 144 (86.75% of female in JSS2) were female. 229 (70.25% of the students in JSS3) were in a relationship, 79 (53.38% of male in JSS3) were male while 150 (84.27% of female in JSS3) were female. 233 (77.15% of students in SSS1) SSS1 students comprising of 91 (65.00% of males in SSS1) male and 142 (87.65% of female in SSS1) female were in a relationship. 271 (87.99% of students in SSS2) SSS2 students were in a relationship, 125 (84.46% of male in SSS2) were male while 146 (91.25% of female in SSS2) were female. A total of 316 (90.29% of students in SSS3) SSS3 students comprising of 147 (87.50% of male in SSS3) male and 169 (92.86% of female in SSS3) female were in an active relationship.

Research Question 2: Does sex education abolish the misuse of sex among secondary school students?

Table 4: Have had sex with close relatives

	Male (%)	Female (%)	Total (%)
Father/Mother	0	28 (100%)	28 (8.97%)
Uncle/Aunt	10 (11.63%)	76 (88.37%)	86 (27.56%)
Brother/Sister	18 (35.29%)	33 (64.71%)	51 (16.35%)
Cousins	35 (30.97%)	78 (69.03%)	113 (36.22%)
Others	12 (35.29%)	22 (64.71%)	34 (10.90%)
Total	75 (24.04%)	237 (75.96%)	312 (15.92%)

Table 4 shows the students that have had sexual relationship/intercourse with close relatives. Out of 312 (15.92%) of the respondents that indicated to have had sex with close relatives in table 1, 28 female students (8.97%) had sex with their father while no male student indicate to have had sex with their mother. 86 (27.56%) consisting of 10 (11.63%) male and 76 (88.37%) female had sex with their aunt and uncle respectively. 51 (16.35%) comprising of 18 (35.29%) male and 33 (64.71%) female had sex with their sisters and brothers respectively. 113 (36.22%) of the respondents, consisting of 35 (30.97%) male and 78 (69.03%) female had sex with their cousins. A total of 34 (10.90%) of the respondents comprising of 12 (35.29%) male and 22 (64.71%) female had sex with other close relatives.

Table 5: Sexual Orientation

	Male	Female	Total
Lesbian	-	149 (14.36%)	149 (7.60%)
Gay	92 (9.98%)	-	92 (4.69%)
Bisexual	203 (22.02%)	349 (33.62%)	552 (28.16%)
Straight	627 (68.00%)	540 (52.02%)	1167 (59.54%)
Total	922 (47.04%)	1038 (52.96%)	1960 (100%)

Table 5 presents the sexual orientation of students in this study. A total of 149 (14.36%) of the female in this study were lesbians, while 92 (9.98%) of the male in this study were gay. 552 (28.16%) of the respondents were bisexual, 203 (22.02% of the male in the study) of them were male while 349 (33.62% of female in the study) were female. 1167 (59.54%) of the respondents were straight. 627 (68.00% of the total male in the study) were male, while 540 (52.02% of the female in the study) were female.

Research Question 3: Does sex education provide adequate information about sexual and reproductive health?

Table 6: Awareness on sexual and reproductive health

	Male (%)	Female (%)	Total (%)
Family Planning	288 (41.32%)	409 (58.68%)	697 (35.56%)
Sexually Transmitted Infections (STIs)	597 (42.95%)	793 (57.05%)	1390 (70.92%)
Human Immunodeficiency Virus (HIV)	729 (44.97%)	892 (55.03%)	1621 (82.70%)

Table 6 shows the awareness of students on sexual and reproductive health. 697 (35.56%) of the respondents understand fully what family planning is, 288 (41.32%) of them were male while 409 (58.68%) of them were female. 1390 (70.92%) of the respondents understands what Sexually Transmitted Infections (STIs) is all about, 597 (42.95%) of them were male while 793 (57.05%) were female. A total of 1621 (82.70%) were fully aware of the existence, meaning, mode of transmission and prevention of Human Immunodeficiency Virus (HIV). 729 (44.97%) of them were male while 892(55.03%) were female.

Table 7: preferred avenue to discuss issues of sex, sexuality and reproductive health

	Health Worker	Class Teacher	Peer Educator	Parent	Religious Leader	Wouldn't Discuss	Total
Male	54 (44.63%)	43 (35.25%)	61 (45.86%)	34 (16.83%)	16 (57.14%)	714 (52.73%)	922 (47.04%)
Female	67 (55.37%)	79 (64.75%)	72 (54.14%)	168 (83.17%)	12 (42.86%)	640 (47.27%)	1038 (52.96%)
Total	121 (6.17%)	122 (6.28%)	133 (6.79%)	202 (10.31%)	28 (1.43%)	1354 (69.08%)	1960 (100%)

Table 7 shows the preferred avenue of students to discuss issues of sex, sexuality and reproductive health. 121 (6.17%) of the respondents prefer to discuss issues of sex, sexuality and reproductive health with health workers. 54 (44.63%) of them were male while 67 (55.37%) were female. 122 (6.28%) of them respondents prefer to discuss with their class teacher, 43 (35.25%) of them were male while 79 (64.75%) were female. 133 (6.79%) of the respondents prefer to discuss with a peer educator, 61 (45.86%) of them were male

while 72 (54.14%) were female. 202 (10.31%) of the respondents, comprising of 34 (16.83%) male and 168 (83.17%) female prefer to discuss with their parent. 28 (1.43%) of the respondents prefer to discuss with their religious leaders. 34 (57.14%) of them were male while 12 (42.86%) were female. 714 (69.08%) of the respondents, comprising of 714 (52.73%) male and 640 (47.27%) female prefer not to discuss issues of sex, sexuality and reproductive health with either a health worker, class teacher, peer educator, parent or religious leader.

Table 8: Personal hygiene during menstruation

Absorbent Pad	Tissue Paper	Piece of Cloth	Uses Nothing	Below Puberty	Total
549 (52.89%)	133 (12.81%)	201 (19.36%)	28 (2.70%)	127 (12.24%)	1038 (100%)

Table 8 shows personal hygiene of female students during their monthly menstrual cycle. 549 (52.89%) of them uses absorbent sanitary pads during their menstrual cycle, 133 (12.81%) uses tissue paper, 201 (19.36%) uses piece of cloth, while 28 (2.70%) uses nothing to absorb and contain their menstrual discharges. A total of 127 (12.24%) of the females were below puberty.

Table 9: Types of Sanitary Pads Used

Always Ultra	Lady's Care	Classic	Others	Total
427 (77.77%)	62 (11.29%)	15 (2.73%)	16 (2.91%)	549 (52.89%)

Table 9 presents the type of sanitary pads used by female students during their monthly menstrual cycle. Out of 549 (52.89% of female students in the study) that indicated using sanitary pad in table 5, 427 (77.77%) of them uses Always Ultra, 62 (11.29%) uses Lady's Care, 15 (2.73%) uses Classic while 16 (2.91%) uses other less popular products among students.

Discussion of Findings

The evidence from this study points to the fact that sex education in Kogi State secondary schools does not provide adequate information about sex to students. Table 1 reveals that a high percentage of students, 35.26% and 34.03% obtained information about sex, sexuality and reproductive health from peer group and the media respectively. Only 5.66% obtained the information about sex from their teachers while 10.31% obtained the information from their parents. This could be as a result of the stigma associated with open discussion of anything that relates with sex in Nigeria.

Table 2 presents the sex related problems of students in the study. 76.33% of the students were in an active relationship. A higher percentage of the students (60.36%) were female. Obviously, the female child reaches puberty and attains maturity early than their male counterpart, and consequently will have higher urge for relationship with the opposite sex than male of the same age. 72.91% of the students have had sex, 64.94% were male and 35.06% were female. Only 38.42% of the students that have had sex had used condoms. This could be as a result of the stigma associated with an adolescent student going to purchase a condom. This finding is consistent with the findings of Sule and Sanni (2012) who in their study revealed that only 7.26% of adolescents who have had sex used condoms.

The high incidence of rape or forced sex, sexual advances and sexual intercourse of students with teachers and close relatives constitute a serious problem. Teenage pregnancy, abortion and children out of wedlock are also a problem of concern as revealed in the study. The prevalence of sex related problems was higher in female student (more than 70%) than in the male counterparts. Girls are generally weak and have a submissive nature, which puts them at a disadvantaged position in an environment where older men have undisciplined sex life and takes advantage of younger girls. The findings of this study agree with the findings of Sule and Sanni (2012) who recorded higher prevalence of sex-related problems in females. In table 3, 76.33% of the students were in an active relationship. 86.99% were female and 64.32% were male. The table reveals that students go into relationships earlier than expected. 64.44% of the students in JSS 1 (with an average age of 11 years) were already in an active relationship, the percentage increases as they progress to higher classes.

A good percentage of students that have had sex had it with close relatives. 8.97% of female that had sex had it with their father. This is considered the highest level of misuse of sex and wickedness in Nigeria. Although sex with close relatives is not uncommon, it destroys family ties, and create in children disrespectful and disdainful attitudes.

The sexual orientation of students in the study ranges from lesbianism to straight. 14.36% of female were lesbians, 9.98% of the male were gays, and a total of 28.16% were bisexual while 59.54% had the straight sexual orientation. Even at the secondary school level, students have paid deaf ears to the ban placed on lesbianism, homosexuality and bisexual relationship.

There is high level of awareness on Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) among the students. This could be as a result of the global concerted effort to

halt the transmission of HIV and other sexually transmitted diseases. As it relate to family planning, 35.56% of the students understand fully the meaning of the term, the types and the application in real life. It is arguable whether adolescence should be taught and allowed to use family planning method to reduce the incidents of unwanted pregnancy and subsequently abortion, or they should be counseled to abstain from sex generally till marriage.

6.17%, 6.28%, 6.79%, 10.31% and 1.43% of the students prefer to discuss issues of sex, sexuality and reproductive health with a health worker, class teacher, peer educator, parent and religious leader respectively. A total of 69.08% prefer not to discuss. It is regarded a problem when adolescent students wouldn't discuss their sexual and reproductive health problems, especially with their teachers or parents. The parents usually are supposed to serve as guide to their children, especially the mothers to their maturing girls on issues concerning their sexual and reproductive health.

52.89% of the female students in the study use absorbent pads to maintain good personal hygiene during their monthly cycle. 12.81% uses tissue paper, 19.36% uses piece of cloth and 2.70% uses nothing at all. 77.77% of the students that uses absorbent pads use Procter and Gamble's Always Ultra absorbent pad. An investigation into the reason for the high choice of Always Ultra revealed that the Company, Procter and Gamble, placed high priority on the female health than money. As a result, they occasionally organize a forum for female sex education in almost every secondary school, where students are allowed to express themselves and get their questions satisfactorily answered.

Conclusion

Inadequate enlightenment programmes, inadequate counseling, lack of good rapport between teachers, parents and students, sexual indiscipline, poor understanding and approach to sex education were the stronger factors responsible for the ineffectiveness of sex education. It is safe to conclude that the effectiveness of sex education is bedeviled by a host of problems. Thus, there is a need to address these problems.

Recommendations

The following recommendations are made with a view to improve the effectiveness of sex education and consequently the sexual and reproductive health of students in secondary schools.

1. Teachers responsible for sex education should be retrained for proper understanding and implementation of the best approach to sex education, taking into consideration the Nigeria cultural heritage.
2. Adequate enlightenment programmes should be provided on sex education in all schools. Governments, NGOs and school authorities should therefore help strengthen enlightenment programmes on sex misuse and abuse.
3. Teenage sex is the most predominant students' problems. Propagandas of safe sex should be more concerned with educating adolescents and adults on the dangers of premarital sex than distributing condoms.
4. It is an established fact that girls are generally weak and have a submissive which puts them at a disadvantaged position when they are forced to have sex. It is therefore necessary to provide them with enlightenment programmes to educate them on staying safe, avoid wearing seductive clothing and the dangers of being alone with a man in a secluded environment. The penalty of forced sex with children should be strict and taken seriously.
5. Adequate counseling programmes should be provided for pregnant students. They should be discouraged from abortion, except in case of medical necessity. The school authorities and their parents should help process them to deliver and continue their education.
6. Teachers should create good rapport and friendly relationship with students. This makes the school environment conducive, and enables the students to freely discuss personal problems with teachers.
7. Teachers, parents, guardians, and other close relatives having sexual relation with their wards is a serious problem that cannot be overlooked. It is therefore necessary to put in place, adequate counseling to enlighten them on the dangers of engaging in sex with students or wards under their care. It is also necessary for the Nigerian government to enact a law to penalize any parent or teachers found guilty of sex abuse on their wards. The child right act should be fully enforced in Nigeria.
8. The Nigeria custom shuns lesbianism, homosexuality and bisexuality, and the Nigeria law puts a ban on them. It is therefore necessary to incorporate it into the Nigeria sex education to discourage students from engaging in such sexual activities.
9. The study reveals that students as early as 11 years of age, in JSS 1, were already in active relationships. This raises the point that perhaps, students may be sex-corrupt right from their primary schools. It therefore becomes necessary that sex education should start right from the primary schools.
10. Procter and Gamble, with their strategic marketing of the Always Ultra feminine hygiene pads through

the provision of sexual and reproductive health education as a priority, have served as a major source of information on sexual and reproductive health to female adolescent students. Other companies with sexual and reproductive health related products should therefore incorporate the provision of sex, sexuality and reproductive health education into their marketing. At the end, they will be a gratification of enlightening innocent adolescents as well as good sale.

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