

# Childhood sex education reduces risky sexual behaviour—a Nigerian case study

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The World Health Organization has marked significant [improvements](#) in some aspects of adolescent sexual and reproductive health. Young people are having their first sexual encounters at a later age and are more likely to use condoms. But HIV infections in this age group are not decreasing and sexually transmitted infections remain high.

The World Health Organization defines an [adolescent](#) as a person between the ages of [10 and 19](#). Adolescents make up [22.3%](#) of Nigeria's population. The country is home to [a third of all adolescents](#) on the continent. This is why any study on how to prevent risky health behaviors is important for the country's future health.

[In Southeastern Nigeria alone](#), the prevalence of sexually transmitted infections among adolescents has been placed at 17%. In addition, 32.5% of all unsafe abortions in this region are [among adolescents](#). The prevalence of sexually transmitted infection and HIV among [adolescents in Nigerian universities](#) is high. This is due to high-risk sexual behaviors like [unprotected sexual](#)

[intercourse](#) and multiple sexual partners.

Research has shown that [sex education](#) can help address risky sexual behavior. It can also reduce teenage pregnancies as well as sexually transmitted infections and HIV. Access to [sex education](#) gives [young people](#) the opportunity to learn about their sexuality, sexual activity, safe sex and sexual abstinence. The knowledge equips them to make sensible sexual decisions. [But young people](#) in Nigeria rarely have free access to information about their sexuality. As a result, most find answers from questionable sources, which exposes them to even greater risks.

[Parents have the primary role](#) of educating their children about their sexuality. But [cultural beliefs](#) and taboos about sex can work strongly against their efforts. Another challenge is that even when the subject is approached, emphasis is often on abstinence-only sex education.

We conducted [a study](#) among young undergraduates at four Nigerian universities. The aim was to find out what type of sex education they were exposed to in childhood and how that influenced their sexual behavior as [university students](#).

We found that the rate of risky sexual behavior differed among adolescents based on the type of sex education they received in childhood. The more information they were given by their [parents](#), the less risky behavior they engaged in.

## The views of adolescents

We conducted qualitative research that involved collecting data from 24 adolescent undergraduate students in four universities located in Southeastern Nigeria. The [number of participants](#) is considered appropriate for a study of this nature.

The participants were within the 16—19 years age

range. We focused on adolescent undergraduates who were separated from their parents or guardian and were staying either on or off campus.

Often, this group has greater autonomy, which could mean more opportunity to engage in sexual activity.

[Our data](#) showed that most students who received abstinence-plus sex education reported consistent condom use, complete abstinence or one sexual partner.

We concluded from this that the fact that parents spoke to their children about contraceptives like condoms and the risks associated with multiple sexual partners was important for the child's sexual experience as they grew older.

Our findings also showed unprotected sex and multiple sexual partners were much more prevalent among adolescents who were not exposed to quality sex education in early adolescence.

This was also true of adolescents whose parents were religious and authoritative and did not teach sex education during early adolescence. In addition, students who received abstinence-only sex education engaged in unprotected sex and multiple sexual partners.

Students raised in rural areas indulged in unprotected sex because of limited access to sex education during early adolescence.

These groups described the university as an environment to do most of what they were prevented from doing at home.

### **What to do**

[The important role](#) of parents when it comes to sex education has been shown in a range of research around the world. But sex education must happen at an early age. In addition it must be comprehensive enough to cover knowledge on contraception, and the consequences of multiple [sexual partners](#) and sexual initiation at a young age.

[Mothers, unlike fathers](#), are more available to educate their children about sex. But there is a need for both parents to see sex [education](#) as a joint activity and not the sole responsibility of mothers.

Programs to improve the communication skills of parents should be organized. This has the potential to improve children's sexual development.

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