RESEARCH ARTICLE

Nigerian secondary school adolescents’ perspective on abstinence-only sexual education as an effective tool for promotion of sexual health [version 1; peer review: 3 approved with reservations]

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Abstract
The success of any type of sexual education programme depends on the knowledge and preparedness for practice by adolescents. A recent study has found that an ‘abstinence-only’ sexual education programme is effective in reducing sexual activity among adolescents. Knowledge of abstinence-only sexual education and preparedness for practice as an effective tool for promotion of sexual health among Nigerian secondary school adolescents was studied. An analytic descriptive survey design was used for the study. The research population comprised of all public secondary schools in three southern geopolitical zones of the Niger Delta Region of Nigeria. A multistage sampling technique was used to select 2020 senior secondary school (SS1-SS3) students as sample for the study. A partially self-designed and partially adapted questionnaire from an ‘abstinence-only versus comprehensive sex education’ debate, from debatapedia (http://wiki.idebate.org/), entitled ‘Questionnaire on Nigerian Secondary School Adolescents’ Perspective on Abstinence-Only Sexual Education (QNSSAPAOSE)’ was used in eliciting information from respondents. Hypotheses were formulated and tested. Frequency counts, percentage and Pearson Product Moment Correlation were used in analysing data. A greater proportion of secondary school adolescents in this study lacked knowledge of sexual education. About 80% of the respondents could not define sexual education. The general perspective on abstinence-only sexual education was negative, as revealed by the larger number of respondents who demonstrated unwillingness to practice abstinence-only sexual education. Specifically, of those who responded in favour of abstinence-only sexual education, the youngest group of adolescents (11-13 years) and the male respondents were more likely to accept this type of education than the other groups. Poor knowledge of sexual education could be responsible for unwillingness to practice abstinence-only sexual education. Sexual education should, therefore, be introduced into the secondary school curriculum and taught by well-prepared teachers to enable an informed decision on practice.
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Introduction

Sexual education is a lifelong process of acquiring information on sex and forming attitudes, values and beliefs. It involves sexual development, sexual and reproductive health, interpersonal relationships, affection and intimacy. Abstinence-only sexual education teaches the adolescents to abstain from premarital sexual intercourse because of the advantages it offers. Such advantages include prevention of unintended pregnancies and prevention of contracting HIV/AIDS and other sexually transmitted infections. According to the Federal Law of the United States of America (USA), every school-aged child should not engage in sexual activity. The USA Federal law further advocates sexual activity within the confines of monogamous marital relationship to guard against adverse psychological and physical effects associated with premarital sexual activity. Bearing children outside marriage has serious effects on the child, the mother and the society as a whole. The Federal Law of United States of America also posited that, abstaining from sexual activity outside marriage allows for maturity and understanding of self.

However, numerous studies oppose abstinence-only in favour of comprehensive sexual education as being capable of preventing sexually transmitted diseases, including HIV/AIDS and unintended pregnancies. Studies further disclose that it is comprehensive sexual education and not abstinence-only that will delay first sexual activity. Abstinence-only sexual education lacks strong evidence of effectiveness because of faulty designs. Abstinence-only sexual education does not positively affect the sexual behaviour of adolescents, lacks the message of sexually transmitted infections to its recipients and the positive effect in a few cases does not last for a long time.

According to Bruckner and Bearman and a study by the Alan Guttmacher Institute, those that embrace abstinence-only sexual education still have sex before they get married. The authors further posited that adolescents also resort to anal and oral sex as alternatives to vaginal sexual intercourse. There is no difference between adolescents that accept abstinence-only sexual education and those who do not in terms of number of sexual partners and ages of first sexual intercourse. Abstinence-only sexual education does not reduce the scourge of HIV/AIDS. Bennett and Assafi saw the failure to provide adolescents with information about contraception as a serious weakness of abstinence-only sexual-education.

The proponents of abstinence-only sexual education frown at the role of comprehensive sexual education in emphasising so much on the reliability of contraceptives while de-emphasising their failure rates and the possibility of contracting new sexually transmitted diseases including HIV/AIDS. They further frowned at the double message of comprehensive sexual education such as encouraging the delay of first sexual intercourse and promoting the use of contraceptives. On the other hand, the proponents of abstinence-only sexual education are accused of overemphasising the failure rate of condoms. They are also blamed for stressing the possibility of contracting sexually transmitted infections to the extent of falsifying information to establish the negative aspect of comprehensive sexual education. Studies further reveal that sexual educators do not stress enough on sexual intercourse or bring in sensitive issues such as homosexuality and abortions. The adolescents posited that the basic message is that they should not have sex. The proponents of comprehensive sexual education attributed the ineffectiveness of condoms and contraceptives to poor-quality research.

Abstinence-only sexual education studies are criticised for exaggerations of findings. Such exaggerations include over-blowning the prevalent rate of HIV/AIDS and other sexually transmitted infections and failure rates of condom. They are also blamed for withholding information on the positive aspects of sexual relationships, while magnifying the emotional risks and pitfalls associated with premarital sexual activity. Many adolescents may not buy into abstinence-only sexual education because they want to align with the modern life style in industrial societies where people marry later in life, while some do not marry at all. The modern life-style is also characterised by a high rate of broken marriages, predisposing an individual to having many sexual partners. According to some studies the age of first marriage has risen to 30 years, with a fifth of such marriages ending in divorce within a period of five years. Conversely the age at first sexual intercourse has dropped to 16 years with very few people having their husbands as their first sexual partners. The data on adolescents’ sexual behaviour in the developing world with a high prevalence of HIV/AIDS suggests unacceptability of abstinence-only sexual education. Some countries do not accept abstinence-only sexual education even in the face of the high prevalence of HIV/AIDS. Some countries expect sexual educators to encourage adolescents to delay their first sexual experience while also providing education on contraception and sexual health services. In some countries, the requirements for teaching any type of sexual education are clearly outlined for the sexual educators.

Most studies reveal comprehensive sexual education as the preference of parents and adolescents. Studies advocate comprehensive sexual education for unmarried sexually active adolescents. Studies also recommend abstinence-only sexual education with information on contraception and risk-reduction behaviour for the few sexually inactive adolescents. These align with the position of Collins and Priya that parents and adolescents prefer comprehensive sexual education to abstinence-only sexual education. It can be deduced from the position of the proponents of comprehensive sexual education that abstinence-only sexual education denies adolescents the necessary information necessary to empower them for premarital sexual activity. Most studies revealed that the opinion of adults differs on the type of sexual education to teach adolescents. Most of the adults feel that 7th to 9th graders should be taught ‘abstinence only’ while some advocate the teaching of contraception use. Most studies also show that a greater percentage of adolescents prefer sexual orientation that will teach them about the use of contraception and sexually transmitted infections than abstinence-only sexual education. Most studies reported the positive outcome of abstinence-only sexual education ranging from reduced sexual activity, pregnancies, abortions to more successful deliveries. In line with this, John and Jemmott disclosed the success of abstinence-only sexual education in reducing sexual activity among youths. In support of the findings of this new study, Rector submitted that out of 15 scientific evaluations of abstinence-only sexual education, 11 of them demonstrated its effectiveness in reducing adolescent sexual activity.
A survey of the National Campaign to Prevent Teen Pregnancy in 2001 showed that 93% of abstinence sexual education came from the society. Studies showed that proponents of abstinence-only sexual education found seriously at sex before marriage. They considered it not right and immoral. They concluded that this is the only 100% effective method to prevent teenage pregnancy and sexually transmitted diseases. They further reminded that condoms cannot provide 100% protection against unplanned pregnancy and sexually transmitted infections and also that premarital sex can lead to life threatening health problems such as abortion and its associated complications. They feel burdened that sexual, contraceptive and HIV information can provoke early sexual initiation among the adolescents. Abstinence-only sexual education has positively produced a corresponding decrease in teenage pregnancy. Studies have demonstrated that religion acts as a deterrent to early sexual activity. In line with this, many adolescents submitted that morals, values and religious beliefs significantly influence the decision to have sex or not.

In deciding whether or not to have sex, the Organization of Concerned Women for America also decried the outcome of sex without love or responsibility supported by public policies. This results in the breakdown of nuclear families, increases crime, poverty, teen births and AIDS which in turn negatively affects the health of the general public. This only shows lack of values.

Statement of the problem
Adolescents are the future and so they require proper guidance that will propel them into responsible productive adults useful to themselves and their nations. Adolescence is a remarkable period characterised by the quest for experiments with drugs, alcohol and sexual activity saddled with numerous life threatening adverse effects. The Nigerian Association for the Promotion of Adolescent Health and Development (NAPAHD) found that, a hospital based research study revealed that 80% of patients with abortion complications in hospitals are adolescents. Studies in Nigeria have also shown that most female adolescents by the age of 15 have already had their first sexual intercourse. The same applies to male adolescents. In Nigeria, complicated abortion, sexually transmitted infections and HIV/AIDS, sexual coercion, unplanned and unwanted sexual activity and unwanted pregnancies and babies, drop outs from schools and homelessness abound and are very common features with the adolescents. This ugly situation can be attributed to ignorance of sexual information and the implications of premartial sexual activities. Most Nigerian adolescents do not receive correct sexual information while some are ignorant. They also might not be aware that engaging in premartial sexual activities can terminate their educational career, hold back their potentials and also affect the nation negatively. The intense outcome associated with adolescent sexual activity necessitates the search for a positive way out and thus, the main objective of this study.

Purpose of the study
According to Focus on the Family group, sex should be avoided the same way as the use of guns, tobacco, alcohol and drink-driving. They sternly condemn the advocacy for the use of condoms against unwanted pregnancies and sexually transmitted diseases in favour of abstinence-only sexual education. Previous studies document the advantages of abstinence-only sexual education in reducing adolescent sexual activities and the associated health problems. This study investigated the perspective of secondary school adolescents in Nigeria on abstinence-only sexual education as an effective tool for promoting adolescent sexual health. The findings will help in planning informed corresponding intervention programmes which will hopefully yield positive results in Nigeria as other countries documented in previous studies. Adolescents all over the world face the common problem of media pressure and hormonal surges, which is natural.

Material and methods
An analytic descriptive survey design was used for the study. The research population comprised of all public secondary schools in three southern geopolitical zones of the Niger Delta Region of Nigeria. The States were Rivers, Akwa Ibom and Cross River. A multistage sampling technique was used for selecting 2020 senior secondary school (SS1-SS3) male and female students from the three states. Proportionate sampling technique was used in selecting the number of participating schools from the metropolis of each state. Five schools were selected from each of Cross River and Akwa Ibom States. Ten schools were selected from Rivers State. Respondents from each school were also selected proportionately. A total of 702 respondents were drawn from Akwa Ibom State, 510 from Cross River State and 808 from Rivers State. Participants were within the age range of 10–19 years. A questionnaire entitled Questionnaire on Nigerian Secondary School Adolescents Perspective on Abstinence-Only Sexual Education (QNSSAPAOSE) was used in eliciting information from respondents. The test/re-test reliability method was used to establish the internal consistency of the instrument. The instrument had a reliability coefficient of 0.75 established with Pearson Product Moment Correlation Coefficient (r). The instrument was divided into sections A and B. Section ‘A’ sought information on respondents’ demographic characteristics. Section ‘B’ sought information on respondents’ perspectives on Abstinence-Only sexual education. Questions were closed and open ended. The YES/NO questions attracted two points for positive responses and one point for negative responses. Questionnaires were administered with the aid of ten trained research assistants. Questionnaires were administered and collected on the spot to enhance a high return rate. Completion of the questionnaire was voluntary. Out of a total of 2020 questionnaires sent out, 2013 were returned and 13 questionnaires were not usable yielding a usable number of 2000 questionnaires. The return rate, therefore, was 99.1% (2000/2020). Hypotheses were formulated and tested. Frequency counts, percentage, Standard Deviation and Pearson Product Moment Correlation were used in analysing data. Approval of individual school management was obtained prior to execution of this study in their schools. Participants’ consent was also obtained. Participation was voluntary and anonymity was also assured and maintained.

Results
All of the participants in this study were adolescents between the ages of 10 and 19 years (Table 1). Age distributions of the participants were the following: 11–13 years were 8.8% (N=176), 14–16 years were 61.15% (N=1223) while 17–19 years were 30.05% (N=601). Gender distribution showed males 35.1% (N=702) while females were 64.9% (N=1298). Class distribution showed Senior
Secondary1 (SS1) were 70.7% (N=1413), Senior Secondary2 (SS2) were 24.3% (N=486) while Senior Secondary3 (SS3) were 5.1% (N=101) respectively. In religious distribution, 93.9% (N=1877), were found to be Christians, 4.3% (N=86) were Muslims, 1.6% (N=31) were Pagans and 0.3% (N=6) were traditional worshippers. The ethnic distribution of the participants was 40% (N=800) Ikwerre’s, 35% (N=700) Ibibios and 25% (N=500) Efiks. This study also revealed that about 80% of the study participants could not define sexual education.

Three research questions and six hypotheses were formulated in this study. Each one of them is addressed as follows:

### What are the perspectives of adolescents on the advantages of abstinence-only sexual education?

Seven positive statements representing the advantages of abstinence-only sexual education were made (Table 2). The general perspective of Nigerian secondary adolescents on the advantages of abstinence-only sexual education was negative. A greater number of the respondents did not agree with the statements highlighting the advantages of abstinence-only sexual education. However, taking into consideration the number of respondents from each age group that agreed with the statements highlighting the advantages of abstinence-only sexual education, it was found that the youngest age group (11–13 years) of adolescents ranked first. This implies that this group had the highest number of positive respondents in line with their total number when compared with the young (17–19 years) and younger (14–16 years) groups. Age group 11–13 years therefore demonstrated the likelihood of accepting abstinence-only sexual education.

| Variable | N (%) | Gender | N (%) | Religion | N (%) |
|----------|--------|--------|--------|----------|--------|
| Age Class |        | Male   |        | Christianity | 1877 93.9 |
| 11–13 years | 176 8.8 | 702 35.1 | 1413 70.7 |
| 14–16 years | 1223 61.15 | 486 24.3 |
| 17–19 years | 601 30.05 | 101 5.1 |
| Total | 2000 100.0 | | 2000 100.0 |

| Ethnicity | Traditional | 6 0.3 |
|-----------|-------------|-------|
| Ikwerre   | 800 40     |
| Ibibios   | 700 35     |
| Efiks     | 500 25     |
| Total     | 2000 100.0 |

### Table 2. Perspective of adolescents according to age group on the advantages of abstinence-only sexual education.

| Item | Age groups | YES (%) | NO (%) | TOTAL (%) |
|------|------------|---------|--------|-----------|
| Item 1 | Abstinence-only sexual education promotes responsible sexual culture |
| Age groups | N (%) | N (%) | N (%) |
| 11–13 years | 62 35.2 | 114 64.8 | 176 100 |
| 14–16 years | 212 17.3 | 1011 82.7 | 1223 100 |
| 17–19 years | 79 13.1 | 522 86.9 | 601 100 |
| Total | 353 17.7 | 1647 82.4 | 2000 100 |
| Item 2 | Abstinence-only sexual education promotes healthy fulfilling relationship |
| Age groups | N (%) | N (%) | N (%) |
| 11–13 years | 89 50.6 | 87 49.4 | 176 100 |
| 14–16 years | 168 13.7 | 1055 86.3 | 1223 100 |
| 17–19 years | 170 28.3 | 431 71.7 | 601 100 |
| Total | 427 21.4 | 1573 78.7 | 2000 100 |
| Item 3 | Abstinence-only sexual education discourages youth sex and risk taking |
| Age groups | N (%) | N (%) | N (%) |
| 11–13 years | 78 44.3 | 98 55.7 | 176 100 |
| 14–16 years | 280 22.9 | 943 77.1 | 1223 100 |
| 17–19 years | 157 26.1 | 444 73.9 | 601 100 |
| Total | 515 25.8 | 1485 74.3 | 2000 100 |
| Item 4 | Abstinence-only sexual education helps youth avoid emotional damage of sex |
| Age groups | N (%) | N (%) | N (%) |
| 11–13 years | 72 40.9 | 104 59.1 | 176 100 |
| 14–16 years | 186 15.2 | 1037 84.8 | 1223 100 |
| 17–19 years | 120 20.0 | 481 80.0 | 601 100 |
| Total | 378 18.9 | 1622 81.1 | 2000 100 |
| Item 5 | Abstinence-only sexual education helps discourage out-of-wedlock pregnancies |
| Age groups | N (%) | N (%) | N (%) |
| 11–13 years | 65 36.9 | 111 63.1 | 176 100 |
| 14–16 years | 313 25.6 | 910 74.4 | 1223 100 |
| 17–19 years | 174 29.0 | 427 71.0 | 601 100 |
| Total | 552 27.6 | 1448 72.4 | 2000 100 |
Abstinence-only sexual education discourages condom use and increases risk

What are the perspectives of adolescents on the disadvantages of abstinence-only sexual education?

The same number of statements was also made on the disadvantages of abstinence-only sexual education (Table 3). Generally, more respondents agreed with five while disagreeing with the last two of the seven statements highlighting disadvantages of abstinence-only sexual education. Of the total number of respondents that disagreed with the statements of disadvantages, the young adolescents (17–19 years) ranked first followed by the younger ones (14–16 years). More of the young adolescents out of their total number disagreed with the statements...
of disadvantages when compared with the responses of the other two groups. This might be a factor of a better understanding than the younger age groups. Moreover, the problem might not be with the type of sexual education but mostly the willingness to practice.

What are the perspectives of adolescents on the acceptance of abstinence-only sexual education?

The general perspective of the respondents to five statements representing the acceptance of abstinence-only sexual education was negative. More respondents were against abstinence-only sexual education demonstrating a negative perspective on the acceptance of abstinence-only sexual education (Table 4). For instance 1686 out of the total respondents of 2000 objected to wanting a strong abstinence-only message. The youngest adolescent group (11–13 years) had the highest number of respondents out of their total number of those in favour of abstinence-only sexual education. For instance, more of them when compared with other age groups wanted sex to be saved until marriage. More of them (11–13 years) also wanted a strong abstinence message and education. This indicates that the youngest group of adolescents were more likely to accept abstinence-only sexual education than other age groups.

Is there any significant relationship between age and perspective on abstinence-only sexual education?

A significant relationship existed between age and the students’ perspective on abstinence-only sexual education. (r = 0.123**, N=2000, P < 0.01) (Table 7). Young age specifically had an influence on the respondents’ perspective on abstinence-only sexual education in this study. Null hypothesis is rejected.

Is there any significant relationship between religion and perspective on abstinence-only sexual education?

Respondents belonged to different religious organisations but only 31 out of the total respondents of 2000 were pagans (Table 6). A greater proportion were Christians which numbered up to 1877 out of 2000 total number of respondents. Muslims were 86 while traditional worshippers were only 6. According to the total number of each age group, the highest number of Christians came from age group 14–16 years followed by age group 17–19. Age group 11–13 years which has demonstrated the likelihood of accepting abstinence-only sexual education had the least number of Christians relatively.

A significant negative relationship existed between religion and perspective on abstinence-only sexual education. (r=-0.122**, N=2000, P < 0.01) (Table 12). Religion had negatively influenced perspective on abstinence-only sexual education in the study. Null hypothesis is rejected.

Is there any significant relationship between gender and perspective on abstinence-only sexual education?

A greater number of male and female adolescents demonstrated a negative perspective to the advantages of abstinence-only sexual education. This is deduced from their responses to the statements reflecting the advantages of abstinence-only sexual education. Out of the total number according to gender that responded in favour of the advantages of abstinence-only sexual education, more females were in favour of three statements while more males were in favour of four statements.

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Table 4. Perspective of adolescents according to age group on the acceptance of abstinence-only sexual education.

| Item 15 | Abstinence-only sexual education provides some information on STIs and contraception |
|---------|----------------------------------------------------------------------------------|
| Age groups | YES (%) | NO (%) | TOTAL |
| 11–13 years | 71 (40.3) | 105 (59.7) | 176 (100) |
| 14–16 years | 307 (25.1) | 916 (74.9) | 1223 (100) |
| 17–19 years | 141 (23.5) | 460 (76.5) | 601 (100) |
| Total | 519 (26.0) | 1481 (74.1) | 2000 (100) |

Table 16 | Abstinence-only does Not have value |
|---------|-----------------------------------|
| Age groups | YES (%) | NO (%) | TOTAL |
| 11–13 years | 137 (77.8) | 39 (22.2) | 176 (100) |
| 14–16 years | 843 (68.9) | 380 (31.1) | 1223 (100) |
| 17–19 years | 373 (62.1) | 228 (37.9) | 601 (100) |
| Total | 1006 (50.3) | 994 (49.7) | 2000 (100) |

Table 17 | Abstinence-only sexual education is for religious people and Not for people like us |
|---------|-----------------------------------|
| Age groups | YES (%) | NO (%) | TOTAL |
| 11–13 years | 125 (71.0) | 51 (29.0) | 176 (100) |
| 14–16 years | 895 (73.2) | 328 (26.8) | 1223 (100) |
| 17–19 years | 421 (70.0) | 180 (30.0) | 601 (100) |
| Total | 1441 (72.1) | 559 (28.0) | 2000 (100) |

Table 18 | I like abstinence-only because it advocates that sex should be saved until marriage |
|---------|-----------------------------------|
| Age groups | YES (%) | NO (%) | TOTAL |
| 11–13 years | 77 (43.8) | 99 (56.3) | 176 (100) |
| 14–16 years | 135 (11.0) | 1088 (89.0) | 1223 (100) |
| 17–19 years | 148 (24.6) | 453 (75.4) | 601 (100) |
| Total | 360 (18.0) | 1640 (82.0) | 2000 (100) |

Table 19 | I want a strong abstinence message and education |
|---------|-----------------------------------|
| Age groups | YES (%) | NO (%) | TOTAL |
| 11–13 years | 59 (33.5) | 117 (66.5) | 176 (100) |
| 14–16 years | 168 (13.7) | 1055 (86.3) | 1223 (100) |
| 17–19 years | 87 (14.5) | 514 (85.5) | 601 (100) |
| Total | 314 (15.7) | 1686 (84.3) | 2000 (100) |

Table 5. Descriptive analysis of age and gender distribution.

| Age       | Gender | TOTAL |
|-----------|--------|-------|
| 11–13 years | Male | Female | N (%) | N (%) | N (%) |
| 105 | 95.7 | 71 | 40.3 | 176 | 100.0 |
| 389 | 31.8 | 834 | 68.2 | 1223 | 100.0 |
| 208 | 34.6 | 393 | 65.4 | 601 | 100.0 |
| 702 | 35.1 | 1298 | 64.9 | 2000 | 100.0 |
### Table 6. Descriptive analysis of age and religion distribution.

| Age        | Religion |       |       |       |       |       |
|------------|----------|-------|-------|-------|-------|-------|
|            | Christian | Muslim | Pagan | Traditional |       | TOTAL |
| 11–13 years| N (%)     | N (%)  | N (%)  | N (%)  | N (%)  | N (%)  |
|            | 159 90.3  | 7 4.0  | 10 5.7 | -      | -      | 176 100.0 |
| 14–16 years| 1165 95.3 | 34 2.8 | 21 1.7 | 3 0.2  | 1223  100.0 |
| 17–19 years| 553 92.0  | 45 7.5 | -      | -      | 601    100.0 |
| Total      | 1877 93.9 | 86 4.3 | 31 1.6 | 6 0.3  | 2000   100.0 |

Null hypothesis 1: There is no significant relationship between age and their perspective on abstinence-only sexual education.

### Table 7. Relationship between age and perspective on abstinence-only sexual education.

| Variable                                           | Mean | Std. Dev. | N* | R*** | P**** | Remark |
|----------------------------------------------------|------|-----------|----|------|-------|--------|
| Perception of abstinence-only sexual education on  | 31.2350 | 3.5702 | 2000 | .123** | .000 | Sig.    |
| Age                                                | 15.6390 | 1.7565 |      |      |       |         |

*No of participants.

**Sig. at 0.01 level.

***Pearson’s.

****’p’ value.

### Table 8. Perspective of adolescents according to gender on the advantages of abstinence-only sexual education.

| Item 1 | Abstinence-only sexual education promotes responsible sexual culture | Gender | YES | NO | TOTAL | N (%) | N (%) | N (%) |
|--------|---------------------------------------------------------------------|--------|-----|----|-------|-------|-------|-------|
|        |                                                                     | Male   | 120 | 582| 702   | 17.1  | 82.9  | 100   |
|        |                                                                     | Female | 233 | 1065 |1298 | 18.0  | 82.0  | 100   |
| Item 2 | Abstinence-only sexual education promotes healthy fulfilling relationship | Gender | YES | NO | TOTAL | N (%) | N (%) | N (%) |
|        |                                                                     | Male   | 191 | 511| 702   | 27.2  | 72.8  | 100   |
|        |                                                                     | Female | 236 | 1062|1298 | 18.2  | 81.8  | 100   |
| Item 3 | Abstinence-only sexual education discourages youth sex and risk taking | Gender | YES | NO | TOTAL | N (%) | N (%) | N (%) |
|        |                                                                     | Male   | 192 | 510| 702   | 27.4  | 72.6  | 100   |
|        |                                                                     | Female | 323 | 975|1298 | 24.9  | 75.1  | 100   |
| Item 4 | Abstinence-only sexual education helps youth avoid emotional damage of sex | Gender | YES | NO | TOTAL | N (%) | N (%) | N (%) |
|        |                                                                     | Male   | 315 | 1485|2000 | 25.8  | 74.3  | 100   |
|        |                                                                     | Female | 444 | 1556|2000 | 22.2  | 77.8  | 100   |

| Item 5 | Abstinence-only sexual education helps discourage out-of-wedlock pregnancies | Gender | YES | NO | TOTAL | N (%) | N (%) | N (%) |
|--------|-----------------------------------------------------------------------------|--------|-----|----|-------|-------|-------|-------|
|        |                                                                             | Male   | 182 | 520| 702   | 25.9  | 74.1  | 100   |
|        |                                                                             | Female | 370 | 928|1298 | 28.5  | 71.5  | 100   |
| Item 6 | Abstinence-only sexual education is very good in preventing sexually transmitted infections (STIs) because condoms are Not effective at protecting against STIs | Gender | YES | NO | TOTAL | N (%) | N (%) | N (%) |
|        |                                                                             | Male   | 127 | 575| 702   | 18.1  | 81.9  | 100   |
|        |                                                                             | Female | 186 | 1112|1298 | 14.3  | 85.7  | 100   |
| Item 7 | Abstinence-only sexual education effectively reduces rate of teen sex and pregnancy | Gender | YES | NO | TOTAL | N (%) | N (%) | N (%) |
|        |                                                                             | Male   | 135 | 567| 702   | 19.2  | 80.8  | 100   |
|        |                                                                             | Female | 309 | 989|1298 | 23.8  | 76.2  | 100   |

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Table 9. Perspective of adolescents according to gender on the disadvantages of abstinence-only sexual education.

| Item 8 | Abstinence-only sexual education sometimes encourages oral and anal sex alternatives |
|-------|----------------------------------------------------------------------------------|
| Gender | YES | NO | TOTAL |
| Male | N (%) | N (%) | N (%) |
| 317 | 45.2 | 385 | 54.8 | 702 | 100 |
| Female | 591 | 45.7 | 707 | 54.5 | 1298 | 100 |
| Total | 908 | 45.4 | 1092 | 54.6 | 2000 | 100 |

| Item 9 | Abstinence-only sexual education is Not effective at reducing teen sex rate |
|-------|---------------------------------------------------------------------|
| Gender | YES | NO | TOTAL |
| Male | N (%) | N (%) | N (%) |
| 338 | 48.1 | 364 | 51.9 | 702 | 100 |
| Female | 608 | 46.8 | 690 | 53.2 | 1298 | 100 |
| Total | 946 | 47.3 | 1054 | 52.7 | 2000 | 100 |

| Item 10 | Abstinence-only sexual education discourages condom use and increases risk |
|---------|--------------------------------------------------------------------------------|
| Gender | YES | NO | TOTAL |
| Male | N (%) | N (%) | N (%) |
| 351 | 50.0 | 351 | 50.0 | 702 | 100 |
| Female | 606 | 46.7 | 692 | 53.3 | 1298 | 100 |
| Total | 957 | 47.9 | 1043 | 52.2 | 2000 | 100 |

| Item 11 | Abstinence-only sexual education does Not help decrease HIV infection rate |
|---------|--------------------------------------------------------------------------------|
| Gender | YES | NO | TOTAL |
| Male | N (%) | N (%) | N (%) |
| 313 | 44.6 | 389 | 55.4 | 702 | 100 |
| Female | 612 | 47.1 | 686 | 52.9 | 1298 | 100 |
| Total | 925 | 46.3 | 1075 | 53.8 | 2000 | 100 |

| Item 12 | Condoms and Not abstinence-only sexual education decrease teenage pregnancy |
|---------|--------------------------------------------------------------------------------|
| Gender | YES | NO | TOTAL |
| Male | N (%) | N (%) | N (%) |
| 242 | 34.5 | 460 | 65.5 | 702 | 100 |
| Female | 483 | 37.2 | 815 | 62.8 | 1298 | 100 |
| Total | 725 | 36.3 | 1275 | 63.8 | 2000 | 100 |

| Item 13 | Telling teens to abstain from sex makes them want it more |
|---------|--------------------------------------------------------------------------------|
| Gender | YES | NO | TOTAL |
| Male | N (%) | N (%) | N (%) |
| 394 | 56.1 | 308 | 43.9 | 702 | 100 |
| Female | 612 | 47.1 | 686 | 52.9 | 1298 | 100 |
| Total | 1006 | 50.3 | 994 | 49.7 | 2000 | 100 |

| Item 14 | Abstinence-only sexual education wrongly teaches suppression of sexual impulses |
|---------|--------------------------------------------------------------------------------|
| Gender | YES | NO | TOTAL |
| Male | N (%) | N (%) | N (%) |
| 381 | 54.3 | 321 | 45.7 | 702 | 100 |
| Female | 713 | 54.9 | 585 | 45.1 | 1298 | 100 |
| Total | 1094 | 54.7 | 906 | 45.3 | 2000 | 100 |

More male and female respondents disagreed with five of the statements reflecting the disadvantages of abstinence-only sexual education and agreed with two of the statements. Out of the total number of those that did not agree with the disadvantages of abstinence-only sexual education, more males responded to four of the statements while more females responded to three of the statements.

An outright negative perspective on the acceptance of abstinence-only sexual education was demonstrated by both male and female adolescents. A greater number of male and female respondents reacted negatively to statements which were in favour of abstinence-only sexual education.

More females responded in favour of acceptance of abstinence-only sexual education in two statements out of five. More males responded to three of the statements. Specifically, more males than females advocated for sex to be saved until marriage and also wanted a strong abstinence message and education. This study found that boys are more likely to accept abstinence-only sexual education than females. This finding might be connected with the larger number of males among age 11–13 year group of adolescents with a likelihood to accepting abstinence-only sexual education than other older adolescents. (Table 16).

There was no significant relationship between gender and perspective of the adolescents on abstinence-only sexual education. (r = 0.051, N=2000, P <0.05) (Table 11). Gender had no influence on perspective of abstinence-only sexual education in the study. Null hypothesis is therefore retained.

Was there any joint effect of independent variables (age, gender, religion, ethnicity and parent’s occupation) on perspective of abstinence-only sexual education?

A significant joint effect existed between the independent variables (age, gender, religion, ethnicity and parent’s occupation) and perspective on abstinence-only sexual education (F (5, 1994) = 13.085; R = 0.178, R² = 0.032, Adj. R² = 0.029; P < 0.05) (Table 13). About 3% of the variation was jointly accounted for by the independent variables. The null hypothesis is therefore rejected.

Would there be any relative effect of independent variables (age, gender, religion, ethnicity and parent’s occupation) on perspective of abstinence-only sexuality education?

There is a relative contribution of each of the independent variables on the dependent: age (β = 0.115, P < 0.05), gender (β = 0.042, P > 0.05), religion (β = -0.117, P < 0.05), ethnicity (β = -0.016, P > 0.05) and Parent’s occupation (β = 0.021, P > 0.05) (Table 14). Hence, while age and religion made a significant contribution, gender, ethnicity and parent’s occupation were not significant.

Would there be any significant relationship between perspective of abstinence-only sexual education and age, gender, religion, ethnicity and parent’s occupation?

A positive significant relationship existed between perspective on abstinence-only sexual education and age, a negative significant relationship between perspective of abstinence-only sexual education and
The major finding of this study shows that Nigerian secondary school adolescents generally have a negative perspective towards abstinence-only sexual education. Out of a total population of 2000 respondents, abstinence-only sexual education was accepted by only 314 respondents and rejected by 1686. Those that had the tendency to accept abstinence-only sexual education were within the age bracket of 11–13 years and are the youngest group of adolescents. The highest number of those that advocated for sex to be saved until marriage and also wanted abstinence-only sexual education belonged to the youngest group of adolescents. A greater number of respondents that were not in favour of abstinence-only sexual education belong to the 14–19 years age bracket and are the older adolescents. These are the ones within the age of socialisation already. With their exposure to different views about premarital sex, it is likely that most of them are already sexually active and have already taken a position for premarital sex. The message of abstinence-only sexual education at this stage might not be accepted with ease.

Religion had a negative significant influence on the adolescents’ perspective on abstinence-only sexual education. Previous studies revealed that almost no religion supported premarital sexual activities. The studies of Concerned Women for America, demonstrated that religion acts as a deterrent to early sexual activity⁶. Many adolescents in previous studies posited that morals, values and religious beliefs significantly influence the decision of whether to have sex⁷. Probably, those that accepted abstinence-only sexual education would have been influenced by their religious beliefs. This also implies that teaching of religious values could be a useful tool for inculcating the values of sexual intercourse within the confines of marriage. Fortunately 93.9% (N=1877) of the total respondents were Christians 4.3% (N=86) were Muslims and 1.6% (N=31) belonged to traditional religion. Only 0.3% (N=6) were pagans. Christianity should therefore teach abstinence-only sexual education effectively with positive results.

Male and female Nigerian secondary school adolescents generally have a negative perspective towards abstinence-only sexual education. Out
### Table 11. Relationship between gender and perspective on abstinence-only sexual education.

| Variable                                      | Mean  | Std. Dev. | N** | R*** | P**** | Remark   |
|-----------------------------------------------|-------|-----------|------|------|-------|----------|
| Perception of abstinence-only sexual education on | 31.2573 | 3.5702    | 2000 | 0.022| 0.051*| N.Sig.   |
| Gender                                       | 0.6500 | 0.4800    |      |      |       |          |

*Not Significant at 0.05 level.
**No of participants.
***Pearson's.
****'p' value.

Null hypothesis 3: There is no significant relationship between religion and their perspective on abstinence-only sexual education.

### Table 12. Relationship between religion and perspective on abstinence-only sexual education.

| Variable                                      | Mean  | Std. Dev. | N* | R*** | P**** | Remark |
|-----------------------------------------------|-------|-----------|----|------|-------|--------|
| Perception of abstinence-only sexual education on | 31.2350 | 3.5843    | 2000| -0.122**| 0.000 | Sig.   |
| Religion                                      | 0.0800 | 0.3500    |    |      |       |        |

*No of participants.
**Sig. at 0.01 level.
***Pearson's.
****'p' value.

### Table 13. Joint effect of independent variables (age, gender, religion, ethnicity and parent’s occupation) on perspective of abstinence-only sexual education.

| Model         | Sum of Squares | DF* | Mean square | F**  | Sig. |
|---------------|----------------|-----|-------------|------|------|
| Regression    | 815.864        | 5   | 163.173     | 13.085| 0.000|
| Residual      | 24865.686      | 1994| 12.470      |       |      |
| Total         | 25681.550      | 1999|             |       |      |

R = 0.178.
R² = 0.032.
Adj R² = 0.029.
*Degree of freedom.
**F-ratio.

### Table 14. Relative contribution of independent variables (age, gender, religion, ethnicity and parent’s occupation) to perspective on abstinence-only sexual education.

| Model         | Unstandardised coefficient | Standardised coefficient | T   | Sig.  |
|---------------|-----------------------------|--------------------------|-----|-------|
| (Constant)    | 30.422                      |                          | 62.369 | 0.000 |
| Age           | 0.705                       | 0.136                    | 0.115 | 5.168 | 0.000 |
| Gender        | 0.319                       | 0.166                    | 0.042 | 1.918 | 0.055 |
| Religion      | -1.187                      | 0.225                    | -0.117 | -5.269 | 0.000 |
| Ethnicity     | -5.179E-02                  | 0.073                    | -0.016 | -0.714 | 0.475 |
| Parent's occupation | 5.77E-02 | 0.061            | 0.021 | 0.954 | 0.340 |
Table 15. Correlation matrix showing the relationship between perspective of abstinence-only sexual education and age, gender, religion, ethnicity and parent’s occupation.

|                      | Abstinence-only sexual education | Age       | Gender   | Religion | Ethnicity | Parent’s occupation |
|----------------------|---------------------------------|-----------|----------|----------|-----------|---------------------|
| Abstinence-only sexual education | 1                               |           |          |          |           |                     |
| Age                  | 0.123**                         | 1         |          |          |           |                     |
| Gender               | 0.051*                          | 0.083**   | 1        |          |           |                     |
| Religion             | -0.122**                        | -0.020    | 0.007    | 1        |           |                     |
| Ethnicity            | -0.022                          | 0.055*    | 0.034    | 0.128**  | 1         |                     |
| Parent’s Occupation  | 0.039                           | 0.117**   | 0.021    | -0.031   | 0.039     | 1                   |
| Mean                 | 31.2573                         | 2.22      | 1.65     | 1.08     | 2.21      | 2.20                |
| S.D                  | 3.5702                          | 0.58      | 0.48     | 0.35     | 1.11      | 1.33                |

**Sig. at 0.01 level.  
*Sig. at 0.05 level.

of the number that favoured abstinence-only sexual education, more females than males were in favour of some statements and in other statements more males than females were in agreement. Surprisingly, more males than females advocated for sex to be saved until marriage and also wanted abstinence-only sexual message and education. One would have expected a more positive response from the females than the males because a greater proportion of the respondents in this study were females 64.9% (N=1298) of the total respondents. This finding is also sad because it is the females that suffer most from the adverse effects of premarital sexual activities. They are the ones that drop out from schools in the advent of pregnancy. They suffer the adverse effects of early pregnancy and child birth or abortion so one would have expected more females than males to advocate for sex to be saved until marriage. At the other hand more males than females advocating for sex to be saved until marriage and also wanting strong abstinence message and education might not be unconnected with the high number of males among the 11–13 years adolescents (Table 16).

Ethnicity did not make any significant contribution to perspective of adolescents on abstinence-only sexual education. This shows that adolescents are all the same anywhere and everywhere. This study also revealed that about 80% of the total respondents could not define sexual education. Probably most of the responses would have been informed by ignorance.

Conclusion

Abstinence-only sexual education can work with a timely and early introduction in the lives of adolescents. The findings of this study reveal the need to teach abstinence-only sexual education at an early age as what is right and obtainable by parents who are the first contacts, in religious organisations by the Sunday school teachers and then teachers in school for possible positive results. This will also form part of the values and belief system of the child which might not be easily compromised. It is very important to teach abstinence-only sexual education as an ideal standard of life before a child gets to the age of socialisation of 13–21 years. Teaching abstinence-only sexual education after a child might have been exposed to different views about sex might not yield a good result as revealed by the findings of this study. This can be attributed to the difficulties associated with changing of values and beliefs or habits when once they are formed.

Translations to health education practice

Knowing the perspective of adolescents on abstinence-only sexual education is the key to knowing the right intervention programme to design and the approach to adopt for the implementation of such programme. This study reveals that abstinence-only sexual education will not work for majority of the respondents because it is not acceptable to them. For instance, only 314 out of 2000 respondents agreed with statements reflecting acceptance of abstinence-only sexual education while 1686 respondents disagreed. A very important finding of this study is that abstinence-only sexual education might only impact positively on those within the imprint and modelling periods of development. This include those within the age range of 11–13 years. The earlier abstinence-only sexual education is introduced in life, the more promising the result. Those within the age bracket of 14–19 years seem to have formed their opinion already from different socialisation processes. This finding suggests the need for a second study only for those within the imprint and modelling period. The intervention programme based on the findings of this study recommends a two-dimensional approach. Comprehensive sexual education for the older age group (14–19 years) and abstinence only for the younger ones (11–13 years).

The implications of this study are directed specifically to parents who are the primary caretakers of the children. They have the first contact with the children during the early years. The religious organisations and the school health educators are also very important.
Religious organisations should never relent in teaching the morals and values of abstinence-only sexual education early enough to the children right from their Sunday school classes. School health professionals should design appropriate programmes to internalise the need for abstinence-only sexual education in adolescents. The health educators should devise ways of identifying the children with the right foundations already and continue to build on them. They should also identify those with negative beliefs and design some remedial programmes for them to reduce the negative influence on other adolescents through the process of socialisation. It can be seen from this study that many problems faced by adolescents as a result of pre-marital sexual activity are avoidable.

### Author contributions

Obonganyie P Inyang trained research assistants who helped in administering the questionnaire. She coordinated the administration, retrieval and sorting to separate useful copies of questionnaires from those not useful. The title of the work was conceived by Mfekemfon P Inyang. She planned the research, reviewed the work, did the analysis and wrote the article.

### Competing interests

No relevant competing interests were disclosed.

### Grant information

The author(s) declared that no grants were involved in supporting this work.

### References

1. Sexuality Information and Education Council of United States (SIECUS). Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States: An Overview Fiscal Year 2008 Edition. 2008. Reference Source

2. Kirby D: Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries. [Youth Research Working Paper, No. 2] Research Triangle Park, NC: Family Health International, 2005. Reference Source

3. Collins C, Alagiri P, Morin SF, et al.: Abstinence only vs. comprehensive sex education: What are the arguments? What is the evidence? University of California, San Francisco: AIDS Research Institute 2002. Reference Source

4. Abstinence Clearhouse. Choosing Abstinence-only Way to Protect America’s Youth [Internet]. Undated. Reference Source

5. Concerned Women for America. Abstinence: Why Sex is Worth the Wait [Internet]. 1998. Accessed October 16, 2001. Reference Source

6. Inyang MP: Socio-cultural factors as predictors of sexual behaviour of female secondary school adolescents on Port-Harcourt Metropolis, Nigeria. PhD thesis: University of Ibadan. 2009.

7. 42 U.S.C. section 710 (b)(2); (A)–(H).

8. Kirby D, Short L, Collins J, et al.: School-based programs to reduce sexual risk behaviors: a review of effectiveness. Public Health Rep. 1994; 109(3): 339–360. Published Abstract | Free Full Text

9. Dickson R, Fullerton D, Eastwood A, et al.: Effective Health Care: Preventing and reducing the adverse effects of unintended teenage pregnancies. National Health Service Centre for Reviews and Dissemination University of York 1997; 3(1). Reference Source

10. Dennison C: Teenage Pregnancy: An overview of the research evidence. London: Health Development Agency 2004. Reference Source

11. Dicenso A, Guyatt G, Willan A, et al.: Interventions to reduce unintended pregnancies among adolescents: systematic review of randomised controlled trials. BMJ. 2002; 324(7351): 1426–1435. PubMed Abstract | Publisher Full Text | Free Full Text

12. Wann C, McCormick G, Kosmin M: Teenage Pregnancy and Parenthood: A Review of Reviews. London: Health Development Agency 2003. Reference Source

13. Alford S, Cheetham N, Hauser D: Science and Success in Developing Countries: Holistic Programs That Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted infections. Washington, DC: Advocates for Youth, 2005; 34. Reference Source

14. Chessbrough S, Ingham R, Massey D: Reducing the rate of teenage conceptions: A review of the international evidence on preventing and reducing teenage conceptions: The United States, Canada, Australia and New Zealand. London: Health Development Agency 2002. Reference Source

15. Kirby D: Do abstinence-only programs delay the initiation of sex among young people and reduce teen pregnancy? The National Campaign for the Prevention of Teen Pregnancy 2002. Reference Source

16a. Underhill K, Operario D, Montgomery P: Reporting deficiencies in trials of abstinence-only programmes for HIV prevention. AIDS. 2007; 21(2): 266–268. Published Abstract | Publisher Full Text

16b. Underhill K, Operario D, Montgomery P: Abstinence-only programs for HIV infection prevention in high-income countries. Cochrane Database Syst Rev. 2007; 17(4): CD005421. Published Abstract | Publisher Full Text

17. Trenholm C, Devaney B, Fortson K, et al.: Impacts of Four Title V, Section 510 Abstinence Education Programs Final Report. Princeton, NJ: Mathematica Policy Research, Inc. 2007. Reference Source

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### Table 16. Descriptive analysis of age and gender distribution.

| Age        | Gender | Male (%) | Female (%) | TOTAL (%) |
|------------|--------|----------|------------|-----------|
| 11–13 years| Male   | 105.59.7%| 71.40.3%   | 176.100.0%|
|            | Female | 83.68.2% | 122.100.0%|
| 14–16 years|       | 389.31.8%| 393.65.4%  | 601.100.0%|
| 17–19 years|       | 208.34.6%| 601.9.1%   | 208.31.8% |
| Total      |       | 702.35.1%| 1298.64.9% | 2000.100.0%|

Role players. Findings from this study suggest the introduction of different programming strategies aimed at teaching abstinence-only sexual education as a way of life within the early ages. This promises positive results capable of safeguarding adolescents especially the females from the numerous life threatening adverse effects associated with premarital sexual activities.

Parents must have a sound knowledge of sexual education so that they can serve as effective teachers to the children. This is the reason it is very good also to empower today’s adolescents with the knowledge of sexual education and the benefits as future parents. Preparing the adolescents of today to become knowledgeable parents of tomorrow can assist in creating a subsequent future of reduced cases of teenage pregnancies, deliveries, abortions and sexually transmitted infections. Whatever is wrong today can be corrected through adequately prepared adolescents who are the future of any nation.

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**Author contributions**

Obonganyie P Inyang trained research assistants who helped in administering the questionnaire. She coordinated the administration, retrieval and sorting to separate useful copies of questionnaires from those not useful. The title of the work was conceived by Mfekemfon P Inyang. She planned the research, reviewed the work, did the analysis and wrote the article.

**Competing interests**

No relevant competing interests were disclosed.

**Grant information**

The author(s) declared that no grants were involved in supporting this work.
18. Bruckner H, Bearman P: After the promise: the STD consequences of adolescent virginity pledges. J Adolesc Health. 2005; 36(4): 271–278. PubMed Abstract | Publisher Full Text

19. The Alan Guttmacher Institute. Fact in Brief: Sexuality Education. 2002. Reference Source

20. Bennett SE, Assel NP: School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials. J Adolesc Health. 2005; 36(1): 72–81. PubMed Abstract | Publisher Full Text

21. Stammers TG: Abstinence under fire. Postgrad Med J. 2003; 79(933): 365–366. PubMed Abstract | Publisher Full Text | Free Full Text

22. The Physicians Consortium, Sexual Messages in Government-Promoted Programs and Today’s Youth Culture. 2002.

23. REP. HENRY A. WAXMAN. The Content Of Federally Funded Abstinence-Only Education Programs. United States House Of Representatives Committee On Government Reform Minority Staff Special Investigations Division. 2004.

24. Blake S, Frances G: Just say no to abstinence education. National Children’s Bureau. 2001. Reference Source

25. Buston K, Wight D, Hart G, et al.: Implementation of a teacher-delivered sex education programme: obstacles and facilitating factors. Health Educ Res. 2002; 17(1): 59–72. PubMed Abstract | Publisher Full Text

26. Forrest S, Strange V, Oakley A, et al.: What do young people want from sex education? The results of a needs assessment from a peer-led sex education programme. Cult Health Sex. 2004; 6(4): 337–354. PubMed Abstract | Publisher Full Text

27. Measor L, Tiffn C, Miller K: Young People’s Views on Sex Education: Education, Attitudes and Behaviour. London: Routledge/Falmer 2000; 193.

28. Paton D: The economics of family planning and underage conceptions. J Health Econ. 2002; 21(2): 207–225. PubMed Abstract | Publisher Full Text

29. National Centre for Health Statistics Marriage and Divorce (data for US). 2004. Reference Source

30. Wellings K, Nanchahal K, Macdowall W, et al.: Sexual behaviour in Britain: early heterosexual experience. Lancet. 2001; 358(9296): 1843–1850. PubMed Abstract | Publisher Full Text

31. Hubert M, Bajos N, Sandfort T: Sexual Behaviour and HIV/AIDS in Europe: Comparisons of National Surveys. London: University College London Press 1998; 464. Reference Source

32. DIES Sex and Relationships Guidance. HMSO: London 2000. Reference Source

33. Guttmacher Institute State Policies in Brief. as of September, 2009; Sex and HIV/STI Education. Reference Source

34. Ito KE, Gidico Z, Owen-O’Dowd J, et al.: Parent opinion of sexuality education in a state with mandated abstinence education: does policy match match parental preference? J Adolesc Health. 2006; 39(5): 634–41. PubMed Abstract | Publisher Full Text

35. Eisenberg ME, Bernal OH, Bearinger LH, et al.: Support for comprehensive sexuality education: perspectives from parents of school-age youth. J Adolesc Health. 2008; 42(4): 352–359. PubMed Abstract | Publisher Full Text

36. BMRB International Evaluation of the Teenage Pregnancy Strategy. Tracking Survey. Report of results of benchmark wave, January 2001. Reference Source

37. Collins C, Priya MPP, Alaghi JD, et al.: Monograph Series: AIDS Policy Research Center and Center for AIDS Prevention Studies. AIDS Research Institute. 2002. Reference Source

38. Sexuality Information and Education Council of the United States (SIECUS). Public Support for Sexuality Education Reaches Highest Level. (Hickman-Brown Public Opinion Research Survey) [Internet]. March 1999. Reference Source

39. Winer RL, Hughes JP, Feng Q, et al.: Condom use and the risk of genital human papillomavirus infection in young women. N Engl J Med. 2006; 354(25): 2645–54. PubMed Abstract | Publisher Full Text

40. Jones JM, Toffler W, Mohn JK, et al.: The declines in adolescent pregnancy, birth and abortion rates in the 1990s: What factors are responsible? A special report commissioned by The Consortium of State Physicians Resource Councils [Internet] January 7, 1999. Reference Source

41. John JL: New Study Finds Abstinence Education Effective Comprehensive Sex-Ed Flops. 2010. Reference Source

42. Robert R: The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth. Heritage. 8 Apr. 2002. Reference Source

43. National Campaign to Prevent Teen Pregnancy. Fact Sheet: Recent trends in teen pregnancy, sexual activity, and contraceptive use [Internet]. August, 2004. Reference Source

44. Etuk SJ, Ihejiamma EC, Etuk IB: Female adolescent sexual behaviour in Calabar, Nigeria. Niger Postgrad Med J. 2004; 11(4): 269–73. PubMed Abstract

45. Briggs LA: Adolescent Pregnancy in Port Harcourt Local Government Area of Rivers State. Implications for Health Education A PhD Thesis 1995.

46. Focus on the Family, Take Twelve - The Truth About Abstinence Education. [Internet]. March 14, 2001.

47. Abstinence Clearinghouse. Data confirms that the abstinence message, not condoms, is responsible for the reduction in births to teens. [Internet] May 17, 1998. Reference Source

48. Massey M: Values development. Changing Minds. 2011. Reference Source
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Version 1

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Luis Bahamondes
Department of Obstetrics and Gynaecology, School of Medical Sciences, Universidade Estadual de Campinas, Campinas, Brazil

The authors submitted a manuscript in which they assessed the perspectives of Nigerian secondary school students on abstinence-only sexual education. They applied a questionnaire to obtain the information. The sample size is correct and the analysis of the data is well conducted. However, my specific comments are that the title does not reflect what the authors did, as the authors did not evaluate the efficacy of abstinence-only sexual education; in fact, there is no evidence of whether the abstinence-only sexual education changes the attitudes of the students. Furthermore, the comments on religion are inappropriate because most of the interviewed students practiced only one religion.

In my opinion, the following statement is strongly speculative and inappropriate because the authors did not obtain any evidence for it: “Preparing the adolescents of today to become knowledgeable parents of tomorrow can assist in creating a subsequent future of reduced cases of teenage pregnancies, deliveries, abortions and sexually transmitted infections. Whatever is wrong today can be corrected through adequately prepared adolescents who are the future of any nation.”

Competing Interests: No competing interests were disclosed.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Mfremfon Inyang, University of Port-Harcourt, Rivers State, Nigeria

Much thanks to the referee for the comments. In this study the authors only looked at the Nigerian secondary school adolescents’ perspective on abstinence-only sexual education. The purpose of this study is also clearly stated. The authors have not indicated anywhere in the study of evaluating the efficacy of abstinence-only sexual education, but only intend to do that in a follow up study.
This study is not an intervention study so it could not have shown if abstinence-only sexual education could change attitude. It is always necessary to clarify needs before following up with appropriate intervention. The intent for a follow up intervention study has been indicated. The aspect of religion has been earlier addressed. The statement is a recommendation to educate the adolescents with the knowledge of what is right or wrong early in life. Numerous studies have proven the transforming power of information. It has also been established that most of the wrong-doings of adolescence are either due to wrong information or outright ignorance.

Thanks.
Dr. M. P. Inyang

**Competing Interests:** There are no competing interests.
Thanks.
Dr. M. P. Inyang

*Competing Interests:* There are no competing interests!

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**Reviewer Report 08 April 2013**

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Warren Foster
McMaster University, Hamilton, Canada

The authors examined secondary school student perspectives on abstinence-only sexual education through the use of a questionnaire. The sample size is robust, the statistical methods are appropriate, and overall the paper is well written. Unfortunately, the title of the paper is misleading. Specifically, the authors only examined student perspectives and there were no measures of efficacy of abstinence-only sexual education. The data suggests only that students of the youngest age group are more likely to be receptive to abstinence-only sexual education but no evidence is presented on whether the students would or in fact do incorporate these messages into their lives. The authors also suggest that the data shows that there is a significant relationship between religion and student perspective; however, the numbers of students in other religions than Christianity is too small to make meaningful conclusions. Moreover, it is unclear if the students simply identify with a particular religion or actively participate in the religion. Finally, the conclusions reached and the implications for health education practice are overstated. The most that can be concluded from this study is that young adolescents are potentially more receptive to abstinence-only sexual education. It cannot be concluded that abstinence-only sexual education will be more or less effective than no education or alternative education messages in shaping student sexual practices.

*Competing Interests:* No competing interests were disclosed.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

---

**Comments on this article**

**Version 1**

Author Response 29 Apr 2013
Mfrekemfon Inyang, University of Port-Harcourt, Rivers State, Nigeria

I appreciate the referee's observation. We did not address measures of efficacy of abstinence in our study. This is why this study suggested a second study for those within the age range of 11-13 years who demonstrated potential receptivity to abstinence-sexual education. This can be found under translations to health education practice. Measures of efficacy of abstinence is going to be specifically added.

**Conclusion:** The conclusion of the study says that based on the potential receptivity of the young ones to abstinence-only sexual education, then it can work with a timely and early introduction in the lives of young adolescents that will grow up with it. This requires teaching abstinence-only sexual education at an early age as what is right and obtainable by parents who are the first contacts. Children learn through instructions and modelling during the imprint and modelling periods which spans between 11-13 years (Massey, 2011). This means working on the potential found in this study to develop along that line. **It is not concluded that abstinence-only sexual education will be more or less effective than no education or alternative education messages in shaping student sexual practices.**

**Religion:** Respondents were asked for religions they were actively involved with. Data analysis showed Christianity as the dominating religion. This explains the emphasis put on Christianity to teach abstinence-sexual health education. However, this was not surprising since Christianity is the dominating religion in the study area.

**Competing Interests:** There are no competing interests.

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