

**SEX EDUCATION AS A TOOL FOR REDUCING
UNWANTED PREGNANCY AND HIV/AIDS AMONG
YOUTHS IN ODOGBOLU LOCAL GOVERNMENT AREA
OF OGUN STATE**

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CERTIFICATION

This is to certify that this research work was carried out **by BADIRU DAMILOLA ASISAT**, Matric Number: 17080130012 of the department of Primary Education, School of Education Tai Solarin College of Education, Omu-Ijebu

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DEDICATION

This project is dedicated to Almighty God for his protections throughout my years of study.

ACKNOWLEDGEMENT

Firstly, I want to appreciate the Almighty God for the salvation of my soul. I'm so happy because I know the lord, He's the I am that I am, Arugbo Ojo, Kiniun Eya Judah, Olorun ti aye kole da duro, Yahweh, Lover of my soul, my Helper, Protector, Guidance, Designer of my Destiny, the God of our fore-fathers and provider since the day one of my life till the very moment. All adoration goes to the ancient of days for giving me grace and opportunity to fulfill my goals in this institute of learning.

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ABSTRACT

Human Immunodeficiency Virus (HIV) and unwanted pregnancies among youths represent an important public health challenge in developing countries. The incidence of HIV peaked in the 1990's and saw a decline from 2005. The cognitive process of learning, empower the teenagers' students about being aware of sex education and it's important, however, the learning also indicates the process of attention, retention and motor reproduction. Based on the theoretical construction, the societal benefits wouldn't be achieved if learning process of being attentive, retention and motor reproduction of such learning is not formulated on a continuous basis to change in behavior of practicing unsafe sexual relation. The overall conclusion of evidence gathered was that curriculum based programmes on HIV and sex education could be effective in changing the behavior of young people in developing countries if conducted properly. They were also effective in increasing knowledge on problems associated with risky sexual activity among young people. Further research is needed to assess the long-term positive effects of such programmes in schools in developing countries.

Keywords: HIV and Sex Education, Youths, Unwanted Pregnancies

CHAPTER ONE

1.1 INTRODUCTION

1.2 Background of the study

Education is considered as one of the major factor for any development. Rajbhandari (2007) stated that expenditure in education produces more benefit than spending on economic development. This enhances the increment of literacy rate, which significantly contribute to the prospective of country's development.

Furthermore, he stated "high literacy rates of country largely fulfill the development of nation as a whole, because literacy brings social welfare in the society, help in generating employment to the extent that foster economic development, and bring about social welfare, consequently, improve the quality of human life".

Nevertheless, education as being the vital source for development not only academically but also socially that bring social welfare and increase the quality of human life, it is, therefore, understood that it can play a major role of providing knowledge for preventing unwanted Pregnancies and the disease that can be transmitted through sexual relationship by implementing the sexuality education in the school education curriculum. Taking into consideration of such benefit, the Nigeria Education Curriculum Planners implement sex education into the curriculum for Primary, secondary and students at tertiary level, expecting that it would help in providing the relevant knowledge about disease transmitted through sexual relation and also to suggest the safe sex practice if situations demands. This was not only focused to provide knowledge to students but also to spread the wide views of knowledge to the society through the medium of young generation, basically, teenagers and youths who falls victim of such infection and unwanted pregnancies despite having the knowledge about consequences of being infected.

With the more relaxed sexual standards of modern times, teens are becoming sexually active at younger ages. Sex education and teenage pregnancies are concepts deeply linked with each other. The task of instructing adolescents about sex has been seen as the responsibility of the parents. But parent-child communication in sexual matters may be hindered by parental inhibitions or by various intergenerational tensions, and studies have

shown that children rarely receive their first information on sexual matters from their parents (Encarta, 2007). The battle has always been between sex education and abstinence-only. Some experts argue that abstinence education is the only way to prevent teenagers from having sex, while others insist that teenagers will have sex no matter what, and it is better for them to be equipped with solid educational information about sex. Such will enable them to limit HIV infections and prevent many unplanned teen pregnancies (Guttmacher Institute, 2008). As sex is considered a natural process of life, it is also one of the major reflections of transmitting highly infected disease, specifically amongst the teenager who are vulnerable. Nevertheless, to overcome from such devastating consequences of being infected, introduction of sexuality education at all levels of education in Nigeria has been implemented with anticipation of preventing the vulnerable teenagers from being infected from STD-HIV/AIDS and also to prevent others social members by sharing the general know-how knowledge.

Pam Lehman (2008), stated that Sex education becomes important to teens because, teen pregnancies are associated with serious health concerns for both mother and child. Complications of pregnancy, miscarriage, stillbirth, premature birth and low birth weight, birth defects and disabilities are more likely in teen pregnancies. In addition to physical health risks, teen parents generally have a less optimistic future than peers who are not teen parents. Long term effects for children of teen pregnancies include lower academic achievement, have less successful careers, and more likely to live in poverty and a tendency to become teen parents themselves.

Although young people are generally seen as the healthiest phase of life, it is also a period of experimentation and exploration, with developmental changes in major areas such as sexual identity, sexual practices and behaviors. The unique biopsychosocial changes linked with this age group leads to an unequal risk of HIV infection and increase in the level of unwanted pregnancies. Health promotion interventions educating young people on HIV and pregnancies prevention is highly necessary. It is important that action is taken to give young people the training, skills and knowledge to make important choices regarding gender equality and their sexual and reproductive health, as well as dealing with gender-based violence (UNAIDS 2012).

Therefore this study seeks to investigate Sex Education as a Tool for Reducing HIV/AIDS and Unwanted Pregnancies among Youths in Odogbolu Local Government Area of Ogun State.

1.2 Statement of the Problem

The problem of teenage pregnancy and HIV/AIDS is considerably worse in Nigeria than in any other developing country. Among developing countries, Nigeria has one of the highest birth rates for women less than 20 years and Study suggested that the problem of teen pregnancy in Nigeria may be related to less sex education in schools and lower availability of birth control services and supplies to adolescents, Encarta (2007). Since sex education found its way into the Nigerian school system the emphasis has been impacting moral lesson and social value to secondary school students, although some have voiced out that sex education increases sexual activity Encarta (2007). Sex education has not yielded much success in Nigeria since its introduction in the secondary school curriculum as more adolescents get pregnant and drop out of school. However, effective sex education programs can decrease sexual activity and increase contraceptive use among those already sexually active. They maintain a narrow focus on reducing specific sexual risk-taking behaviours; provide accurate information about sexuality; build interpersonal and communication skills to resist sexual pressures; address both social and media influences on sexual behaviours, (Amazigo et al 2003).

1.3 Purpose of the Study

The main objective of this study will be to find out how sex education can be used as a tool for reducing the level of HIV/Aids and unwanted pregnancies among youths in Odogbolu local government area of Ogun State. Specifically, the study will intend to:

1. Find out, whether the teenagers/ youths have the knowledge of prevention and transmission of HIV/IDS that is included in the sex education curriculum.
2. Find out if youths have knowledge about the use of contraceptives for the prevention of unwanted pregnancies

3. Discover the influence of sex education on youths in Odogbolu local government area of Ogun State?
4. Find out if the teaching of sex education is effective at all levels of education in Odogbolu Local government Area of Ogun State.

1.4 Research Question

1. To what extent the sex education is felt to be important among youths in Odogbolu local government area of Ogun State?
2. To what extent has the learning occurred in teenagers' from sex education?
3. Do youths have a good knowledge about the use of contraceptives for the prevention of unwanted pregnancies?
4. What are the influences of sex education on youths in Odogbolu local government area of Ogun State?
5. Is teaching of sex education is effective at all levels of education in Odogbolu Local government Area of Ogun State?

1.5 Significance of the Study

This study will provide helpful suggestion to teenagers, students, teachers, and social developmental organization. Also this research will enable community members gain knowledge and enlightenment on how to handle certain sexual issues they may not have had a previous knowledge about, which will enable them to strategize on how to combat the problems of unwanted pregnancies and transmission of HIV/AIDS among the youths in Odogbolu local government area of Ogun State.

Findings from this research will help curriculum planners to create programmes on HIV and sex education which could be effective in changing the behavior of young people in developing countries if conducted properly and also help in increasing knowledge on problems associated with risky sexual activity among young people.

Moreover, the study will give a valuable suggestion to the researchers to further investigate the burning problem in depth.

Results of findings from this study will help government to disburse funds for sex education programmes at all level of education across the country.

1.6 Scope/Limitations of the Study

The study will concentrate on the Sex Education as a Tool for Reducing HIV/AIDS and Unwanted Pregnancies among Youths in Odogbolu Local Government Area of Ogun State. Putting time and other factors in place this research work will be limited to five (5) selected secondary Towns in Odogbolu local government of Ogun State. The towns to be selected for the study are as follows:

1. Idowa Town
2. Ala Town
3. Igbile Town
4. Ososa Town
5. Omu-Ijebu

The researcher will therefore administer her questionnaire in the above towns after necessary corrections and validations have been made by the project supervisor.

1.7 Definition of Terms

Sex Education: this is the branch of education which gives relevant knowledge about disease transmitted through sexual relation and also to suggest the safe sex practice if situations demands.

Youth: this is the healthiest phase of life; it is also a period of experimentation and exploration, with developmental changes in major areas such as sexual identity, sexual practices and behaviors.

Sex: Sex is considered a natural process of life; it is also one of the major reflections of transmitting highly infected disease, specifically amongst the teenager who are vulnerable.

Unwanted pregnancy: Unwanted pregnancies are pregnancies that are mistimed, unplanned or unwanted at the time of conception. Sexual activity without the use of effective contraception through choice or coercion is the predominant cause of unintended pregnancy.

HIV: HIV (human immunodeficiency virus) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease.

AIDS: AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus.

CHAPTER TWO

LITERATURE REVIEW

This chapter is concerned with a review of the related studies. It is organized under the following subheadings; conceptual framework, theoretical framework, and reviews of empirical studies.

2.1 CONCEPTUAL REVIEW

2.1.1 CONCEPT OF SEX EDUCATION

Sex education refers to “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information” (UNESCO, 2018). This definition acknowledges that the aim of sex education extends beyond the transfer of knowledge on human physiology, reproductive system, or the prevention of STIs. Rather, sex education is conceptualized holistically with the goal of empowering youths to better understand their sexuality and relationships, which will ultimately improve adolescents’ sexual health and overall quality of life.

John J. Burt (2007) defined sex education as the study of the characteristics of beings: a male and female such characteristics make up the person's sexuality. 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.

Leepson (2010) 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: bodyimage, sexual-orientation, sexual-pleasure, values, decision-making, communication, dating, relationships, sexually transmitted infections (STIs) and how to avoid them, and birth control methods.

This is in line with WHO's delineation of sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled." (World Health Organization, 2018). 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.

Generally, sex education focuses on delivering facts about sexual and reproductive health. However, the content, messages, and approaches of delivering sex education vary across countries (Kelefang, 2008). In many cultures, the discussion of all sexual issues has traditionally been considered taboo, and adolescents were not given any information on sexual matters. Such instruction, as was given, was traditionally left to a child's parents, and often this was put off until just before their marriage. However, in the late 19th century, the progressive education movement led to the introduction of sex education as "social hygiene. 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 (see HIV/AIDS in Africa), sex education is seen by most scientists as a vital public health strategy. 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 (see also reproductive rights). The use of mass media campaigns has sometimes resulted in high levels of "awareness" coupled with essentially superficial knowledge of HIV transmission (*Piya Sorcar, 2010*).

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 (2010), "It is taught over several years, introducing age-appropriate information consistent with the evolving capacities of young people. It includes scientifically accurate, curriculum-based information about human development, anatomy and pregnancy. It also includes information about contraception and sexually transmitted infections (STIs), including HIV. And it goes beyond information, to encourage confidence and improved communication skills. Curricula should also address the social issues surrounding sexuality and reproduction, including cultural norms, family life and interpersonal relationships."

Human rights issues, gender equality and gender roles should be integrated into every aspect of these discussions. This includes human rights protection, fulfillment and empowerment; the impact of gender discrimination; the importance of equality and gender-sensitivity; and the ideas underlying gender roles. Sexual abuse, gender-based violence and harmful practices should also be discussed. Taken together, all this information teaches young people the life skills necessary to assume responsibility for their own behavior and to respect the rights of others (UNFPA, 2013). Comprehensive sex education "enables young people to make informed decisions about their sexuality and health. These programmes build life skills and increase responsible behaviors, and because they are based on human rights principles, they help advance human rights, gender equality and the empowerment of young people. Regarding the implementation of sexuality

education in schools, it is suggested by the Government to name it as “life education”, especially for junior students. Teachers are also assigned to take up sex education that covered wider topics using various teaching resources and learning activities. Nearly all schools survey reported that sex education is provided by adopting the comprehensive approach that aims at preparing students for expressing their sexuality appropriately, but not just focusing on the prevention of negative consequences of casual sex. However, Lee (2005) argued that most schools still passively rely on school social workers, community resources and NGOs in carrying out sexuality education.

2.1.2 THE YOUTH

Young people in the developed world have been the subjects of an enormous amount of research over the last 40 years. In general, young people constitute a separate and significant category of people: as non-adults. A central and recurring theme in the studies is the problematic nature of being a young person and the even more problematic nature of becoming adult. Much of the literature about youth has inherited assumptions from developmental psychology about universal stages of development, identity formation, normative behaviour and the relationship between social and physical maturation. Yet very little work has been done to clarify the theoretical basis of this categorization based on age. From time to time this point has been made by youth researchers.

In 1968, Allen argued that the concept of youth needed to be reassessed. She pointed out that, ‘it is not the relations between ages that create change or stability in society, but change in society which explains relations between different ages’. Twenty years later, Jones took up the challenge, pointing out that the sociology of youth was yet to develop a conceptual framework for understanding both the transitions young people pass through as they become adult and the different experiences of young people from different social groups. She argued that it is ‘misleading to emphasize the qualities or otherwise of “Youth” per se, since the young are neither a homogeneous group nor a static one. Her conclusion was that youth is most usefully conceptualized as an age-related process. This means that the focus on youth is not on the inherent characteristics of young people themselves, but on the construction of youth through social processes (such as schooling, families or the labour market). Young people engage with these

institutions in specific ways, in relation to historical circumstances. There is a growing awareness amongst contemporary youth researchers that focusing on youth as a process throws into question the very use of the universal term 'youth'.

Youths are shaped by both the material, 'objective' aspects of the cultures and societies in which they grow up; and by the ways in which they subjectively interpret their circumstances (Liebau & Chisholm, 1993). Also focusing on young people, Wallace and Kovacheva (1995) point out that the experience of youth is being 'de-structured', because the significant transitions in life are less and less age related. They argue that transitions are no longer associated with any age or with each other. Education, for example, has become gradually dissociated from work, and leaving home is not necessarily a transition stage linked with marriage.

2.1.3 CONCEPT OF UNWANTED PREGNANCY AND INDUCED ABORTION

Young people's sexuality may cause some problems if it is not properly handled. In Rwanda, when most of teenagers have sex, they rarely use contraceptives. That may result in unwanted pregnancies. In most sub-Saharan countries, at least 10% of single teenagers of 18 years get pregnant unwillingly due to lack of information about reproductive health (Uwibambe, 2004). The same author highlights that unmarried mothers sometimes encounter many more difficulties than married mothers. They receive less support from their families and communities, and sometimes have fewer resources to bring up and educate their children. In almost all societies in the world, sex is the topic that is least spoken about by members of a family. Teenagers who experience physiological and other changes often find it difficult to discuss this experience with their parents and /or siblings (Bezuidenhout, 2004). In need of information, teenagers turn to their peers for guidance or seek information from books, magazines, articles, video and the like. Note that some information obtained from these sources are incorrect and increases the risk for young people. Unwanted pregnancies are a social problem that has existed for a long time in many societies such as Nigeria for the young girls.

Likewise, Bezuidenhout (2004) observes that early pregnancies can give rise to incessant problems between parents and pregnant girls. Moreover, they cause problems to those teenagers

themselves and to their children. They even cause many problems related to social prejudice, psychological trauma, depression, etc. (ibid).

Further, illegal children (children from unmarried parents) have no chance of growing in normal conditions or in good health such as getting good food, being educated and getting medicine when they get sick. In Nigeria, families have traditionally developed and still develop strong prejudice against those children (FHI/IMPACT, 2000). It is true that many factors put young girls in precarious situations and expose them to precocious pregnancy. Many girls surrender themselves to precocious sexuality because of poverty. Some give up their studies for prostitution in order to satisfy their economic needs. Some girls are encouraged by their parents, their guardians or their employers, others accept to have sexual relations with their teachers in order to get good marks (ibid).

2.1.4 Importance of Sexual Education

Many studies asserted that sexual education assists young people in gaining a positive view of sexuality, provides them with information and skills about taking care of their sexual health, and help them make sound decisions now and in the future (Du Toit and Staden, 2005; Bezuidenhout, 2004; Alter et al., 2002). The goal of this education is to provide accurate information about human sexuality, and to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality. Further, education enables young people to develop relationships and interpersonal skills, and to exercise responsibility regarding sexual relationships, including addressing sexual abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures (Bezuidenhout, 2004). In the same line, sexual education gives young people the opportunity to question, explore, and assess attitudes, values, and insights about human sexuality. In addition, objectives are to help young people to understand family, religious, and cultural values, to develop their own values, to increase their self-esteem, to develop insights about relationships with members of both genders, and to understand their own responsibilities to others (Nichcy, 1992). Sexual education also helps young people develop skills in communication, decision-making, assertiveness, peer refusal skills, and the ability to create satisfying relationships.

Thus, providing sexuality education helps young people to develop their concept of responsibility and to exercise that responsibility in sexual relationships (Barnett, 1997). However, in most societies, parents and many family members do not find easy educating children about sex. A number of parents feel uncomfortable talking with children about the 12 subject, others become reluctant to expose their own lack of knowledge about anatomy, physiology, or other related information (Alter et al., 2002). Parents may worry about how much information to give at what age, based on the belief that the provision of this information will lead young people to experiment with sex. Likewise, it has been observed that many adults do not receive sexuality education themselves and that some have fear to expose their own negative sexual experiences (Kirby et al, 2005). For this reason, adult family members tend to shy away from actively educating youth about issues relating to sexuality. In this context, Moore et al. (2002) pointed out that what many fail to realize is that giving no information or evading young people's questions can send negative messages about sexuality. As observed by the same authors, sexual education through schools and other sources of information such as mass media, churches, peers, fill this gap through the role played by each in youth sexual education. School-based sexuality education complements and augments the sexuality education children receive from their families, religious and community groups, and health care professionals. The primary goal of school based sexuality education is to help young people build a foundation as they are mature into sexually healthy adults. Such programs respect the diversity of values and beliefs represented in the community (ibid).

2.1.5 Why is sexual health education important to young people's health and well-being?

Comprehensive sexual health education covers a range of topics throughout the student's grade levels. Along with parental and community support, it can help young people:

1. ***Avoid negative health consequences:*** Each year in the Nigeria, about 750,000 teens become pregnant, with up to 82 percent of those pregnancies being unintended. Young people ages 15-24 account for 25 percent of all new HIV infections in Nigeria and make up almost one-half of the over 19 million new STD infections Americans acquire each year. Sex education teaches young people the skills they need to protect themselves.

2. ***Communicate about sexuality and sexual health:*** Throughout their lives, people communicate with parents, friends and intimate partners about sexuality. Learning to freely discuss contraception and condoms, as well as activities they are not ready for, protects young people's health throughout their lives. Delay sexual initiation until they are ready. Comprehensive sexual health education teaches abstinence as the only 100 percent effective method of preventing HIV, STIs, and unintended pregnancy – and as a valid choice which everyone has the right to make. Dozens of sex education programs have been proven effective at helping young people delay sex or have sex less often (Alford S, et al., 2008).
3. ***Understand healthy and unhealthy relationships:*** Maintaining a healthy relationship requires skills many young people are never taught – like positive communication, conflict management, and negotiating decisions around sexual activity. A lack of these skills can lead to unhealthy and even violent relationships among youth: one in 10 high school students have experienced physical violence from a dating partner in the past year. Sex education should include understanding and identifying healthy and unhealthy relationship patterns; effective ways to communicate relationship needs and manage conflict; and strategies to avoid or end an unhealthy relationship (National Sexual Education Standards, 2013).
4. ***Understand, value, and feel autonomy over their bodies:*** Comprehensive sexual health education teaches not only the basics of puberty and development, but also instills in young people that they have the right to decide what behaviors they engage in and to say no to unwanted sexual activity. Furthermore, sex education helps young people to examine the forces that contribute to a positive or negative body image.
5. ***Respect others' right to bodily autonomy:*** Eight percent of high school students have been forced to have intercourse, while one in ten students say they have committed sexual

violence. Good sex education teaches young people what constitutes sexual violence, that sexual violence is wrong, and how to find help if they have been assaulted.

6. ***Show dignity and respect for all people, regardless of sexual orientation or gender identity:*** The past few decades have seen huge steps toward equality for lesbian, gay, bisexual, and transgender individuals. Yet youth still face discrimination and harassment.

7. ***Protect their academic success:*** Student sexual health can affect academic success. The Centers for Disease Control and Prevention (CDC) has found that students who do not engage in health risk behaviors receive higher grades than students who do engage in health risk behaviors. Health-related problems and unintended pregnancy can both contribute to absenteeism and dropout (CDC, 2010)

2.2. THEORETICAL FRAMEWORK

2.2.1. THE PRIMARY SOCIALIZATION THEORY

This research is grounded in the primary socialization theory which according to (Oetting and Donnermeyer, 1998) looks at family, peer groups and school as the primary sources of sexual education for youth.

The primary socialization theory also sees media as one of the primary sources of sexual education for youth in that it says that the primary socialization agents that play a significant role in consumer socialization include parents, peers, schools and Media (Bush, Smith, & Martin, 1999). These agents influence the psychological, emotional, and understandings of young people as they become consumers in the marketplace (Moore, Raymond, Mittelstaed & Tanner, 2002). Their influence extends to specific consumer skills such as product selection, brand comparison, price comparison, attitudes toward products and brands (John, 1999; Moore et al., 2002). Research suggests, however, that the relative influence of these socialization agents (parents, peers, schools, and mass media) can change, particularly as the young person ages and matures (Clark, Martin, & Bush, 2001). It has been evidenced by (Oetting & Donnermeyer, (1998) that while any of these

groups (school, family and peers) are capable of transmitting both pro-social and deviant norms, family and school are seen as being primarily pro-social and peer groups carrying the main risk of transmitting deviant norms. Peer groups, according to the above authors, form the last primary socialization group, and have the greatest impact on those alienated from the first two groups (ibid).

However, in the case of sexual education for youth in some societies, parents, school, and media who were expected to be the primary sources of sexual information of youth may be likely not to be so because of many reasons. In fact, this theory does not take into account the differentials in socioeconomic development of societies. It is commonly known that in some developing countries, the literacy level is still low, and many children do not attend school or drop it out early for different reasons. Similarly, it is obvious that in those societies, media such as television, radio, newspapers, film, books, etc. are likely to be inexistent or insufficient because of rampant poverty, high rate of illiteracy and lack or shortage of relevant infrastructure. In such societies, school and media are therefore unlikely to be the primary socialization agents. Additionally, it was argued that the primary socialization theory neglects some realities, in war-torn societies, where many children are either orphans or separated from their parents or other adults, and do not have any person to play a parental role of socialization agents.

Obviously, in such societies, parents are unlikely to be reported as a primary socialization agent. Similarly, as far as sexual education is concerned, it was suggested that in some cultures, parents are reluctant to discuss sexual matters with their children, because such topics are considered either taboo or shameful (FHI/IMPACT, 2000). Therefore, in such societies primary socialization theory cannot be practicable because parents, school, and media are unlikely to be the primary sexual socialization agents. Despite these criticisms made towards the primary socialization theory, the latter is useful in this study because it emphasizes the need to consider parents, school, peers and media as one of the socialization agents for youth and this is the central aim of the study. In fact, even if some of these sources such as parents and media have not been cited neither by uneducated nor by educated youth as their primary sources of sexual information, this theory helped to identify what are the real sources of sexual education for both educated and uneducated youth in this area.

In addition, these sources (example: parents) do not frequently operate in the program of sex education in the same area. Based on that, Edelman who suggests that “it is the entire community's responsibility for each and every child to get education. The responsibility for teaching should be equally shouldered by parents, as well as teachers and by the community that each family resides in. The task of transmitting knowledge to children incumbs to parents, teachers, religious leaders and is under the community’s responsibility." Edelman cited by Solomon (2001). Therefore combined effort from the mass media, schools, religious bodies, peers, education program and so forth is useful and may be emphasized and strengthened in educating and counseling youth about sexual matters.

2.3 EMPIRICAL REVIEW

Evidence shows that a combination of comprehensive sex education and access to birth control appears to decrease the rates of unintended pregnancies among teenagers. A meta-analysis that compared comprehensive sex education programs with abstinence-only programs found that abstinence-only programs did not reduce the likelihood of pregnancy, but rather may have increased it (Dicenso, et.al, 2002). Numerous studies show that curricula providing accurate information about condoms and contraception can lead to reductions in the risky behaviors reported by young people as well as reductions in unintended pregnancies and STIs. Programs that teach only abstinence have not been shown to be effective.

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 behaviors 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 (UNFPA, 2013). By emphasizing rights and gender issues, these programs help reduce gender-based violence and bullying, promote safe schools, empower young people to advocate for their own rights, and advance gender equality. "Few sexual health

interventions are designed with input from adolescents. Adolescents have suggested that sex education should be more positive with less emphasis on anatomy and scare tactics; it should focus on negotiation skills in sexual relationships and communication; and details of sexual health clinics should be advertised in areas that adolescents frequent (for example, school toilets, shopping centres). (Dicenso, et.al, 2002). Also, a U.S. review concludes that "the overwhelming weight of evidence shows that sex education that discusses contraception does not increase sexual activity". The 2007 study found that "No comprehensive program hastened the initiation of sex or increased the frequency of sex, results that many people fear." Further, the report showed "Comprehensive programs worked for both genders, for all major ethnic groups, for sexually inexperienced and experienced teens, in different settings, and in different communities (Kirby, Douglas, 2007).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research design

This study used descriptive survey design. The descriptive survey research design is used for its appropriateness in making reality known through collecting detailed factual information that describes existing phenomena at a given moment in time. This research design sought for and solicits information by asking respondents questions about their perceptions about “Sex Education as a Tool for Reducing HIV/AIDS and Unwanted Pregnancies among Youths in Odogbolu Local Government Area of Ogun State”. The responses are given in written. The design is appropriate in this study because it enables the researcher to collect data from the respondents through the use of observation and questionnaires.

3.2 Population of the study

The population of the study consists of youths staying in Odogbolu local government Area of Ogun State.

3.3 Sample and Sampling Procedure

The total of one hundred residents who are youths, were randomly selected across five towns in Odogbolu Local Government Area. The sampling technique that was used in this research study was stratified random sampling technique. The towns selected for the study are as follows:

6. Idowa Town
7. Ala Town
8. Igbile Town
9. Ososa Town

10. Omu-Ijebu

3.4 Research instruments

The research instrument used for this study was questionnaire developed by the researchers. The questionnaire was designed and constructed using scale response mode based on the rating techniques. These are Agreed, Strongly Agreed, Disagreed and strongly Disagreed.

The questionnaire will consist of two (2) sections named as section A and section B

The section A will be the personal data, and section B will be the questions based on the formulated research questions.

3.5 Validation of Research Instruments

In order to validate the research instrument, the researcher carefully prepared relevant questions about the study to make the questionnaire. The researcher later on passed this instrument to the research supervisor who subjected the research instrument to both content and face validity

3.6 Method of Data Collection

The questionnaire will be distributed by the researcher and one research assistant. The respondents will be given ample time to fill the questionnaire. Researcher will wait patiently to collect it back from them.

3.7 Procedure for Data Analysis

The completed questionnaire will be collected; coded and analyzed using descriptive statistics of frequency counts and simple percentage to analyze the demographic variables and the Chi-square to analyzed the stated research question at 0.05 alpha levels.

Chi- square will be calculated using the formulae below χ^2 (Chi-square);

$$\chi^2 = \sum \frac{\mathbf{E}_o - \mathbf{E}_e}{\mathbf{E}_e}^2$$

E_e

Hence, χ^2 = Calculated Chi – Square

P = Level of Significance

E_o = Frequency Observed

E_e = Frequency Expected

{The rule of thumb (Decision rule): Accept hypotheses, If χ^2 calculated is < (less than) χ^2 table value, reject hypotheses, if χ^2 calculated is > (greater than) χ^2 table value. }

CHAPTER FOUR

4.0 PRESENTATION AND ANALYSIS OF RESULTS

This aspect of the research dealt with the analysis of the collated data, and their respective presentations, featuring the analysis of data collated for section A which was the aspect that covers the personal data. Also, the subsequent feature cover the Section B, which asked the questions based on the research questions. The simple percentage score, as well as the chi-square analytical statistical package called SPSS were also used in the analyses. The bar charts were also used as means of illustration. In a nutshell, this chapter presented the results of the research as obtained through the questionnaire and its constraints, the tables showing the data analysis and summary of findings as received from the respondents, based on the Evaluation of Sex Education as a Tool for Reducing HIV/AIDS and Unwanted Pregnancies among Youths in Odogbolu Local Government Area of Ogun State.

4.1 ANALYSIS OF PERSONAL DATA

In this following section, the data was collated from personal information of the respondents on level, age and sex. The first aspect of the presentation of the demographic information was on percentage proportion using the simple percentage score, and the other aspect of the presentation of the personal information was on bar chart presentation. The bar chart presentation was an illustration to show the relative proportions of the different category in pictorial form.

Table 4.1.1: Distribution of Respondents by Sex

Alternative	Frequency	Percentage
Male	43	43%
Female	57	57%
Total	100	100%

The above table showed that there were more females (57%) than their male counterpart.

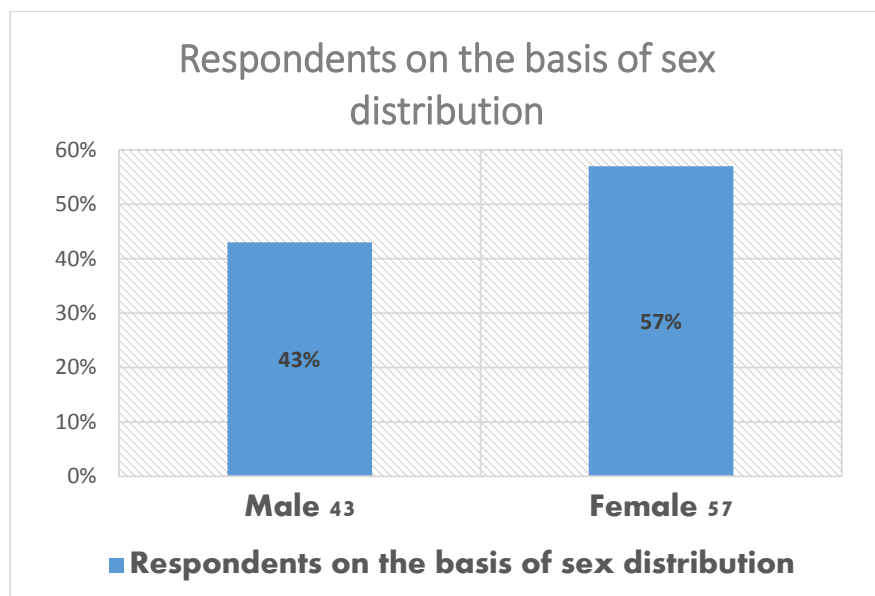
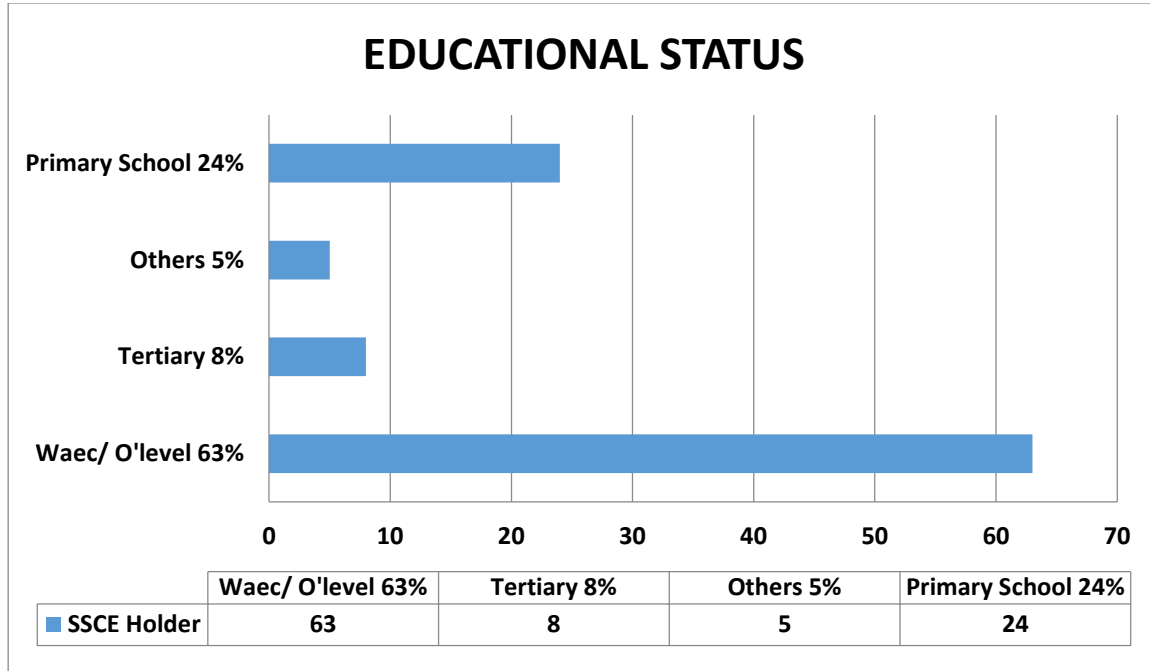


Table 4.1.2: Distribution of Respondents by Age

Alternative	Frequency	Percentage
15 – 18 yrs	9	9%
19 – 21 yrs	50	50%
22 – 25 yrs	36	36%
26 & above	5	5%
TOTAL	100	100%

In the above table, the respondents indicated the age brackets as 15 – 18 yrs (9%); 19 – 21 yrs (50%); 22 – 25 yrs (36%) and 26 years & above (5%). The results showed that half of the respondents' falls within the age bracket of 19 – 22 yrs, meaning that majority of the respondents were within the ages of young adults and are vulnerable to unwanted pregnancies and various sexually transmitted diseases.

Figure 4.1.3: Educational status of the respondents



Based on the graphical presentation above it was clearly observed that there should be adequate need for sex education basically at the primary and secondary school levels as students within the age bracket of primary and secondary schools constitute the highest populations of youths found with unwanted pregnancies in the society. Nevertheless students in tertiary institution of learning should as well be informed of the consequences of illicit sexual practices. In a view of the above chart we can as well say that not all respondents in the sampled area are illiterate as 63% of the chart showing SSCE holder certificate, 8% from higher institutions of learning, 24% are first school leaver certificate holders and 5% are seen to have little or no education.

4.3 ANALYSIS OF QUESTIONNAIRE

This aspect of the research covered the analysis of data using chi-square analytical tool via the SPSS 17.0 statistical package. This analysis was on the three research questions postulated in chapter one that were later showcased in the questionnaire. The levels of significance of the data collated and collected are further analyzed with Chi-Square(X^2) data analysis at 0.05 degree of freedom, to establish significance in the research questions.

Using the chi-square, calculations of the expected frequencies are based on the following formula:

The calculated (χ^2) chi-square values were computed using the formula below:

$$\chi^2 = \sum \frac{(O-E)^2}{E}$$

E

Where,

O = Observed Frequency of responses

E = Expected Frequency of responses

χ^2 = calculated chi-square of responses

Σ = Summation

To determine the table value of χ^2 , we need to determine the associated degree of freedom:

$$Df = (R - 1) (C - 1)$$

Where R = Number of rows

C = Number of columns

From the Chi-square table, DF=1 under 0.05 is 3.84 which is constant. It will be used to determine the positive and negative.

{The rule of thumb (Decision rule): Accept research question/hypotheses, If χ^2 calculated is < (less than) χ^2 table value, reject hypotheses, if χ^2 calculated is > (greater than) χ^2 table value }.

RESEARCH QUESTION 1

To what extent is sex education felt to be important among youths in Odogbolu local government area of Ogun State?

S/N	ITEM	SA	A	SD	D
1	Efforts to reduce the HIV transmission among youths does not often get to those who are highly at risk and	80	20	0	0

	a lot of programs do not address intergenerational sexual partnerships				
2	sexuality education is considered as one of the prime aspect to prevent unwanted pregnancies which is vulnerable among the school going teenagers	52	46	2	0
3	The cognitive process of learning, empower the teenagers' students about being aware of sexuality education and its important	60	39	1	0

Analysis from the table above shows that 80% of the respondents strongly agreed that all the Efforts made to reduce the HIV transmission among youths does not often get to those who are highly at risk and a lot of programs do not address intergenerational sexual partnerships. It was also observed that sex education has been considered as one of the prime aspect to prevent the issues of unwanted pregnancy which has become the order of the day among our school going teenagers in Odogbolu local government area of Ogun State with 52% of the respondent strongly agreed to the assertion and 46% also agreed to the same statement. It was further stated that 60% of the sampled populations strongly agreed that the cognitive process of learning, empower the teenagers' students about being aware of sex education and its Importance, while 1% of the respondents strongly disagreed to the same assertion.

Chi-Square Analysis

Alternative	Mean	S.D	Df	χ^2_{cal}	χ^2_{tab}	P	Remark
SA	61.50	26.05	1	2.25	3.84	0.05	Accept
A	37.83						
SD	0.00						
D	0.67						

The chi-square value (2.25) is lesser than the tabulated value (3.84) which showed that the research question was accepted. The implication of this analysis on Research Question 1 was that there is the need for Sex education to be taken seriously at all levels of education because, teen pregnancies are associated with serious health concerns for both mother and child. Complications of pregnancy, miscarriage, stillbirth, premature birth and low birth weight, birth defects and disabilities are more likely in teen pregnancies. In addition to physical health risks, teen parents generally have a less optimistic future than peers who are not teen parents. Nevertheless, education as being the vital source for development not only academically but also socially that bring social welfare and increase the quality of human life, it is, therefore, understood that it can play a major role of providing knowledge for preventing unwanted Pregnancies and the disease that can be transmitted through sexual relationship by implementing the sex education in the school curriculum. It is the prime aspect of this research to reveal that if the teenagers' have understood the use of contraceptives in sexual relationship. The uses of contraceptives therefore, to some extent would help prevent the teenagers' from affecting from the disease.

RESEARCH QUESTION 2

Do youths have a good knowledge about the use of contraceptives for the prevention of unwanted pregnancies?

S/N	ITEM	SA (%)	A (%)	SD (%)	D (%)
4	Youths in Odogbolu does not have a good knowledge on the use of contraceptives.	68	28	3	1
5	Adolescents are more likely to have multiple sexual partners and short-term relationships, to engage in unprotected intercourse, and to have partners who are themselves at high risk unwanted pregnancies and HIV/AIDS	41	35	15	9
6	Sex education has not been adequate enough in Odogbolu local government	51	25	14	10
7	Youth refers to the period between childhood and adulthood	40	34	20	6

8	Some parents in Odogbolu local government perceived sex education as not been right for their children	52	25	12	11
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Analysis in research question 2 shows that Youths in Odogbolu does not have a good knowledge on the use of contraceptives with the variables showing 68% who strongly agreed, 28% agreed while 3% strongly disagreed and 1% of the sampled youths disagreed to the same assertion. It has been observed that 41% of the respondents strongly agreed that Adolescents are more likely to have multiple sexual partners and short-term relationships, to engage in unprotected intercourse, and to have partners who are themselves at high risk unwanted pregnancies and HIV/AIDS, 35% agreed, 155 strongly disagreed and 8% of the sampled youths disagreed to the same statement. Obviously, sex education has not been adequate enough in Odogbolu local government with 51% of the respondents who strongly agreed to this statement, 25% agreed while 14% strongly disagreed and 10% disagreed fully to the same assertion. It should be noted that Youth refers to the period between childhood and adulthood as 40% of the respondents strongly agreed to the statement above, 34% agreed generally while 20% strongly disagreed. Finally analysis of research question 2 shows that some parents in Odogbolu local government perceived sex education as not been right for their children and this has in one way or the other mislead and misinform the children about safe sex practice and the use of contraceptives in preventing unwanted pregnancies.

Chi-Square Analysis

Alternative	Mean	S.D	Df	χ^2_{cal}	χ^2_{tab}	P	Remark
SA	55	24.06	1	6.03	3.84	0.05	Reject
A	41.8						
SD	1						
D	1.4						

The chi-square value (6.03) is greater than the tabulated value (3.84) which showed that the research question was rejected. The implication of this analysis on Research Question 2 was that Sex education has not yielded much success in Nigeria since its introduction in the secondary school curriculum as more adolescents get pregnant and drop out of school. Furthermore, the problem of teenage pregnancy and HIV/AIDS is considerably worse in Nigeria than in any other developing country. Among developing countries, Nigeria has one of the highest birth rates for women less than 20 years and

Study suggested that the problem of teen pregnancy in Nigeria may be related to less sex education in schools and lower availability of birth control services and supplies to adolescents, Encarta (2007). The findings reveal that most of female teenagers' have knowledge about the contraceptives. However, the school going teenagers' who agrees upon the need and importance of sex education, there is still existing evidence that they lack the knowledge about such preventive methods. It is almost clear from the findings that these sexually transmitted disease are still yet to be informed to the teenagers' including both the male and female. This is one major pitfall of the curriculum as sexuality education was also designed for informing about the knowledge regarding sexually transmitted disease.

RESEARCH QUESTION 3

What are the influences of sex education on youths in Odogbolu local government area of Ogun State?

S/N	ITEM	SA	A	SD	D
9	My knowledge of sex education has protect me from the pressure of early sex practice	40	21	25	14
10	Introduction of sex education to all curriculum has helped reduce the rate of teenage pregnancies and sexual abuse	37	22	21	20
11	The cognitive process of learning, empower the teenagers' students about being aware of sexuality education and its important	28	30	22	20
12	Sex education gives relevant knowledge about disease transmitted through sexual relation and also to suggest the safe sex practice if situations demands	45	34	11	10

These findings were similar with the results from developed world that had continually indicated that there is a significant chance that HIV/STI education interventions and school-based sex education could improve knowledge about sexuality, just as classes in a particular subject could increase knowledge about that particular subject or topic. Topics on sex education and HIV/STIs are often of great interest and relevance to the lives of students, they are often very effective way in increasing students' knowledge. These results provide convincing evidence that curriculum-based compared with non-curriculum based interventions on HIV education do not lead to an increase in reported sexual activity, but rather, it is effective in increasing knowledge on preventative methods and condom use, reduces risky sexual behaviors and delays the initiation of sexual activity. This conclusion is mainly for adult-led interventions which were particularly

strong and consistent. With these changes in sexual behavior, one could anticipate a decrease in both unwanted pregnancy and sexually transmitted infections (STIs), but, only one study assessed an intervention's impact on the rate of STIs which produced no positive significant effects (Hayes et al, 2005).

Chi-Square Analysis

The chi-square value (2.3) is lesser than the tabulated value (3.84) which showed that the research question

Alternative	Mean	S.D	Df	χ^2_{cal}	χ^2_{tab}	P	Remark
SA	54.25	24.57	1	2.33	3.84	0.05	Accept
A	44.25						
SD	1.25						
D	0.00						

was accepted. The implication of this analysis on Research Question 3 was that Taking into consideration of being aware and learning process, sex education have gained a ground in providing knowledge of STD, contraceptives and its necessity in social milieu. However, it can be understood that those students who have learned about the knowledge that sexuality education provides have a high chances of preventing themselves from STD. Nevertheless, when sharing of such knowledge is concerned with social members, basically the female gender might have trouble in communicating such knowledgeable information. Conclusively, it can be stated that school going teenagers who have taken over the course of sex education in secondary level both female and male have felt the necessity and importance of this education.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY

Despite have the research on sexuality education among the school going teenagers, the research was limited to knowledge based. The theoretical framework constructed for the purpose of this research exhibit the existence of knowledge gathered by the students of different gender, age and level of education. However, sexuality education is considered as one of the prime aspect to prevent STD which is vulnerable among the school going teenagers.

Taking into consideration of being aware and learning process, sexuality education have gained a ground in providing knowledge of STD, contraceptives and its necessity in social milieu. However, it can be understood that those students who have learned about the knowledge that sexuality education provides have a high chances of preventing themselves from STD. Nevertheless, when sharing of such knowledge is concerned with social members, basically the female gender might have trouble in communicating such knowledgeable information.

After passing out and moving in to high school, students finds themselves into more complex situation when it comes into concern of being socializing among new friends and adopting new cultures. This situation might bring the students into the position of almost shutting their voice of being unfamiliar towards sexuality talking.

5.2 CONCLUSION

To conclude my study based on the finding, it can be concluded that sexuality education have brought about many importance knowledge that is relevant to the safeguarding of health. The study of the research was focused on the teenagers' both male and female to find out the basic knowledge they have acquired about sexuality education. The research study also framed a model theoretical construction to find whether the social and cognitive theory of learning has occurred in the teenagers' so that they would be informed and also try to inform the societal members that ultimately benefits the social aspect of life. Based on the theory of learning, it can be concluded

that the learning has occurred as they are more informed about the sexually transmitted disease and the method to prevent by using temporary and permanent contraceptives. There are still chunks of teenagers' who have not received proper attention, however, majority of teenagers' have agreed on gaining the knowledge and also have a positive inclination of importance and the need of sexuality education in the curriculum.

5.3 RECOMMENDATION

1. Educational institutions are key settings for educating children on HIV and unwanted pregnancies prevention for halting the further spread of the infection. Success in carrying out this function depends upon reaching children and young adults on time to reinforce positive health behaviours and alter the behaviours that place young people at risk.
2. It is important that governments and other stakeholders aim at investing in training teachers in schools to train teachers to promote these sexual health interventions for young people in developing countries. Currently, medical researchers seem to focus more on cure than prevention.
3. There is also the need to have a well design school based HIV/STI programmes in the developing countries, if possible they should be conducted using randomized controlled trials.
4. Samples included in such studies should be very large to measure effectively the interventions impact on HIV/STIs among young people.

5.4 Suggestions for Further Studies

Based on the limitations and findings of this study, the researcher has the following suggestions for further study.

1. A replication of this study using a wider geographical area, if possible the whole Ogun State.

2. A replication of this study with inclusion of students, teachers and school community as respondents is encouraged to see if the findings that will be obtained will differ from the findings of this present study.

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**TAI SOLARIN COLLEGE OF EDUCATION, OMU-IJEBU
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DEPARTMENT OF PRIMARY EDUCATION STUDIES

QUESTIONNAIRE FOR TEACHERS

Dear Respondent,

The questionnaire below seeks your opinion on **Sex Education as a Tool for Reducing HIV/AIDS and Unwanted Pregnancies among Youths in Odogbolu Local Government Area of Ogun State.**

The importance of this questionnaire is in partial requirement for the fulfillment of Nigeria certificate (N.C.E.). It is designed for the purpose of research only; and all information supplied shall be treated in strict confidence.

Thanks for your anticipated co-operation.

SECTION A: INSTRUCTION

Kindly tick (√) in the appropriate columns key:

SA - Strongly agreed

A - Agreed

D - Disagreed

SD - Strongly Disagreed

SECTION B: DEMOGRAPHY

GENDER: MALE FEMALE

AGE: 15-18 19-21 22-25 26Years &above

EDUCATIONAL STATUS: Pry. Sch Certificate Wasce/O'level Tertiary

Others _____

SECTION B: QUESTION SERIES FOR RESPONDENTS

S/N	ITEMS	SA	A	SD	D
1	Efforts to reduce the HIV transmission among youths does not often get to those who are highly at risk and a lot of programs do not address gender sexual partnerships				
2	It is understood generally that a large number of youths who are sexually active, do not practice monogamy in their sexual relationships, and do not like using condoms regularly, as it shows in the high incidence of HIV among youths globally				
3	sex education is considered as one of the prime aspect to prevent unwanted pregnancies which is vulnerable among the school teenagers				
4	Youths in Odogbolu does not have a good knowledge on the use of contraceptives.				
5	The cognitive process of learning, empower the teenagers' students about being aware of sexuality education and its important				
6	Youth refers to the period between childhood and adulthood.				
7	The majority of the youth who are newly infected with HIV are those who inject drugs, and very few of them have access to evidence-informed HIV prevention and treatment services.				
8	Adolescents are more likely to have multiple sexual partners and short-term relationships, to engage in unprotected intercourse, and to have partners who are themselves at high risk unwanted pregnancies and HIV/AIDS				
9	Sex education gives relevant knowledge about disease transmitted through sexual relation and also to suggest the safe sex practice if situations demands				
10	Education is considered as one of the major factor for any development.				
11	Nigeria is one of the region in West Africa most severely affected; with young people living with HIV/AIDS and unwanted pregnancies				
12	Some parents perceived sex education as not been right for their children				

13	My knowledge of sex education has protect me prom the pressure of early sex practice				
14	Introduction of sex education to all curriculum has helped reduce the rate of teenage pregnancies and sexual abuse				
15	Sex education has not been adequate enough in Odogbolu local government				