Knowledge and Opinions of Secondary School Students Aged 15-19 in Cameroon's Capital City Yaoundé towards Sex Education and their Implications for the Implementation of Sex-Education Programmes+

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Abstract

Background

Sex education especially school-based sex education has become very indispensable today. Norms restricting sex have weakened, and pre-marital sex is increasingly becoming common among young people. A significant proportion of these premarital sexual acts are unsafe. This is an unfortunate situation in era where sexually transmissible infections especially HIV/AIDS are spreading rapidly.

Objectives

The study sought to bring out the level of exposure, knowledge and opinions of students aged 15-19 in Cameroon's capital city, Yaoundé towards school-based sex education. It equally seeks to evaluate their accessibility to sexual and reproductive health advice.

Methods

Information for this study was collected from 2405 students, 1142 boys and 1263 girls aged 15-19 years in public, lay private and denominational secondary school students in Cameroon's capital city, Yaoundé using a self-administered questionnaire.

Results

95% of participants believed that it is important for sex education to constitute part of school curriculum. Only 80.5% have actually received sex education lessons at school. 70% of the students declared that they had good access to advice about contraception

and sexual health. Obstacles of access to these services include fear of embarrassment, no knowledge of where to go or timidity especially among girls.

Conclusion

This study brings out the fact that there is a great desire by students for sex education to be introduced in secondary schools. It also brings out the fact that the current level of students' exposure to sex education falls short of demand

Key words: sexual and reproductive health, adolescents, sex education

Introduction

Sex education especially when it is school-based, has become very indispensable today. Norms restricting sex have weakened, and pre-marital sex is increasingly becoming common among young people. A significant proportion of these premarital sexual acts are unsafe. This is an unfortunate situation in era where sexually transmissible infections (STIs) including the deadly HIV/AIDS are spreading rapidly. Today, the incidence of STIs, especially among young people, is only exceeded by those of diarrheal infections, lower respiratory tract infections and malaria. All over the world and particularly in Developing Countries, (including Cameroon), adolescents are disproportionately burdened by threats to their sexual health. Whilst there are many factors responsible for increasing adolescents' vulnerability to poor sexual health outcomes, (including physiology, economic dependence, social norms and gender imbalances), the lack of access to accurate and comprehensive information regarding sexual health is a key contributor.

Sex-education programmes, if well implemented, can be a cornerstone in reducing adolescent sexual-risk behaviours and promoting sexual health. A review by Kirby at al.(2006) evaluated the impact of 83 sex education programmes, demonstrated that sex education programs have a significant positive impact on young people's risky sexual behaviours. Sex education programmes have proved to be of real importance in promoting responsible sexual behaviours among youths, regardless of nation or community settings. They have been found to be particularly effective in reducing reported risky behaviours in school-going adolescents in developing societies.

Objectives of the Study

The study seeks to evaluate students' exposure to sex education, to get their preferred sources of information on sexual and reproductive, obstacles of their access to this information and their opinions on the introduction of sex education in schools.

Methods

Information for this study was collected from 2405 aged 15-19 students from public, denominational and pure private colleges in Cameroon's capital city, Yaoundé using a self-administered questionnaire. These colleges were selected from among schools those offering technical and general education in the Anglophone and Francophone subsystems of education.

The self-administered questionnaire made up four parts. Information for this comes from parts that collected data on the students' demographics and that which collected information students' exposure to sex education, their views on accessibility to contraception and sexual health advice and their preferences in implementing sex-education in schools.

A questionnaire and an envelope were handed to each of the 100 students aged 15-19 chosen from each school. Before the distribution of questionnaires, an information statement was read out to the students, giving them detailed information on the aims of the study and how the respondents were selected, thereby also providing a platform for the students to ask questions about the study. In order to motivate students to provide honest answers, anonymity was assured. Responses were returned in sealed envelopes and the students were asked not to write their names on the questionnaires or on the envelopes.

Ethical Considerations

Permission to carry the survey was obtained from the principals of the various colleges chosen. The questionnaire was examined and proved by the Scientific Committee of the Central Bureau for Censuses and Population Studies of Cameroon before administration.

Results

This study used 2405 participants with 1142 boys (47.5%) and 1262 (52.5) girls) aged 15-19. Most participants were of the Christian background, and especially of the Catholic faith (58.21%). Participants were drawn from public lay private and denominational schools. Participants were also drawn from technical (30%) and grammar schools (70%). This sample included participants from the two educational

sub-systems in Cameroon (the Francophone and the Anglophone subsystems) with 83% of them coming from the Francophone sub-system (appendix 1).

A majority of the students (24.9%) indicated the school as the most important source of knowledge regarding contraception and sexual health (appendix 2.1). Parents/ guardians and other family members were chosen as second most prominent source of knowledge for all students, especially for girls. Friends came in the third position, followed by media sources such as the television/radio, internet and cinema, magazines and books, while medical personnel also occupy an important position. While boys have a wide range of possible sources for information on sexual and reproductive health, girls mainly considered family members as a major source for sexual and reproductive health information.

80.5% of the students had previously received sex education lessons at school, while 19.5% of them had never had sex education in school. It is very likely that some of the students who reported that they have never had sex education lessons at school could have some talks on sex without knowing that they formed part of sex education or simply could not remember.

95.3% of respondents believed that it is important to have sex education as part of the school program (appendix 2.5). This proportion is higher for girls than for boys. All the students who had already had some sex education lessons in schools believed that it was important to include sex education as a component of school programs.

Close to 75% percent of the students, especially girls, felt that they had good access to the advice they needed regarding contraception and sexual health. Among the girls, about 25% of them felt they didn't have sufficient access to sexual and reproductive health. According to them, the most common reasons were fear and timidity (36.7%), embarrassment (30.1%) and "no knowledge of where to go for the information" (20.5%) (See appendix 2.3). The proportion of female students that reported fear and timidity as obstacles to the access to sexual and reproductive health information is significantly higher for girls than for boys (40.5%agains t33.0%).

Over 50% of participants declared medical personnel (especially doctors) as their preferred source of advice on contraception and sexual health. The second most important preferred source was parents/guardians and other family members (26.3%), followed by friends (see appendix 2.6). Close to half of the respondents (44.2%) preferred teachings on sexual and reproductive health to come from classroom lectures, delivered especially by trained professionals. The next preferred format is reading from books and magazines. The proportion of girls that prefer classroom lectures is significantly higher than that of boys (appendix 2.7).

The results of this study exposed some of the fears held by many people, that teaching about sex will lead many young people into greater sexual activity. Almost 50% of male participants and only 32.8% of females held this view (appendix 2. Another misconception about sex education is that it could be replaced by moral education. This view is held by 32.0% of participants with a slightly higher proportion of boys than girls (appendix 2.10).

67.2% of respondents preferred abstinence-only school-based sex education. This view was held by a higher proportion of female than male participants appendix 2.9). There is a paradox as 40.9% of participants were already sexually active.

Implications of Results for Implementation of Sex-Education Programmes

Participant reported high levels of exposure to advice on sexual and reproductive health at school (80.5%), this exposure level falls far below the 95.3% of respondents want sex education in school curriculum. This is an indication that demands for school-based sex-education programme far exceeds supply.

Given that a vast majority of participating students' desire for sex education, and also given that most students consider school as the main source of knowledge on contraception and sexual health, the non-inclusion of sex education in school curriculum is a disservice to adolescents who have expressed a collective desire from it.

A higher proportion of girls (48.5%) than boys (39.5%) prefer to receive knowledge about contraception and sexual health from schools. Considering the fact that adolescent girls are more susceptible to contracting sexually transmissible diseases than boys, and that they are more dependent on schools for information on sexual health, the absence of school-based sex education could have greater negative consequences on them.

A higher proportion of girls (27.4%) than boys (19.4%) obtain information on sexual and reproductive health from their parents. The high rate of teenage pregnancies and higher rates of HIV/AIDS infections in Cameroon among girls could be a key encouragement for parents to discuss reproductive and sexual health issues with their children especially daughters. This brings into focus the need to sensitize parents to discuss issues pertaining to sexual health with their children.

About half of the students' preferred source of advice is medical personnel, especially doctors. This supports students' responses that lectures from trained unrelated professionals in school were the preferred format of delivering sex education (47.3%). The high status attributed to doctors, and the anonymity afforded by health care

systems, may explain why students prefer highly ranked health care professionals. This suggests that any sex-education programmes should involve medical professionals in order to be successful.

Friends were mentioned as the third most preferred source of information on sex education and reproductive health. This brings in the fact that there may be a place for peer-led sex education in schools. In order for peer-led sex education to be as efficient, the peers themselves need to be sufficiently sensitized and taught.

This study equally revealed some of the misconceptions held about sex education that are liable to block its implementation. (40.5%) of participants felt that teaching sex education cause them to become sexually loose, and 32.0% of them declared that sex education can be replaced by moral education. Sex educators will have to grapple with changing the view that abstinence is the only culturally acceptable option. Due the fact that 40.9% were already sexually active, abstinence-only sex education will be a disservice them.

Conclusion

The high levels of HIV/AIDS and other sexually transmissible infections, combined with high rates of unwanted pregnancies and unsafe abortions among adolescents, place a big challenge for sex education in Cameroon. It has been proved that school-based sex education improves awareness of risk and knowledge of risk-reduction strategies, increases self-effectiveness and the intention to practice safer sex, as well as delays rather than hasten the unset of sex. This study has found out that despite the relatively high level of exposure of students in Cameroon's capital city, Yaoundé to sex education (80.5%), demand still exceeds supply. Up to 95% of students interviewed requested school-based sex education. The implementation of school-based sex education will be more beneficial to girls who are more in need of it than the boys. The implementation of school-based sex education will improve access to information on sex and reproductive health issues and by the same token, give girls who are more vulnerable a chance. School-based sex education programmes are an effective means of capturing a large cohort of adolescents, though it excludes the large numbers who are out of schools. There is therefore need to explore ways of providing this vital service to out-of-schools youths.

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Appendix 1: Some Characteristics of Respondents

1.1 Respondents by Age and Sex			
Age	Males	Females	Both Sexes
15	21.1	23.6	22.4
16	22.6	23.4	23.0
17	22.4	20.6	21.8
18	15.7	17.0	16.4
19	17.4	15.4	16.3
Total	1142 (47.5)	1263 (52.5)	2405 (100.0)

1.2 Respondents by Religious Affiliations			
Religion	Males	Female	Both Sexes
Catholics	59.1	57.4	58.2
Protestants	22.1	23.1	22.6
Orthodox	0.1	0.1	0.1
Moslems	7.7	7.4	7.5
Animists	0.1	0.1	0.1
Others	5.6	8.9	7.5
None	4.1	2.0	3.0

1.3 Respondents by Type of Educational Establishment			
Type of Educational Establishment	Male	Female	Both Sexes
Public	56.5	52.3	54.3
Lay Private	24.2	25.7	25.0
Denominational	19.3	21.5	20.7

1.4 Respondents by Type of Education			
Type of Education	Male	Female	Both Sexes
Technical	29.9	23.8	26.7
Grammar	70.1	76.2	73.3

1.5 Respondents by Subsystem of Education			
Subsystem of Education	Male	Female	Both Sexes
Anglophone	19.2	15.4	17.7
Francophone	80.8	84.6	82.3

Appendix 2: Characteristics of Respondents' First Sexual Acts

2.1 Respondents(%) by Unset of Sexual Activity			
Unset of Sexual Activity	Males	Female	Both Sexes
Yes	48.2	34.3	40.9
No	51.8	65.7	59.1
2.2 Respondents by Age at First Sex			
10-14	34.8	16.9	26.9
15-19	65.2	83.2	73.1
Mean Age	14.7	16.2	15.2
Absolute Number	551	433	984
2.3 Respondents(%) by Partners of the First Sex			
Class mate	21.3	11.8	17.1
Persons in the neighborhood	61.2	39.7	51.7
Family member	2.0	2.8	2.3
teacher	3.8	5.1	4.4
Others	11.8	40.6	24.5
2.4Respondents(%) by Voluntary or Non-Voluntary First Sex			
Voluntary	92.0	82.2	87.7
Non Voluntary	8.0	17.8	12.3
2.5 Respondents(%) by Protection or Non Protection during First Sex			
Protected	63.9	72.5	67.7
Unprotected	36.1	27.5	32.3

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Subsystem of Education	Male	Female	Both Sexes
Anglophone	19.2	15.4	17.7
Francophone	80.8	84.6	82.3

Appendix 2.1:Respondents (%) by Sources Used to Get of Knowledge on Sex and Reproductive Health

Source	**Boys**	**Girls**	**Both Sexes**
None	13.2	11.6	12.6
Parents/guardians	15.8	24.3	20.3
Other members of the family(brothers, sisters, cousins	3.7	6.3	5.0
Schools	24.1	25.7	24.9
Friends	11.3	8.8	10.0
Medical Personnel	6.3	9.4	7.9
Magazines/Books	6.6	1.4	3.9
Internet	3.8	1.7	3.2
Posters, leaflets	0.8	0.6	0.7
Church/Mosque	1.7	1.8	1.7
Others	7.4	4.1	5.7

Appendix 2.2 Respondents' (%) Evaluation of Ease of Access to Advice on Sex Issues

Evaluation of DegreeAccess	**Boys**	**Girls**	**Both Sexes**
Easy	72.6	75.6	74.3
Not Easy	27.4	24.4	25.8

Annex 2.3 % Reported Obstacles of Access to Advice on Sexual and Reproductive Health

Obstacles	**Boys**	**Girls**	**Both Sexes**

Fear of Embarrassment	31.3	28.9	30.1
Don't Know where to go	20.4	20.5	20.5
Shame/timidity	33.0	40.5	36.7
Others	15.3	10.1	12.7

Annex 2.4 % of Respondents by Participation at Lessons on Sex and Reproductive Health in Schools

Participation	**Both Sexes**
Yes	80.5
No	19.5

Appendix 2.5 Respondents (%) by Opinion on the Need to Introduce Sex Education in Schools

Opinion	**Boys**	**Girls**	**Both sexes**
Favourable	93.7	96.8	95.3
Not Favourable	6.3	4.2	4.7

Appendix 2.6Respondents (%) by Preferred Persons/Sources for Advice on Reproductive and Sexual Health

Preferred Person/source	**Boys**	**Girls**	**Total**
Medical Personnel	45.9	48.6	47.3
Friends	8.6	6.0	7.2
Family Planning Clinic	4.1	5.4	4.8
Parent/guardian	15.3	20.3	17.9
OtherfamilyMembers	4.1	7.1	8.3
Teacher	9.5	2.9	3.2
Don't Need any person's advice	3.8	0.7	2.2
Others	5.3	3.9	4.5

Appendix 2.7 Respondents (%) by Preferred Methods/Means of Advice on Sex and Reproductive Health

Methods/Means	**Boys**	**Girls**	**Both Sexes**
Classroom lectures	39.5	48.5	44.2
Videos	33.9	15.1	24.0
Books and Posters	20.2	29.6	25.2
OtherMeans	6.4	6.8	6.6

Appendix 2.8Respondents (%) by Opinion on the Contribution of Sex Education to the Promotion of Sexual Activity among Adolescents

Opinion	**Boys**	**Girls**	**Both Sexes**
PromotesSexualActivity	49.9	32.0	40.5
Doesn'tPromoteSexualActivity	50.1	68.0	59.5

Appendix 2.9: Respondents (%) by Opinion on the Teaching of Abstinence-only Sex Education in Schools

Opinion on Need Abstinence-only Sex Education	**Boys**	**Girls**	**Both Sexes**
Favourable	64.5	69.7	67.2
Unfavourable	35.5	30.3	32.8

Appendix 2.10: Respondents (%) by Opinions on the Possibility of Replacement of Sex Education in Schools with Moral Education

Opinion on Replacement of Sex Education with Moral Education	Boys	Girls	Both Sexes
Favourable	36.6	27.9	32.0
Unfavourable	63.4	72.1	68.0