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Psycho-Sexual Characteristics of Youths attending a Voluntary Family Life Education Programme in Ibadan

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Summary

Public family life and sex education programmes have remained a rather controversial issue all over the world. The controversy has usually concerned the value base on which such programmes are designed, as well as the value base of those who will deliver the programmes; and therefore, the psychosocial and moral impact that such programmes may have on their recipients who usually are from different religious, moral or ethical backgrounds. In order to overcome these misgivings, an annual public and voluntary family life education programme was developed in Ibadan based on free, multiple but individually clear value bases, as the ethical and religious background of the attenders indicate.

The socio-demographic characteristics and the attitudes and practices of the youths in relation to two of the topics covered in the 1991 programme - drugs and sexual intercourse are reported in this paper. Reported sexual experience among the youths was 18.4% with an indication that regardless of previous experience, 65.5% of them would want to limit sexual intercourse in the future to marriage only. Experience of the youths

Introduction

Most societies in the world believe in the training of young people in the art of family life, before they are in the position to engage in such life on their own in marriage. In many societies, such training is the assumed responsibility of the parents and the immediate family members of the child. Some aspects of it may also be taught as part of the traditional coming-of-age ceremonies.

With the increasing influence of western civilization, there have been calls to supplement the above methods with a school-based programme since most families fail to meet these needs in the modern world¹. Some such school-based programmes have been implemented, but controversies continue to greet them²⁻⁵. The most important reason for these is that unlike the family, the school or its teachers do not have a single value (i.e ethical, moral or religious) base. This is also true of the youths in such schools. Usually, family life and sexual matters are best learnt and exercised healthily from and within the same ethical value base. Otherwise, ethical or moral conflict rather than a healthy progress may be achieved by the exercise in getting the youths to implement what they may have factually learnt thereof. The persistence and increase in the venereal diseases pandemic, even with these advancing western sex education programmes had also been attributed partly to this sexual value confusion or conflict^{3,6}. These western education programmes have been designed under a secular humanist ethical value base. Even though the programmes call themselves non-religious, secular humanism identifies itself as so in its

very manifestos⁷. Faced with these problems and yet an obvious failure of the parents and families to meet these social needs of the youths, a programme of family life education which covers all the areas of desired knowledge identified by the children over the preceding years of the programme was designed^{1,8}.

The current study examines the socio-demographic characteristics as well as attitudes, experiences and opinions of youths in the areas of drug intake, premarital and extramarital sex in the hope of deriving information that can assist in clarifying the best position to adopt concerning public family life education, its contents and value bases in this particular community.

Materials and Methods

The family life education programme whose 1991 attenders were studied consisted of a three consecutive Saturday programme as previously reported¹. A fourth Saturday was added in the 1991 programme. The topics covered all the issues that the youths had identified an educational need for in previous years of the programme. The programme was publicly advertised in the secondary schools as well as among youth clubs in Ibadan city. The youth congress held annually in different secondary schools in Ibadan in such a way that in every six years, it would have been near every school in Ibadan (i.e within 2 Km). Thus every interested student, parent or teacher could attend at an affordable cost.

In order to meet the value base of as many participants as possible, persons of reasonable

experiences from all the relevant local religious and ethical backgrounds were invited as resource persons to assist in the value clarification aspect of the programme.

On the first day of the programme, a form incorporating a pre-tested self-administered questionnaire on the socio-demographic characteristics of the participant youth as well as opinions, attitudes and past experiences with drugs and premarital sex was completed. Although a total of 26 parents and teachers attended the programme, questionnaires completed by them are not reported in the current study.

Results

Five hundred and five out of the 531 youths who attended the programme completed the questionnaire adequately to be collated and analyzed.

Tables 1 & 2 and figure 1 show the socio-demographic characteristics of the respondents. The mean age was 15.7 years (S.D. 2.0) and the senior secondary class 1 students constituted the largest group of participants. The majority of participants (67.9%) came from the host school which was a boys only school. Four hundred and twenty one (83.4%) of the participants were boys.

The declared religion of the respondents were : Islam 22.7%, Christianity 69.7% and traditional african religion 0.2%. There were two non-responses.

Table 1 Age distribution of the students and youths who participated in programme survey.

Age(yrs)	Frequency	%	Cumulative %
10	3	0.6	0.6
11	0	0.0	0.6
12	10	2.0	2.6
13	25	5.0	7.5
14	64	12.7	20.0
15	122	24.2	44.4
16	107	21.2	65.5
17	63	12.5	78.0
18	38	7.5	85.5
19	7	1.4	86.9
20	4	0.8	87.9
21-30	8	1.6	89.3
unstated	54	10.7	100.0
Total	505	100.0	100.0

Table 2. Educational class or status of participants.

Educational level	Freq.	%
Junior Sec. Class 1	16	3.2
" " 2	17	3.4
" " " 3	132	26.3
Senior Sec. Class 1	176	34.9
" " " " 2	111	22.0
" " " " 3	26	5.1
Tertiary Education	5	1.0
Out of School	6	1.2
Unstated	16	3.2
Total	505	100.0

As shown in Table 3, the experiences of the youths with hard drugs were minimal at 1% for Heroin. Between 3.4% and 66.1% however indicated use of home prescribed sedatives, smoking and various alcoholic drinks.

Table 3. Drugs and food items usually taken

Item	# taking it	%
Cola drinks	491	97.2
Sweets	469	92.9
Coffee	334	66.1
Beer/Wine	167	33.1
Hot drinks	124	24.6
Home prescribed Valium/sedatives	85	16.8
Smoking	17	3.4
Tobacco snuffing	9	1.8
Amphetamine/stimulants	6	1.2
Heroin	5	1.0

Table 4. Premarital coital abstinence intentions

Characteristic	Freq (%)
Intends premarital abstinence	309 (65.5%)
Not sure of intention	101 (21.4%)
Does not intend abstinence	62 (13.1%)
Total	472 (100.0%)

With regards to sexual intercourse, 93 (18.4%) of the youths indicated previous sexual experience. This experience was higher in those older than 15 years than in the younger age groups ($X^2 = 7.73$; $df = 1$; $p < 0.02$) Private interview of a few willing respondents who had reported previous sexual experience revealed that not all such sexual experiences involved penetrative intercourse and some were limited to "romancing".

Sixteen (3.2%) of the youths believed that abstinence from sex would lead to death or ill health. Irrespective of previous sexual experience, a large proportion (65.5%) of the youths would want to avoid premarital sex and remain faithful to their spouse after marriage. However a sizable number of the youths (21.4%) were not sure of their attitude to sexual abstinence. 13.1% of the youths indicated their plan not to restrain their sexual desires or practices.

Discussion

The socio-demographic characteristics of the youths in the current study are similar to those studied in the programme 4 years earlier.¹ The use of English as the medium of communication for the programme makes it difficult for many local junior secondary school youths to understand the lessons fully and therefore probably discourages their attendance. senior secondary class 3 students on the other hand are usually busy preparing for their final examinations and would thus appear to have little time for extra-curricular activities. The senior secondary class 1 students therefore continued to provide the largest group of

attenders at the congresses.

Positive responses to the intake of specified drugs included those who took them occasionally as well as frequent users. The rate of intake agreed with with previous reports on smoking in secondary schools.^{9,10} This has been the main reason for the suggestion by previous authors that the secondary school was the appropriate level to start drug education before students developed drug habits that may be difficult to change later.¹⁰

It was interesting to find 3.2% of the youths believing that if one did not have sexual intercourse, one would become ill or die. While it may be easy to dismiss such beliefs, it should be realised that youths having such beliefs may be under severe distress when they have not been involved in sexual activity and it is therefore very important that someone should be available to clarify such issues for them.

Although 18.4% of the respondents in the current study reported previous sexual experience, private interview of a few of such respondents revealed that sexual experience may be limited to romancing. It is intended to further clarify definitions in future studies.

Only 13.1% of the youths currently have the attitude of free sexual exploration, compatible with the secular humanist orientation¹¹, 65.5% had an abstinence-oriented attitude and the remaining 21.4% were not sure of their attitudes and intentions. In view of these findings and the suggestion by other authors that the sexual urge is not controllable by man, education should be provided from the earliest possible age of

fertility to encourage people to have sex freely with minimum chances of unwanted consequences.^{10,12}

The christian, islamic and traditional African value bases covered by the resource persons all agreed that sexual intercourse should be exercised in marriage only for it to be safe and fully healthy. The intentions of 65.5% of the youths were in agreement with these values.

Programmes of adolescent family life and sex education would do well to evaluate the attitudinal or preferred intention base of youths so as to see to what extent they agree with the choice of the intended beneficiaries. It is also proposed to determine the impact of the programme described in this study in the future.

Acknowledgement

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Annexe 1: Ibadan Youth Congress on Sexuality, Health and Family Life, 1991 Programme

Block 1. Adolescence and the Family

- Lecture 1. The nature and processes of adolescence
- Lecture 2. Physical Developmental milestones of adolescence
- Lecture 3. Psychosocial developmental milestones of adolescence.
- Lecture 4. The Nature and function of the human family.
- Lecture 5. Adolescent youth stress and crisis; drug abuse and the adolescent

Block 1 Seminar/Discussion Session

Block 2. Love Sexuality and Human Values

- Lecture 1. The nature and culture of human love and friendship.
- Lecture 2. Human sexuality.
- Lecture 3. Normal sexual orientation and the paraphilias.
- Lecture 4. Sexually transmitted diseases; sex abuse.
- Lecture 5. Human values and value clarifications.

Block 2 Seminar/discussion session.

Block 3 : Courtship, parenting and family life dynamics

- Lecture 1. Human courtship: function and process.
- Lecture 2. Marriage, responsible parenthood and family planning.
- Lecture 3. Parenting.
- Lecture 4. The generation gap: problems and solutions.
- Lecture 5. Family life dynamics.

Block 3: Seminar/discussion session.

Block 4: Self care and primary health care

- Session 1. Issues in dental health, mental health and primary health/self care for youths as agents of societal change and progress.
- Session 2. Video shows & exercise, in sexuality and drug abuse. Block 4; Seminar/discussions.