

# Attitude of Married Adults in Kwara State, Nigeria towards the Teaching of Reproductive Health Education in Schools

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**Abstract-** Family life education is described as the education and effort to strengthen youths (young ones) on reproductive health, to have meaningful social relationships in the context of family and society. It also assists to prepare the young ones for adulthood. It is described as family life education because it is the enlightenment packaged that is designed for appropriate reproductive health which is aimed at equipping people on healthy mutual satisfying and responsible sexual relationship. For young ones to learn how to live a healthy life in an healthy environment, it is important to conduct this study which aimed at investigating attitude of married adults in Kwara State towards the teaching of reproductive health education in schools. A total of 200 married adults were randomly sampled from Ilorin West, Ilorin East, Ilorin South and Offa Local Government Area of Kwara State (40, 40, 40 & 80 respectively). A researcher developed instrument tagged "Attitude of Married Adults Towards Teaching of Reproductive Health Education Questionnaire (AMATTRHEQ) was used to collect relevant data from the respondents with a 4 Likert rating scale of Strongly Agree, Agree, Disagree and Strongly Disagree. Content validity of the instrument was ascertained by five experts in the Department of Counsellor Education, University of Ilorin and test retest reliability of 0.86 was obtained which showed that the instrument is reliable. The instrument was pilot tested and the response revealed that the instrument is usable and free from errors and ambiguous. To analyze the data collected, descriptive statistic (mean, frequency count and percentage) was used for the personal data and research question while inferential statistic (t-test and analysis of variance) was used to analyze the research hypotheses generated for the study. All hypotheses were tested at 0.05 alpha level of significant. The major finding of the study showed that married adults in Kwara State has positive attitude towards the teaching of reproductive health education in schools (186, 93%). Based on the tested hypotheses, gender and educational qualification of the respondents' influence their attitude towards reproductive health education. Age and religious affiliation of the respondents on the other hand does not influence their attitude. Based on these findings it was recommended that counsellor should continuously organize educative programmes on the mass media to equip mothers on the need to enlighten their children and wards on their

reproductive health which will pave for cordial relationship between mothers and their children (girl child).

**Index Terms-** Attitude, Married Adults, Reproductive Health Education.

## I. INTRODUCTION

Having a close look at adolescents these days, one could observe that majority of them have not been exposed to the teaching of reproductive health education which is popularly known as "sex education". The term "sex education" was worked upon to be "reproductive health education" because most parents (particularly mothers) see the term "sex" as secretive term that should be used only among the married adults. With this belief, most parents are not willing to discuss the issue of reproductive health with their children and wards as they see it as taboo, sensitive and explosive topical issue. To learn about reproductive changes and exposure therefore, adolescents have solely relied on their initiative and whatever they can learn from their peers and school mates. Thus, many of them become victims of sexual abuse as a result of insufficient knowledge about reproductive health. Jean Piaget, a developmental psychologist asserted that reproductive health is a fundamental distinctions relating to reproduction within species.

Reproductive health education connotes education or learning experiences that is provided to facilitates the integration of the somatic (bodily) emotional, intellectual and social aspect of sexual being in ways that are positively enriching that enhance personality make-up, communication and love. Planned Parenthood Federation of Nigeria (PPFN) (2002) expressed that reproductive health education is an education that is designed to gender adequate and appropriate information about the meaning, function and abuse of sexuality to young people in order to prevent unwanted pregnancies and sexually transmitted diseases. Olasehinde and Ogunlade (1995) reported that the development of secondary sex organs which occurs at adolescence often brings along a new problem for the

adolescent. The adolescents' at this stage feels new sensations, develops likeness for the opposite sex and feels the urge to satisfy his sexual desires. But then the society does not approve of sexual relations outside marriage. To reconcile the challenge(s), the adolescents often resorts to masturbation and sometimes engage in "hide and seek" affair to the major conflict at this period lies in the ability of the adolescents to satisfy his/her sexual urges and at the same time to be alone with the societal moral line of sexual decency.

Edna (2008) expressed that the advent and development of science and technology that brought about civilization prove the essence of showing a great concern to the teaching of reproductive health education in Nigerian secondary schools and most importantly at home. This is mainly as reason closely linked to moral laxity that civilization has brought to the world. Samuel (2008) also added that the society is a dynamic entity that is progressively making advances in different spheres. These advances particularly technological advancements have different effects on culture, institutions and individuals. And that there seems to be internet addiction among Nigerian youths as a visit to some cyber café shows that majority of the users are youths.

To emphasized the effects of this exposure to youngsters, Adedoyin and Adegoke (1996) asserted that young people engage in risky sexual behaviours and sexual activities begins among them at adolescence. During this period, adolescents become sexually mature and the risk of becoming sexually active becomes very high. Many unmarried boys and girls are sexually active before the age of 15. Some adolescents become sexually active early without adequate information, skills and services to protect themselves. Sexual relation among adolescents is often unplanned and sometimes forced. Lacking the necessary knowledge and skills, young adolescents are less likely to protect themselves of sexually transmitted diseases and unwanted pregnancies.

Introducing reproductive health education in schools have called for the attention of many researchers and education stakeholders. Oladuntoye (2002) ascertained that in some communities, schools have successfully provided curricula experience in reproductive health education for students for a long time. In other communities, such schools have not yet undertaken those responsibilities while reproductive health education is still a controversial issue in some areas. Many teachers hesitate to pick up the challenges because of lack of preparation and experiences in it or through fear of community reactions. Some administrators on the early preparation for such programme found it desirable to bring in a well known professional speakers to discuss trends, philosophy and substances of the programme with parents.

Reproductive health education is highly needed in schools so as to breed a health society from sexually transmitted diseases, teenage pregnancy, death from abortion and early parenthood. Spanner (2004) suggested that effective reproductive health education should begin as soon as the child enters school (primary school). Owuamanam (2006) expressed further that reproductive health education courses should be included as new courses at the four levels of Nigerian educational system (primary, junior and senior secondary and tertiary institutions). Sanson (1996) early advocated that reproductive health education deserves a better place and approach in the secondary school curriculum in Nigeria. Because physical and sexual aggression is one of the

characteristics of adolescents, the secondary school students are not exceptional. Therefore there is need for adequate education that would help them channel their sex impulse along responsible and desirable ends.

Secondary school students are mostly teenagers who show a wide range of physical maturation which become a problem because the cultural and community expectations are high. At this stage, adolescent (teenagers) love pleasure, they have insatiable sexual drive especially the boys. The teenager is seen as a person who is learning to grow and has good idea and questioning mind. He cannot achieve this in a vacuum or without proper guardian from parents and the social agency in the society like the school. As someone getting ready for the future, formal reproductive health education must be part of its growth. A great number of teenagers feel guilty, very anxious and unduly excited about reproductive because they are misinformed or not informed at all. Lucas (2000) added that quite majority of teenagers would have liked reproductive health education at school; so many of them claimed that their parents were embarrassed to discuss reproductive health with them. In this respect, adolescents live with a lot of dilution or myths and their feelings can often been alleviated just by providing them with correct information about reproductive health.

The following research questions are formulated to be answered in this study:

1. What is the attitude of married adults in Kwara State towards the teaching of reproductive health education in schools?
2. Is there any significant difference in the attitude of married adults in Kwara State towards the teaching of reproductive health education in schools based on gender and age?
3. Is there any significant difference in the attitude of married adults in Kwara State towards the teaching of reproductive health education in schools based on religion and educational qualification?

## II. RESEARCH HYPOTHESES

The following hypotheses are generated to guide the study:

1. There is no significant difference in the attitude of married adults in Kwara State towards the teaching of reproductive health education in schools based on gender and age.
2. There is no significant difference in the attitude of married adults in Kwara State towards the teaching of reproductive health education in schools based on religion and educational qualification.

## Methodology

Descriptive survey method was adopted for the study. Descriptive design was employed because it provides accurate description of a particular situation at one, or more points in time. The population for this study is all married adults in Kwara State while the target population is 200 randomly selected married adults in Ilorin and Offa respectively. To select the participants for the study, 40 respondents were randomly selected each from Ilorin West, Ilorin East, Ilorin South and 80 respondents from Offa. These respondents were sampled from schools, hospitals, churches / mosques and

government offices. And the total number of the respondents that were sampled for the study is 200 respondents (40, 40, 40 and 80 respectively). The instrument designed has a four scale of Strongly Agree, Agree, Disagree and Strongly Disagree. The instrument items were structured both positively and negatively. The positively structured items were scored positively while the negatively structured items were scored negatively i.e.

TABLE I. NUMERICAL VALUES ATTACHED TO RESPONSE

Items	SA	A	D	SD
Positively Structured Items	4	3	2	1
Negatively structured items	1	2	3	4

The instrument designed for this study titled “Attitude of Married Adults towards Teaching of Reproductive Health Education Questionnaire” (AMATTRHEQ) was validated by experts in the Department of Counsellor Education, University of Ilorin, the instrument was pilot tested on a representative sample of some married adults and the reliability co-efficient of 0.86 through test – retest method at the interval of three weeks was also ascertained. The instrument designed consists of twenty items.

Items 1, 14, 19 and 20 were scored positively (positively structured items), while the remained 16 items were negatively structured and so were negatively scored. Since the items were both negatively and positively structured and scored, to determine whether a respondent had a favourable (positive) or unfavourable (negative) attitude towards the teaching of reproductive health education, the mean of the available scores of 1, 2, 3 and 4 was taken to be 2.5 (1+2+3+4 ÷ 4). Since there are 20 items in the scale, therefore (2.5 x 20) = 50 was taken to be cut-off point for determining whether a respondent had a favourable or unfavourable attitude towards the teaching of reproductive health education. Any score above 50 was taken as a favourable attitude, while any score from 50 and below was taken as an unfavourable attitude towards the teaching of reproductive health education.

III. RESULTS

Both descriptive and inferential statistics were employed to report the findings of the study. The research question was analyzed with descriptive statistic while inferential statistic was used to analyze the research hypotheses generated for the study.

TABLE II. MEAN AND RANK ORDER OF ATTITUDE TOWARDS THE TEACHING OF REPRODUCTIVE HEALTH EDUCATION IN SCHOOLS

Item No	In my view, the teaching of reproductive health education:	Mean	Rank
1	reduces the spread of sexually transmitted diseases.	3.68	1 <sup>st</sup>
16	should be given with reservation.	3.29	2 <sup>nd</sup>
8	lead to unwanted pregnancy that could disrupt a child's	3.07	3 <sup>rd</sup>

	education.		
18	could be better taught at school than home.	2.87	4 <sup>th</sup>
14	reduces pre-marital sexual behaviour and acts.	2.80	5 <sup>th</sup>
4	should be introduced at the junior secondary school only.	2.79	6 <sup>th</sup>
10	Is frowned at by my religion.	2.74	7 <sup>th</sup>
6	increases government spending on adolescent health issues e.g. abortion.	2.69	8 <sup>th</sup>
3	reduces premature deaths among young girls.	2.69	8 <sup>th</sup>
17	increases promiscuity.	2.65	10 <sup>t</sup> <sub>h</sub>
19	helps to develop responsible sexual behaviour among youths.	2.61	11 <sup>t</sup> <sub>h</sub>
11	exposes adolescents to prostitution..	2.59	12 <sup>t</sup> <sub>h</sub>
9	should be given by parents alone.	2.55	13 <sup>t</sup> <sub>h</sub>
2	lead to pre-marital sex.	2.53	14 <sup>t</sup> <sub>h</sub>
7	increases children's interest in pornographic pictures.	2.52	15 <sup>t</sup> <sub>h</sub>
20	is necessary for children.	2.46	16 <sup>t</sup> <sub>h</sub>
15	lead to immorality.	2.29	17 <sup>t</sup> <sub>h</sub>
13	is necessary at a stage in one's life, preferably at the adolescence stage.	2.23	18 <sup>t</sup> <sub>h</sub>
12	encourages early marriage among girls.	2.14	19 <sup>t</sup> <sub>h</sub>
5	is necessary at Senior Secondary Schools alone.	2.06	20 <sup>t</sup> <sub>h</sub>

Table 2 shows that items 1, 16, 8 and 18 were ranked 1<sup>st</sup> – 4<sup>th</sup> respectively which shows that respondents level of agreement to those items are higher than their level of agreement to items 15, 13, 12 and 5 that ranked 17<sup>th</sup> – 20<sup>th</sup>.

**Research Question One:** *What is the attitude of married adults in Offa and Ilorin towards the teaching of reproductive health education in Schools?*

TABLE III. DISTRIBUTION OF RESPONDENTS BY ATTITUDE TOWARDS THE TEACHING OF REPRODUCTIVE HEALTH EDUCATION IN SCHOOL

Attitude Towards the Teaching of RHE in Schools	Frequency (N=200)	Percentage (%)
Positive	186	83.0
Negative	14	7.0
Total	200	100.0

Table 3 provides answer to research questions one. The table shows that 189 respondents who form 93% of the

respondents have positive attitude towards the teaching of reproductive health education in schools, while 14 respondents who make up (7% of the respondents have negative attitude towards the teaching of reproductive health education in schools.

**Hypotheses Testing**

This section presents the findings and result of the hypotheses that were tested using t-test and Analysis of Variance (ANOVA).

**Hypothesis One:** *There is no significant difference in the attitude of married adults in Kwara State towards the teaching of reproductive health education in schools based on gender and age.*

TABLE IV. MEAN, STANDARD DEVIATION AND T-VALUE OF ATTITUDE OF MARRIED ADULTS TOWARDS THE TEACHING OF REPRODUCTIVE, HEALTH EDUCATION ON THE BASIS OF GENDER AND AGE

Variable	Frequency	Mean	Standard Deviation	df	Calculated t-value	Critical t-value
<b>Gender</b>						
Male	101	5.430	.53	98	3.94*	1.96
Female	99	5.210	.23			
Total	200					
<b>Age</b>						
Below 30yrs	113	5.274	.61	98	1.89	1.96
31yrs & above	87	5.383	.57			
Total	200					

\*Significant, p < 0.05.

Table 4 shows that the calculated t-value for gender is greater than the critical t-value at 0.05 alpha level. This implies that gender of the respondents influence their expression while age of the respondents does not influence their attitude towards the teaching of reproductive health education. The calculated t-value is lower than its critical t-value at 0.05 alpha level.

**Hypothesis Two:** *There is no significant difference in the attitude of married adults in Kwara State towards the teaching of reproductive health education in schools based on religion and educational qualification.*

TABLE V. ANALYSIS OF VARIANCE OF ATTITUDE OF MARRIED ADULTS TOWARDS THE TEACHING OF REPRODUCTIVE HEALTH EDUCATION IN SCHOOLS ON THE BASIS OF RELIGION AND EDUCATIONAL QUALIFICATION.

Source of Variation	Sum of square	df	Mean Square	Calculated F-ratio	Critical F-
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n	s	s	ratio
<b>Religion</b>			
Between Groups	74.29	2	37.15
Within Groups	323.889	97	13.99
Total	331.318	99	
<b>Highest Educational Qualification</b>			
Between Groups	788.85	3	262.95
Within Groups	252.434	196	12.88
Total	331.318	199	

\*Significant, p < 0.05.

Table 5 shows that the calculated f-ratio is lower than the critical f-ratio for religion (2.26; 3.00) at 0.05 alpha level which means there is no significant difference on attitude of married adults on the teaching of reproductive health education in schools; while the educational qualification of respondents revealed a significant difference because the calculated f-ratio of 20.42 is significantly higher than the critical f-ratio. This means that the educational qualification of respondents influence their expression on the teaching of reproductive health education in schools but religion does not.

Since a significant difference was found based on educational qualification, Duncan Multiple Range Test was employed as a post hoc test to determine where the significant difference lies.

TABLE VI. DUNCAN MULTIPLE RANGE TEST OF MARRIED ADULTS' ATTITUDE TOWARDS THE TEACHING OF REPRODUCTIVE HEALTH EDUCATION IN SCHOOLS

Highest Educational Qualification	Frequency	Mean	Duncan Grouping	Group
Post Graduate	8	60.13	A	4
OND/NCE/Sch. Of Nur.	84	54.45	B	2
Below SSCE	48	52.42	C	1
HND/First Degree	60	51.18	D	3

Table 6 shows that the various educational qualification groups have different attitude towards the teaching of reproductive health education in schools as show on the "mean" column. Group A attitude is significantly different from groups B, C and D. This invariably implies that post graduate married adults attitude towards the teaching of reproductive health education in schools is significantly different from attitude of OND/NCE/Sch. Of Nur., below SSCE and HND/First degree respondents.

#### IV. SUMMARY OF FINDINGS

The summary of the findings are:

- Married adults in Ilorin and Offa have positive attitude towards the teaching of reproductive health education in schools (183 – 93%).
- Gender and educational qualification of the respondents influence their attitude towards the teaching of reproductive health education in school.
- Age and religion of the respondents does not influence their attitude towards the teaching of reproductive health education in schools.

#### V. DISCUSSION OF FINDINGS

The major findings of the study revealed that married adults have positive attitude (183-93%) towards the teaching of reproductive health education in schools. This finding might be as a result of sexual related problems e.g. unwanted teenage pregnancies, rape, abandon baby cases, abortion and even death which has drastically increased. So, for this to be corrected and put into normalcy, they feel that appropriate information on reproductive health education could curtail this drastically. Also, the Counsellor Education department of University of Ilorin also educate parent and students on the need for reproductive health education through the “career day” that are organized by 400L student and supervised by the lecturers in the Department which must have been succeeded in changing parents view on their beliefs on the effectiveness of the knowledge of reproductive health education on their children at different stages of their reproductive development.

Gender and educational qualification of the respondents influence their attitude towards the teaching of reproductive health education in schools. With this finding, it means that married men and women that participated in this study has different attitude towards the teaching of reproductive health education in school. This disagreed with the finding of Edna (2008) which revealed that sex of parents has no significant different in their attitude toward the teaching of reproductive health education. Also, the level of education qualification of the respondents influence their attitude. It means that respondents educational qualification influence their attitude on the teaching of reproductive health education.

Aged and religion of the respondents does not influence their attitude toward the teaching of reproductive health education in schools. It means respondent age and religion differences did not influence their attitude towards the teaching of reproductive health education. It means all the religious group supported the teaching of reproductive health education in schools so as to curb the incidence of unwanted teenage pregnancy, abortion, rape etc.

#### VI. IMPLICATIONS OF THE FINDINGS FOR GUIDANCE AND COUNSELLING

The major findings of this study revealed that respondents have positive attitude towards the teaching of reproductive

health education in schools. With this finding, counsellors at all level of education are expected to continuously organize counselling and educative seminars on reproductive health education for students to update and get them equipped on reproductive health.

Counsellors in collaboration with health officers are to organize programmes on the radio and television to educate students at all levels of education on ways and manner by which their reproductive life could be jealously and medically guide to be fit for the challenges ahead of them and to be suited for the societal moral demands and standard.

#### VII. RECOMMENDATIONS

With the various findings revealed by this study, it is recommended that:

- Mothers should well equipped with necessary information on reproductive health education and how these information would be constructively deposited and delivered to their children (wards) to satisfy the exacts target of the knowledge of reproductive health education on adolescents and young adults.
- Counsellors through the Counselling Association of Nigeria should continuously on the mass medias educate women/mothers on the need to educate their children on reproductive health education which will pave way for cordial relationship between mothers and their children (girl-child) to reduce the incidence of unwanted pregnancy, teenage pregnancy, abortion and even death.

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