IMPACT OF SEX EDUCATION, PARENTAL GUIDANCE AND PEER INFLUENCE ON SEXUAL DEBUT OF SECONDARY SCHOOL ADOLESCENTS IN OWERRI MUNICIPAL COUNCIL OF IMO STATE, NIGERIA

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Abstract

The issue of sexual reproductive health challenges among adolescents in Nigeria has continued to increase on daily bases. Many adolescents have contracted sexually transmitted infections, drop-out of school, get exposed to unintended pregnancy and or became miserable in life, of which most of such ugly situations occur as a result of their first sexual experience. Based on these, the present study investigated the impact of sex education, parental guidance and peer influence on sexual debut of secondary school adolescents in Owerri Municipal Council of Imo State Nigeria. The study adopted the descriptive survey research design of correlational type. Four hundred secondary school students were randomly selected from five secondary schools used in the study area. Four instruments were used to collect data for the study. A single-administration and Cronbach Alpha ensured the reliability of the instruments. The data collected were analyzed using multiple regression analysis and Pearson product-moment correlation with the aid of Statistical Package for Social Sciences (SPSS) version 20. The result of the study revealed that sex education, parental guidance and peer influence related positively and significantly with sexual debut of secondary school adolescents and these variables jointly accounted for about 72.4% of the variance observed in sexual debut of secondary school adolescents. Base on this it is recommended that parents and school authorities should as a matter of importance encourage the teaching of sex education at all secondary school levels as well as guide the activities of their children, especially, their peer relationships. When this is properly done, it will help the adolescents acquire not only self-knowledge, but useful information that will guide them during sexual initiation.

KEYWORDS: Sex Education, Parental Guidance, Peer Influence and Sexual Debut of Adolescents

1. INTRODUCTION

Over the years, the increasing rate of sexual and reproductive health challenges among adolescents in Nigeria has continued to be a source of worry to researchers and the public. This is evident given the high number of new HIV cases and other sexually transmitted diseases among young people. Observably, these situations in most cases occur as a result of their first sexual experience. Although, in Sub-Saharan Africa, the beginning of sexual activity among adolescents normally occurs from ages 18 to 20 and often earlier. Being a period associated with various challenges including the search for
Identity, first sexual experience in the life of adolescents presents with it numerous personal and social implications. Sexual debut exposes the adolescents to myriad negative sexual and reproductive health outcomes. Adolescents who initiate sex at young ages are more likely than those who do not to have multiple and concurrent partners, engage in unprotected sexual intercourse and acquire STIs, including HIV (Patton, 2009; Gupta & Mahy 2003).

Also, sexual onset is associated with numerous risky sexual behaviors such as engaging in an unprotected sex and more frequent sexual activity. Empirically, people who engage in sexual intercourse at young ages are not used to effective contraception (Mosher and McNally, 1991), and are at higher risk for teenage pregnancy (O’Donnell et al., 2001) and for the contraction of sexually transmitted infections (Centers for Disease Control and Prevention, 2004) than those who initiate sexual activity at later ages. Further, more, research have found that initiating sexual activity before age sixteen increases the likelihood of having an unintended pregnancy, inducing pre-cancerous changes in the cervix, and contracting STDs, including HIV/AIDS (O’Donnell, O’Donnell & Stueve, 2001; Santelli, Kaiser, Hirsch, Radosh & Simkin, 2004). Thus, it has also been observed that many adolescents have inadequate sex education, while some had no effective parental care that would have been useful during sexual initiation.

This ugly trend has continually exposed them to the risk of the negative consequences of sexual debut. Sexual debut among adolescents could result to unwanted pregnancy, contracting sexually transmitted infections, higher rate of school drop-out as well as other detrimental social and economic consequences. Some adolescents initiate and engage in their first sex as a result of peer pressure, material needs and other unsafe personal reasons. In the contemporary time, it is a common issue for adolescents to discuss their first sexual experience with little or no reservation. In most cases, adolescent view sexual debut as great achievement, an act of maturity and successful transition into adulthood. When such is not properly executed, it could result to negative emotional, physical and financial costs on the individual and the society at large. While some see it as a challenge that is inevitable if they must get on with friends and or pressure from friends and group members. Recent studies indicate that many adolescents who initiate sexual activity experience depression, suicidal ideation, and relationship violence and that these actions and attitudes in turn lead to riskier sexual behavior (Lloyd et al, 2005). Other studies link adolescent sexual activity with decreased school performance, lowered self-esteem, and an increase in drug and alcohol usage (Patton et al, 2009).

Thus, as adolescents mature, the initiation of first sex requires having adequate knowledge, skills and other effective protective precautionary measures. Therefore, the motivation of this study is to investigate the impact of combination of variables such as sex education, parental guidance and peer influence on sexual debut of secondary school adolescents in Imo state, Nigeria. Thus, Laura and Isaac (2012) found that sex education has significant influence on sexual debut of young people. The finding further indicates that teens who receive formal sex education prior to their first sexual experience demonstrate a range of healthier behaviors at first intercourse than those who receive no sex education at all. Also, Thompson (2011) reported that receiving sex education from school prior to first sex significantly lowered the odds of early sex among males and delayed sexual initiation among females. Similarly, Kohler, Manhart and Lafferty (2008) reports that receipt of comprehensive sex education was marginally associated with less likelihood of vaginal intercourse and a significantly reduced likelihood of teen pregnancy. Another study also found that receipt of sex education was associated with delayed onset of sexual activity among both genders, and increased likelihood of birth control use at first sex among male, but not female, adolescents (Mueller, Gavin & Kulkarni, 2008). On the other hand, research indicates that significant relationship exists between parental guidance and sexual debut of adolescents (Li, Feigelman & Stanton 2000)

Similar study reports that parental monitoring which is part of guidance is linked to reductions in other health-compromising behaviors that often co-occur with risky sex, such as drug and alcohol use (Li et al., 2000; Thomas, Reifman, Barnes & Farrell, 2000). Also, Sharma and Mufune (2011) reported that parental guidance, support, and supervision were significantly related to the early sexual activity of secondary school students. According to Kristen and Lisa (2000) levels of parental monitoring and related parenting practices have been linked to sexual behavior. Empirical evidence has shown that parental supervision of dating was negatively correlated with sexual activity (Hogan & Kitagawa, 1985). In the same vein, Ensminger (1990) reported that sexually active girls were more likely to have permissive parental rules about curfews than girls who were not sexually active. Furthermore, strong associations exist between parental monitoring and adolescent sexual behavior (Crockett & Bingham, 1994). Similarly, the place of peer influence in determining sex initiation has continued to earn empirical attention. In this regard, Furstenberg, and Schwarz (1998) reported that peers create a need for normality in an individual, causing sex to be initiated in order to meet this standard of normality. Thus, the need for normality
takes over and triggers an overestimation in the individual's own judgments of the frequency of peer's sexual activity (Scholly, Katz, Gascoigne, & Holck, 2005). Also, Amsale and Yemane (2012) found that risky sexual behavior was significantly and very strongly associated with perception of peers’ involvement in sexual intercourse. Extant literatures further revealed that peer norms influence sexual initiation and subsequent sexual behaviors (Henrich, Brookmeyer, Shrier & Shahar, 2006). Adolescents who perceive their friends are engaged in sexual practices are more likely to adopt those same behaviors (Henrich et al, 2006). Sexual risk behavior is affected and effected by a complex web of factors at the individual, family, school and peer levels (Di, Ralph, Salazar and Crosby; 2007). Similarly, Seth (2010) reported that peer-group norms have a large effect on the timing of sexual initiation. Longitudinal studies have found that adolescents who perceive that their friends favor postponing sexual intercourse are themselves more likely than others to do so (Kinsman, Sara, Romer, Daniel, Furstenberg, Frank, Schwarz & Donald, 1998). Also, existing research findings has shown large peer effects in adolescent risk behaviors including sexual initiation (Fletcher, 2007), Yeshalem and Yemane (2014) reports that peer influence among other factors were associated with pre-marital sexual debut of unmarried high school female students. Thus, de Bruin (2001) reported that adolescents rely heavily upon their peers to develop their knowledge about sexual activity and relations. Also, the peer group is crucial for boys to acquire information and knowledge about sexuality (Chevannes, 1993).

Thus, this work is anchored on Ajzen and Fishbein (1980) theory of reasoned action. The theory was later called the theory of planned behaviour (Ajzen 1991), due to the addition of perceived behavioral control. This theory suggests that a person's behavior is determined by his/her intention to perform the behavior and that this intention is, in turn, a function of the person’s attitude towards the behavior and the person’s subjective norm. The best predictor of behavior is intention. Intention is the cognitive representation of a person's readiness to perform a given behavior, and it is considered to be the immediate antecedent of behavior. This intention is determined by three things: their attitude toward the specific behavior, their subjective norms and their perceived behavioral control.

Meanwhile, Haas (2009) describe attitude towards behavior as an individual’s judgment towards performing a behavior as good, or bad, thus the person can have different expectations about the products. Thus, if an adolescent value having sex and getting pregnant equally, and he/she is sure that they will have a good time, and perceives the likelihood of getting pregnant very minimal then she/he will have a positive attitude towards initiating sex. If the same individual perceives the likelihood to get pregnant higher than having a good time when having sex, and he or she values getting pregnant as more important than having a good time, the person will probably have a negative attitude towards having sex. An adolescent’s perception that the view of a person is important to him/her as to whether or not the person should perform a behavior can be defined as a subjective norm. In the case of having sex, if the adolescent’s parents do not want him/her to have sex but the chance of them finding out is minimal and his/her friend will look up to him/her if she has sex as they are in contact daily, the motivation to comply with the friends is probably higher than the motivation to comply with the parents, leading to a positive subjective norm towards having sex.

Thus, the following questions guided this paper, one to what extent do sex education, parental guidance and peer influence relate with sexual debut of secondary school adolescents? Two, what is the individual contribution of independent variables (sex education, parental guidance and peer influence) to sexual debut of secondary school adolescents? Three what is the joint contribution of independent variables (sex education, parental guidance and peer influence) to sexual debut of secondary school adolescents? On the basis of this, the theory of planned behavior was used to investigate the impact of combination of variables such as sex education, parental guidance and peer influence on sexual debut of secondary school adolescents in Imo state

2. METHODS

Descriptive survey research design of correlational type is adopted in this study. The population for the study consists of all senior secondary school students in SS2 in Owerri Municipal Council of Imo State. The participants used for the study were 400 SS2 students. The number comprises of 180 males and 220 females. Their age range was between 15 and 17 years. Simple random sampling technique was used for the selection of the participants and the five schools in the area. Four instruments were used to collect data for the study. They are: Sex Education Scale (SES), Parental Guidance Scale (PGS), Peer Influence Scale (PIS), and Sexual Debut Scale (SDS). The SES, PGS and SDS were developed by the researcher and they have reliability coefficients of 0.76, 0.70, 0.81 and 0.73 respectively. The peer influence scale constructed by
Adeyemo and Torubeli (2008) was used as a measure of peer influence. It has a test retest reliability index of 0.78. The data were analyzed using Pearson product moment correlation (PPMC) and multiple regressions with the aid of SPSS version 20.

3. RESULTS

Table 1: Summary of correlation matrix

<table>
<thead>
<tr>
<th></th>
<th>SE</th>
<th>PG</th>
<th>PI</th>
<th>SDSSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PG</td>
<td>0.143</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PI</td>
<td>0.231</td>
<td>0.231</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>SDSSA</td>
<td>0.724*</td>
<td>0.681*</td>
<td>0.623*</td>
<td>1.000</td>
</tr>
</tbody>
</table>

*Significant at p < 0.05

The results on Table 01 show that sex education, parental guidance and peer influence related positively and significantly with sexual debut of secondary school adolescents. This implies that an improvement in each of the sex education, parental guidance and peer influence would lead to sexual debut of secondary school adolescents.

Table 2: Individual contribution of the socio-psychological variables

<table>
<thead>
<tr>
<th></th>
<th>SE</th>
<th>PG</th>
<th>PI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple R</td>
<td>0.724</td>
<td>0.681</td>
<td>0.623</td>
</tr>
<tr>
<td>R-Square (R^2)</td>
<td>0.524</td>
<td>0.463</td>
<td>0.388</td>
</tr>
<tr>
<td>Percentage of Contribution</td>
<td>52.4%</td>
<td>46.3%</td>
<td>38.8%</td>
</tr>
</tbody>
</table>

Table 2 presents the individual contribution of the independent variables to the variance observed in dependent variable. The result shows that sex education, parental guidance and peer influence contributed 52.4%, 46.3% and 38.8% respectively to the variance observed in sexual debut of secondary school adolescents.

Table 3: Summary of the multiple regression analysis

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of Square</th>
<th>Mean Square</th>
<th>F-ratio</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>3</td>
<td>21641.304</td>
<td>7213.768</td>
<td>118.2</td>
<td>.000</td>
</tr>
<tr>
<td>Residual</td>
<td>396</td>
<td>24167.078</td>
<td>61.027</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>45808.382</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R= 0.851, R^2 = 0.724, Adjusted R^2 = 0.712, Standard Error =6.112

Table 3 presents a summary of the multiple regression analysis of the contribution of the variables when joined together. The result shows that sex education, parental guidance and peer influence jointly accounted for about 72.4% of the variance observed in sexual debut of secondary school adolescents. The contribution is significant as attested to by the multiple regression analysis carried out (F = 118.2, p < 0.05). This implies that sex education, parental guidance and peer influence have significant predictive impact on the sexual debut of secondary school adolescents.

4. DISCUSSION OF FINDINGS

The result of the analysis presented in Table 1 indicates that sex education, parental guidance and peer influence related positively and significantly with sexual debut of secondary school adolescents. This implies that an improvement in each of the variables, sex education, parental guidance and peer influence would influence the sexual debut of secondary school adolescents. The result also shows that sex education, parental guidance and peer influence contributed 52.4%, 46.3% and 38.8% respectively to the variance observed in sexual debut of secondary school adolescents.

More so, the result showed that sex education, parental guidance and peer influence jointly accounted for about 72.4% of the variance observed in sexual debut of secondary school adolescents. The contribution is significant as attested to by the multiple regression analysis carried out. This implies that sex education, parental guidance and peer influence have
significant predictive impact on the sexual debut of secondary school adolescents. The nature of this result suggests the fact that a well developed and implemented school-based sex education programme can effectively help young people reduce their risk of contacting STI/HIV infections and unwanted pregnancy which are some of the negative effects of sexual debut experience. This result agrees with Laura and Isaac (2012) report that sex education has significant influence on sexual debut of young people. The finding further indicates that teens who receive formal sex education prior to their first sexual experience demonstrate a range of healthier behaviors at first intercourse than those who receive no sex education at all.

Also, Thompson (2011) reported that receiving sex education from school prior to first sex significantly lowered the odds of early sex among males and delayed sexual initiation among females. Corroborating the present finding, Kohler, Manhart and Lafferty (2008) reported that receipt of comprehensive sex education was marginally associated with less likelihood of vaginal intercourse and a significantly reduced likelihood of teen pregnancy. In support to the present result, research indicates that receipt of sex education was associated with delayed onset of sexual activity among both genders, and increased likelihood of birth control use at first sex among male, but not female, adolescents (Mueller, Gavin & Kulkarni (2008).

Furthermore, the present finding indicated the significant contribution of parental guidance to adolescent sexual debut. This result agrees with Sharma and Mufune (2011) who reported that parental guidance, support, and supervision were significantly related to the early sexual activity of secondary school students. It also corroborate the report that parental monitoring which is part of guidance is linked to reductions in other health-compromising behaviors that often co-occur with risky sex, such as drug and alcohol use (Li et al., 2000; Thomas et al., 2000). In line with the present finding, Kristen and Lisa (2000) reported that levels of parental monitoring and related parenting practices have been linked to sexual behavior. Supporting this finding, Ensminger (1990) reported that sexually active girls were more likely to have permissive parental rules about curfews than girls who were not sexually active. Similarly, strong associations exist between parental monitoring and adolescent sexual behavior (Crockett & Bingham, 1994).

More so, the analysis of data in this study indicates that peer influence positively and significantly correlates sexual debut of adolescents. The present finding is in agreement with the report that peer norms influence sexual initiation and subsequent sexual behaviors (Henrich, Brookmeyer, Shrier and Shahar, 2006). Corroborating this result, Amsale and Yemane (2012) found that risky sexual behavior was significantly and very strongly associated with perception of peers’ involvement in sexual intercourse. Also, research indicates that Sexual risk behavior is affected and effected by a complex web of factors at the individual, family, school and peer levels (Di. Ralph, Salazar & Crosby; 2007). In the same vein, Furstenberg, and Schwarz (1998) reported that peers create a need for normality in an individual, causing sex to be initiated in order to meet this standard of normality. Thus, the need for normality takes over and triggers an overestimation in the individual’s own judgments of the frequency of peer's sexual activity (Scholly, Katz, Gascoigne, & Holck, 2005).

Similarly, Seth (2010) reported that peer-group norms have a large effect on the timing of sexual initiation. Longitudinal studies have found that adolescents who perceive that their friends favor postponing sexual intercourse are themselves more likely than others to do so (Kinsman et al, 1998). Also, existing research findings indicates the peer effects in adolescent risk behaviors including sexual initiation (Fletcher, 2007), Yeshalem and Yemane (2014) reported that peer influence among other factors were associated with pre-marital sexual debut of unmarried high school female students.

4. CONCLUSION AND RECOMMENDATIONS

4.1. Conclusion

The result of this study has shown that positive and significant relationship exists between sex education, parental guidance, peer influence and sexual debut of adolescents. The implication is that adequate sex education coupled with proper parental guidance and positive peer relationship will facilitate safe sexual debut among adolescents. Thus, the significant contributions of these variables to sexual debut of the adolescents, calls on the need to assist the adolescents overcome the challenges and difficulties associated with the variables. Such assistance by parents, teachers and significant others will go a long way to reducing the negative consequences associated with sexual debut of adolescents.
4.2 Recommendations

Base on the findings of this study, the researcher made the following recommendations:

1. Parents and school authorities should as a matter of importance encourage the teaching of sex education at the secondary school level. When this is properly done, it will help the adolescents acquire not only self-knowledge, but useful information that will guide them during sexual initiation.

2. Parents and significant others should actively guide and assist their children overcome the stressful experiences associated with the transitional period of adolescence. This will make them have proper self-knowledge and be able to engage in positive peer relationships.

3. Government and school authorities should provide other useful medium through which adolescent sexuality related information can be disseminated to young people. This will help to reduce the rate of risky sexual behaviors among the adolescents.

4. Government and other organizations (social, traditional and religious) should also encourage sex education among the youth and parents in their domains. Parents can be active agent of sex education only when adequately equipped with the relevant information. Otherwise they wouldn’t be able to carry out this vital responsibility at home.

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