

SEXUALITY EDUCATION AND SEXUAL RISK TAKING BEHAVIOUR AMONG UNIVERSITY FRESHMEN IN ABEOKUTA METROPOLIS AND COUNSELLING IMPLICATIONS

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Abstract

Freshmen in Universities tend to engage in sexual risk taking behaviour largely due to the new environment coupled with freedom which hitherto was not enjoyed prior to their entry into the institutions. This paper investigated sex education and sexual risk taking behaviour among university freshmen in Abeokuta metropolis and the counselling implications. Three hypotheses were postulated at 0.05 level of significance. A sample of one hundred and twenty participants was drawn from three universities within Abeokuta metropolis. Data was generated using the Sexual Risk-Protective Behavioural scale which was adapted from Premarital Sexual Permissiveness Scale (PSPS) by Reiss (1967) and analysed using chi square and t-test statistical methods. Findings revealed no significant difference in sex education outcomes of respondents; there was a significant difference between the sex education outcome of direct entry and UTME University freshmen and the difference between male and female manifestation of sex education outcome behaviour was found to be significant; consequently, the counselling implications of the findings were discussed. The study concluded by recommending comprehensive sex education programme for the Nigerian University authorities in order to maintain healthy lifestyle in tertiary institutions with its attendant benefit on national development.

Keywords: *University Freshmen, Sex Education, Sexual Risk Taking Behaviour.*

Introduction

Sex education is the instruction of issues relating to human sexuality, including emotional relations and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, safe sex, birth control and sexual abstinence. Sex education that covers all of these aspects is known as comprehensive sex education. Common avenues for sex

education are parents or caregivers, formal school programs, and public health campaigns.

Burt(1970) defined sex education as the study of the characteristics of beings: a male and female. Such characteristics make up the person's sexuality. Kinderhall (2001) opined that sexuality is an important aspect of the life of a human being and almost all people, including children, want to know about it. Sex education includes all the educational measures which - regardless of the particular method used - may center on sex. He further said that sex education stands for protection, presentation extension, improvement and development of the family based on accepted ethical ideas.

Lennart (2015) sees sex education as instruction in various physiological, psychological and sociological aspects of sexual response and reproduction. Kearney (2008) also defined sex education as "involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution." Thus, sex education may also be described as "sexuality education", which means that it encompasses education about all aspects of sexuality, including information about family planning, reproduction (fertilization, conception and development of the embryo and fetus, through to childbirth), plus information about all aspects of one's sexuality including: body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections (STIs) and how to avoid them, and birth control methods.

Various aspects of sex education are considered appropriate in school depending on the age of the students or what the children can comprehend at a particular point in time. Rubin and Kindendall (2001) expressed that sex education is not merely the topics of reproduction and teaching how babies are conceived and born. Instead, it has a far richer scope and goal of helping children incorporate sex more meaningfully into their present and future life and to provide them with some basic understanding of virtually every aspect of sex by the time they reach full maturity.

Traditionally, adolescents in many cultures were not given any information on sexual matters, with the discussion of these issues being considered taboo. Such instruction, as was given, was traditionally left to a child's parents, and often this was put off until just before a child's marriage. The progressive education movement of the late 19th century, however, led to the introduction of "social hygiene" in North American school curricula and the advent of school-based sex education (Tupper, 2013). Despite early inroads of school-based sex education, most of the information on sexual matters in the mid-20th century was obtained informally from friends and the media, and much of this information was deficient or of dubious value, especially during the period following puberty, when curiosity about sexual matters was the most acute. This deficiency was heightened by the increasing incidence of teenage pregnancies, particularly in Western countries after

the 1960s. As part of each country's efforts to reduce such pregnancies, programs of sex education were introduced, initially over strong opposition from parent and religious groups.

The outbreak of AIDS has given a new sense of urgency to sex education. In many African countries, where AIDS is at epidemic levels, sex education is seen by most scientists as a vital public health strategy (USAID Health Policy Initiative, 2003). Some international organizations such as Planned Parenthood consider that broad sex education programs have global benefits, such as controlling the risk of overpopulation and the advancement of women's rights. The use of mass media campaigns has sometimes resulted in high levels of "awareness" coupled with essentially superficial knowledge of HIV transmission (Piya, 2010). UNAIDS (2001) report reveals the prevalence of HIV/AIDS among adolescents; The report disclosed that Nigerian adolescents as early as 13 years old engage in risky sexual behaviour by practicing premarital sexual activities, having multiple sex partners and constantly having contact with commercial sex workers. Larson (2000) stated that adolescents have the problem of how to satisfy the natural sex urge and at the same time behave in a normally approved manner and that the problem of maintaining chastity until marriage is as serious for the boys as it is for the girls.

According to UNFPA, "A 2010 review found that 'gender-focused' curricula - meaning curricula that integrate gender equality into the learning material - were substantially more effective in reducing risky behaviours than programmes that did not consider gender. Research has also shown that delay in sexual initiation, use of condoms and practice contraception has been a result of young people adopting egalitarian attitudes about gender roles. These individuals were also found to be less likely engaged in violent relationships and have a lower rate of STIs including HIV and unintended pregnancy. (DiCenso, Guyatt, Willan, Griffith, 2002).

The United Nations Population Fund (UNFPA) recommends comprehensive sexuality education, as it enables young people to make informed decisions about their sexuality. According to UNFPA, Comprehensive sexuality education "enables young people to make informed decisions about their sexuality and health. These programmes build life skills and increase responsible behaviours, and because they are based on human rights principles, they help advance human rights, gender equality and the empowerment of young people."

According to Philliber and Tatum (2016) sex education may be taught informally, such as when someone receives information from a conversation with a parent, friend, religious leader, or through the media; it may also be delivered through sex self-help authors, magazine advice columnists, sex columnists, or sex education web sites. Formal sex education occurs when schools or health care providers offer sex education. Slyer (2013) stated that sex education teaches the young person what he or she should know for his or her personal conduct and relationship with others. Therefore, this study was carried out to investigate the

effects of sex education outcome on sexual risk taking behaviour among university freshmen.

Obviously, there are consequences associated with risky sexual behaviour that places the students at risk. Some of these include the spread of sexually transmitted infections (STI's), HIV, gynaecological problems, substantial interval of risk for non-marital pregnancy and unwanted pregnancy as well as increase in the number of abandoned babies. This creates a dilapidated environment with chaotic and decaying values in addition to fostering eradication of a supposedly useful population (Ugoji, 2014). In an attempt to curtail this change in sexual behaviour among students, studies such as Akinleye and Onifade (1996); Odewole (2000); Omoteso (2006) and Odewole (2000) have tried to identify etymological factors responsible for its occurrence such as the family background, parental marital status, religion, media, age, gender and peers and concluded that the trend of sexual behaviour among students could be due to erosion of various custom and observances as well as factors associated with rapid urbanization and other factors such as family background, peer pressure, media influence, economic situations and educational background of parents. It is however the prevalence of this sexual trend among students that prompts this study to investigate if sex education could be a facilitator of sexual risks protective behaviour among university freshmen.

Also, Ugoji 2014) noted that it is pertinent to note that society prescribes arbitrary gender role on how one is supposed to and not supposed to dress, act, think, feel, and relate to others, think of oneself, and so on, based on one's sex. These gender roles are called feminine and masculine. Gender is constructed from a variety of sources and older peers played a particularly important role in sustaining these beliefs and behaviours. However while this typology is not intended for generalization, it does highlight major differences in the attitude and behaviour of young males and females that are evident, to some degree, in all settings, and can be adapted in other settings as well. Likewise a number of case studies in diverse settings have highlighted the extent to which the context defining the formation of sexual partnerships between young people is gender-specific. For instance, Jadack et al. (1995) reported that men engage in significantly more risky sexual behaviours than women, more men reported that intercourse without a condom occurred in unplanned, spontaneous situations, while under the influence of alcohol or drugs, or with a person not well known. More women reported that intercourse without a condom occurred in long-term relationships. Women were significantly more comfortable abstaining from sexual intercourse and asking partners about their sexual history while men were significantly more comfortable buying condoms. Gender roles help to explain why men are willing to take more risks, and in what situations risk taking is apt to occur (Jadack et al. 1995) Pantelides (1991) discovered that among adolescents attending reproductive health services in two hospitals in Argentina, there was widespread belief that male "sexual urges" are

uncontrollable, and consequently explain the greater “need” that men have for casual sexual relations. In the studies of Carpenter (2001); Koenig (2000); Sanders and Reinisch (2001) and Shearer et al. (2005), it was reported that young men surveyed were more likely than women to report sexual experience.

According to Olugbile, Abu and Adelakun (2008) sexual promiscuity is very rampant in Nigerian Universities and the average campus has several networks. It is a common sight to see female students stand outside their hostels and halls to solicit for business. The hardened ones who see their campuses as too boring do not operate inside the University campuses. They brazenly take their trade directly to their customers at night to nearby cities, clubs or hot spots that would give them maximum exposure to men who will like to patronize them. Duru and Okafor (2010) reported that one of the reasons for promiscuity among undergraduates is that the university authorities have failed to strike the right balance between ensuring students liberty and enforcement of existing campus codes of conduct. This is based on the premise that the students are adults that should be able to take care of themselves independent of their parents. In addition to this, Uzokwe (2008) posited that with unbridled liberty and freedom the students began to push the limits of acceptable behaviour, taking advantage of freedom bestowed on them as “adults”.

Statement of the Problem

The issue of sexuality is quite sensitive: it has so far generated interest from several concerned groups due to the socio-economic and psychological implications of unwholesome sexuality especially among young individuals. Statistics from local and international health institutions continue to indicate high prevalence rate of sexually transmitted infections among young individuals and this has given impetus to educators and curriculum planners to evolve ways of lowering the scourge among young individuals at the various levels of the Nigerian educational system. As such, the present study is aimed at investigating sex education and sexual risk taking behaviour among university freshmen in Abeokuta metropolis and counselling implications

Purpose of the Study

This study is aimed at investigating the outcome of sex education outcome among university freshmen in Abeokuta, Ogun State. Specifically, the study was designed to:

1. Examine the difference between the sex education outcome of direct entry and UTME university freshmen.
2. Find out the differences between the sex education outcome of male and female university freshmen.
3. Examine the influence of sex education on sexual risk-taking behaviour of university freshmen.

Research Hypotheses

1. There is no significant influence of sex education on sexual risk-taking behaviour of university freshmen.
2. There is no significant difference in sex education outcome between direct entry and UTME freshmen in sexual risk taking
3. There is no significant difference in sex education outcome of male and female freshmen with regards to sexual risk taking

Methodology

This study is a descriptive survey in nature. The target population for this study comprised of all freshmen in Universities located in Abeokuta metropolis. Presently, there are three universities in Abeokuta with a population of nearly thirteen thousand students. Purposive sampling technique was used to select 40 respondents from each of the three universities.

Instrumentation

The instrument used to collect data for this study was the Sexual Risk-Protective Behavioural scale which was adapted from Premarital Sexual Permissiveness Scale (PSPS) by Reiss (1967). The SRPBS is a 14-item scale designed to measure an individual's attitude that puts him at risk of either transmitting or contracting sexually transmitted diseases. It also contains a five-item scale, each of which can be used to measure the respondents' attitude towards sexual risk-protective behaviour. SRPBS has direct questions on sexual behaviour, drug use, sharp objects usage and blood practices. The items are all positively worded and can be used to categorize subjects into High and low risk taking behaviour. Scoring of Sexual Risk behavioural scale is done by adding the scores up and the total indicates the level of sexual Risk taking due to usage of sharp objects, drug use, alcohol abuse, and blood practices. The reliability and validation of the instrument were analysed by giving it out to fifty (50) undergraduate students in Ibadan as a pilot study and the instrument demonstrated internal consistency with Cronbach alphas ranging from 0.78 to 0.84; and a two week test-retest reliability coefficient of 0.73; this makes it suitable for the current study population.

Data were analysed using chi-square and t-test analysis.

Results

Hypothesis 1: There is no significant influence of sex education on sexual risk-taking behaviour of university freshmen. The hypothesis was tested using chi-square analysis. The results are presented in Table 1,

Table 1 Influence of sex education on sexual risk-taking behaviour of university freshmen.

Categories of sexual risk taking behaviour	Sex Education Outcome						
	Poor 0-25	Fairly Good 26-50	Good 51-75	Total	X ²	df	P
Exhibit risk taking behaviour	3	1	0	4		4	<0.5
Fairly exhibit risk taking behaviour	4	11	16	31	24.66		
Not exhibiting risk taking behaviour	9	54	22	85			
Total	16	66	38	120			

Relationship between the sex education and sexual risk-taking behaviour of university freshmen was found not significant with a chi – square value of 24.66, at 0.05 implying there was no significant difference in sex education outcomes of respondents.

Hypothesis 2: There is no significant difference in sex education outcome between direct entry and UTME freshmen. The hypothesis was tested using t-test.

Table 2: Difference in sex education outcome between direct entry and UTME freshmen in sexual risk taking behaviour

University Freshmen	N	X	SD	T	Df	p
Direct Entry	42	4.82	0.61	-12.64	118	P<0.05
UTME	78	6.21	0.59			

The relationship between the sex education outcome of direct entry and UTME university freshmen from the above table showed a mean value of 4.82 for

direct entry and 6.21 for UTME this was found significant at 0.05 implying there was a significant difference between the sex education outcome of direct entry and UTME University freshmen.

Table 3: sex education outcome of male and female freshmen with regards to sexual risk taking

University Freshmen	N	X	SD	T	Df	p
Male	68	2.74	0.54	-2.88	118	P<0.05
Female	52	2.88	0.34			

The mean of the male manifestation of risk protective behaviour was 2.74, while that of female was 2.88. The difference between male and female manifestation of sex education outcome behaviour was found to be significant with a t-test value of -2.88 (P<0.05).

Discussion of Findings

The result showed that the relationship between the sex education and sexual risk-taking behaviour of university freshmen was found not significant; implying there was no significant difference in sex education outcomes of respondents. The plausible reason for this could be attributed to the fact that the respondents were adolescents who are still at the stage of behavioural experimentation (including sexual risk behaviour) and need interventions to change their orientation about sexual risk taking behaviour. This finding lends credence to Olugbile, Abu and Adhlakun (2008) who reported that sexual promiscuity is very rampant in Nigerian Universities and the average campus has several networks that promote such behaviour.

Also, there was a significant difference between the sex education outcome of direct entry and UTME University freshmen. The likely reason for this could be that direct entry students have had tertiary institution experience more than their UTME counterparts who are having tertiary institution experience for the first time and are now enjoying “liberty” which hitherto was not enjoyed at the lower level of education. This finding buttresses Duru and Okafor (2010) who reported that one of the reasons for promiscuity among undergraduates is that the university authorities have failed to strike the right balance between ensuring students “liberty” and enforcement of existing campus codes of conduct. In the same vein, Uzokwe (2008) opined that this is based on the premise that the students are adults that should be able to take care of themselves independent of their parents. In addition to this, with unbridled liberty and freedom, the students begin to push the limits of acceptable behaviour, taking advantage of freedom bestowed on them as “adults”.

The difference between male and female manifestation of sex education outcome behaviour was found to be significant. This can be explained on the premise that when it comes to sexual issues, female are naturally more reserved than males due to cultural and societal sentiments. According to Ugoji (2014) it is pertinent to note that society prescribes arbitrary gender role on how one is supposed to and not supposed to dress, act, think, feel, and relate to others, think of oneself, and so on, based on one's sex and this highlight major differences in the attitude and behaviour of young males and females in a lot of settings. This finding agrees with Jadack et al. (1995) who reported that men engage in significantly more risky sexual behaviours than women. In the studies of Carpenter (2001); Koenig (2000); Sanders and Reinisch (2001) and Shearer et al. (2005), it was reported that young men surveyed were more likely than women to report sexual experience.

Implications for Counselling

In view of the findings of this study, sexuality education among university freshmen should be an integral part of the orientation programme as this would allow for an avenue to caution freshmen on the limits to their newly found liberty in order to foster sexual-risk protective behaviours holistically. Although the university environment is fully dedicated to academic activities, evidence has shown that sexual activities take place among students with the attendant psycho-social consequences. Therefore, findings from this research point to the fact that if students, especially freshmen are provided with the opportunity to be aware of the inherent dangers in unwholesome sexual relationship in an educational setting, there is the likelihood that such move will yield positive attitude towards sexuality among students population.

In most cultures across Nigeria, matters relating to sex are usually shrouded in secrecy; therefore freshmen to sex education will provide them with adequate information about issues on sex rather than relying on peers who will give incorrect information which may lead to taking wrong steps on dating and other issues relating to sex; this will facilitate the eradication of taboos and unravel the myths surrounding all superstitious beliefs and incorrect information about sexuality. In matters relating to sex, the issue of female subordination has become a global phenomenon; the result of this research indicated that male and female respondents manifest significant difference in their sex education outcome. Therefore, there is need to intensify more efforts on elaborate sex education programme among male freshmen so that the inadequacy in sex education programme will not affect the female students' population,

Conclusion

The high prevalence of risky sexual behaviour in Nigerian Universities calls for concerted effort in putting in place measures that can foster healthy living

among undergraduates. Sadly, available data attest a steady rise in sexually transmitted diseases among young individuals and this portends a gloomy future for the youths that form the bedrock of the national population. Hence, high premium should be placed on comprehensive sex education by the Nigerian University authorities in order to maintain healthy lifestyle in tertiary institutions with its attendant benefit on national development.

Recommendations

1. University freshmen have shown from the evidence of this study that they are susceptible to sexually transmitted infections; since the universities are saddled with the responsibility of moulding individuals in character and learning, efforts could be made to incorporate sexuality education into the orientation programme of University freshmen.
2. The findings of this study can be extended to other levels of the university system, with a view to exposing students to skills that are needed to protect themselves against the spread of sexually transmitted infections so that the fight against the scourge of sexually transmitted diseases can be holistic.
3. University authorities should put in place measures that can assist students to elicit sexual risk-protective behaviour by organising periodic health talks and seminars where issues relating to health welfare can be extensively handled. This will go a long way in dismantling the social barrier against sexual information among young individuals.
4. Health intervention programmes within the university system should address the issue of female subordination in sexual matters and encourage undergraduates to have views that cut across gender on matters relating to sex; also, such intervention should focus on ways of fostering the development of positive life skills to satisfy their physical and psychological needs without putting their lives in jeopardy.
5. There is need for a legal framework that will address unwholesome sexual practices among undergraduates in addition to having rules against such practices well spelt out in the rules and regulations of universities.
6. Lastly, undergraduates should be encouraged to undergo voluntary counselling and testing, which is one of the crucial approaches in the management of sexually transmitted infections. In the same vein, their rights should not be infringed upon by making them undergo medical test by force as this may have unwholesome consequences on the status of students who test positive to sexually transmitted infections.

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