

The study of sexual and reproductive health aspects among secondary schools male students in Babel governorate

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Abstract

Background: Reproductive health implies that people are able to have a responsible, satisfying and safer sex life, have the capability to reproduce, and the freedom to decide if, when, and how often to do so. The primary effects of media exposure are increased violent and aggressive behavior, increased high risk behaviors including alcohol and tobacco use, and accelerated onset of sexual activity.

Aims: To assess the information about sex matters of male students in Babel governorate secondary schools including homosexuality, source of sex information, religion status, sexual relation before marriage or out of marriage, and information about AIDS.

Patients and Methods: A cross-sectional survey using self-administered questionnaire about the knowledge concerning sex matters distributed to 1156 male students selected randomly from Babel governorate secondary schools to be filled in 15-20 minutes, during the period from 1st January to the last of February 2011.

Results: Less than half of the sampled students (44.8%) reported information about sex matters, 53.1% in urban and 36.5% in rural area. The main sources of information about sex matters were friends, schools, and families which constitute about 53%. Attitude towards homosexuality showed that homosexuality was defined correctly by 28.4% only, 9.1% agreed with sexual relation between males, 18.1% agreed with sexual relation before marriage, 37% agreed with sexual relation out of marriage and 80% they had information about AIDS.

Conclusions: The family had a major role in education of their children, the schools remain the corner-stone in health education as well the effect of peers. New and modern teaching in our school is needed.

Keywords: Cross-sectional study, Secondary schools, Babel, Adolescence, Sexual health

INTRODUCTION

Sexual health is seen as the integration of the physical, emotional, intellectual and social aspect of one's sexual beings in such a way that are positively enriching and

enhancing personality, communication, and love.^[1] Today, it is important to understand the exposure of school students to sexual and reproductive health knowledge and skills at different places including home, schools and other places^[2] but remains a paucity of

studies that attempt to examine distinctive features of young offenders, either because inferences are drawn from research on adult offenders or studies lack appropriate control and/or comparison groups. In part, this difficulty has been compounded by the reluctance of ethics committees to give permission for sexually explicit questioning of normative samples of equivalent ages to offending adolescents.^[3, 4] Most regions of the world still fall well short of these recommendations, especially for unmarried young people, but those in Arab countries are particularly undeserved.^[5]

Researchers suggested that lack of knowledge regarding sexual matters includes lack of suitable sex education and deviant sexual beliefs may explain sexually offending behavior^[6, 7] while various studies have found relatively low levels of sexual knowledge in adolescents.^[8, 9] People with learning disabilities generally have been found to have even more limited knowledge.^[10]

In Eastern Mediterranean Region (EMR) the prevalence, the impact of sexually transmitted infections (STIs) and adolescent reproductive health problems are likely to increase in the near future. Although the estimated prevalence rates of STIs and HIV/AIDS are relatively low in the EMR but a rapid increase in AIDS cases is being reported.^[11] Villani^[12] concluded that the primary effects of media exposure are; increased violent and aggressive behavior, increased high risk behaviors including alcohol and tobacco use, and accelerated onset of sexual activity. In Arab countries there is a large recent rise in the average age at marriage for both sexes (nearing 30 in parts of North Africa)^[13] and the rising proportions of young unmarried women in many Arab countries.^[14] In Jordan, 7% of college students admitted to have non-marital sex, as did 4% of the general population aged 15-30 in another study.^[15] Among university students in Egypt, 26% of men and 3% of women reported having sexual intercourse at least once^[16] while another study had found a relatively low level of sexual knowledge in adolescents.^[9]

PATIENTS AND METHODS

Study design

A cross-sectional study was carried out among students in Babel governorate secondary schools. Questionnaire distributed to the studied population including all students from class1 to class5 attending the randomly selected secondary schools. The total number of students was 1156. The questionnaire involved demographic

variables (age and residency), sources of information about sex matters (family, satellites, friends, internet, school, and other sources), religious state, information about AIDS, homosexuality and other sexual relationships.

Sample size calculation

The sample size for the study was calculated using EPI-Info version 6 statistical software packages. Using the assumption that the proportion of adolescent communicating on reproductive issue (information about sex matters) to be 50%, 95% confidence interval, 5% marginal error, and 5% non-response rate, a total of 1156 students were required for the study. The sampling unit was randomly taken from each class based on the proportion to the size of each class.

Data entry and analysis

Data were entered and analyzed on SPSS version-19. Data were summarized using frequency and proportions. Chi-square test was used for assessing significance of associations. P value of equal or less than 0.05 was used as the level of significance.

RESULTS

The sample of our study involved 1156 males only, 50.3% of 13-15 years age group and 49.7% of 16-18 years. The distribution of the sample according to residency was 38.6% from urban area and 61.4% from rural area. The distribution of students according to their information about sexual matters was 44.8% reported they had information about sex matters and 55.2% reported not knowing or ignorance of such information. Less than one third of students (29.8%) in early adolescents and more than half of the students (59.1%) in late adolescents reported they had the knowledge about sex and the difference was statistically significant. A significantly higher percentage of urban students (53.1% versus 36.5% of rural students) reported that they know about sex matters (Table1).

The source of sex matters reported by the sampled students was family including father, mother or grandfather (18.3%), satellites (11.6%), friends (22.8%), internet (9.1%), school (17.4%), and other sources (20.8%) (Figure1).

Table 1. The rate of sex information matters according to age groups and residence.

		Information about sex matters		Total
		Know	Don't know	
		518(44.8%)	638(55.2%)	
Age groups	13-15 years	173(29.8%)	408(70.2%)	581(50.3%)
	16-18 years	339(59.0%)	236(41.0%)	575(49.7%)
	P value	0.00001*		
Residence	Urban	237(53.1%)	209(46.9%)	446(38.6%)
	Rural	259(36.5%)	451(63.5%)	710(61.4%)
	P value	0.00001*		

*Significant using Chi-square test at 0.05 level.

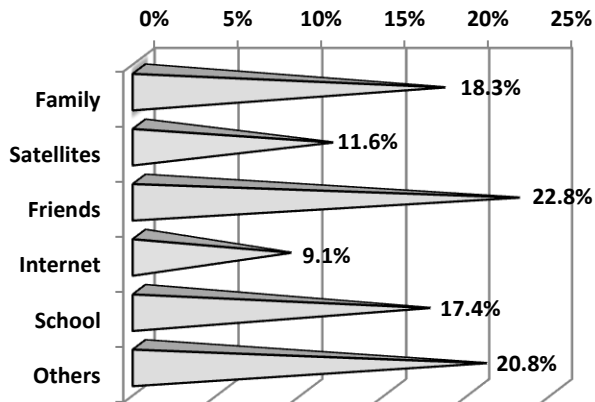


Figure 1: The source of sex information.

Enquiring about attitude of students toward sexual relationship shows that more than one quarter (28.4%) had information about definition of homosexuality and their agreement with the attitude of the homosexuality was reported by some of sampled students (9.1%) and disagreement was reported by more than half (66.5%) while the rest 24.4% their response was they do not know anything about this issue. The agreement about the attitude of sexual relation before marriage was reported by 18.1% of students and disagreement was reported by more than half of the sampled students (54.8%) while the rest 27.1% did not responded to that aspect. The agreement about the sexual relation out of marriage was reported by more than one third of sampled students (37%) and disagreement reported by less than quarter (22.1%) while not response was given from the rest 40.9% of the sample students.

Regarding HIV/AIDS knowledge, majority of sampled students (80%) knew about AIDS and reported to receive educational materials in schools about AIDS (Table 2).

Table 2. The rate of information about sex matters items.

	Yes	No	No response
Knows Information about sex matters	44.8	55.2	-
Religious state commitment	76.6	3.4	20
Knows the definition of homosexuality	28.4	71.6	-
Agree with homosexuality relationship	9.1	66.5	24.4
Agree with sexual relation before marriage	18.1	54.8	27.1
Agree with sexual relation out of marriage	37	22.1	40.9
Heard about AIDS	80	20	

DISCUSSION

Family life in EMR is changing because of migration, urbanization, busy lives, and new lifestyles brought by the mass media and consumerism.^[5] Sources of information about sex matters in adolescence are different, in the current study, family represent 18.3% of sources of information while in Egypt in the late 1990s reported that although 42% of fathers mentioned that they were talking to their adolescent sons about pubertal changes only 7% of boys learned about puberty from their fathers.^[16] Friends were reported by 22.8% of the

sampled students as a source of information while schools were reported by 17.4%. The sequence was friends, family, and school. Although sex education is increasingly included on curriculums, teachers are often too embarrassed to teach it, for that reason and another, friends play an important role and the pressure of teens appears.^[17]

The high social and religious values placed on virginity means that unmarried young women risk stigma and judgmental attitudes from health workers if they try to enquire about contraception.^[5] New internet sites are becoming accessible to young people that allow them to deal with sexual and reproductive topics.^[18] In this study it was found that the main sources of sex information reported by students resembled that reported in the Iranian study were friends (26%) and teachers/school (25%) as the most important sources of information on puberty and sex.^[19]

The internet as a source of information of sex matters was reported by 9.1% of students. The internet may give more and wide information about sex and was not well controlled by family because many internet shops are present outside and even on mobile. Data from the National Survey of Children in Canada illustrated that males who watched more television had the highest prevalence of sexual intercourse.^[20, 21] The agreement on homosexual behavior was reported only by minority of students (9.1%) as sex information in the media (TV or internet) with the attitudes and behavior of youth regarding this aspect is not so extensive and hence some of adolescents expected to learn hated such sexual behavior.^[22]

The role of age and residency on the information about sex matters was seen; as older students and those in urban area had more information about sex than those in rural areas, this might be due to more availability of information sources (internet as home services and shops, satellites and even mobile services) than in the rural area. A rapid increase in access to education and exposure to the global media has widened generational gaps between parents and their children and altered the ways in which young people receive information.^[23]

Majority of sampled students (80%) had knowledge about AIDS; this could be resulted from different sources including school, family, friends, the media including television and magazines, leaflets, books, and websites. Adolescents (students) in Iran reported that television and school teachers were the best sources of HIV/AIDS

information while parents were the least informative in this aspect.^[24]

It can be concluded that adolescents in our country are under an extraordinary amount of sexual pressure. They live in a sex-prohibited culture, and the messages they receive from the media and, unfortunately, from peers in school, clearly communicate an expectation that sex is just part of having a social life. The information about sex matters needs special attention in school and could be incorporated in certain school health programs in certain ways coping with our community attitudes and believes and delivered to the students. Female should not be excluded from this type of education.

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