

Ibadan Journal *of the* Social Sciences

Contents

Anti-Corruption Reforms and Democratic Change: Nigeria and Indonesia in Comparative Perspective

David U. Enweremadu

Effects of Trade and Exchange Rate Policies on Imports and Trade Tax Revenue in Nigeria

Adeolu O. Adewuyi

Estimating the Effects of HIV/AIDS on Orphanhood and School Enrolment in Sub-Saharan Africa

Roseline O. Ozegbe and M. Adetunji Babatunde

Sociological Investigation of the Use of Casual Workers in Selected Asian Firms in Lagos, Nigeria

Emeka Okafor

Factors Influencing Sex Education for In-school Adolescents in Ibadan, Nigeria

Ezebumwa E. Nwokocho

Remote Sensing Analysis of the Spatio-temporal Growth of Ibadan City between 1984 and 2006

Olalekan John Taiwo

HIV Risk-taking Behaviours as Consequences of HIV Knowledge and Perceived Risk of HIV among University Undergraduates

Peter O. Olapegba and Victor Seun Ladeinde

Psycho-social Predictors of Satisfaction with Formal Mentoring Relationship in the Banking Sector

David E. Okurame

VOLUME 8 / NUMBER 1 / MARCH 2010

**FACULTY OF THE SOCIAL SCIENCES, UNIVERSITY OF IBADAN
ISSN 1597 5207**

Complimentary copy
E. O. Okafor

Ibadan Journal of the Social Sciences

Volume 8/ Number 1/ March 2010

Contents

Anti-Corruption Reforms and Democratic Change: Nigeria and Indonesia in Comparative Perspective <i>David U. Enweremadu</i>	1
Effects of Trade and Exchange Rate Policies on Imports and Trade Tax Revenue in Nigeria <i>Adeolu O. Adewuyi</i>	11
Estimating the Effects of HIV/AIDS on Orphanhood and School Enrolment in Sub-Saharan Africa <i>Roseline O. Ozegebe and M. Adetunji Babatunde</i>	31
Sociological Investigation of the Use of Casual Workers in Selected Asian Firms in Lagos, Nigeria <i>Emeka Okafor</i>	47
Factors Influencing Sex Education for In-school Adolescents in Ibadan, Nigeria <i>Ezebunwa E. Nwokocha</i>	63
Remote Sensing Analysis of the Spatio-temporal Growth of Ibadan City Between 1984 and 2006 <i>Olalekan John Taiwo</i>	75
HIV Risk-taking Behaviours as Consequences of HIV Knowledge and Perceived Risk of HIV among University Undergraduates <i>Peter O. Olapegba and Victor Seun Ladeinde</i>	91
Psycho-social Predictors of Satisfaction with Formal Mentoring Relationship in the Banking Sector <i>David E. Okurame</i>	99

Factors Influencing Sex Education for In-school Adolescents in Ibadan, Nigeria

Ezebunwa E. Nwokocha

Department of Sociology, University of Ibadan, Ibadan, Nigeria

It is common among Nigerian parents to prevent their adolescents from receiving information about sexuality, believing, erroneously, that ignorance would enable them maintain chastity. Often, this overlooked aspect of essential family responsibility is taken over by peers who usually give false, incomplete and misleading sexual orientation. Consequently, adolescents with poor assertive skills engage in premarital sex and face the concomitant effects, such as unplanned pregnancy, abortion, sexually transmitted infections including HIV, dropping out of school, among others. This study therefore examined the factors influencing life-saving education among in-school adolescents in Ibadan, in order to understand the context of silence that pervades the sexuality information corridor. Quantitative data were collected through a multistage sampling technique, beginning with the random selection of six schools. Each of the schools was stratified into junior and senior classes, and from these strata, 800 respondents were chosen using the simple random method. In addition, 15 in-depth interviews (IDIs) were conducted among a cross-section of Ibadan residents. Results indicated that the majority of respondents whose mothers were engaged in private businesses have a more negative attitude towards sexuality education than those whose mothers are either civil servants, professionals or lecturers/teachers. The parents' level of education showed a consistent association with perception about sexuality education; those with the lowest level of education had the lowest percentage (28.6%) of positive perception towards such education, while those with the highest education represent those with the highest percentage (60%) of positive perception. Factors that affect sex education are multiple and require intervention at different levels to make it an integral part of socialization, both at home and in school.

Key words: Chastity, sexual orientation, life-saving education, premarital sex, information corridor.

Background

Adolescence is the bridge between childhood and adulthood and, therefore, an important period of knowledge acquisition, attitude molding and behaviour exhibition. Most studies on adolescent health behaviour focus on their sexuality, which perhaps conjures more complexities than other aspects of adolescent discourse. For instance, Munthali and Zulu (2007) noted that due to their exploratory tendencies, adolescents are uniquely vulnerable to sexually-transmitted infections, including HIV/AIDS, and considering that their exposure to out-of-wedlock sex has been increasing over time, renewed academic focus on adolescent

sexuality is profoundly justified. Indeed, a combination of social, economic and psychological factors expose adolescents to higher risk of facing the consequences of the pandemic, which are growing both in magnitude and complexity (Yeatman, 2009).

Literature abound on some of the factors that impinge on adolescent vulnerability to sexually-transmitted infections (STIs). For instance, the role of socio-cultural and behavioural factors, socialization, sex education and contraceptive services, sexual abuse, ignorance and peer pressure on risky-behaviour of adolescents have been examined (Hindin and Falusi 2009; Harrison, Cleland and Frohlich 2008). In addition, it has been noted that limited

knowledge and experience among adolescents make them less confident and skilled to take measures necessary to avoid unsafe sex (Juarez and LeGrand, 2005). Smith (2004) observed that young Nigerians have conflicting feelings about premarital sex, either as immoral or part of modern life; most are swayed on the side of the latter by peer pressure, a situation that calls for strong parental emphasis on adolescent moral behaviour.

Till date, sex education is a controversial issue in most Nigerian groups, notwithstanding that the burden of HIV/AIDS and other STIs is alarming and requires greater openness and commitment by stakeholders (Madunagu, 2007). Like in some other less-developed countries, most parents in Nigeria feel shy discussing sex-related issues with adolescents. This is reinforced by cultural attitudes and the notion that it is inappropriate for parents to discuss such issues with their children (Buckley, Barrett and Arminkin, 2004). It has been pointed out that because most parents were not educated on sexuality by their own parents, they lack the requisite knowledge and capability to transmit relevant awareness to adolescents (Utomo and McDonald, 2009). As apparent as the situation seems, many parents hardly admit that adolescents engage in voluntary sexual intercourse, although some of them are victims of sexual violence and forced sex, particularly girls (Biddlecom et al, 2008). As observed by Hindin and Falusi (2009), young people may engage in unprotected sex for fear of the possible side effects of contraceptives and misinformation about the actual consequence of being involved in risky sexual encounters. Wherever these misconceptions may have emanated from, Bracher, Santow and Watkins (2004) have noted the role of condoms in preventing HIV and others STIs.

Research indicates that adolescents who perform poorly in school may likely engage in risky sexual behaviours which, in the long run, may lead to general poor academic performance (Juarez et al, 2008), unless in unconventional situations where these adolescents are able to pay their way through. Such seeming ability may also be a function of involvement in transactional sexual encounters,

usually with older partners. Hallet et al (2007) have noted that young girls that engage older men in sex are unlikely able to insist on the use of condoms.

The consequences of ignorance about sexuality, especially for females, include: unplanned pregnancies, abortions and deaths, among others. Bongaarts and Westoff (2000) observed that an estimated 46 million induced abortions are performed yearly, making the total number of unintended pregnancies 79 million annually. In Nigeria, an estimated 610,000 women engage in illegal-induced abortions every year (Oye-Adeniran et al, 2002). Most of these abortions are unsafe as a result of poor skills among providers, hazardous techniques and unsanitary facilities (Berer, 2002). As Becker et al (2002) noted, complications from unsafe abortions lead to about one-fifth of all maternal deaths. Study has shown that induced abortion in Nigeria accounted for 20,000 of the estimated 50,000 annual maternal deaths and, as such, the single largest contributor to maternal mortality (Otoide et al, 2001). Research from southwest Nigeria indicates an incidence ratio of 20-30 induced abortions per 100 live births (Henshaw et al, 1998; Okonofua et al, 1999).

The above figures affirm the position of Upadhyay (2001), that many women engage in induced abortion due to their inability to make informed choices. A study by Amobi and Igwegbe (2004) among pregnant adolescent girls revealed that virtually all of them had sex for material gains. However, Biddlecom et al (2008) revealed that most studies of abortion in Africa found that most adolescents linked their involvement in abortion with their wish to remain in school. In Ibadan, multiple complications from illegally-induced abortion were reported in a study of 840 patients. Of that number, 59 patients (7%) died as a result of these complications (WHIO, 1998). It was also pointed out that some of the survivors had permanent disabilities. Other consequences of poorly-performed abortions are related to the high incidence of ectopic pregnancy, premature delivery and increased risks of spontaneous abortion in subsequent pregnancies (WHIO, 1998; Solo et al, 1999).

Apart from unwanted pregnancy and abortion, sexually-transmitted infections have a strong association with sexuality knowledge, which covers several aspects of human sexual relationships and behaviour. Sex education for family members, especially among vulnerable groups, will ensure that HIV/AIDS, which poses an acute threat to public health, particularly in sub-Saharan Africa (Yeaman 2007), is significantly curtailed. Study shows that 70% of HIV/AIDS-infected persons live in sub-Saharan Africa, where the burden is most felt due to financial inadequacy and poor logistics (Kehinde and Lawoyin 2005; UNAIDS 2002). Brockway (2007) insists on greater awareness and responsibility to offset the catastrophe.

Adolescents with little or no sex education usually engage in risky premarital sex (Sauvain-Dugerdil et al, 2008), and face two immediate dilemmas – STIs (Bongaarts 2007) and unwanted pregnancies. There are indications that young people in Nigeria are increasingly-linked to risky sexual behaviours, exemplified by casual sex encounters and keeping multiple partners (Mberu, 2008). Bankole et al (2007) summarized the consequences of failure at sex education for young persons thus:

An estimated 4.3% of young women and 1.5% of young men aged 15-24 years in sub-Saharan Africa were living with HIV at the end of 2005 and 9-13% of young women had given birth by age 16. Clearly, young people need access to protective information and skills before they become sexually-active in order to reduce their risk of contracting HIV and other sexually-transmitted infections (STIs), and of experiencing unintended pregnancies and very early childbearing. The key challenge is to determine what specific information to give very young adolescents, from what sources, at what ages and in what ways.

Perhaps, these issues explain the low comfort level in educating young persons about sex among parents and guardians. The increasing acquaintance

adolescents with information and communication technology (ICT) in Nigeria, since the first decade of the twenty-first century, has widened their frontiers of sexual information. Several young people access sexually-explicit materials through the internet, entertainment and print media (Utomo and McDonald 2009), notwithstanding cultural or religious injunctions against adolescent exposure to damaging information. Experience has shown that the email, Facebook, Twitter and blog, among other internet facilities, instead of bridging sex-knowledge gaps between the past and present generations of adolescents, are currently being utilized by most young people, especially in urban centres, to spread the *gospel of iniquity* and in a manner that heightens their vulnerability to risky behaviour. Thus, instead of getting deterred from initiating sexual activity through the knowledge of the risk of acquiring HIV/AIDS, that should have been gained from these facilities, most adolescents are swept in by exuberance, peer pressure and the bandwagon effect.

This study examines the extent at which being silent about sex education encourages chastity among in-school adolescents in the study area. It also examines the relationship between parents' education, occupation and religion, and sexuality education in the thematic group. Two theoretical perspectives – functionalism and ethno-methodology, are adopted in explaining sex education among adolescents, who are an integral part of both family and society. This study will make important contributions to programmes that target the attitude and behaviour of parents and others towards sex education for adolescents in Nigeria. The findings could be used as a policy instrument, given that in Nigeria, till date, there are no clear-cut government policies aimed at promoting sex education among young people.

Theoretical Framework

A family is made up of several interacting components that work separately but interdependently; a system that comprises subsystems that necessarily cohere for goal attainment. As such, failure or weakness of any of these parts impinges negatively not only on the problematic sub-

unit but also on the entire system. Ostensibly, the inability of the family institution to discharge one of its fundamental functions, which is socialization, satisfactorily makes for lacuna in knowledge. This gap may create little challenge in few cases. In several instances, however, especially in matters that relate to health, morbidity and vulnerability to risky behaviours, such knowledge gaps could dislocate the locus of family existence and by extension, the society.

At the level of sub-systemic analysis, socialization encompasses different aspects ranging from folkways, mores, eating habits, sexuality to dressing patterns, among others (Haralambos and Holborn, 2004). It is the vehicle for transmitting family and societal norms, values, beliefs, practices and any other capabilities and habits that should be acquired by an individual as a member of a society (Oke, 2009; Macionis and Plummer, 2005; Haralambos and Holborn, 2004). For some reasons, families do not always give their members a comprehensive socialization package. The implications are enormous, both in the immediate and long-run, and often surpass the initially feared effects of such orientation. For instance, literature has shown that parents/guardians who withhold sex education from young family members on the erroneous assumption that it would bolster chastity end up exposing these children to damaging peer pressure and education, (Sauvain-Dugerdil et al, 2008; Bankole et al, 2007; Henslin, 2007).

When sex education is excluded from the content of socialization, young family members would not have the sufficient empowerment to deal with sex-related pressures they may confront in daily life, especially in a rapidly-changing society such as Nigeria. Such exclusion is at best dysfunctional, since it may engender harmful outcomes that could destabilize the individual, family, and the social system (Henslin, 2007; Schaefer, 2005).

Ethno-methodology engages issues related to understanding the critical nature of sex education in situating adolescents firmly within the normative dictates of society. The perspective supposes that the

most effective strategy for overcoming the inadequacies related to the formation of attitude and behaviour among individuals in a society, especially those in communities with records of disorganization, is to design idiosyncratic methods of survival. The uniqueness of such common-sense strategy relative to individuals is in the underlying persuasions that define their motives, expectations and limitations. For instance, individuals and families with adequate understanding of the contexts in which they operate could adopt specific mechanisms to cope with rapid moral, socioeconomic and political changes (Pfohl, 1994).

With specific reference to the consequences of moral decay in society, families are expected to socialize their members to effectively ward-off destabilizing peer pressure. Comprehensive sex education that encompasses understanding of bodily changes, such as puberty, menarche, menstruation and ovulation, and assertiveness and negotiation skills would translate to one of these common-sense strategies (Ritzer, 2008). It is meant primarily to equip the youth and, in particular, adolescents against exposure to risky behaviours, including unprotected premarital sex, which leads to anti-normative activities and consequences such as unwanted pregnancies, abortions and sexually transmitted infections.

Materials and Methods

The study adopted a cross-sectional research design. Fieldwork was carried out mainly among adolescents between ages 10-19 in selected secondary schools in Ibadan. Data were collected using both quantitative and qualitative techniques for complementarity and robustness. A multistage sampling method was adopted for quantitative data collection. Ibadan North Local Government (LGA) was randomly-selected from a cluster of 11 local governments that make up Ibadan. The next stage involved a random selection of six schools, namely: Oba Akinbiyi Grammar School, Abadina College, Orogun Community Grammar School, International School, Bodija Secondary School, and St. Louis School. In each of the selected schools, the students were stratified into two major

academic levels: junior and senior classes, to ensure inclusiveness. From each major stratum, some classes were randomly-selected. Class registers were used as a sampling frame from which 800 respondents were eventually selected through simple random technique. However, 792 questionnaires were returned, representing a return rate of 99%. Fifteen in-depth interviews (IDIs) were conducted with different respondents comprising: 3 teachers, 6 parents (3 mothers and fathers each), 2 religious leaders, and 4 students. The inclusion of IDIs was primarily based on the willingness of the respondents to respond to the thematic issue, given that sex education is a general public health and social issue and, thus, does not require respondents to have some specialized expertise before they are included as interviewees. It was also necessary to engage different categories of respondents in order to generate a wide-range of views from various segments of the society.

Quantitative data were edited and cleaned to eliminate inconsistencies that could undermine validity. Data generated from pre-coded, open-ended and fixed-choice questions were entered using the Microsoft Access software in order to minimize data entry error and to ensure effective data management. These data were finally analysed with the Statistical Package for Social Sciences (SPSS). A descriptive analysis of data was undertaken using univariate frequency distribution and cross-tabulation of variables, whose associated influence impact strongly on the study. Qualitative data were analysed using manual content analysis. The procedure began with the transcription and translation of tape recordings from the in-depth interviews. The next step involved the isolation of responses that were relevant to the study objectives. This method ensured that aspects of qualitative data were included in the analysis only, on the basis of their relevance to the research.

Both qualitative and quantitative data were jointly presented. Ethical considerations were emphasized throughout the fieldwork. Participation was based on informed and voluntary consent. Consequently, the respondents were not only at liberty to discontinue their participation at any point during the exercise,

their confidentiality and opinions regarding questions perceived as impinging on their privacy were fully respected.

For this study, 'Perception' and 'Attitude' are either positive or negative. They are regarded as positive when thoughts, opinions and feelings that inform parent's and guardian's behaviour support sex education for adolescents; It is negative on the other hand, when views, impressions and way of thinking discourage exposure of youths to sex education.

Results and Discussion

Table 1 displays information on selected socio-demographic profiles of respondents. About 57% of the respondents were female, while 43% were male. As expected, a large majority of the respondents are of Yoruba extraction, representing about 82% of the sample population, considering that Ibadan is predominantly inhabited by the Yoruba.

Table 1. Selected Socio-demographic Characteristics of Respondents

Characteristics	Frequency (n= 792)	Percent
Sex		
Male	340	42.9
Female	452	57.1
Academic Level		
Junior Secondary School	390	49.2
Senior Secondary School	402	50.8
Ethnicity		
Yoruba	648	81.8
Igbo	94	11.9
Hausa	16	2.0
Other	34	4.3
Religion		
Christianity	534	67.6
Islam	246	31.1
Other	10	1.3
Any of Parents' Highest Education		
No formal education	14	1.9
Primary school	34	4.5
Secondary school	146	19.6
Tertiary school	550	74.0
Mothers' Occupation		
Private/personal business	504	65.7
Civil servant	52	6.8
Professional	50	6.5
Nurse	32	4.2
Lecturer/Teacher	130	16.9

A majority of the respondents belong to the two dominant religions in Nigeria, with Christianity recording the highest percentage (67.6%). About 74% of the respondents' parents had tertiary school education, while about 2% did not have formal education. Table 1 further indicates that 65.7% respondents' mothers are involved in personal business, 17% are either lecturers or teachers, and only about 7% are civil servants, a sharp contrast from the high percentage of parents that had tertiary level education. Table 2 displays data on the respondents' knowledge of sex education. The responses suggest a huge gap in knowledge among respondents, given that critical issues such as developmental stages and the usual worrisome changes, including menarche, ovulation and pubic hairs, that characterize adolescence were not mentioned. In addition, the importance of assertiveness and the necessary empowerment to openly discuss sexuality issues with significant others was de-emphasized.

Table 2. Distribution of respondents by knowledge of sex education

Questions	Frequency	Percent
Have not heard anything	318	40.2
Unprotected sex leads to STIs	54	6.8
Risky sex behaviour can result in unwanted pregnancy	12	1.5
Premarital sex is bad	382	48.2
It is fun to have sex	26	3.3
Total	792	100.0

Table 2 indicates that as high as 40% of the respondents reported not to have heard, and by implication, learnt anything through such education. This is typical of many Nigerian homes where it is somewhat anathema for parents to engage in sexuality discourse with their wards, even among adult family members. This corroborates the views of some IDI respondents as vividly captured by one of the male interviewees:

I do not remember any occasion when my wife or I engaged any of our children in

sexuality discourse . . . what do you want them to know other than information that would be damaging? In fact, if by chance they (wards) come in when such discussion is going on, we stop automatically in order not to feed them with what is not necessary... it would be a great mistake for parents to teach young members of their family about what should be reserved exclusively for adults.

Indeed, such notion depicts ignorance and constitutes an antithesis to attempts at perceptual, attitudinal and behavioural re-orientation, towards emphasis on sex education as part of family socialization. Members of such families do not receive these life-skill briefs as they are conceived as unnecessary and are inevitably exposed to manipulation by peers. The study found that even among adults, such orientation is not given; a view shared by most respondents. One of the mothers interviewed stated:

In our days as adolescents, there was no such thing as sex education... we were never eventually given such orientation even as adults. Such discussions were treated as sacred and meant only for married people who in the course of pre-wedding counselling are taught some of these things. I do not intend to depart from those old ways because compared with the new generation, I would tell you confidently that ours was much more morally upright. For me, it is enough justification to hold the old ways.

Such response suggests a need for reorientation of parents and guardians to appreciate the generational differences in development, technology and access to information, among others. Perhaps more than any time in history, sex education for adolescents has become imperative to balance out the effects of dangerous information that young people access from the electronic and print media, especially the internet. As such, even if silence as a strategy worked in the past, rapid social change and events in Nigeria indicate that counteracting sexual orientation at a

corresponding pace would stem the tide of eroding sexual values among adolescents. The major challenge would, however, be how to effectively devise strategies to untangle some of these parents from the web of perceptual and attitudinal conservatism brought about by several years of culture of silence towards sexuality.

Table 3 shows respondents' sources of sex education. Interestingly, over 20% did not identify any source, probably because none made recognizable impression on these respondents to be so identified. As expected, about 31.6% stated that their parents or guardians are their main source of sex information. However, this relatively low percentage is a clear indication that parents have failed in this necessary responsibility.

Table 3. Distribution of respondents by main source of knowledge about sexuality

Source of knowledge	Frequency	Percent
Parents/guardians	250	31.6
Friends and peers	122	15.4
Mass media	202	25.5
Other sources	58	7.3
Not identifiable source	160	20.2
Total	792	100.0

About 25.5% of the respondents identified the mass media as their main source. Indeed, a number of factors make this claim doubtful for two main reasons. First, poor newspaper reading culture in Nigeria is pervasive and, more particular, among the adolescents. Second, electric power supply is grossly epileptic in Ibadan, as in other cities in the country, to enable consistent and sustained access to electronic media among household members. Moreover, due to the over-arching effect of poverty, several families are unable to procure computers to enable them access relevant information on the internet. Table 3 also indicates that the respondents whose main sources are friends and peers constitute about 15%, which is quite high, considering, as has been argued, that these peers are likely to educate mates wrongly (Sauvain-Dugerdil et al, 2008; Bankole et al, 2007;

Henslin, 2007). Some IDI respondents opined that parents should be the main source of sex education among adolescents. One of the teachers interviewed noted that:

Parents should undertake the responsibility of educating their wards on sexuality issues because it is not part of secondary school curriculum and therefore not taught. What some of us who feel strongly about it do is to mention some of the issues in passing, which is not the same as teaching it formally... imagine what it will look like for neither parents nor teachers to educate young ones on this very important aspect of life saving education.

Table 4 is a cross-tabulation of parents' educational level and perception about sexuality education, which shows a consistent association at significance value of 0.001.

Table 4. Parents' level of education and perception about sex education

	Perception about sexuality education (n = 792)	
	Negative	Positive
No formal education	71.4%	28.6%
Primary school	70.6%	29.4%
Secondary school	60.3%	39.7%
Tertiary	40.0%	60.0%
Total	46.0%	54.0%
Pearson Chi square (df)	15.935(3)	
Significance Value	0.001	

Table 4 indicates that as parents' level of education increased, their perception about sexuality education became progressively more positive. For instance, about 28.6% of those with no formal schooling perceived such education positively, while 29.4% of those with primary school education had a similar perception. The less than 1% negligible disparity between these categories of parents suggests that differences in the level of awareness and perception between these groups are vague. This is

explainable by decades of decay in Nigeria's educational system, especially at the primary school level. Although the decadence also manifests at both the secondary and tertiary levels, a combination of age, exposure and access to information among others contribute to parents' positive perception towards sexuality education.

Table 5 contains information on the occupation of the respondents' mothers and their perception about sex education. Unlike table 4, an association could not be established because it would be difficult to grade these occupations hierarchically. The difficulty relates to establishing objective criteria for classification of these human activities. Sources of subjectivity may include, among others, belief, aspirations, orientation and awareness. As such, these occupational categories have not been arranged schematically to show any form of order. Therefore, each category is examined in the context of negative or positive perception towards the thematic issue.

Table 5. Mothers' occupation and perception about sex education

	Perception about Sexuality Education (n=792)	
	Negative	Positive
Private business	51.6%	48.4%
Civil servant	26.9%	73.1%
Professional	39.0%	61.0%
Lecturer/Teacher	36.9%	63.1%
Total	46.19	53.9%
Pearsons Chi square (df)	22.267(9)	

The highest percentage of negative perception towards sex education was among mothers involved in private businesses (51.6%). In a way, it confirms the result from table 4 that education is strongly-related to perception about sex education given that most people in private businesses have less education compared to other occupation categories. On the contrary, about 73% of mothers who are civil servants have a positive perception towards sex education, which is the highest in the positive-perception category. Although, 63% of

lecturers/teachers were reported to have a positive attitude, which is the second highest, it would have been expected ordinarily that the latter, given their level of exposure, would have had the highest percentage of positive perception and attitude to sex education. The grading of religious groups is not feasible in analysing table 6, considering that hierarchical ordering of these groups would not only be erroneous, but also misleading.

Table 6. Respondents' religion and perception about sex education

	Perception about Sexuality Education (n= 792)	
	Negative	Positive
Christianity	59.2%	40.8%
Islam	43.1%	56.9%
Other	20.0%	80.0%
Total	53.7%	46.3%

Table 6 shows that about 59% of Christian-respondents perceive sex education for adolescents negatively, while 43% of Muslims had a similar perception. These figures clearly indicate that religion is an integral part of culture, which at the level of conservatism, notwithstanding changes in taste and fashion, sustains primordial views and sentiments. As such, since most people identify with religious groups, targeting the latter for intervention could prove an effective entry point for sustained attitudinal change towards positive predisposition to sex education among relevant individuals, families and communities. The students expressed mixed opinion about sex education for young people. One of them noted:

I do not think that receiving sex education from our parents is any longer necessary... In their days, even though their own parents may not have educated them on sex, moral norms regarding chastity were quite strong and people did not have alternatives to complying. As a result, their own parents I guess did not worry much about teaching them; consequently, they were and still are

bereft of sexuality knowledge... some of them however pretend withholding such knowledge when in actual fact they are ignorant. This was the view of one of our counsellors which I think is correct.

While it is agreed that ignorance among parents may be a factor in their unwillingness or negative attitude towards sex education for young people, some parents with highest levels of education and varied experience are also entangled in the cycle of silence. Another student IDI respondent however noted that even though a lot of changes have taken place, parents and guardians are still needed for sex education to make the desired impact. She stated:

Even if we think that sexuality knowledge has gone beyond our parents due to the quantum of information sources at our disposal... their role is still important, for without their approval and support most of us would not be comfortable discussing sex related issues freely... it then means that the secrecy would continue to the extent that siblings may not be able to engage the issues themselves for fear of sanction from non-approving parents.

Indeed, most of these parents usually take responsibility for the general upkeep of their children who, due to the high rate of unemployment in Nigeria may continue to depend on them, even far into adulthood. Unlike societies where a large majority of adolescents are expected to become almost completely independent at age 18, in Nigeria, with the increasing age of dependence, the opinions of parents and guardians on virtually all issues matter. As such, the latter's manifest or latent role in sex discourse is critical to achieving openness that is needed to demystify the silence that characterizes family and household interaction on the thematic issue. Even in situations where young people fend for their parents and the entire household, they still abide by norms that emphasize respect for elders. In most Nigerian cultures, these norms are quite strong that the feelings and opinions of parents are hardly ignored.

Recommendations and Conclusion

The motivation for studying sex education among adolescents in Nigeria derives from the high incidence of STIs and premarital pregnancy and its concomitant effects among this cohort of youth. Misconceptions about making sex education an integral aspect of socialization for family members are embedded in the culture of silence that pervades most groups in Nigeria, wherein individuals learn mainly by observation and intuition rather than through deliberate transmission of knowledge.

The failure of most Nigerian families to equip its members with life-saving skills is explainable by genuine ignorance. The consistent association of formal education with the predisposition to sexual orientation of young family members suggests that parents with low levels of education should be encouraged to embrace sexuality discourse as an essential component of socialization. The real task would be on how to identify and design an effective strategy for debriefing these parents who, for the most part, have already formed a strong opinion on the issue.

We recommend the bottom-top approach, wherein sexuality discourse is initiated and/or catalyzed by young family members. In the latter sense, the shackles of ignorance and low comfort level that undermine family responsibility towards sex education for adolescents could be broken. This would require a young population that fully understands the essence of such education and courageously attempts to engage their parents on the issues. This could become the code for breaking the silence. The challenge presented by this strategy, however, is related to the supreme authority of most parents and, in particular, fathers, in all family matters, as prescribed by the patriarchal ethos to the extent that women and children are relatively voiceless. Overcoming this basic challenge requires courage and conviction that may emanate from other agents of socialization, such as school, religion, etc.

Such courage and deeper understanding can be achieved when educational curricula are carefully designed to accommodate multifaceted sexuality

issues. In addition, vigorous advocacy and sensitization should be undertaken among school teachers, for adequate and comprehensive implementation, to the extent that they would be comfortable with the teaching of all aspects of the curricula. Students would likely take the subject very seriously when it is interesting and considering that it would be part of their overall assessment. To further ensure that the subject is preferred among students, prizes could be coveted for excellence. For the most part, the approach would demystify, as well as destigmatize the notions that are attached to sex education.

We state that laudable as introducing sex education to school curricula may seem, the procedure for its implementation must recognize the peculiarities of contexts, as the surest way for its sustenance. It must be noted that it would be more catastrophic for schools not to sustain the teaching of sexuality, once it is started, than not starting the course in the first place. Introducing adolescents to sex education and abandoning them along the line would automatically translate to invitation to exploration, which would ultimately lead to risky behaviours.

References

- Amobi, I. and A. Igwegbe (2004). Unintended pregnancy among unmarried adolescents and young women in Anambra State, South East Nigeria. *African Journal of Reproductive Health* 8(3):92-102.
- Bankole, A., A. Biddlecom, G. Guiella, S. Singh and E. Zulu (2007). Sexual behavior, knowledge and information sources of very young Adolescents in four sub-Saharan African countries. *African Journal of Reproductive Health* 11(3): 28-43.
- Becker, D., S.G. Garcia and U. Larsen (2002). Knowledge and opinions about abortion law among Mexican youth. *International Family Planning Perspectives* 28 (4): 205-213.
- Berer, M. (2002). Making abortion safe: A matter of good public health policy and practice. *Reproductive Health Matters* 10 (19): 31 - 44.
- Biddlecom, A., R. Gregory, C.B. Lloyd and B.S. Mensch (2008). Associations between premarital sex and leaving school in four sub-Saharan African countries. *Studies in Family Planning* 39(4): 337 - 350.
- Bongaarts, J. (2007). Late marriage and the HIV epidemic in sub-Saharan Africa. *Population Studies* 61(1): 73-83.
- Bongaarts, J. and C.F. Westoff (2000). The potential role of contraception in reducing abortion. *Studies in Family Planning* 31(3): 193 - 202.
- Bracher, M., G. Santow and S.C. Watkins (2004). Assessing the potential of condom use to prevent the spread of HIV: A microsimulation study. *Studies in Family Planning* 35(1):48-64.
- Brockway, G.M. (2007). Routine testing for HIV/AIDS in sub-Saharan Africa: A philosopher's perspective. *Studies in Family Planning* 38(4): 279-283.
- Buckley, C., J. Barrett and Y.P. Arminkin (2004). Reproductive and sexual health among young adults in Uzbekistan. *Studies in Family Planning* 35(1): 1-14.
- Hallet, T.B., J.J.C. Lewis, B.A. Lopman, C.A. Nyamukapa, P. Mushati, M. Wambe, G.P. Garnett and S. Gregson (2007). Age at first sex and HIV infection in Rural Zimbabwe. *Studies in Family Planning* 38(1): 1-10.
- Haralambos, M. and M. Holborn (2004). *Sociology: Themes and Perspectives*. 6th edition. London, Collins.
- Harrison, A., J. Cleland and J. Frohlich (2008). Young people's sexual partnership in Kwazulu-Natal, South Africa: Patterns, contextual influences and HIV risk. *Studies in Family Planning* 39(4):295-308.
- Hindin, J. M. and A.O. Falusi (2009). Adolescent sexual and reproductive health in developing countries: An overview of trends and interventions. *International Perspectives on Sexuality and Reproductive Health* 35(2):58-62
- Henshaw, S.K., S. Singh, B. Oye-Adeniran, I.F. Adewole, N.N. Iwere and P. Cuca (1998). The incidence of induced abortion in Nigeria. *International Family Planning Perspectives* 24(4): 156 - 164.
- Henslin, J.M. (2007). *Sociology: A down-to-earth approach*. 8th edition. Boston: Pearson.
- Juarez, F., T. LeGrand, C.B. Lloyd and S. Singh (2008). Introduction to the special issue on adolescent sexual and reproductive health in sub-Saharan Africa. *Studies in Family Planning* 39(4): 239-244.
- Juarez, F. and T. LeGrand (2005). Factors influencing boys' age at first sex intercourse and condom use in the Shantytowns of Recife, Brazil. *Studies in Family Planning* 36(1): 57-70.
- Kehinde, A.O. and T.O. Lawoyin (2005). STI/HIV co-infections in UCH, Ibadan, Nigeria. *African Journal of Reproductive Health* 9(1): 42-48.
- Macionis, J.J. and K. Plummer (2005). *Sociology: A Global Introduction*. 3rd edition. Harlow, England: Pearson.
- Madunagu, B. (2007). *Women's health and empowerment*. Speeches, essays and lectures. Calabar: Clear Lines Publications.
- Mberu, B.U. (2008). Protection before the harm: The case of condom use at the onset of premarital sexual relationship among youths in Nigeria. *African Population Studies* 23(1): 57-83.
- Munthali, A. and E.M. Zulu (2007). The timing and role of initiation rites in preparing young people for adolescence and responsible sexual and reproductive behaviour in

- Malawi. *African Journal of Reproductive Health* 11(3): 150-167
- Oke, E.A. (2009). *An Introduction to Social Anthropology*. 2nd edition. Ibadan: Agbo Areo.
- Okonofua, F.E., C. Odimegwu, H. Ajabor, P.H. Duru and A. Johnson (1999). Assessing the prevalence and determinants of unwanted pregnancy and induced abortion in Nigeria. *Studies in Family Planning* 30(1): 67 - 77.
- Otoide, V.O., F. Oronsaye and F.E. Okonofua (2001). Why Nigerian adolescents seek abortion rather than contraception: Evidence from focus-group discussions. *International Family Planning Perspectives* 27(2): 77 - 81.
- Oye-Adeniran, B.A., A.V. Umoh and S.N.N. Nnatu (2002). Complications of unsafe abortion: A case study and the need for abortion law reform in Nigeria. *Reproductive Health Matters* 10 (19): 18 - 21.
- Pfohl, S. (1994). *Images of deviance and social control: A sociological history*. 2nd edition. New York: McGraw-Hill.
- Ritzer, G. 2008. *Sociological Theory*. 7th edition. New York: McGraw-Hill.
- Sauvain-Durgedil, C., B. Gakou, F. Berthe, A.W. Dieng, G. Ritschard and M. Lerch (2008). The start of the sexual transition in Mali: Risks and opportunities. *Studies in Family Planning* 39(4): 263-280.
- Schaefer, R.T. (2005). *Sociology*. 9th edition. New York: McGraw-Hill.
- Smith, D.J. (2004). Premarital sex, procreation, and HIV risk in Nigeria. *Studies in Family Planning* 35(4): 223-235.
- Solo, J., D.J. Billings, C. Aloo-Obunga, A. Ominde and M. Makumi (1999). Creating linkages between incomplete abortion treatment and family planning services in Kenya. *Studies in Family Planning* 30(1): 38 - 60.
- UNAIDS (2002). Global Report on HIV/AIDS Epidemic.
- Upadhyay, U.D. (2001). "Informed Choice in Family Planning: Helping People Decide. *Population Reports*. Series J, No. 50. Baltimore: The Johns Hopkins University Bloomberg School of Public Health. Vol. xxix, (1).
- Utomo, I.O. and P. McDonald (2009). Adolescent reproductive health in Indonesia: Contested values and policy inaction. *Studies in Family Planning* 40(2): 133-146.
- WHO. (1998). *Postpartum care of the mother and newborn: A practical guide*. Geneva: WHO
- Yeatman, S. (2009). HIV infection and fertility preferences in rural Malawi. *Studies in Family Planning* 40(4): 261-276.
- Yeatman, S. (2007). Ethical and public health considerations in HIV counseling and testing: Policy implications. *Studies in Family Planning* 38(4): 271-278.

Biographical Note

Ezebunwa E. Nwokocha is a demographer. He teaches sociology and demography at the Department of Sociology, University of Ibadan.
Email: miczeze@yahoo.com
Telephone: +2348037192660