Teachers' Attitudes Regarding Sex Education to Adolescent

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Abstract

Sex education helps adolescents discover their sexual identity and protect them against sexual abuse, unwanted pregnancies and sexually transmitted diseases. Since sex education is not effectively conducted in schools, we aimed to determine the teachers’ attitude about sex education to adolescents. This cross-sectional study was done on secondary and high school teachers in Yazd, southeast Iran. The teachers were selected randomly using cluster sampling. Data were collected using self-reported questionnaires surveying the teachers’ views on sex education. We found that the bulk of educational content teachers mostly focused on was related to issues such as maturity, menstruation, hygiene and ablution (91.7%) and moral values for premarital abstinence (88.1%). The most approved sex education concept by teachers was that sex education is one of the adolescents’ fundamental rights (73.3%) and sex education made marriage easier (72.2%). Teachers believe that the training must start from high school, be done by the school’s health education teacher (47.5%) through educational pamphlets (71.6%). We found a significant difference between the school type and the attitude towards sex education (P=0.01). Teachers emphasized on the necessity of sex education as one of the fundamental rights of young adults and believe that sex education in schools must be mostly about issues regarding maturity, menstruation, hygiene, ablation and moral values for premarital abstinence. Health and educational system authorities should incorporate sex education in educational programs particularly in high schools with the help of health education teachers and proper educational pamphlets.

Keywords: Adolescents; Attitude; High school; Secondary school; Sex education; Teachers

Introduction

Sex and its related issues are the most important and critical developmental needs of human beings(Stephens, 2012). Adolescence is the critical step of sexual development during which hormonal, sexual and cognitive changes occur that influence the adolescents’ perception and sexual development(Davies & Davies, 2011; Hockenberry, 2005). Sexual activities before marriage which are mostly dangerous (McManus & Dhar, 2008)and unprotected(Iriyama, Nakahara, Jimba, Ichikawa, & Wakai, 2007) put young adults from different countries at risk(Regmi, Simkhada, & Van Teijlingen, 2008). Premarital sexual activities create stress and anxiety for young adults and lead to unwanted pregnancies, poor educational performance and expulsion, sexually transmitted diseases (STDs) and conflicts between teachers and students. However, studies have shown that dangerous sexual activities and its consequences mostly result from the of lack of knowledge about the risk of sexual disease and how the body functions, and in most cases adolescents are punished rather than helped, guided and notified (Aransiola, et al., 2013). Since the complications resulting from this lack of
knowledge imposes mental problems for adolescents and inflicts financial burdens on their families and the community, sex education is of utmost importance (Bankole, Biddlecom, Guiella, Singh, & Zulu, 2007).

Sex education is an important part of educational realms and consists of moral, social, and psychological aspects (Kavoulis & Forrest, 1999). It is defined as education about sexual anatomy, sexual reproduction, sexual intercourse, sexual health, emotional connections, reproduction rights and responsibilities, avoiding sexual immorality, contraception, family planning, mental image of one's body, sexual pleasure, sexual orientation, values, decision making, communications, romantic dates, and STDS and protection methods (Fentahun, Assefa, Alemseged, & Ambaw, 2012). Sex education influences thoughts, emotions and human behavior and plays an important role in the formation of an individual's character (Naqi Faghihi, Shokohi yekta, Parand, 2008). Sex education aims to provide the needed critical information for sexual health and life skills to reduce problems and the negative consequences of sexual activity. Achieving this goal enhances the quality of marital life and people's relationships, leading to a healthier society (Bankole, et al., 2007; Stone, Ingham, Simkhada, 2003).

Sex education makes adolescents aware of their sexual identity and protects them against abuse and sexual slavery (Azizzadeh Foroozi & Mohammad Alizadeh, 2007). Sex education programs in schools raise teenagers' sexual knowledge (Benzaken, Palep, & Gill, 2011), as well as create a positive attitude towards sexual behavior. Reviewing 83 sex education programs for adolescents showed that such programs improve sexual behavior in developed and developing countries (Kirby, Laris, & Rolleri, 2007). However, in some countries sex education is still a controversial and neglected issue and adolescents are constantly complaining that the training is inadequate, invalid, of low quality, and delayed (Pokharel, Kulczycki, & Shakya, 2006; Kavoulis & Forrest, 1999). In some countries teachers are not even educated sufficiently about sexual issues and they are not able to transfer the knowledge or they do not have the adequate facilities (Pokharel, et al., 2006), while teenagers prefer to start learning about HIV/AIDS, pregnancy, and intercourse early in their teens (Kavoulis & Forrest, 1999).

In general, different attitudes and viewpoints of parents, teachers, students, society and government affect sex education programs. The points of view are sometimes contradictory and in most cases cultural-social barriers hinder sex educational plans and programs. Moreover, the teacher's support and positive attitude towards sex education in schools facilitates it immensely (Pokharel, et al., 2006), since they play a key role in the development of this program (Aransiola, et al., 2013).

Since few studies have been done on sex education in schools in Iran, and considering the particular cultural, social and religious characteristics of the city of Yazd, southeast Iran, as well as the teachers' undeniable role in adolescents' sex education, we aimed to determine the teachers' attitude about sex education to adolescents, in order to take steps to improve and promote sex education programs in schools.

Subjects and Methods

This cross-sectional study was done on secondary and high school teachers in Yazd, southeast Iran during 2011 & 2012. The study was approved by Yazd University of Medical Sciences and the city's Department of Education. Sampling was done using the multi-stage random cluster sampling method from 24 secondary (n=12) and high (n=12) schools or clusters consisting of an equal number of boy and girl schools in the city's different educational districts. A sample size of 220 participants was initially calculated (CI: 95%, s=15, d=2) and then increased to 336 individuals considering the dropout probability. 14 teachers were randomly selected from each school. The aims of the study were completely explained to the teachers and their consent was obtained prior to the study.

Data were collected using a self-reported questionnaire consisting of two sections; demographic characteristics (age, sex, marital status, education, job experience, school grade, and field of study) and questions about attitude including the concept of sex education (7 items) and educational content (8 items) scored on a 5-point Likert scale, ranging from 0 (completely agree) to 4 (completely disagree). A questionnaire including 3 closed questions about the time, teacher, and method of sex education was also used. The questionnaire validity and reliability were acceptable as determined by expert opinion and retest (r=0.87), respectively.

Data were analyzed using SPSS software, version 16. Descriptive statistics (mean and relative frequency) and inferential statistics (Chi-square test) were used as appropriated as well as Kruskal-Wallis and Mann-Whitney U tests.

Result
Ultimately 335 individuals participated in the study since one teacher declined to complete the questionnaires. 18 (5.3%), 133 (39.7%), 131 (39.1%), and 53 (15.8%) were in the <30, 31-39, 40-49, and >50 age groups, respectively. Most of the participants (n=216) were men (64.6%) and married (n=307, 91.7%). 177 (52.7%) of the participants were secondary school teachers and 158 (47.3%) of them were high school teachers. With respect to their educational status 11 (3.3%), 73 (21.7%), 231 (69%), and 20 (6%) teachers had diplomas, and associate, Bachelor’s, and Master’s degrees, respectively. 33 (9.8%) of the teachers had 1-10 years of job experience, while 137 (40.8%), and 165 (49.4%) teachers had 11-20 and >20 years of experience. With respect to the field they taught 103 (30.7%) teachers taught experimental science lessons while 67 (19.9%) and 165 (49.4%) taught mathematics and human sciences, respectively.

<table>
<thead>
<tr>
<th>Items</th>
<th>Totally Agree</th>
<th>Agree</th>
<th>Don't Know</th>
<th>Disagree</th>
<th>Totally Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and physiology of the same-sex sexual organ</td>
<td>83</td>
<td>24.8</td>
<td>150</td>
<td>44.8</td>
<td>34</td>
<td>10.1</td>
</tr>
<tr>
<td>Anatomy and physiology of the opposite-sex sexual organ</td>
<td>57</td>
<td>17</td>
<td>99</td>
<td>29.6</td>
<td>60</td>
<td>17.9</td>
</tr>
<tr>
<td>Menstruation, hygiene, ablation</td>
<td>215</td>
<td>64.2</td>
<td>92</td>
<td>27.5</td>
<td>8</td>
<td>2.4</td>
</tr>
<tr>
<td>STDs, complications and contraception</td>
<td>172</td>
<td>50.3</td>
<td>115</td>
<td>34.3</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Contraceptive methods</td>
<td>76</td>
<td>22.7</td>
<td>110</td>
<td>31.9</td>
<td>47</td>
<td>14</td>
</tr>
<tr>
<td>Appropriate intercourse and hazards</td>
<td>90</td>
<td>26.9</td>
<td>101</td>
<td>30.2</td>
<td>40</td>
<td>11.9</td>
</tr>
<tr>
<td>Moral values for pre-marital abstinence</td>
<td>215</td>
<td>64.2</td>
<td>80</td>
<td>23.9</td>
<td>12</td>
<td>3.6</td>
</tr>
<tr>
<td>Sexual abuse, harassment and rape</td>
<td>147</td>
<td>43.9</td>
<td>101</td>
<td>30.1</td>
<td>32</td>
<td>9.6</td>
</tr>
</tbody>
</table>

We found that most teachers agreed with teaching issues such as maturity, menstruation, hygiene and ablation (91.7%), moral values for premarital abstinence (88.1%), STDs, their complications and prevention (84.6%), and sexual abuse, harassment, and rape (74%), respectively. Contents such as education about sexual anatomy and physiology of sexual organ of the same sex (69.6%), anatomy and physiology of the sexual organ of the opposite sex (46.6%), methods of contraception (54.6%), appropriate methods of intercourse, sexual relationships, and hazards (51.7%) were issues less emphasized by teachers (table1).

<table>
<thead>
<tr>
<th>Options</th>
<th>Totally Agree</th>
<th>Agree</th>
<th>Don’t Know</th>
<th>Disagree</th>
<th>Totally Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex education is one of the adolescents’ fundamental rights</td>
<td>105</td>
<td>31.3</td>
<td>142</td>
<td>42.4</td>
<td>37</td>
<td>11</td>
</tr>
<tr>
<td>Sex education reduces adolescents’ anxiety</td>
<td>83</td>
<td>24.8</td>
<td>142</td>
<td>42.4</td>
<td>46</td>
<td>13.7</td>
</tr>
<tr>
<td>Sex education facilitates dealing with marriage</td>
<td>114</td>
<td>34</td>
<td>128</td>
<td>38.2</td>
<td>37</td>
<td>11</td>
</tr>
<tr>
<td>It is necessary to teach sex education as a course in schools</td>
<td>68</td>
<td>20.3</td>
<td>100</td>
<td>29.9</td>
<td>69</td>
<td>20.6</td>
</tr>
<tr>
<td>Sex education ruins the respect in family</td>
<td>58</td>
<td>17.3</td>
<td>96</td>
<td>28.7</td>
<td>66</td>
<td>19.7</td>
</tr>
<tr>
<td>Sex education prevents deviations</td>
<td>80</td>
<td>23.9</td>
<td>146</td>
<td>43.6</td>
<td>44</td>
<td>13.1</td>
</tr>
<tr>
<td>Sex education leads to early initiation of sexual activities</td>
<td>55</td>
<td>16.4</td>
<td>119</td>
<td>35.5</td>
<td>95</td>
<td>28.4</td>
</tr>
</tbody>
</table>
Furthermore, most teachers agreed that sex education is one of the adolescents' fundamental rights (73.3%), prevents deviations (67.5%), it reduces their anxiety (67.2%), and facilitates dealing with marriage (72.2%). 50.2% of the participants thought that a sex education course is necessary in schools while 51.9% lead to early initiation of sexual activities and 46% stated that it ruins the respect in the family (table 2).

47.5% of the teachers believed that sex education must be taught by a health education teacher while 20.3, 42.1, 34.3, 46.3, and 46.6% stated it should be taught by an opposite sex teacher, a teacher of the same sex, parents, a counselor, or by a doctor, midwife, nurse or trained person, respectively. Most teachers (51%) believed it should be taught before marriage while 14, 39.7, 47.5, and 18.2% believed that sex education must begin in primary school, secondary school, high school, and after marriage, respectively.

71.6% of the teachers claimed that education should be done through educational pamphlets, while 63.6, 49.9, and 59.7% preferred pictures and slides, textbooks, and face to face training, respectively. We found no significant difference between the teachers' attitudes towards sex education and their age group (Kruskal-Wallis test, $X=5.01 \ P=0.17$), sex (Mann-Whitney test, $U=1.43 \ P=0.15$), marital status (Mann-Whitney test $U=0.32 \ P=0.74$), education level (Kruskal-Wallis test, $X=1.48 \ P=0.68$), years of teaching experience (Kruskal-Wallis test $X=1.71 \ P=0.42$), and field of study (Kruskal-Wallis test $X=1.75 \ P=0.41$). However, there was a significant difference between the school type (secondary school or high school) and the teachers' attitudes towards sex education (Mann-Whitney $U=2.59 \ P=0.01$). The mean±SD attitude scores of secondary school teachers (86.92±17.55, $n=177$) was significantly higher than that of high school teachers (83.43±23.09, $n=158$).

**Discussion and Conclusion**

We found that the teachers priorities regarding different issues on sex education could be categorized respectively, as follows: maturity issues, menstruation, hygiene and ablution, moral values for premarital abstinence, STDs, their complications and methods of contraception, sexual abuse, harassment and rape, sexual anatomy and physiology of the sexual organ of the same sex, methods of contraception, appropriate methods of intercourse and hazards, anatomy and physiology of the sexual organ of the opposite sex.

Many researchers have emphasized on the importance of sex education for adolescents. In one study, Fentahun 2012 and colleagues found that all the participants had a positive attitude about the importance of sex education and agreed that the concept of sex education in schools must be abstinence-only and abstinence-plus (Fentahun, et al., 2012) . Another study showed that most teachers had a positive attitude towards sex education and they expressed the need for specific support of sex education programs for adolescents (Nair, et al., 2012). Asekun-Olarinmoye and co-workers found that most studied teachers felt positive about having sex education as a course in the curriculum, and only 43.6% felt that contraceptive methods must not be included. They also needed in-service training workshops on the issue (Asekun-Olarinmoye, Fawole, Dairo, & Amusan, 2007). Moreover, teachers may feel shameful if students ask them about sexual matters, and some think that the aim of sex education at school is to familiarize adolescents with the anatomy and physiology of the human body in order to find the answer to their sexual questions (Ryan & Dunn, 1979). According to Gachuhi and colleagues, both teachers and teenagers believe that sex education is necessary for young adults (Gachuhi & Mugo, 1975). Also, Van Oost claimed that school managers and teachers think positively about sex education in schools but they complain that the time is very short and the course must mostly focus on methods of contraception and HIV/AIDS (Van Oost, Csincsak, & De Bourdeaudhuij, 1994).

We found that the teachers confirmed the concepts of sex education and prioritized them in the following order: sex education is one of the adolescents' fundamental needs, facilitates dealing with marriage, prevents deviations, reduces adolescents' anxiety, leads to early initiation of sexual activities, it is necessary to teach it as a course in schools, and it ruins the respect in family. Therefore, the teachers consider sex education as the adolescents' right and believe it necessary to be taught in schools. However, it should be noted that our study was done in a religious and Islamic society where religious scholars believe that sex education should aim to maintain the mental health and family integrity of all individuals and to develop healthy attitudes and perceptions and provide individuals with appropriate information in order to lead to social adaptation and adjustment, and decrease the consequences of social conflict and behavioral disorders. From this perspective, unhealthy sexual habits and relationships could have various physical and psychological consequences (Naqi Faghihi, Shokohi yekta & Parand, 2008).

There is a clear consensus about sexual health education to young girls on behalf of both teenagers and adults and instead of current doubts of the necessity of sex education, policy makers should design and define the characteristics of relevant sex education programs (Latifnejad, et al.,
2012). Teachers, parents, and the society are responsible for preparing children for normal sex adjustment, which is attainable through training. In our study, most teachers believed that the right person for teaching sexual issues to adolescents was the school health education teacher. They also thought that the best time to start the training was before marriage, followed by in high school. Fentahun states that sex education content must be based on the students’ mental maturity, suggesting abstinence-only education for kids (primary school) and abstinence-plus education for young adults (high school). In other words, the minimum age to start sex education is 5 and the maximum 25 (Fentahun, et al., 2012). Moreover, most teachers claimed that education should be done through pamphlets. No significant difference was observed between the teachers’ age, sex, marital status, educational level, teaching experience, field of study, and their attitude about sex education. But there were significant statistical differences between the type of school and the teachers’ attitude, suggesting teachers of secondary schools to approve sex education more than those from high schools. Teachers emphasized on the necessity of sex education as one of the fundamental rights of young adults and believe that sex education in schools must be mostly about issues regarding maturity, menstruation, hygiene, ablation and moral values for premarital abstinence. Health and educational system authorities should incorporate sex education in educational programs particularly in high schools with the help of health education teachers and proper educational pamphlets.

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References


