

Full Length Research Paper

The integration of sexuality education in secondary school Biology curriculum for sustainable development: Teachers perception

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The full participation and integration of adolescent boys and girls in secondary schools require proper management of their sexual and reproductive lives. This can be achieved through education, which remains virtually the only vaccine currently available for warding off risks of sexual infection. Three research questions guided the formulation of 30 item questionnaire. One hundred and two teachers from Owerri, Orlu and Okigwe educational zones of Imo state formed the sample population. The data generated was analyzed using percentage. Research findings support an association between high knowledge and positive attitude to sexuality education. 58.6% had adequate knowledge of the subject matter. However, 55.8% were willing to teach sexuality education while 37.2 and 24.5% indicated that, the possible barrier to the integration of sexuality education into the curriculum were parents and religious leaders respectively. The study recommends that, parents be sensitized on the benefits of sexuality education likewise religious leaders and curriculum planners should prepare a quality and comprehensive programme on sexuality education at the secondary school level.

Key words: Sexuality, education, integration, curriculum.

INTRODUCTION

About 50% of the world's population is under the age of 20 years and are at the highest risk of sexual and reproductive health problem; thus making sexuality the root of most sexual and reproductive health problems (Briggs, 1999). According to National Aids and STD Control Program (1996), 63% of all new HIV infections in Nigeria are among youths within 15 to 24 years and abortion is one of the consequences of insufficient information about HIV. The increasing population of adolescents in our society with inadequate information of sex education is witnessing an unprecedented "wound" in traditional rules and norms and behavioural controls, (Jinadu and odesammi 1993). The outcome is rampant rape, unwanted pregnancies, unsafe abortions, sexually transmitted diseases (STDs), Human Immuno Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and increasing number of multiple sexual partners

(CDC, 2007). Sex education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, contraception and other aspects of human sexual behaviour. Common avenues for sex education are parents or caregivers, school programs, and public health campaigns (The Guardian, 11 May, 2004).

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, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods (Collins, 2008). Sexuality education may be taught informally and formally. The informal means include receiving information through conversation with parents, friends, religious leaders or the media. It could also be delivered through self-help authors, sex columnists or through sex education website. Formal sex

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education occurs when schools or health care providers offer sex education. It could be a full course of the curriculum in junior high school or high school. Other times, it is only one unit within a more broad Biology class, Health class, Home Economics class or Physical Education class. Sex education in Africa has focused on stemming the growing AIDS epidemics. Most governments in this region have established AIDS education programs in partnership with WHO and international NGOs (http://web.archive.org/web/20070926084225/http://www.cdc.gov/healthyyouth/YRBS/pdf/trends/2005_YRBS_sexual_behaviours.pdf)(PDF).

In Asia, the state of sex education program is at various stages of development. Indonesia, Mongolia and South Korea have a systematic policy framework for teaching about sex within schools. But in China and Sri Lanka, traditional education consists of reading the reproduction section of Biology textbooks. In Japan, sex education is mandatory from 10 years of age, covering biological topics such as menstruation and ejaculation. In Finland, sexual education is usually incorporated into Biology lessons in lower grades and later in a course related to general health issues. In Germany, sex education has been part of curricula since 1970 and covers all subjects concerning the growing up process, body changes during puberty, emotions, biological process of reproduction, sexual activity, homosexuality, unwanted pregnancies, complications, and abortions, the dangers of sexual violence, child abuse and sexually transmitted diseases. In France, it has been part of school curricular since 1973 and schools are expected to provide 30 to 40 h of sex education to students in grades 8 and 9. Adolescents in changing times: Issues and perspectives for adolescents' reproductive health in the ESCAP Region (<http://www.unescap.org/esid/psis/population/icpd/sec7.a.sp>).

In North America, only 2 forms of sex education are taught, "Abstinence plus" and "Abstinence – only". The youths of today are the nation's human kind's future. Sustainable development requires full participation and integration of the youths, so that their sexual and reproductive lives can be managed responsibly. This can be achieved through education which has remained the only visible vaccine currently available for warding off the risks of sexual infections. The problems of adolescence which are sexuality and reproductive health are compounded by poor knowledge, ignorance and powerlessness. To this end, sexuality problems are passed from one generation to the next. The major factors contributing to this include: Opposition from parents, religious leaders and peer group influence. Social structure of adolescents, tradition and culture inhibiting free on sexuality education among adolescents.

The present educational system has ignored the introduction of reproductive health and sexuality education in the school curricula and neglected sexuality

education among adolescent students even in the content of health and family life education. The needs and rights of adolescents in this area have been largely ignored by the existing programmes in the educational systems and the society at large. This goes to say that, the reproductive education available to adolescent students in secondary schools is primarily the inaccurate and inadequate information from their peers and friends (GHART, 1999). To achieve these, there is the need to know how equipped the secondary school Biology teachers are in terms of knowledge, attitude and willingness to provide sexuality education to adolescent students, the barriers contributing to students not receiving information on sexuality education.

Purpose of the study

To investigate teachers perception on the integration of sexuality education in secondary school Biology curriculum in Imo state.

Research questions

- i. What are teachers' attitudes towards sexuality education?
- ii. Are teachers willing to teach sexuality education?
- iii. What are the barriers to teaching sexuality education?

METHODOLOGY

Subject

Participating in this study were 102 teachers from Owerri, Orlu and Okigwe educational zone of Imo State, Nigeria. From all the schools in orlu, Okigwe and Owerri zone, 34 Biology teachers were randomly selected from each zone using balloting with replacement methods. From the three research questions, a 20 item questionnaire was generated. The questionnaire was of two parts. Section A contains the biodata while section B contains the question items under three sub-headings: Knowledge, attitude and willingness to teach sexuality education.

Instrumentation

A twenty (20) item questionnaire was administered to a sample of 102 Biology teachers from Owerri, Orlu, and Okigwe educational zones. The question items focused on perception of knowledge, attitude, and willingness of these teachers in educating adolescent students on sexuality and barriers in disseminating correct information on sexuality education, and the items were placed on 4-point scale. The questionnaire was developed following a focused group discussion with seven Biology teachers. This was later modified following a specialist validation and data collected was analyzed using percentages.

RESULTS

The study shows that, 58.6% of the teachers have correct

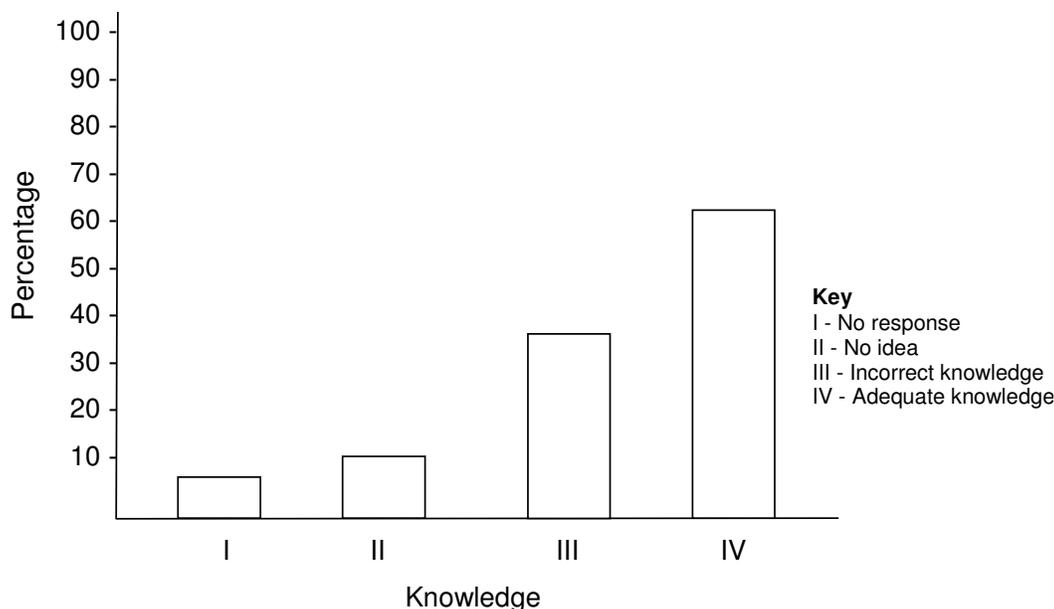


Figure 1. Distribution of respondents according to knowledge on sexuality education.

Table 1. Teachers' willingness to teach sexuality education.

Items	Frequency	Percentage
Willing	57	55.8
Somehow willing	27	26.4
Not too willing	11	10.7
Not willing at all	07	6.8
Total	102	99.7

knowledge on sexuality education while 30.6% had incorrect knowledge, 4.2 and 6.6% had no response and no idea at all respectively (Figure 1). Knowledge - 7 questions, willingness - 6 questions, barriers - 7 questions.

Willingness

Table 1 and Figure 2 shows that (55.8%) of teachers were very willing to teach sexuality education to adolescent students followed by (26.4%) sometimes willing to teach sexuality education, (10.7%) not too willing and (6.8%) not willing at all.

Attitude towards sexuality education

From the ten item questions about teachers' attitudes, positive attitude towards sexuality education was identified as the most common factor. 55.8% of teachers said that sexuality education will lead students to better

family and reproductive life while 26.4% indicating that, the least reason that it is too early to learn about sexuality and its related items.

Barriers

Table 2 shows that, most frequently mentioned barriers are parents (37.2%), followed by religious leaders (24.5%), tradition of secrecy (19.6%). The least was media (1.9%).

DISCUSSION

The findings show that high correct knowledge on sexuality education by teachers creates an avenue for adolescent students' better quality education on sexuality. This knowledge by the teachers might be attributed to in-service training of these teachers on sexuality education issues organized by the ministry of education and non-governmental organizations. This is in line with the results of a workshop organized by the family life and healthy at Alvan Ikoku Federal College of Education Owerri in 2010. The participants in this workshop were given questionnaires to fill, before and after the workshop. The outcome shows that after the workshop, the participants improved in their previous knowledge; hence, knowledge acquired through in service training workshops and seminars are routes of improving and equipping one with adequate and relevant information about sex education.

The positive attitude exhibited by teachers towards sexuality education in secondary school implies that, they

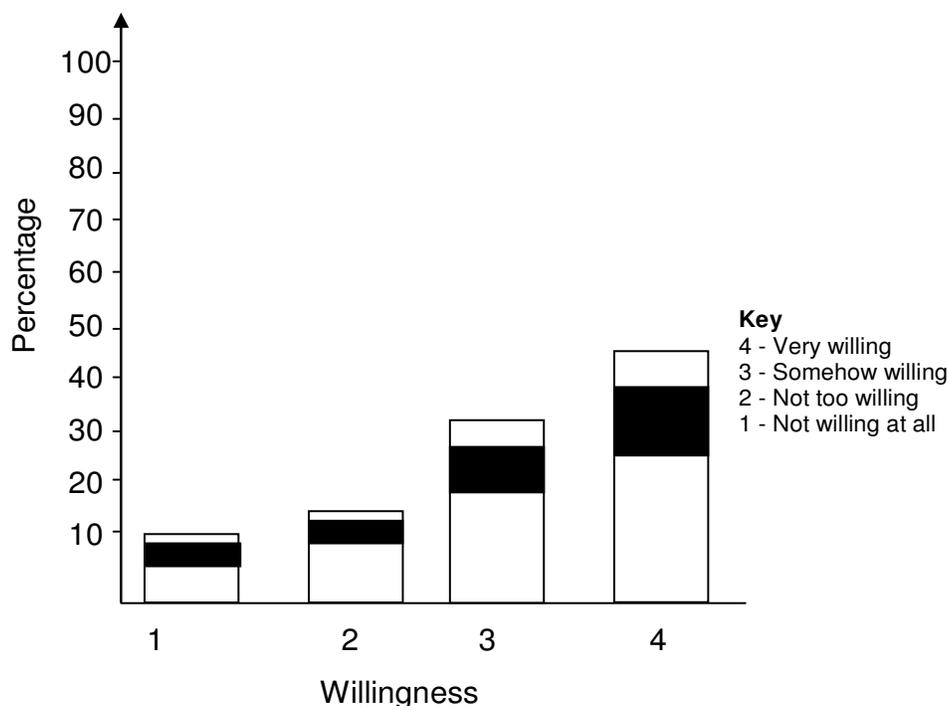


Figure 2. Willingness of the teachers to sexuality education.

Table 2. Distribution of respondents on barriers to information on sexuality education (SE).

S/No.	Possible barriers	Frequency	Percentage
1	Parents	38	37.2
2	Elders in the community	8	7.8
3	Religious Leaders	25	24.5
4	Adolescent peers and friends	4	4.0
5	Media	1	1.9
6	Teachers	5	4.9
7	Tradition of secrecy	20	19.6
	Total	102	99.9

are fully committed to teaching sexuality education. This is in line with Akinkpelu (1981), Nzewi et al. (1995) who opined that, teaching is a deliberate effort by an experienced person to impart information, knowledge and skill to a less experienced person through a process that is morally and pedagogically acceptable. The willingness of teachers to teach sexuality education implies total dedication and this can contribute to solving problems of high-risk behavior exhibited by adolescents' students in secondary schools. Irvin (2000) maintained that, parents have long served as constraints and are naive to inform their adolescents on reproductive issues. Likewise, Adewale (1976) affirmed that northerners in Nigeria exhibit negative attitude towards sex education because of their religion and culture. They strongly

believe that the introduction of sex education in schools will make students to experiment with sex before marriage, which is contrary to their culture and religion. The result of this study accords well with it. Parents and religious leaders have posed the greatest barrier in sexuality education, believing that teaching of sexuality education encourages promiscuity and negative life style.

RECOMMENDATIONS

i) Curriculum planners should include quality and comprehensive programme on sexuality education in the secondary school curricula and utilize Biology, Health science and Integrated Science teachers for its effective

and meaningful implementation.

- ii) Parents should be sensitized on the benefits of sexuality education to their children.
- iii) Religious leaders should be informed that sexuality education is not a catalyst for immorality.

LIMITATIONS OF THE STUDY

Due to constraint of time, finance and literatures, the study was limited to Imo state.

Conclusion

Sexuality education is one of the major avenues in passing accurate information which will help youths in secondary schools to integrate sex in their lives in a responsible and constructive manner and prevent unwholesome conditions like prostitution, promiscuity, unwanted pregnancies, STDs amongst others in our contemporary communities. The thrust from this study is clear. Sexuality education should be an integral part of the secondary school curricula and be taught by Biology, Integrated Science and Health Science teacher or pay later in terms of aforementioned unwholesome conditions. Hence, all hands must be on deck to ensure that unwholesome barriers do not hinder sexuality education in secondary schools.

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