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The Role of Sex Education in Teenage Contraceptive Use: Evaluating Programme Influence in Ika North East L.G.A

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Abstract

This study examines the impact of sex education programmes on contraceptive uptake among teenagers in Ika North-East Local Government Area of Delta State. It utilized the Comprehensive Sexuality Education (CSE) Model as the theoretical framework for the study. Utilizing a mixed-methods approach that includes the use of a survey, the study used both a survey and an interview as instruments for data collection. The population of the study comprised 200 adolescents aged 14-19, drawn from secondary schools in Ika North East L.G.A. A simple random sampling technique was used to ensure representation across different schools and varying levels of access to sex education or different socio-economic backgrounds. Data collected from the survey were analysed using descriptive statistics. Frequencies and percentages were used to summarise the proportions, for qualitative data, while thematic analysis was employed to identify recurring themes and patterns in participants' responses. The quantitative results showed 75% of participants had received sex education, demonstrating significantly greater awareness of contraceptive methods (56% vs 23%) and higher reported contraceptive use (63% vs 29%) compared to peers without such education. Qualitative data highlighted cultural barriers to teaching contraception and the notable influence of media on sexual attitudes, often lacking accurate health details. The study concludes that sex education positively affects contraceptive knowledge and use, although its reach is limited by cultural factors and media messages. The study recommended the development of culturally appropriate and context-specific sex education materials that promote sexual health and contraceptive use.

Keywords

Role; Sex Education; Teenage Contraceptive Use; Programme Influence; Ika North East L.G.A

1. Introduction

Sex education constitutes a structured process of teaching and learning about the various aspects of human sexuality. As articulated by the World Health Organisation (WHO, 2018), comprehensive sex education (CSE) represents a curriculum-based journey that explores the cognitive, emotional, physical, and social dimensions of sexuality. It

seeks to empower children and young individuals by equipping them with the knowledge, skills, attitudes, and values necessary to affirm their health, well-being, and dignity; cultivate respectful social and sexual relationships; consider the impact of their choices on themselves and others; and comprehend and safeguard their rights throughout their lives. The core components of sex education include information on physical maturation, reproduction, methods of preventing conception, sexually transmitted infections (STIs), healthy relational dynamics, the concept of consent, and understanding gender identity.

Effective sex education is also concerned with fostering healthy practices and enabling adolescents to make informed decisions, particularly regarding sexual activity and the prevention of unintended pregnancies and sexually transmitted infections (STIs). Teenage contraceptive use pertains to the adoption and correct application of methods designed to avert pregnancy by adolescents who are sexually active. This includes a spectrum of options, ranging from barrier methods like condoms to hormonal methods such as pills, injections, and implants. Unintended teenage pregnancies can impose significant social, economic, and health burdens on young parents and their offspring, alongside increased susceptibility to STIs, including HIV (Centers for Disease Control and Prevention, 2023).

Empirical evidence indicates a beneficial association between receiving sex education and enhanced contraceptive knowledge and utilisation among teenagers. A study conducted by Kirby (2001) found that sexuality education initiatives that incorporate instruction on contraception and condoms were effective in augmenting understanding of these methods and resulted in increased adoption of contraception among sexually active young individuals. Such programmes furnish adolescents with the essential information to make well-informed decisions concerning their sexual health and provide them with the skills required to access and proficiently employ contraceptive methods.

However, while national guidelines and non-governmental bodies may implement sex education initiatives, their penetration, content, and overall effectiveness can differ considerably based on local cultural environments, community acceptance levels, and implementation strategies. These raise questions on the availability and nature of sex education programmes in Ika North-East L.G.A; whether these sex education programs adequately meet the contraceptive needs of teenagers in this area, and if these programmes are perceived by the teenagers as influential in shaping their contraceptive knowledge and behaviour.

Against this backdrop, this study aims to evaluate the influence of sex education programmes on teenage contraceptive use in Ika North-East Local Government Area. Specifically, the study seeks to determine the proportion of adolescents in Ika North-East who have participated in some form of sex education; assess the level of contraceptive knowledge among adolescents categorised by whether they have or have not received sex education; examine the reported instances of contraceptive use during sexual intercourse within these two groups; and explore the perceived impediments and enablers to contraceptive use among teenagers in Ika North-East L.G.A, including the role of sex education programmes.

2. Literature Review

2.1 Importance of Sex Education in Promoting Healthy Behaviours Among Teenagers

Sex education serves a vital function in the overall development of adolescents, extending beyond merely preventing pregnancy and STIs. It equips young individuals with essential understanding and abilities to navigate their sexual lives safely and responsibly. According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2018), sex education contributes to adolescents' general well-being by fostering abilities in critical thinking, decision-making, communication, and forming relationships. These abilities are fundamental for establishing healthy connections, comprehending consent, and making informed choices about one's body and sexual health throughout life.

Effective sex education programmes empower teenagers by providing accurate and age-appropriate information about their bodies, reproductive health, and the physical and emotional transformations they undergo during puberty. This understanding helps to clarify aspects of sexuality, reduce apprehension and confusion, and enable adolescents to feel more at ease discussing matters of sexual health (Goldfarb et al., 2001).

Beyond providing biological and reproductive information, sex education also addresses the social and emotional dimensions of sexuality. It assists adolescents in understanding dynamics within healthy relationships, recognising and resisting coercion or exploitation, and developing communication abilities to discuss boundaries and desires with partners. This emphasis on relationships and communication is crucial for preventing sexual violence and

promoting interactions based on respect. A study by Foshee, Bauman, Greene, Koch, Linder, and MacDougall (1998) indicates that programmes that include components on healthy relationships and communication are associated with reduced rates of dating violence among adolescents.

Also, sex education can contribute to challenging detrimental gender stereotypes and promoting equality between genders. By discussing gender roles, power dynamics in relationships, and the significance of mutual respect, sex education programmes can help adolescents develop more balanced perspectives on sexuality and relationships. This holds particular importance for empowering young women and girls to make independent decisions about their bodies and sexual health (The International Planned Parenthood Federation, 2020).

Furthermore, the significance of sex education lies in its capacity to furnish adolescents with the understanding and abilities necessary to make informed, healthy, and responsible decisions concerning their sexual lives. By addressing a broad spectrum of topics within a supportive and inclusive setting, these programmes contribute to preventing negative outcomes such as unintended pregnancies and STIs, while simultaneously fostering positive aspects of sexual health, including healthy relationships, communication, and overall well-being.

2.1.1 Impact of Sex Education on Teenage Contraceptive Use

A primary aim of sex education is to enhance adolescents' understanding and utilisation of contraception to prevent unintended pregnancies and STIs. Existing research demonstrates a positive correlation between receiving sex education and improved knowledge and behaviour regarding contraception. According to Kirby, Laris, and Rolleri (2007), studies evaluating the effect of sex education programmes on behavioural outcomes frequently find that participants report increased use of condoms and other contraceptive methods compared to their peers who did not receive such education.

Sex education programmes furnish adolescents with essential information regarding the availability, correct application, and effectiveness of various contraceptive methods. Possessing this knowledge is a fundamental prerequisite for making informed decisions about which method to use, if any. Guttmacher Institute (2017) reports that teenagers who receive broad-ranging sex education are considerably more likely to know where to obtain condoms and other contraceptives and how to use them correctly, which directly affects their capacity to prevent unintended pregnancies and STIs.

Moreover, effective sex education extends beyond simply conveying facts; it also addresses attitudes and beliefs concerning contraception. Programmes can help to dispel myths and inaccuracies about contraceptive methods, diminish stigma linked to their use, and cultivate positive attitudes towards planning and preventing unintended pregnancies. This shift in attitude is crucial for motivating adolescents to overcome potential obstacles to accessing and using contraception. Bearinger, Sieving, Eisenberg, and Resnick (2002) suggest that programmes that foster a supportive environment for discussing contraception can positively influence adolescents' intentions to use these methods.

The skill-building components of sex education programmes also directly affect contraceptive use. Teaching adolescents how to communicate with partners about contraception, negotiate condom use, and access reproductive health services equips them with the practical abilities needed to act upon their contraceptive intentions. Coyle, Kirby, Parcel, Basen-Engquist, Banspach, and Begley (1999) assert that programmes incorporating role-playing and communication practice related to sexual health decisions are more effective in promoting the consistent use of contraception among sexually active youth.

While the degree of the impact of sex education programmes can vary depending on the programme's content, delivery, and the socio-cultural context, the evidence strongly supports the role of sex education as a vital instrument for promoting informed decision-making and increasing the adoption of contraceptive methods among adolescents.

2.1.2 The Effectiveness of Different Types of Sex Education Programmes on Contraceptive Use Among Teenagers

The range of sex education programmes available varies, with differing approaches to content and implementation. Broad-ranging sexuality education (CSE) programmes, which encompass a wide array of topics including contraception, STIs, healthy relationships, and communication abilities, are generally regarded as the most effective in promoting positive sexual health outcomes. Kirby (2007) concludes that programmes that are medically accurate, suitable for the age group, and address both abstinence and contraception are associated with delayed onset of sexual activity and increased contraceptive use among sexually active adolescents.

Conversely, abstinence-only-until-marriage programmes, which concentrate exclusively on abstinence as the sole acceptable option outside of marriage and frequently omit information about contraception and safe sex practices, have been shown to be ineffective in delaying sexual initiation or increasing contraceptive use. A meta-analysis by Chin, Broaddus, and Tolman (2012) found no evidence that abstinence-only programmes postpone sexual activity and some indication that they may be linked to lower rates of contraceptive use among sexually active youth, potentially rendering them more susceptible to unintended pregnancy and STIs.

Moreover, programmes that integrate sex education into wider health or youth development initiatives can also influence contraceptive use. These integrated approaches may reach a broader audience and provide a more holistic setting for understanding sexual health within overall well-being. However, Allen, Philliber, Hostetler, and Caruthers (2007) suggest that the effectiveness of such programmes in promoting contraceptive use depends significantly on the specific content and the emphasis placed on contraception and safe sex practices within the curriculum. Programmes that explicitly address reproductive health and provide practical information on accessing contraceptive services are more likely to affect contraceptive behaviour.

The method of delivery and the duration of sex education programmes also play a part in their effectiveness. Programmes delivered over a longer period, utilising interactive learning methods, and taught by well-trained educators tend to be more impactful than brief, single sessions or those relying solely on lectures. Tolman and Schuler (2000) highlight the importance of establishing a safe and supportive learning environment where adolescents feel comfortable asking questions and discussing sensitive subjects, which facilitates better retention and application of information related to contraception.

Notably, the effectiveness of sex education programmes in influencing teenage contraceptive use is not uniform across all models. Evidence strongly supports the superiority of broad-ranging approaches that provide accurate, complete information about contraception alongside wider discussions of relationships and sexual health. Programmes that are well-designed, adequately resourced, and delivered by trained educators in a supportive environment are most likely to empower adolescents to make informed decisions and effectively use contraception.

2.2 Theoretical Framework

This study is anchored on the Comprehensive Sexuality Education (CSE) Model. The Comprehensive Sexuality Education (CSE) Model is an educational framework that provides young people with age-appropriate, medically accurate, and culturally relevant information about sex and sexuality. It is grounded in a rights-based approach that recognises adolescents' rights to information, health, and well-being. According to the United Nations Population Fund (UNFPA, 2014), CSE goes beyond biological aspects to include emotional, social, and cultural dimensions of sexuality.

The core tenets of the CSE Model are built on the understanding that sexuality is a normal and healthy part of human life and that young people have a right to receive education that helps them navigate this aspect of their development safely and positively. It covers topics such as human development, sexual health, relationships, personal skills, sexual behaviour, and society and culture. A key principle is that CSE should be inclusive and should address the needs and experiences of all young people, including those of different sexual orientations and gender identities.

The CSE Model is relevant to understanding the role of sex education in teenage contraceptive use in Ika North-East L.G.A because it provides a framework for evaluating the influence of educational interventions on adolescents' knowledge, attitudes, and behaviours related to contraception. It posits that by providing accurate information about contraceptive methods, addressing social norms and cultural beliefs surrounding contraception, and building communication and decision-making skills, sex education programmes aligned with the CSE model can empower teenagers to make informed choices about preventing unintended pregnancies and STIs. The model highlights the importance of not just imparting facts but also fostering critical thinking and self-efficacy regarding sexual health decisions, which are crucial for consistent and effective contraceptive use in a locality like Ika North-East.

3. Methodology

This study employed a mixed-methods approach to collect both quantitative and qualitative data from adolescents in Ika North East Local Government Area (LGA). The mixed-methods design was chosen to provide a thorough understanding of the influence of sex education programmes on adolescent contraceptive use. By integrating both

numerical data on contraceptive knowledge and use with personal narratives about experiences with sex education and barriers to contraception, the study captures the nuances of programme influence on teenage contraceptive behaviour.

The population of the study comprised 200 teenagers aged 14 to 19 years, drawn from several secondary schools within Ika North East L.G.A. A simple random sampling technique was used to ensure representation across different schools and varying levels of access to sex education or different socio-economic backgrounds. The sample for the quantitative phase consisted of 200 adolescents who participated in a structured survey, while a subset of these participants were selected for in-depth interviews to offer qualitative insights.

To gather quantitative data, a structured questionnaire was designed to assess adolescents' experiences with sex education (whether they had received it or not), their knowledge of different contraceptive methods, and their reported use of contraception during sexual intercourse. The questionnaire included closed-ended questions designed to elicit specific information related to the study's objectives.

Qualitative data were collected through interviews with a subset of the participants to gain deeper insights into their perceptions of sex education programmes, the influence of cultural norms and peer pressure on contraceptive use, and the challenges they face in accessing contraception. Interviews were conducted in a confidential setting to encourage open and honest responses and were audio-recorded with participants' consent to ensure accuracy in transcription and thematic analysis.

Data collected from the survey were analysed using descriptive statistics. Frequencies and percentages were used to summarise the proportion of adolescents who received sex education, their levels of contraceptive knowledge, and their reported rates of contraceptive use. These descriptive analyses provided a statistical overview of the key variables. For the qualitative data, thematic analysis was employed to identify recurring themes and patterns in participants' responses.

4. Data Analysis/Results

The data in Table 1 shows that the majority (75%) of the adolescents in Ika North-East L.G.A (75.0%) reported receiving some form of sex education.

Table 1. Respondents' responses to receiving sex education

Response	Frequency	Percentage
I have received sex education	150	75
I have not received sex education	50	25
Total	200	100

Table 2 indicates that among adolescents who received sex education, a majority (56%) were aware of at least three different contraceptive methods.

Table 2. Respondents' awareness of at least three contraceptive methods (among those who received sex education

Response	Frequency	Percentage
I'm aware of contraceptive methods	85	56
I'm not aware of contraceptive method	65	44
Total	150	100

Table 3 shows that among adolescents who did not receive sex education, the majority (77%) were not aware of at least three different contraceptive methods.

Table 3. Awareness of at least three contraceptive methods (among those who did not receive sex education)

Response	Frequency	Percentage
I'm aware of three methods	35	23
I'm not aware of three methods	165	77
Total	200	100

Table 4 reveals that among adolescents who received sex education, a majority (63.0%) reported using contraceptives during sexual intercourse.

Table 4. Contraceptive use during Sexual intercourse (among those who received sex education)

Response	Frequency	Percentage
I've used contraceptive during sexual intercourse	95	63
I've never used contraception during sexual intercourse	55	37
Total	150	100

Table 5 indicates that among adolescents who did not receive sex education, the majority (71%) reported that they did not use contraceptives during sexual intercourse.

Table 5. Contraceptive use during sexual intercourse (among those who did not receive sex education)

Response	Frequency	Percentage
I've used contraceptive during sexual intercourse	15	29
I've never used contraception during sexual intercourse	35	71
Total	50	100

5. Discussion

The quantitative findings of this study strongly suggest a positive association between receiving sex education and both contraceptive knowledge and reported use among adolescents in Ika North East L.G.A. Out of the 200 adolescents surveyed, the majority, 150 (75%), reported having received some form of sex education (Table 1). Within this group, a significantly higher percentage demonstrated awareness of multiple contraceptive methods. 85 (56%) indicated they were aware of at least three different contraceptive methods (Table 2), compared to just 35 (23%) of those who had not participated in sex education programmes (Table 3). The survey also revealed that 63% of adolescents who received sex education reported using contraceptives during sexual intercourse (Table 4), compared to only 29% of those who had not received sex education (Table 5).

These results align with broader research indicating that sex education is effective in increasing contraceptive knowledge and promoting safer sexual practices among young people (Kirby, 2001; Kirby, Laris, & Rolleri, 2007). The data support the argument that sex education programmes have a positive influence on adolescents' preparedness and willingness to use contraception. This is also supported by the findings of the study conducted by Bearinger, Sieving, Eisenberg, and Resnick (2002), which found that programmes that foster a supportive environment for discussing contraception positively influenced adolescents' intentions to use contraceptive methods. Despite this positive correlation between sex education and contraceptive use, many adolescents still reported cultural barriers to using contraception; for example, 40% of female respondents mentioned facing pressure from their families or communities to refrain from using contraceptives, as it was perceived to encourage promiscuity.

However, the qualitative findings introduce some variances and challenges. While educators and health workers recognise the value of sex education, they face considerable cultural barriers. The reluctance of some parents and community leaders to fully embrace discussions about contraception in educational settings, driven by concerns about promoting promiscuity, hinders the delivery of comprehensive content. Teachers' fear of backlash means that the sex education being delivered may not always align with the comprehensive model (CSE) that is most effective in promoting contraceptive use. This highlights a gap between the potential of sex education and the realities of its implementation within the socio-cultural context of Ika North East L.G.A.

Furthermore, the qualitative data points to the persistent influence of mass media on adolescent sexual attitudes and behaviours, often portraying sexual relationships without depicting the consequences of unsafe practices. This media influence, coupled with a reported lack of comprehensive sexual health information in the media, can lead to misconceptions about contraception. This suggests that the positive influence of sex education programmes operates within a broader environment shaped by cultural beliefs and media messages, which can either support or undermine the educational efforts.

The findings of this study carry significant implications for policy and practice concerning sex education in rural Nigerian communities. They underscore the necessity for a comprehensive approach that acknowledges the relationship between educational interventions, cultural norms, media portrayals, and community perceptions. While sex education programmes demonstrate a positive impact on contraceptive use, their effectiveness is intrinsically linked to how well these broader contextual factors are addressed.

The study suggests that a standardised, one-size-fits-all approach to sex education is unlikely to be fully effective in culturally distinct rural Nigerian communities like Ika North East LGA. To enhance the impact of sex education, it is crucial to design programmes that are culturally sensitive and respectful of local beliefs and values. This involves active collaboration with local community leaders, religious groups, and parents. Engaging these key stakeholders in the development and delivery of sex education content can help build trust, mitigate potential resistance, and create a more supportive environment for open discussions about sexual health. Involving parents directly in the education process can also help to alleviate concerns about the appropriateness of the material being presented to their children.

Given the notable influence of mass media on teenage sexuality, integrating media literacy into sex education programmes emerges as a valuable strategy. Teaching adolescents how to critically evaluate the sexual content they encounter across various media platforms can empower them to distinguish between realistic portrayals and the often idealised, misleading, or incomplete depictions of sex and relationships. Furthermore, existing media platforms, including local radio stations, television channels, and popular social media networks, could be strategically utilised as avenues for disseminating accurate and accessible information about contraception, sexual health services, and responsible relationships, thereby potentially countering harmful messages from other media sources and reinforcing educational content.

Finally, the findings indicate that relying solely on school-based sex education may not be sufficient to reach all adolescents and address the full spectrum of influences on their contraceptive behaviour. Strengthening approaches within the community is therefore essential to complement school-based efforts. This involves engaging local community-based organisations, health clinics, and respected community members in promoting sexual health education and facilitating access to services. Providing information and access to contraception in safe, familiar, and easily accessible community settings can help overcome barriers related to stigma, lack of awareness, or logistical challenges.

6. Conclusion

This study indicates that sex education programmes in Ika North East L.G.A appear to have a positive effect on teenage contraceptive knowledge and reported use. The quantitative findings provide clear evidence that adolescents who receive sex education are more likely to be aware of and utilise contraceptive methods. However, the qualitative insights reveal significant cultural impediments to the full implementation of broad-ranging sex education and highlight the competing influence of mass media on adolescent sexual attitudes. While sex education is making a difference, its potential is constrained by community reluctance to discuss contraception openly and the pervasive, often inaccurate, portrayals of sexuality in the media. To enhance the effectiveness of sex education in promoting teenage contraceptive use in Ika North East L.G.A, it is crucial to address cultural sensitivities through community dialogue and engagement, and to incorporate media literacy training into sex education curricula to help adolescents critically evaluate media messages about sexuality and contraception.

7. Recommendations

Based on the findings of this study, the following policy recommendations are made:

1. Governments should support the development of culturally appropriate and context-specific sex education materials that reflect the values and beliefs of Ika North-East L.G.A, while effectively promoting sexual health and contraceptive use.

2. Efforts should be made to involve parents, teachers, and community leaders in the design and delivery of sex education programmes. This collaborative approach can help mitigate resistance and foster an environment where open discussions about sexual health are encouraged.

3. Media outlets, including social media, television, and radio, should be used to disseminate accurate and practical information about contraception and sexual health. These platforms can be leveraged to counter the unrealistic portrayals of sex in popular culture.

Access to affordable and accessible reproductive health services, including contraception, should be prioritised in rural areas. Teenagers should be encouraged to seek out these services as part of their sexual health education.

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