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RESEARCH ARTICLE

**IN—SCHOOL FEMALE ADOLESCENTS' ATTITUDE TOWARDS SEXUALITY EDUCATION IN
 EBONYI STATE, NIGERIA.**

Dr. Nkiru Edith Obande-Ogbuinya, Prof. E. Maximin-Agha And Aleke Christian Okechukwu, M.Ed.
 Department of Human Kinetics and Health Education, Ebonyi State University, Abakaliki.

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Abstract

The study investigated In-school female adolescents' attitude towards sexuality education in Ebonyi State. Descriptive survey research design was used for the study. The population comprised 63,793 female students in Ebonyi State Secondary Schools. A multistage sampling procedure involving clustering, stratification and simple random sampling of balloting without replacement were used to select 1080 female Students, being approximately 1.69% of the population as sample for the study. Two research questions guided the study. Two null hypotheses were formulated and were tested using ANOVA at 0.5 level of significance. Instrument for data collection was a self-constructed Attitude towards Sex Education Questionnaire (ATSEQ), framed to reflect the contents of the research questions. In order to test the suitability and usability of the instrument, it was subjected to exploratory factor analysis in form of a principal component analysis (PCA) with varimax rotation for data/scale reduction which reduced the items from 25 to 11 usable items. To estimate the internal consistency of the instrument, Cronbach Alpha's Co-efficient was used and reliabilities $r = 0.72$ and $r=0.78$ respectively were established. The result of the study revealed that female students in Ebonyi state secondary schools showed positive attitude towards sex education. It was shown by the respondent's positive attitude towards information on the sex education components used for the study. The result of the first null hypothesis was rejected as education class level of the female students had significant influence on their attitude towards sex education. Likewise, the result of the second null hypothesis was also rejected as religious affiliation of the female students had significant influence on their attitude towards sex education. The study concluded and recommended amongst others that by the positive attitude displayed by the respondents, there is urgent need for coherent sex education intervention in all the state secondary schools by the government at all levels and NGOs in order to promote the adoption of sexual health behaviours among the In-school female adolescents.

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Corresponding Author:-Nkiru Edith Obande-Ogbuinya.

Address:-Department of human kinetics and health education, ebonyi state university, abakaliki.

Introduction:-

Female adolescents' attitude towards sexuality education may differ from one group to another depending on many factors that may include dominant perceptions held in different communities, social belief systems, peer groups, religious factors, family socialization and cultural backgrounds [1]. It was found that adolescent girls within the range of 10 and 19 years found mostly in secondary schools, experience a complex psychosexual development due to various socio cultural attitudes [2]. This involves the formulation of sexual identity, management of emerging sexual feelings and accommodation to cultural expectations. In addition, the adolescent girl-child's development, most times, is marked by physical maturation. She enters puberty with a heightened sense of sexuality accompanied by a great deal of confusion. These may create challenges to the girl forming an identity that may include ambivalent feeling of independence, questions about conformity and confusion about values and attitudes [2]. Many of these adolescent girls are faced with situations that require taking decisions such as whether or not to have sexual intercourse and other adolescent's reproductive health issues. There is also pressure for the young girls to conform to gender role stereotypes that expectedly, they are to act as young women in their culture and may be discouraged from playing the roles of boys [2].

Despite various biological, cultural and psychosocial attitudinal restrictions posed to the girl-child, Talboth [3] also pointed out that young girls these days, seem to initiate sexual intercourse much earlier than in the past. Consequently, young mothers suffer from various maternal complications as a result of unplanned pregnancy. Action Health Incorporated [2] therefore considered that the adolescent girls' social environment should as a matter of fact be transformed through sexuality education [4].

Sexuality education also known as sex education is a planned process of instruction that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values. It also deals with the development of human skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality [2], [5].

In the context of this study, the main goal of sex education as stated by Action Health Incorporated [2] and Kolawole [6] is borne in mind and that includes the promotion of sexual health. Opportunities to develop a positive and factual view of sexuality, acquire the information and skills necessary to make healthy decisions about one's sexual health and behaviour. In order to achieve these goals, WHO [7] and Abdul, Nurullah, Imam, and Rahman [8] emphasized that parents, educators and communities face the challenge of creating environments that support and nurture good sexual health among young people. According to them, the youths need sexuality education that would model and teach positive self-worth, responsibility, understanding and acceptance of diversity and sexual health.

Providing information on sexuality matters is beneficial in meeting the needs of the young people by decreasing inappropriate sexual behaviours and enhancing social skills among them [9]. Action Health Incorporated [2] revealed contents to be included during adolescent girls' sexuality education. They include information on sexual behaviour, information on sexual health, contraceptive use and sexuality in relation to the society [2]. Other components of sex education to be promoted according to Kakia [10] may include formal programs of instruction on human sexuality, human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, sexual abstinence, contraception, and other aspects of human sexual behaviour. For this study, however, the two components of sexuality education identified by Action Health Incorporated [2] were focused on. This is because the components were most widely noted by Danya International [11], Sex Information and Education Council of the United States (SIECUS) [12], Family Planning.Org [13], Advocates for Youth [14] and Bean, Robinson, Bocking, Miner and Coleman [15] among others.

Information on Sexual behaviour as a sexuality education component, explains, sexuality throughout life, sexual identity and orientation. It also addresses masturbation, shared sexual behaviour, abstinence, human sexual response, fantasy and sexual dysfunction [2]. It was indicated that attitudes, outlooks, norms and beliefs around sexual behaviour determine the intended sexual behaviour of young people. Almost one quarter of female adolescents in their study of adolescents' sexuality attitude showed positive attitude towards sexual behaviour agreeing that there was nothing wrong with unmarried boys and girls having sexual relationship if they loved each other [16]. On the other hand, younger females were found to have very negative attitudes toward sexual orientation such as pornography. However, it was pointed out that more positive attitudes to sexual behaviour emerged with age [17].

Sexual health emphasizes information on reproductive health, STIs, contraception, abortion, drug abuse and sexual abuse. Oladimeji and Fayemi [18] revealed that female adolescents favoured abstinence as an HIV prevention strategy and thus had positive attitude towards receiving information on that. Sexual abstinence as a contraception was significantly associated with perceived self efficacy to refuse sex and negative perception of peers who engage in sexual misbehaviours. The authors suggested involvement of media, schools, faith-based institutions and Non-governmental organizations in promoting information and adoption of abstinence among adolescents.

Attitude towards abstinence as a method of contraception among female adolescents as pointed out by Oladepo and Fayemi [18] was also positively high. The major factors revealed by them as influencing the adoption of abstinence as the best method of contraception among the girls were attributed to peer influences, unequal gender norms, adolescent social lifestyle, perceived self efficacy to adopt abstinence and the media. In the light of the above explanations, the authors advocated comprehensive sexuality education programmes which encourage abstinence and other pregnancy prevention strategies. Oladepo and Fayemi (2011) further maintained that mutual fidelity and condom use should be developed and implemented in school setting.

From the fore going, studying attitude towards sexuality education among the in-school female adolescents invariably refers to studying the attitude of female secondary students towards information on sexual behaviour and sexual health [2]. Attitude refers to favourable or unfavourable evaluative reactions towards something or someone exhibited in ones beliefs, feelings, or intended behaviour [19]. There are factors influencing female adolescents' attitudes to sexuality education. They include educational level, religious affiliation, among others [20]. Caldwell and Caldwell, [21] explained that the amount of education necessary to cause change in attitude towards sex education varies. The authors revealed that in developed countries, higher educational levels for females are associated with their improved attitudes to sex education. In Collins and Lesley [22] study, it was found that young females showed more favorable attitude towards contraceptive use information with higher educational level. In Nigeria, female education at primary school level seems inadequate for modification of fertility desires and attitudes [23].

Religious affiliation on the other hand, reduces the likelihood of adolescents engaging in early sex by shaping their attitudes and beliefs about sexuality issues. Odimegwu [24] maintained that there was a strong relationship between religiosity and adolescent's sexual attitude and behaviour. The author however noted that religious commitment is more important than religious affiliation in affecting adolescents' sexual attitude and behaviour.

The study investigated attitude of female group of secondary school adolescents. According to Nevid, Rathus and Rathus [25], some of the young girls may only have learnt about sexuality informally from their parents and older siblings. They came into high schools bearing sexuality attitudes from their family, peers, community and socio-cultural backgrounds. As a result, most of their decisions and practices concerning sexual behaviour, and contraceptive use still rely on their already formed attitudes from their various socio-cultural backgrounds. Within the school environment which is entirely a new and formal setting for these girls, there seems also, not to be any formal programme of instruction on sexuality issues. They also tend to gather pieces of sexuality information from various sources such as their school mates, friends, media, sometimes educators and spiritual advisers [25]. These sources of information with divergent views may bring about an attitude, positive or negative as the case may be which may affect the adolescent girl's life till adulthood. An in-school female adolescent in Ebonyi state like her contemporaries elsewhere also comes from family and community with cultures varying in their attitude towards childhood and adolescent sexuality. Some of the attitudes are sexually permissive or sexually restrictive or semi restrictive. To the female student under investigation, her attitude towards receiving sexuality education may either be favourable (positive) or unfavourable (negative) so as to elicit the needful intervention. It is on this premise that the researcher engaged in the present study.

Research Questions:-

- (1) What is the attitude of In-school female Adolescents towards information on sexual behaviour?
- (2) What is the attitude of In-school female Adolescents towards information on sexual health?

Hypotheses:-

The following null hypotheses guided the study:

- (1) There will be no significant difference in the attitude of In-school female Adolescents based on education class levels.

- 2) There will be no significant difference in the attitude of In-school female Adolescents based on Religious affiliation.

Methods:-

Research Design:-

In order to achieve the objective of the study, the descriptive research design was employed.

Area of Study:-

The study was conducted in Ebonyi State; the state was created in October, 1996. It occupies a landmass of approximately 5,935km, with a population of over two million people. The people are multi-lingual and from different educational and religious backgrounds. The in-school female adolescents' attitude towards sexuality education predicates that the attitude was caused by her location sociocultural background.

Population of the Study:-

The population of the study comprised all 63,793 in-school female adolescents in Ebonyi State Secondary Schools [26].

Sample and Sampling Techniques:-

A sample of 1080 in-school female Adolescents was used for the study. This amounted to approximately 1.69 per cent of the target population. The sample was adjudged representative of the population based on the suggestion by Nwana [27] that 5 per cent or less sample can be drawn from a population running into a couple of thousands. The sample technique adopted was multistage sampling procedure.

The first stage involved grouping the three education zones in the state into exclusive clusters: (1) Abakaliki zone (2) Onueke zone and (3) Afikpo education zone. According to Ebonyi State Ministry of Education [26], Abakaliki education zone has 66 secondary schools, Onueke education zone has 67 secondary schools and Afikpo education zone has 71 secondary schools making up a total of 204 secondary schools.

The second stage involved stratification of schools with female students into mixed schools and female-only schools. The third stage involved simple random sampling technique of balloting without replacement to select four (4) mixed and two (two) female-only schools from Abakaliki education zone, four (4) mixed and two (2) female-only schools from Onueke education zone and four (4) mixed and two (2) female-only schools from Afikpo education zone making up a total of twelve (12) mixed schools and six (6) only-female schools used for the study. This amounts to a total of eighteen (18) secondary schools with female students used for the study.

The fourth stage involved also Simple random sampling technique of balloting without replacement to pick from each of the selected schools, 10 JSS 1 female students, 10 JSS 2 female students, 10 JSS 3 female students, 10 SS 1 female students, 10 SS 2 female students and 10 SS 3 female students. All these gave a total of 60 female students drawn from each of the 18 sampled schools. Consequently, that gave rise to 1080 female students used as sample for the study.

Instrument for Data Collection:-

The instrument used for data collection was a self-constructed questionnaire titled: Attitude towards Sexuality Education Questionnaire (ATSEQ). The questionnaire was framed to reflect the contents of research questions and grouped according to the variables. The questionnaire was in two sections namely A and B. Section A contained two items about the class levels and religious affiliations of the respondents while section B consisted of 1 The response was on a four points rating scale of strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). It is accepted by Ankit (2012) that the 4 point scale is necessary in order to extract specific response from the respondents. In their responses, 4 points were assigned to strongly agree, 3 points for agree, 2 for disagree and 1 for strongly disagree. Against each item, the respondents were requested to state their degree of agreement or disagreement regarding the information provided.

Reliability of the Instrument:-

This was tested using 70 female students that were not part of the study to complete the 11 - item questionnaire. The reliability of the research instrument was subjected to statistical test using Cronbach Alpha internal reliability measure to estimate the internal consistency of the scale items. Items being attitudinal statements on sexuality

education of which 5 items sought to find out the attitude of the female students towards information on sexual behaviour, 6 items determined to find out attitude of the respondents towards information on sexual health. The reliability coefficient of each sub-scale of the questionnaire namely; attitude towards sexual behaviour ($r = 0.72$) and attitude towards sexual health ($r = 0.78$) were computed separately. The reliability coefficients were considered high enough for the study based on Ogbazi and Okpala's [28] suggestion of 0.60 for good instruments.

Method of Data Collection:-

In order to gain access to the study population, a letter of introduction was obtained from the Head, Department of Human Kinetics and Health Education and presented to the principal of each of the schools under study. This enhanced the researcher and her assistants' access to the students. The researcher trained 13 research assistants for the instrument's administration and data collection from the respondents. The respondents were requested to complete and return the questionnaires immediately. This motive ensured 95.9% return rate of the instrument.

Method of Data Analysis:-

Out of the 1080 copies of the questionnaire distributed among the respondents, only 1036 were valid and thus used for data analysis. On the other hand, a total of 44 copies were invalid and thus discarded. The valid data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS). Research questions 1-2 were analyzed using descriptive statistics of mean and standard deviation. A criterion mean of 2.50 was set for the study. The criterion was derived by adding up the scale values and dividing the sum by the number of scale options as thus: $4+3+2+1 = 10/4 = 2.50$. The method is in line with Olaitan's, 1983 criterion adapted from Likert's scaling. It could be used to classify the constructs under study for the purpose of description as was used by Nwimo and Onwunaka [29].

In this regard, a mean of score 2.50 and above was adjudged a determinant of positive attitude towards sexuality education among In-school female Adolescents in Ebonyi state while a mean score below 2.50 was adjudged to portray a negative attitude towards sex education among female students in Ebonyi state secondary schools. The standard deviation was used to assess how the responses differed or associated. On the other hand, ANOVA was used to test the 2 null hypotheses using the variables, religious affiliation and education class level. The hypotheses were tested at 0.05 level of significance.

Results:-

Table 1:-Attitude of In-School Female Adolescents in Ebonyi State towards Information on Sexual Behaviour

S/N	Attitude Statements	\bar{X}	SD	Decision
1.	It is always difficult for a girl to ask a partner to use condom.	2.79	1.17	Positive
2.	Girls who decide to be involved sexually can protect themselves and practice safer sexual activity.	2.84	1.11	Positive
3.	Girls who decide to be involved sexually cannot protect themselves by practicing indiscriminate sexual activity.	2.91	1.05	Positive
4.	Every girl has the right to refuse unwanted sexual behavior.	3.28	.96	Positive
5.	A girl refusing to have sex without condom is a positive way of refusing sexual behaviour.	2.85	1.07	Positive
Grand mean		2.93	0.67	Positive

The data presented in Table 1 show that items 25, 26, 27, 28 and 29 had the mean scores of 2.79, 2.84, 2.91, 3.28 and 2.85 respectively. From the data, all the items scored above the criterion mean of 2.50 with the grand mean of 2.93 while the standard deviation for all the items was 0.67. It then follows that the in-school female adolescents in Ebonyi state have positive attitude towards information on sexual behavior.

Research Question 2:-

What is the attitude of In-school female Adolescents in Ebonyi state towards information on sexual health?

Table 2:-Attitude of In-school Female Adolescents in Ebonyi State towards Information on Sexual Health

S/N	Attitude Statements	\bar{X}	SD	Decision
6.	Adolescent girls should pay more attention to their genital hygiene.	3.49	.77	Positive
7.	Pregnancies in girls under 18 years present special risks	3.15	1.03	Positive

8.	Having unprotected sexual intercourse puts a girl at risk of contracting sexual transmitted infections STI(s).	3.25	0.91	Positive
9.	When a girl gets high or drunk before sex, it predisposes her to have unprotected sex and contact STI(s).	3.15	1.06	Positive
10.	Public education on safer sex practices is the only weapon against the spread of STI(s) in girls.	3.15	1.00	Positive
11.	Accurate information on reproductive health helps a girl make better decisions about her sexual behavior.	2.95	1.12	Positive
Grand mean		3.19	0.64	Positive

The data presented in Table 2 reveal that items 33, 34, 35, 36, 37 and 38 had the mean scores of 3.49, 3.15, 3.25, 3.15, 3.15 and 2.95 respectively. From the data, all the items scored above the criterion mean of 2.50 with the grand mean of 3.19 while the standard deviation for all the items was 0.64. It is shown from this that in-school female Adolescents in Ebonyi state have positive attitude towards information on sexual health.

Hypotheses 1

H₀₁: There will be no significant difference in the attitude of In-school female Adolescents based on education class levels.

Table 3:-Summary of Analysis of Variance (ANOVA), among the In-school Female Adolescents of various Education Class Levels in Ebonyi State on their Attitude towards Sexuality Education

Variables	Source of Variance	Sum of Squares	df	Mean of Squares	Value of F	Significance	DC
Attitude of In-school female Adolescents towards information on sexual behavior	Between groups	10.187	5	2.037	4.605	0.000	S
	Within groups	455.730	1030	.442			
	Total	465.917	1035				
Attitude of In-school female Adolescents towards information on sexual health	Between groups	62.202	5	12.440	39.914	0.000	S
	Within groups	367.002	1030	.356			
	Total	429.203	1035				

Table 3 shows the test of analysis of variance (ANOVA) based on education class levels of the In-school female Adolescents in Ebonyi State. The analysis indicates that there is significant difference on the respondents' attitude towards information on sexual behavior when the value of F, 4.605 is greater than significant value of 0.000 at 0.05 level of significance. There is significant difference on the respondents' attitude towards information on sexual health, when the value of F, 39.914 is greater than significant value of 0.000 at 0.05 level of significance.

Since the rule was to reject the null hypotheses if the value of F is greater than the significant value, the null hypothesis was therefore rejected. In essence, there is significant difference in attitude of In-school female adolescents based on education class level.

Hypotheses 2

H₀₂: There is no significant difference in the attitude of in-school female adolescents towards sexuality education based on religious affiliation.

Table 4:-Summary of Analysis of Variance (ANOVA), among the In-school Female Adolescents of various Religious Affiliations in Ebonyi State on their Attitude Towards Sexuality Education

Variables	Source of Variance	Sum of Squares	df	Mean of Squares	Value of F	Significance	DC
Attitude of in-school female adolescents towards information on sexual behavior	Between groups	1.116	2	0.556	1.240	0.290	NS
	Within groups	464.801	1033	0.450			
	Total	465.917	1035				

Attitude of in-school female adolescents towards information on sexual health	Between groups	4.185	2	2.093	5.086	0.006	S
	Within groups	425.018	1033	0.411			
	Total	429.203	1035				
Overall					10.18	2.99	S

Table 4 shows the summary of test of analysis of variance (ANOVA) based on religious affiliations of the in-school female adolescents in Ebonyi State. The analysis indicates significant differences on the attitude of the respondents based on religious affiliation with the sexuality education component sexual health. The table also reveals no significant difference on the attitude of respondents based on religious affiliation with the sex education component sexual behaviour. On attitude towards information on sexual behavior, the value of F, 1.240 is less than significant value of 0.29 at 0.05 level of significance. On attitude towards information on sexual health, the value of F, 5.08 is greater than significance value of 0.006 at 0.05 level of significance. Over all, the total value of F, 10.18 is more than the critical value of 2.99 at 0.05 level of significance. Since the rule was to reject the null hypotheses if the value of F is greater than the critical value, the null hypothesis was therefore rejected. In essence; there is significant difference in the attitude of in-school female adolescents based on religious affiliation.

Summary of Findings:-

The findings that emerged from the study after the analysis are:

1. Attitude of In-school female adolescents in Ebonyi state towards information on sexual behaviour was positive as indicated in Table 1.
2. Attitude of In-school female adolescents in Ebonyi state towards information on sexual health was positive as indicated in Table 2.
3. There was significant difference in attitude of In-school female adolescents towards sexuality education based on education class level as indicated in Table 3.
4. There was significant difference in attitude of In-school female adolescents towards sexuality education based on religious affiliation as indicated in Table 4.

Discussion:-

Attitude of In-school Female Adolescents in Ebonyi State towards Information on Sexual Behavior

Research question 1 sought to find out the attitude of In-school female Adolescents in Ebonyi state towards information on sexual behaviour. Result in table 1 showed that attitude of the in-school female Adolescents in Ebonyi state towards information on sexual behaviour is positive. In other words, the female students are willing, eager and ready to accept information relating to sexual behaviours. By their positive attitude towards receiving information on sexual behaviours, these group of students favoured getting information on sexuality throughout life, sexual identity and orientation, sexual responsibility, masturbation, shared sexual behaviour, abstinence, human sexual response, fantasy and sexual dysfunction, as recorded by Action Health Incorporated, [2].

The result of the study is in accord with Chan [30] where the students were found to be aware of AIDS, willing to discuss it, and more willing to translate their knowledge into protective behaviors. The result of the present study is in line with Lance [31] who revealed that female adolescents basically agreed that contraceptive behaviour information and prescriptions should be available in schools. The result of the study was actually expected due to the fact that girls bear the brunt of any unprotective sexual intercourse and would support any move in form of sexuality information to guard them on any eventual sexual voyage. In the same study by Lance [31], the females indicated to be knowledgeable and showed positive attitude to information regarding menstruation. The above finding was also affirmed by the result of the present study, probably because the issue concerned has to do with female sexual behaviour.

The result of the study also mirrored Gillian, Shawna, Neustadt and Levey [32] study which noted that, condoms and emergency contraceptions (EC) appeared to be highly favoured and acceptable among the female adolescents. Furthermore, the result of the study also affirmed that female adolescents aged 10 to 14 years, tend to develop positive attitude towards sexual abstinence, refusing to have sex without condoms and refusing unwanted sexual behaviour. Some of the reasons given for this perception range from the young girls having the fear of pregnancy, sexually transmitted infections to unequal gender norms which label girls who are sexually active as being promiscuous as well as the traditional norms which do not support premarital sex [33].

The result of the present study agreed with Marsiglio, William and Shehand [34] study whereby roughly 13% of a nationally representative sample of 1,800 males ages 15-19 approved of contraceptive sexual behaviour in each of 8 circumstances presented to them, while about 4% disapproved in every instance. The proportions agreeing that contraception is acceptable ranged as high as 85%-90% if the pregnancy endangers the woman's health or results from rape. Based on similar result gotten by Shah, Solanki and Mehta [35], the result of the present study confirmed the need for reproductive health education in schools and colleges as well as robust research to determine the contraceptive needs of adolescents. The result of the study also calls for Ramathuba, Khoza, and Netshikweta [36] admonition that possible modalities of intervention should be established. This is to help deal with providing contraceptive counseling and care to empower these school girls to make informed choices on reproductive health.

On the contrary, Alade [37] examination of adolescents' attitude towards contraceptive sexual behaviour in Ilorin Metropolis showed a negative attitude towards it in difference to the result of the present study. Both the male and female, Christian and Muslim adolescents had the same attitude. In the present study the female Students favoured receiving information relating to contraceptive behaviour making the result of the study not to be in consonance with Strong, Devault, Sayad and William [38] whose investigations revealed that young women in their study demonstrated negative attitude to talking openly about their abortion experiences.

Attitude of In-school Female Adolescents in Ebonyi State Secondary Schools towards Information on Sexual Health

Research question 2 sought to find out attitude of In-school female Adolescents in Ebonyi state towards information on sexual health. Result in Table 3 indicated that attitude of In-school female Adolescents in Ebonyi state towards information on sexual health was positive. By the result, the students' attitude favoured receiving information on genital hygiene, risks involved in pregnancy, risk of having unprotected sexual intercourse, drug abuse, safer sexual practices and reproductive health. The above factors indicated the students' readiness to receive information that lead to attainment of sexual health. However, hypothesis 2 Table eleven indicates that there is significant influence of religious affiliation on attitude of female students towards information on sexual health. The result may be because, information on sexual health is an essential part of good health which implies not only the absence of sexual disease but the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions. Such understanding would lead to promotion of abstinence as in HIV/AIDS prevention strategy [39], interest in the use of contraceptives and condoms [40] especially among in-school adolescents.

The result of the study did not come as a surprise since girls would want to uphold all relevant information that would ensure their sexual health status and as such thrive not to engage in any sexual encounter that could jeopardize their future.

The National Association of Social Workers, (NASW), [41] also maintained that sexual health is an essential part of overall health which implies not only the absence of sexual disease but the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions. The finding of the study was a clone of the discovery made by Shah, Solanki and Mehta [35] which proved that a high proportion (39%) of young female respondents considered that women have a responsible attitude to contraceptives use. In the same study, nearly a third of the respondents (32%) also considered that contraceptives should be easier for those under 16 years of old to get hold of.

The result of the study was also in accord with the finding by Pleck, Sonenstein, and Leighton [40] that investigated contraceptive attitudes and intention to use condoms in sexually experienced and inexperienced adolescents and found that nearly 60% indicated interest to use a condom in future intercourse. The present study also confirmed Oladimeji and Fayemi [39] study that examined perceptions about sexual abstinence and knowledge of HIV/AIDS prevention among in school adolescents in a western Nigerian city and found that most respondents favoured the promotion of abstinence as an HIV prevention strategy. **Education Class Level of the Female Students' Influence on their Attitudes towards Sex Education.** The result of summary of test of ANOVA in Table 3 indicated there was significant difference in the attitude of in-school female adolescents based on education class level. The result did not come as a surprise. This may be because of long time thought by the researcher, that knowledge and attitude towards sex education among students would significantly be influenced by education class levels of students.

Religious affiliations of the Female Students on their Attitudes towards Sex Education:-

The result of summary of test of ANOVA in Table 4 indicated significant difference in the respondents' attitude based on religious affiliations. The result of the study was confirmed by Donnelly, Duncan, Goldfarb and Eadie [42] in their investigations on sexuality attitudes and behaviors of self-described very religious urban students in middle school. It was found that the sampled students showed permissive and liberal attitude to sexuality information. The result of the present study was also consistent with Arland and Camburn [43] study, where religious involvements and adolescent sexual attitudes and behavior were found to be strongly correlated. Young people who attend church frequently and who value religion in their lives may show willingness to sexuality information but the least permissive attitudes and less experienced in sexual behaviours.

Concerning the overall result of the second null hypothesis where religious affiliations of the female students were found to have significant influence on their attitude towards sex education. The finding supports the views of Greenberg, Bruner and Haffner [44] and the other authors that had earlier on expressed the relatedness and influence of religion on attitude of adolescents towards sexuality education. It was also specifically unveiled by the result of the study that the null hypothesis was accepted with regards to the components, sexual behaviour and sexuality in relation to the society. In other words, the study affirmed that religious affiliation has no significant influence on the female students' attitude towards sexual behaviour and sexuality in relation to the society.

The dominance of rural communities with their attendant cultural and traditional beliefs in addition to ways of thinking might have accounted for the result of hypothesis 2 concerning sexuality in relation to the society. The society frowns and abhors the open and unholy discussion of sexuality especially among the young unmarried ones. It is therefore not surprising that notwithstanding that the students are favourably disposed to sexuality education as favoured by their religious affiliation, they would however, be regarded as being promiscuous if they accept being involved in sexual discussions, moreso, sexual acts.

The result of the accepted null hypothesis did not tally with Killeen [45] findings where it was made known that for female adolescents, affiliation with a religious group rather than no religious affiliation was an independent and significant predictor of contraceptive use information and intention. On the other hand, the acceptance of the null hypothesis, that religion has no significant influence on the respondents attitude towards sexual behaviour, as indicated in Table 4, may be attributed to the fact that every person irrespective of religious affiliation, is entitled to his life style, sexual behaviour inclusive. Despite various religious affiliations and teachings, people may still develop attitude and engage in sexual behaviours best suitable to them. Forming attitude leading to any form of sexual behaviour could be assumed to be a personal resolution and depends solely on the individual's desire and initiatives. At one time, somebody might be found doing as his religion dictates and at another time, he may found doing as he wishes irrespective of his religious affiliation. This goes to explain that in as much as religious affiliation plays a role in influencing somebody's attitude to sexual behaviour but there may be other intervening factors such as parental and peers influence, media influence, personal and cultural values and orientations .

Summary and Conclusion:-

Based on the findings of the study, the following conclusions were made:

In-School Female students in Ebonyi indicated interest for sexuality education by their show of positive attitude towards receiving information that borders on sexual behaviour and sexual health. The In-school female Adolescents in Ebonyi state in their various class levels, from the least of the classes JSS 1 to the highest SS 3, showed willingness and favoured receiving sexuality education. The female students in Ebonyi state irrespective of religious barriers sought for sexuality information covering sexual behaviour and sexual health. The null hypothesis was rejected that there is no significant difference in the in-school female adolescents based on education class level. The null hypothesis was also rejected that there was no significant difference in the attitude of the female students based on religious affiliation.

Implication of the Study:-

The findings of the study imply that health educators, parents, educators, care givers, religious leaders and peers may have been providing some skeletal informal health information on sexual behaviour and sexual health. Hence, such sexuality education although informal, might have been imparted to the students before coming to the school. Nevertheless, such pieces of information may have been received from uninformed sources hence, their positive attitude towards receiving a more formal sexuality education. The result of the investigation points to the fact that every school child irrespective of class level and religious inclination should be exposed to all relevant information

concerning sexuality and all the necessary sexuality skills needed to negotiate sexual behaviours in times of decision-making.

Recommendations:-

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

1. In order to enhance the adoption of sexual behaviours among adolescents, the government should develop and intensify sexual health education in secondary schools. This is to increase the students' level of sex education awareness and thus change any negative perception of the students concerning sex education. This consequently would enhance adoption of healthy sexual behaviours among them.
2. Health educators should mount health education interventions for different age groups and genders. Such interventions will enhance sexual health among the young ones and help to prevent unwanted pregnancies and STIs.

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