SEX EDUCATION AND PRE-MARITAL SEX AMONG ADOLESCENTS IN PRIVATE SECONDARY SCHOOLS IN MAKINDYE EAST

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INTERNATIONAL

UNIVERSITY

OCT, 2014

DECLARATION

I, BULLEN BETTY, declare that this Research Report original, both in substance and in style unless otherwise acknowledged, and has never been presented to any other Institution of learning for any form of academic.

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BULLEN BETTY

.....

Date

DECLARATION B

"I conform that the work reported in this Research Report will be carried out by the candidate under my supervision"

_____

Name and Signature of Supervision

_____

Date

DEDICATION

This research is dedicated to my beloved mum and dad who have seen me though my education.

DECLARATION

has been prepared under my Reserach Report I here by certify that this report by Among Sa

suppervision

and submitted in upon my approval

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ABSTRACT

This study was set to find out the influence of influence of sex education on premarital sex among adolescents in selected private secondary schools in Makindye East. It was guided by three specific objectives, that included i) sex education programmes; ii) premarital sex knowledge; iii)) the relationship between sexual education programmes and premarital sex knowledge among adolescents. The study comprised of a population of 200 adolescents. The study employed a descriptive correlation design that use both qualitative and quantitative methods of data collection. It is Quantitative in the sense that it was based on methodological principles of description, and use of statistical measurements. Qualitative data was presented on tables (Wildler, 2002). It was cross-sectional and expost facto .It was descriptive in that respondents in the secondary schools described the characteristics of the various activities. It was correlational because it established the relationship between the socio-economic status and drug abuse. It was cross sectional because data was collected from all respondents within the same period of time. It was expost facto as it involved events that have already taken place and may be related to present conditions. A descriptive research design was used to collect data from 132 respondents using self-administered questionnaires and interview guide as the main data collection instruments. The study findings indicated that majority of respondents were girls 73(55.3%) ranged between 16-18 years and these were between S.5 –S.6 (75 (56.8%) the sex education programmes was generally often and the knowledge about premarital sex was false on the two variables are positive and not significantly correlated, this means accepting the null hypoReserach Report that there is no significant relationship between sex education programmes and premarital sex knowledge where r=.165 since the sig. value (.058) was greater than 0.05, which is the maximum level of significance required to declare there is no significant relationship in social sciences and with regression. From the findings and the conclusions of the study, the researcher recommends there is a need to encourage also senior ones up to senior fours to attend sex education programmes, ii) There is a need to encourage also boys to attend sex education programmes at school so that they can be equipped with knowledge,iii) There is a need to encourage parents to talk to their adolescents as far as sex education is concerned so that they can be able to tell them problems they face about sexual issues, iv) There is a need to encourage students changetheir sexual behaviors especially the risky ones, v) There is a need to encourage parents on how to handle adolescents not to react on them harshly especially when they had got back home late, There is a need to encourage parents and teachers should involve their adolescents in decision making hence helping them in future

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter described the background of the study in terms of historical, theoretical, conceptual and contextual perspectives, statement of the problem, purpose of the study, objectives of the study, research questions, scope and significance of the study.

1.1. Background of the Study

1.1.1. Historical Perspective

Traditionally, adolescents in many cultures were not given any information on sexual matters, with discussion of these issues being considered taboo. Such instruction as was given was traditionally left to a child's parents, and often this was put off until just before a child's marriage (Keneth, 2013). The progressive education movement of the late 19th century, however, led to the introduction of "social hygiene" in North American school curricula and the advent of school-based sex education. Despite early inroads of school-based sex education, most of the information on sexual matters in the mid-20th century was obtained informally from friends and the media, and much of this information was deficient or doubtful value, especially during the period following puberty when curiosity of sexual matters was the most acute. This deficiency became increasingly evident by the increasing incidence of teenage pregnancies, especially in Western countries after the 1960s. As part of each country's efforts to reduce such pregnancies, programs of sex education were instituted, initially over strong opposition from parent and religious groups (Keneth, 2013).

Premarital sex has been the center of attention for some time in the mass media and to a more limited extent, in sociological research. ("Premarital sex is referred to as sex before marriage). No assumption is made that marriage will occur or that all premarital sexual behavior is marriage oriented (Cannon & Long, 1971). Burt defined sex education as the study of the characteristics of beings: a male and female. Such characteristics make up the person's sexuality. Sexuality is an important aspect of the life of a human being and almost all people, including children, want to know about it. Sex education includes all the educational measures which - regardless of the particular method used - may center on sex. He further said that sex education stands for

protection, presentation extension, improvement and development of the family based on accepted ethical ideas (Sanchez, 2013).

The outbreak of AIDS has given a new sense of urgency to sex education. In many African countries, where AIDS is at epidemic levels, sex education is seen by most scientists as a vital public health strategy. Some international organizations such as Planned Parenthood consider that broad sex education programs have global benefits, such as controlling the risk of overpopulation and the advancement of women's rights. The use of mass media campaigns, however, has sometimes resulted in high levels of "awareness" coupled with essentially superficial knowledge of HIV transmission (Piya, 2010).

According to Sexuality Information and Education Council of the United States (SIECUS, 2013) 93% of adults they surveyed support sexuality education in high school and 84% support it in junior high school. In fact, 88% of parents of junior high school students and 80% of parents of high school students believe that sex education in school makes it easier for them to talk to their adolescents about sex. Also, 92% of adolescents report that they want both to talk to their parents about sex and to have comprehensive in-school sex education.

Prior to the twentieth century, sex education was even more haphazard. Most Americans and Europeans lived in the countryside, where chance observation of animal behavior provided young people with at least a measure of information about reproductive sexuality. Beyond that, education was mixed. Given the expectation that girls would remain chaste until their wedding night, sex education for them did not seem pressing until the eve of matrimony, when their mothers were supposed to sit them down and explain sex and reproduction; contrary expectations for boys often meant that a young man's male relatives or co-workers would take him to a brother to initiate him into the mysteries of sex.

1.1.2 Theoretical Perspective

This study will be based on Health belief model by Rosenstock (1950), which asserts that people will change behavior depending upon their knowledge and attitudes. The Health belief model is the grandfather of all behavior change models. In the 1980s the element of self-efficacy was added, the perceived ability of an individual to effect change. According to this model, a

person must hold the following beliefs in order to be able to change behavior: Perceived susceptibility to a particular health problem ("I am at risk for HIV"), Perceived seriousness of the condition ("AIDS is serious. My life would be hard if I got it"), belief in effectiveness of the new behavior ("condoms are effective against HIV transmission"), Cues to action ("witnessing the death or illness of a close friend or relative due to AIDS"), Perceived benefits of preventive action ("if I start using condoms, I can avoid HIV infection"), and barriers to taking action ("I don't like using condoms").

According to this model, health protective behaviors, including safe sex practices, result from a decision-making process through which individuals evaluate the severity of the infection, the degree to which they believe themselves susceptible to it, and the benefits and barriers they expect from adopting preventive behaviors. This model, however, fails to take into account structural and cultural factors (Parker, 2001), as well as the role of partners, family and the community in shaping people's perceptions, choices and decisions (UNAIDS, 1999). For example, cultural norms on sexuality and socially constructed gender roles reinforcing male control over sexual decision-making may limit women's ability to change their behavior, even when they perceive themselves at risk of HIV infection (Gage, 1998). Despite its limitations, the Health Belief Model introduces a useful concept, perceived susceptibility, which can provide useful insights into the gap between HIV/AIDS awareness and adoption of safe sex practices. While knowledge about HIV may be adequate, people usually do not feel motivated to modify their behavior unless they sense they are personally at risk of infection. The central role of perceived susceptibility in behavioral change has been highlighted in recent research (Macintyre *et al.*, 2004).

1.1.3 Conceptual Perspectives

Conceptually, sex education as independent variable refers to instruction on issues relating to human sexuality, including human sexual anatomy, sexual reproduction, sexual activity, reproductive health, emotional relations, reproductive rights and responsibilities, sexual abstinence, and birth control. Common avenues for sex education are parents or caregivers, formal school programs, and public health campaigns (Locker, (2001).

Sex Education teaches about abstinence as the best method for avoiding STDs and unintended pregnancy, but also teaches about condoms and contraception to reduce the risk of

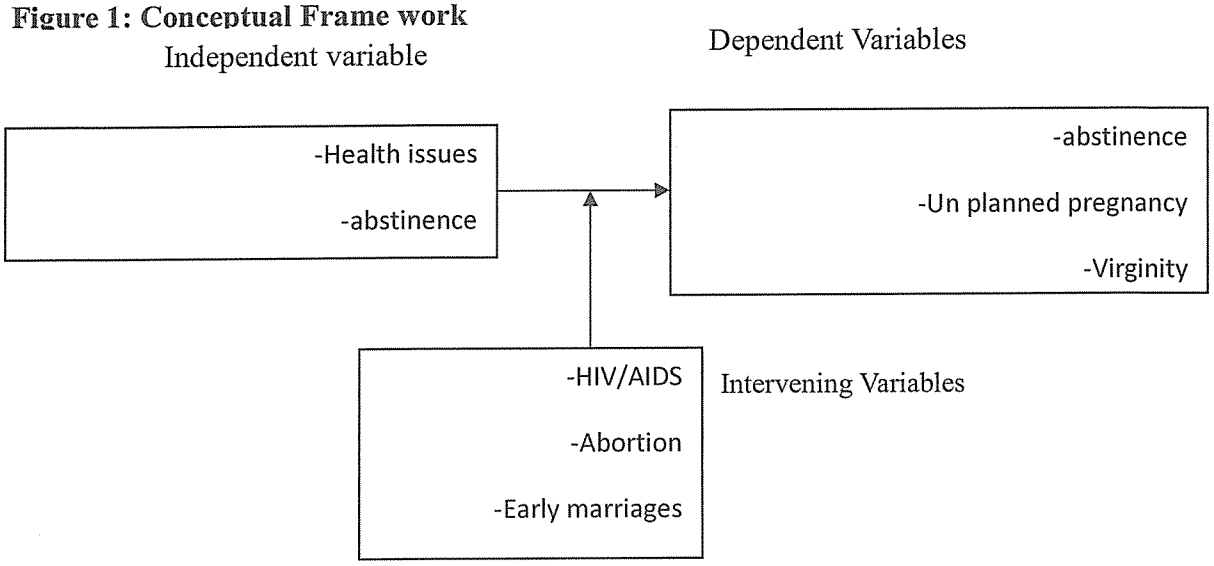
unintended pregnancy and of infection with STDs, including HIV. It also teaches interpersonal and communication skills and helps young people explore their own values, goals, and options.

Premarital sex (Dependent variable) is sexual activity practiced by persons who are unmarried (Carl R, 2013). The prevalence of pre-marital sex has increased in both developed and developing countries. In some cultures, the significance of premarital sex has traditionally been related to the concept of virginity. However, unlike virginity, premarital sex can refer to more than one occasion of sexual activity or more than one sex partner. There are cultural differences as to whether and in which circumstances premarital sex is socially acceptable or tolerated. Social attitudes to premarital sex have changed over time as has the prevalence of premarital sex in various societies. Social attitudes to premarital sex can include issues such as virginity, sexual morality, extramarital unplanned pregnancy, legitimacy besides other issues.

Premarital sex may take place in a number of situations. For example, it may take place as casual sex, for example, with at least one participant seeking to experience sex; it may take place between a couple living together in a long-term relationship without marriage; for a betrothed couple engaging in sexual activity before their anticipated marriage; and many other situations are possible (Carl R, 2013).

Adolescence is defined as a period of transition in process from childhood changes processes to ones of adulthood. Reference to a chronological age span, adolescence may be defined as a period that goes from 12 to 18 years or from 13 to 21years (Lerner& Spanie, 1980).

Figure 1: Conceptual Frame work



Source : Siecus fact sheet. (1992). "*Comprehensive Sexuality Education.*"

1.1.4 Contextual Perspectives

Contextually, the proposed study took place in schools where adolescents are easily to be accessed in the following schools that is to say private secondary schools: New Castle High school, Kakungulu memorial S.S, e.t.c. Sex education is taught to every young person in virtually every school across the country. In the majority of these sex education programs, physical anatomy and safe contraception are the main focuses of the programs, telling young people what the physical rewards and consequences may be but avoiding some of the key issues relating to mental, emotional and spiritual effects. Proponents of these programs feel that we must educate our youth on "safe sex." It's no wonder that premarital sex is so prevalent in our world today. As a result of this, physical problems of sexually transmitted diseases, psychological and emotional effects, and spiritual implications all tie together to create a vortex of consequences that have a deep and lasting impact. These consequences are not being addressed in these programs and that is why they are failing to have an impact on the decline of premarital sex.

1.2 Statement of the problem

In Uganda, pre-marital sex, although seemingly universally acceptable in modern society, has the potential to bring about problems that either unknown or often simply ignored by

members of society (Tupper, 2013). Ranging from temporary inconveniences to life threatening illnesses, STDs have become increasingly widespread throughout the world during the previous decades, especially with the disease known as AIDS. The spread of infection is just one problem that pre-marital sex raises in the physical sense for adolescents (Kenneth, 2013). Despite the risks of sexual transmitted diseases, unwanted pregnancy and abortion, all of which are major social problems, the sex education that is to provided to students by the government and educators has failed and has been pushed aside as commonality in ugandan society (Kearney ,2008). Adolescents ages 15-24 account for nearly half of the 20 million new cases of STD's each year. Today, four in 10 sexually active teen girls have had an STD that can cause infertility and even death. Also, though rates of HIV are very low among adolescents, males make up more than two-thirds of HIV diagnoses among 13- to 19-year-olds. The most effective way to prevent STDs is to abstain from sexual activity; if teens are having sex, they should be using a condom correctly and with every sexual act (Centers for Disease Control and Prevention, 2014). Teenage pregnancy is pregnancy in human females under the age of 20 at the time that the pregnancy ends. In well-nourished girls, menarche usually takes place around the age of 12 or 13. For mothers aged 15–19, risks are associated more with socioeconomic factors than with the biological effects of age. Teenage pregnancies are often associated with social issues, including lower educational levels, higher rates of poverty, and other poorer life outcomes in children of teenage mothers. Health risk behaviors such as cigarette smoking, weapon-carrying, and unprotected sexual intercourse contribute to the leading causes of morbidity, mortality, and social problems among adolescents and youths .Premarital sex among adolescents and youths predispose them to unwanted pregnancies, unsafe abortions, pregnancy-related complications, and sexually transmitted infectious (STI) including HIV/AIDS. The United Nations estimated that about half of new HIV infectious worldwide occur among young people aged 15~24 years (Centers for Disease Control and Prevention ,2014). In this scenario therefore, this study intends to examine the influence of sexual education on premarital sex among students in selected primary schools.

1.3 Purpose of the Study

To examine the influence of sex education on premarital sex among adolescents in selected private secondary schools in Makindye East.

1.4 Research Objectives

General: This study intends to examine the relationship between sex education and premarital sex among adolescents in selected private secondary schools in Makindye East Division.

1.4.1 Specific:

The specific objectives included:

1. To examine sex education programmes among adolescents in selected private secondary schools in Makindye East
2. To determine premarital sex knowledge among the adolescents in selected private secondary schools in Makindye East.
3. To establish the relationship between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East.

1.5 Research Questions

This study sought to answer the following research questions:

1. What are sex education programmes among adolescents in selected private secondary schools in Makindye East?
2. What are the premarital sex knowledge among the adolescents in in selected private secondary schools in Makindye East?
3. What is the relationship between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East?

1.6 Null HypoReserach Report

This study was guided by a null hypoReserach Report of:

There is no significant relationship between sex education and premarital sex among adolescents in the selected secondary schools.

1.7 Scope

1.7.1 Geographical scope

The study was conducted in selected private secondary schools in Makindye East.

1.7.2 Theoretical scope

This study was based on Health belief model by Rosenstock (1950), which asserts that people will change behavior depending upon their knowledge and attitudes.

1.7.3 Content Scope

The study is confined to sex education as (independent variable) in terms of sex reproduction, sexual activity, sexual reproduction health and emotional relations and premarital sex (dependent variable) in terms of sexual morality, Extra marital relationship, unplanned pregnancy and virginity among adolescents in the selected private secondary schools of Makindye East. And the relationship between independent variable (sex education) and the dependant variable (premarital sex).

1.8 Significance of the Study

The following disciplines will benefit from the findings of the study;

1.8.1 The ***students*** of the Selected Secondary Schools will get a wider understanding of what sex education and premarital sex is all about.

1.8.2 The ***ministry of Education*** will also benefit from the information got from this research and therefore it will be used by the ministry of education to inculcate morals in secondary schools and prevent students from engaging in sex activities before they finish school and before they get married.

1.8.3 The study will help the **school administrators** to be equipped with the information about sex education and dangers of premarital sex hence helping the students to live quality life,

1.8.4 The **policy makers** in relevant agencies and Government to assess the effective of introducing sex education on the premarital sex among adolescents especially in private secondary schools.

1.8.5 The **future researchers** will utilize the findings of this study to embark on a related study and improve on it to benefit other readers and researcher.

1.7 Operational Definitions of Key Terms

For the purpose of this study, the following terms are defined as they are used in the study:

Sex Education: This is formal instruction program to provide children and young adults with an objective understanding of sex as a biological, psychological, and social life force

Premarital sex: Refers to the sexual act practiced by persons who are not yet married.

Adolescent refers to boys and girls between (12-18years of age) who are in the period of development between the onset of puberty and adulthood.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter covers a broad background of available theoretical and empirical information related to the problem of the study.

2.1: Sex Education

Sex education is viewed by Siecus as "a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy." These programs commonly address issues of personality, value formation, decision-making, peer and social pressures, affection, intimacy, body image, gender roles, communication strategies, and various sexual behaviors (Haffner & de Mauro 1991).

Burt (2009) defined sex education as the study of the characteristics of beings; a male and female. Such characteristics make up the person's sexuality. Sexuality is an important aspect of the life of a human being and almost all the people including children want to know about it. Sex education includes all the educational measures which in any way may of life that have their center on sex. He further said that sex education stands for protection, presentation extension, improvement and development of the family based on accepted ethical ideas. Leepson (2002) sees sex education as instruction in various physiological, psychological and sociological aspects of sexual response and reproduction. Kearney (2008), also defined sex education as "involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution. Thus, sex education may also be described as "sexuality education", which means that it encompasses education about all aspects of sexuality, including information about (STIs) and how to avoid them, and methods.

Sex Education programmes among Adolescents

Abstinence: Although abstinence-only and safer-sex programs differ in their underlying values and assumptions regarding the aims of sex education, both types of programs strive to foster

decision-making and problem-solving skills in the belief that through adequate instruction adolescents will be better equipped to act responsibly in the heat of the moment (Repucci &Herman, 1991)

Abstinence-only sex education emphasizes abstinence from sex to the exclusion of all other types of sexual and reproductive health education, particularly regarding birth control and safe sex (David,2012). Adolescents are encouraged to be sexually abstinent until marriage and are not provided with information about contraception. In the Kaiser study, 34% of high-school principals said their school's main message was abstinence-only. Many religious groups consider premarital sex to be morally objectionable and some, such as Catholic Church, object to the use of contraception even by married couples. And some of these groups often objects to teaching of contraception because they feel that teaching of contraception for school children presume premarital sex from the outset and somewhat imply that such things are morally permissible. These organization advocate abstinence-only sex education because it is the only approach they find acceptable and in accordance with their religious teachings.

According to David (2012), under this law, the term "abstinence education" means an educational or motivational program which:

1. Has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
3. Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
4. Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
5. Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
6. Teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;

7. Teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
8. Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Since sex education is referred to learning about the anatomy(structure of the body) and physiology (science of normal functions of living things) of human reproductive system with special emphasize on conception, contraception, sexual differences, love between partners as well as stressing the dangers of sex (Tumwesigye e-tal,1999). Below are the effects of sex education among adolescents: - Sex education helps adolescents and adults to have their healthier sex that is to say testing for HIV/AIDS, use of condoms and contraceptives. Adolescents learn how to handle their sexual problems responsibly and achieve better health and happiness in the future. Sex education helps adolescents to avoid early marriages, their respective roles in marriages and how to consolidate the family by keeping the secrets. It helps adolescents not to worry about or fear them, which promotes esteem self – awareness.

Since it helps to prevent associated problems like early pregnancies STD'S, abortion and death, school dropouts, it also discourages premarital sex. Sex education help in equipment of sexual skills to adolescents on how to deal with relationships, information related to sex, peers, couples. It teaches adolescents how to maintain personal hygiene for example shaving pubic hairs. It equips adolescents with life skills such as communication, assertiveness, and how to deal with sexual problems and also clears frustrations that is to say helps people to clear sexual frustrations for example anxiety, premature ejaculations and masturbation. Some sex education information is misleading that is to say encouragement of condoms, contraceptives, media reproductive cycles, where people have been misled have misused the methods of family planning and have ended up in dangers.

Pre marital Sex

"Premarital sex" referred to sexual relations between two people prior to marrying each other. During that period, Western societies expected that men and women marry by the age of 21 or 22; as such, there were no considerations that one who had sex would not marry. The term was

used instead of fornication, due to the negative connotations of the latter (Ross,2011). The meaning has since shifted, referring to all sexual relations a person has prior to marriage; this removes emphasis on who the relations are with. The definition has a degree of ambiguity. It is not clear whether sex between individuals legally forbidden from marrying, or the sexual relations of one uninterested in marrying, could be considered premarital.

Fornication is a term which refers to consensual sexual intercourse between two persons not married to each other. In contrast adultery is consensual sex where one or both of the partners are married to someone else (Ling, 1989). Premarital sexuality is any sexual activity with an opposite sex partner or with a same sex partner before he/she has started a married life. The term is usually used to refer the intercourse before the legal age of a marriage (Ellis, e-tal, 2004). Adults who presumably marry eventually also fall under this definition. Sex in itself, is not wrong at any age; but premarital sex may harm the mental development of adults in several forms. Premarital sexual experiences, many a times, leads to the misconception that sex is to be enjoyed at whatever ways possible. Forced premarital lovemaking will lead to mental depression and dilemma. Another danger is possible exchange of diseases; as premarital partners may not be aware of diseases that spread through intercourses. Getting pregnant through premarital sex is another disaster. Emotional imbalances and guilt feeling could be the result of most premarital sexual affairs.

Problems related to premarital sex among Adolescents

It causes a stigma of disgrace; the woman or the man is not conscience free more especially when pregnancy is evident. The two lack boldness amidst their peer-groups and neighborhood (World Population Monitoring,2002). Premarital (or extra-marital) sex is always a losing proposition! God is clear that His wonderful gift of physical intimacy is to reserved for the boundaries of marriage. Inside of those boundaries, the sexual relationship is a gift that blesses a couple and a family abundantly. Outside of that biblical commitment, the sexual relationship is always destructive, empty, and sinful. God's word for this is "fornication"—1 Corinthians 6:18 "Flee fornication. Every sin that a man doeth is without the body; but he that commuted fornication sinned against his own body."

Alcohol and drug use. Aside from reflecting problem attitudes (rebellion, poor self-concept, invulnerability) that make sex more likely, intoxication also clouds judgment and weakens resistance to sexual overtures. Strong attachments and feelings of exclusivity invite nature to take its course, especially when physical expressions of affection begin early in the relationship. This is a particular risk in a situation where the boy is more than two or three years older than the girl is. If a teen romance appears to be getting hot and heavy and a lot of physical contact is already displayed, you will need to speak with both boy and girl diplomatically but candidly about the physical process they are setting in motion (World Population Monitoring,2002).

Little parental monitoring, leaving adolescents alone for hours at a time or not requiring accountability is a setup for sex. And A parental belief that adolescent sex is appropriate. If you think premarital sex is okay, your adolescent will too and will act on that belief.

A parental belief that adolescent sex is inevitable, many parents who disapprove of teen sex have also concluded that it is as certain as death and taxes. Their approach to the subject will thus be double-edged: "Don't do it, but in case you do, use this condom." Adolescents will get the message loud and clear and are likely to act accordingly.

Low grade-point average/low attachment to school. While school performance is affected by a variety of factors, a basic desire to do well in school reflects a more hopeful outlook on the future and a willingness to put off immediate gratification for long-term goals. Teen sex, on the contrary, usually reflects ignorance of or little regard for consequences.

This doesn't mean, of course, that every scholar is a bulwark of morality or that all who are not academically oriented are destined to be promiscuous. What ultimately matters is a person's commitment to basic values such as responsibility, respect for self and others and concern about the effect of today's decisions on the future.

A history of physical or sexual abuse. These acts against children and adolescents violate their bodies, minds and hearts. Sexual abuse creates a grossly distorted view of sexual behavior, destroys boundaries, and drives a deep sense of worthlessness into the emotions. Whether the

abuse occurred in the distant or recent past, adolescents with this history need ongoing support, counseling and prayer to help them develop healthy attitudes about sex and about themselves.

Frequent family relocations. Moving generally stresses both parents and adolescents (especially if the kids resent the decision). This can erode parental authority and distract parents from involvement with their children. Bonds to social supports such as church groups that help prevent sexual activity are severed by multiple moves. Loneliness and loss of friendships may lead some teenagers to use sexual activity to gain social acceptance. These issues should be considered by parents who are thinking about a possible relocation.

Only one parent in the household, parenting was meant to be a team effort, and some risks will naturally increase when one parent is left to do all the protecting and monitoring alone. Some studies do indicate that adolescents living with a single parent are more likely to become sexually active than those living with both parents. Work and household demands can prevent single parents from being as involved and attentive as they need and want to be. And the divorce and desertion that sometimes lead to a one-parent home can make teens uncertain about the value of marriage as the setting for sexual activity and about the role of sexuality in parental relationships (Carl,2013).

Premarital sex knowledge among adolescents

Peter, (1989), say "this is the age that evil is gaining more prominence; people, society, culture and civilization are making frantic attempt to rationalize and create excuses for premarital sex, but, it does not matter what people seem to have generally accepted, the position of the Almighty God can never change". God's stand with respect to sex is very clear and unambiguous; sex is exclusively reserved for married couples, a man and a woman who are legitimately married. There is nothing sinful about sex if it takes place between couples within the confinements of marriage, but according to the scriptures, God's wrath looms over everyone who engages in sex outside of marriage unless he or she repents immediately and quit.

Premarital sex comes with a number of consequences ranging from physical to emotional and spiritual. The first danger of sex before marriage is that, those who engage in it are breaking God's law and order for marriage (Ross,2011). God's order for marriage as clearly stated in

Genesis 2: 24 involves leaving, cleaving and becoming one flesh. Those who contravened this order according to the accounts of the bible were either burnt alive or stoned to death! In God's order for marriage, becoming one flesh [sexual intercourse] is to take place only after the marriage union has been properly consummated following a clear cut leaving [separation consequent upon parental consent] and cleaving [as attested to by public declaration of intention of the couples to live together as husband and wife]. Engaging in sex before marriage is tantamount to building on a wrong spiritual foundation and this may have serious negative effects on the marriage. For those who have fallen victim of premarital sex, immediate genuine repentance is required to break the consequence of violating God's law and repair the faulty foundation

Sex before marriage is that it opens an avenue for distrust and suspicion in the marriage union. Apart from the loss of dignity, honour and self respect the couples would have enjoyed with themselves if they had kept their bodies pure, the chance of suspicion in their marriage will be very high. It may be difficult for those who slept with each other during courtship to trust each other when eventually married (Lean,2012). Either of them may be faced with questions such as 'How am I sure that he/she will be faithful to me if he/she could not discipline himself/herself during courtship?' What is the assurance that he/she is not sleeping with others if he/she agreed to sleep with me?' These and several other suspicious thoughts can be precipitated by sex before marriage, and could result in serious emotional stress, disturbance or damage, especially during times of pressures and misunderstandings. In some cultures, the excuse of some ladies for engaging in premarital sex may stem from family or parental pressure to get pregnant before getting married for fear of not having a child after marriage. This is unfounded and ridiculous. There should never be any form of experiment before marriage. The truth is that only God knows what lies ahead of each and every one of us. It is foolish for any lady to think she can keep a man or secure her marriage by getting pregnant before marriage. The fact is, if a there is true love, there will never be any need for pregnancy before marriage as a bait to keep the man. If a man asks you to go to bed with him before getting married, it is doubtful whether he really loves you. What he wants is a child and not you!

Your testimony as a child of God is not what you can toy with. You cannot afford to trade off your future and destiny on the altar of premarital sex. The price could be greater than

you can afford to pay! Temptations to go into sex may be intense but you are to resist and keep yourself pure until you are legitimately married. There is nothing to be in a hurry for; the man or the woman will soon be yours but until then, you are not permitted to uncover each other's skirt and pants. The dignity of marriage is when both of you keep yourselves for each other. The scripture says that God will judge all fornicators and whoremongers it does not matter what the world has accepted as norm.

2.2 Theoretical Perspectives

This study will be based on Health belief model by Rosenstock (1950), which asserts that people will change behavior depending upon their knowledge and attitudes. The Health belief model is the grandfather of all behavior change models. In the 1980s the element of self-efficacy was added, the perceived ability of an individual to effect change. According to this model, a person must hold the following beliefs in order to be able to change behavior: Perceived susceptibility to a particular health problem ("I am at risk for HIV"), Perceived seriousness of the condition ("AIDS is serious. My life would be hard if I got it"), belief in effectiveness of the new behavior ("condoms are effective against HIV transmission"), Cues to action ("witnessing the death or illness of a close friend or relative due to AIDS"), Perceived benefits of preventive action ("if I start using condoms, I can avoid HIV infection"), and barriers to taking action ("I don't like using condoms").

According to this model, health protective behaviors, including safe sex practices, result from a decision-making process through which individuals evaluate the severity of the infection, the degree to which they believe themselves susceptible to it, and the benefits and barriers they expect from adopting preventive behaviors. This model, however, fails to take into account structural and cultural factors (Parker, 2001), as well as the role of partners, family and the community in shaping people's perceptions, choices and decisions (UNAIDS, 1999). For example, cultural norms on sexuality and socially constructed gender roles reinforcing male control over sexual decision-making may limit women's ability to change their behavior, even when they perceive themselves at risk of HIV infection (Gage, 1998). Despite its limitations, the Health Belief Model introduces a useful concept, perceived susceptibility, which can provide useful insights into the gap between HIV/AIDS awareness and adoption of safe sex

practices. While knowledge about HIV may be adequate, people usually do not feel motivated to modify their behavior unless they sense they are personally at risk of infection. The central role of perceived susceptibility in behavioral change has been highlighted in recent research (Macintyre *et al.*, 2004).

2.3 Related Studies on Sex Education and Premarital Sex among Adolescents

The environment in which young people are making decisions related to sexual and reproductive health is also rapidly evolving. Rates of sexual initiation during young adulthood are rising or remaining unchanged in many developing countries, childbearing and marriage are increasingly unlinked, and in many countries, high HIV prevalence adds to the risks associated with early sexual activity (Johan etal,2009). For example, in all but a few countries in Sub-Saharan Africa, AIDS is a generalized epidemic. Young people are disproportionately affected, accounting for almost two-thirds of the people living with HIV in the region. Moreover, the prevalence of HIV among adolescents is higher in Sub-Saharan Africa than in other parts of the world.

Because most youth obtain at least some education, particularly with the international recognition of the importance of schooling (e.g., the Millennium Development Goals), school-based programs appear to be a logical choice for sexual and reproductive health education. However, according to recent reviews of school-based HIV interventions, such programs have had mixed results. In addition, such interventions miss adolescents who are not in school. At the same time, the provision of comprehensive sexual and reproductive health interventions in developing countries has been impeded by ideologically driven restrictions. Many community-based programs have had to focus on HIV prevention rather than comprehensive sexual and reproductive health, again because of funding restrictions (Jones,2009). Another potential avenue for improving sexual and reproductive health outcomes for young people is parent-child communication. However, most of today's parents were not taught about sexual and reproductive health by their own parents or even in school, leaving them unable to pass on crucial knowledge to their children. The discomfort many parents feel about talking to their children about sexuality further impedes their ability to provide guidance.

Early marriage and sexual activity among adolescents

Early marriage and early marital sexual activity present reproductive health risks for young women. Early marriage can lead to pregnancies that put young women at risk for obstetric fistulae, and can be a risk factor for HIV infection. The risks for young girls conferred by early marriage may involve older male partners—who have often been sexually active for many years—"bringing" HIV to the marriage. Thus, evidence suggesting that age at marriage is rising in most developing country settings is welcome; not so welcome, however, is evidence that the proportion of young people engaging in premarital sexual activity is also increasing (Morisky,2004).

Adolescent sexual activity, within or outside of marriage, can lead to negative reproductive health outcomes (Kirby,2001). Unprotected sexual activity can expose young women to the risks of unintended pregnancy, unwanted childbearing and abortion, as well as HIV and other STIs. In addition to being a human rights concern, coerced or unwanted sex is associated with these same adverse reproductive health outcomes. Findings from a nationally representative sample of females aged 13–24 in Swaziland, for example, indicated that 33% had experienced sexual violence before the age of 18. This prevalence falls within the reported range for other Sub-Saharan African countries. Sexual coercion has also been reported by boys in Africa and other developing country settings. The outcomes related to early sexual activity are not just health-related and are often complex. For example, at least in some settings, adolescents who stay in school longer are less likely to engage in sexual risk behaviors. It is unclear, however, whether adolescents who stay in school are less likely to engage in risky sex or whether sexually active adolescents who engage in risky sex are more likely than others to drop out of school, and are missed in school-based studies (Kirby,2001). Physical maturation occurs earlier in young women than in young men, but psychological and emotional readiness for the potential consequences of sexual activity occur much later than menarche. In some settings, young men have sex before reaching physical maturity; doing so is often related to engaging in high-risk or harmful behaviors.

Adolescent contraceptive use and pregnancy

Use of modern contraceptives, particularly among married youth in Sub-Saharan Africa, is very low—women who are married, even as adolescents, are expected to have children right away. In many developing country settings, particularly Sub-Saharan Africa, women's gender identities and social status are tied to motherhood and childlessness is highly stigmatized (Mackie,1996).

Among unmarried sexually active adolescents in Sub-Saharan Africa, contraceptive use ranges from a low of 3% in Rwanda to a high of 56% in Burkina Faso. Unmet need for contraception, or nonuse of methods despite the desire to limit births or delay them for at least two years, is high among unmarried adolescents in Sub-Saharan Africa (more than 40% in most countries). In comparison, 10–31% of unmarried adolescents in Latin America are considered to have unmet need (Johan,2009).

As expected, unmet need among married adolescents is lower, but still substantial. Recent evidence suggests that in Sub-Saharan Africa, and in South and South East Asia, more than 20% of 15–19-year-old women have been pregnant; although a majority of these women are married, more than 10% of adolescent pregnancies in the Demo-cratic Republic of Congo, Madagascar, Mozambique and Zambia are non marital; while in the rest of Sub-Saharan Africa and Latin America, non marital pregnancy rates are below 10%. Adolescents have unprotected sex for a multitude of reasons. Within or outside of marriage, young women may feel pressure to prove their fertility. Other young people may engage in unprotected sex because they have not considered contraception, fear possible side effects, are misinformed about the risk of pregnancy or STIs posed by unprotected sex or are more concerned with the safety of condoms than the safety of an unintended pregnancy (Mckay,1998).

Adolescent high-risk behaviors and HIV/AIDS

Young women are less likely than young men to engage in high-risk sexual behaviors. In Sub-Saharan Africa, among young men who had ever had sexual intercourse, more than 20% of them had had multiple partners in the past 12 months, compared with fewer than 10% of young women. Although data are more limited for Latin America, 5% of women or fewer report

multiple partners except in Colombia, where 8% of women report multiple partners in the past year. In contrast, 19% of Guyanese men, and more than 30% of Bolivian and Dominican men, report multiple partners. Evidence from Sub-Saharan Africa and Latin America suggests that condom use at last sex has increased among adolescents, but levels of use are still not sufficient to substantially reduce the spread of HIV (Ling,1989).

Enhancing communication

Today's adolescents will determine the social fabric, economic productivity, and reproductive health and well-being of nations throughout the world in the coming decades. Worldwide, a variety of programs have tried to address the sexual and reproductive health needs of adolescents. Communications and other interventions designed to improve the sexual and reproductive health of adolescents needs to respond appropriately to the changing global attitudes of adolescents (Mackie,1996).

Premarital sex Activity of Adolescents

As mentioned earlier, the likelihood of beginning a sexual relationship prior to marriage in increasing globally, including the Asia and Pacific region (UNESCO and UNFPA, 2008, Mehta et al, 1999). It is during adolescence when the individual begins to perceive him/herself as a sexual being, while societal interest in him/her as a potential sexual partner increases (Marsiglio and Mott, 1986). While it is generally agreed that both interest in and practice of sex among males are hormonally influenced, in females the social environment appears to play a more significant role(Hudry et al, 1986; Kiragu and Zabin, 1993). Similar views about prevalent sexual double standards were expressed by Mehta et al (1999). Thus in general, it is thought to be appropriate for adolescent men to engage in sexual behavior but not for young women. The boy is left alone with minimum supervision for his sexual life while the girl is kept under strict surveillance (Gorgen et al, 2008; Owuamanam, 1995; Mehta et al, 1999). Similar findings have been reported in the context of adolescents and youth in Mongolia over the past few years too (SCF, 2008; MOH, 2008).

A study in Costa Rica conducted by Luis (1991) concluded that the absolute as well as relative ages and the social characteristics of those who engage in sexual activity and behaviors vary greatly from one society to another. Therefore, biological explanations can never be complete explanations of sexual phenomena. The characteristics of the social environment, which comprises family peers as well as the individual, must also be taken into account to explain the patterns we observe in the experiences of adolescents sexual behavior. Also, modernization, good nutrition, good clothing, perfumes, videos, dances, pornography, beauty contests and peer group modeling all influence the physiological orientation of this vulnerable group and stimulate their sexual behavior.

Factors Affecting Adolescents Sexual Behavior

Studies in some Asian and African countries found that many diverse factors influence adolescents' level of risky sexual behavior. Age at puberty, poverty, ethnicity, religiosity, peer relations, school performance, involvement in risk taking behavior like drinking alcohol and taking drugs and family composition and relationships have all been identified as determinants of adolescent sexual behavior (Lacson et al, 1997; Kiragu and Zabin, 1993 Isarabhakdi, 1997, Twa, 1997).

Age

Adolescents all over the world are sexually active, but the age at which they start having intercourse varies between regions and, within a country, between urban and rural settings (UNESCO and UNFPA, 1999; Mehta et al, 1999; UNFPA, 1998). Many authors have documented the strong correlation between age and sexual experience (Abraham and Kumar, 1999; Kiragu and Zabin 1993) as age increases, the likelihood of participation in sexual activity increase opportunities for independence and decision making for adolescents (Abraham and Kumar, 1999).

Studies in Kenya (Kiragu and Zabin, 1993) and Tanzania (Soori and Pool 1997) have shown that psychological and biological variables are closely related to adolescents sexual and contraceptive behavior. In their examination of biological influence, Udry et al, (1986) demonstrated that the sexual behavior of young adolescents is positively related to hormonal levels, which in turn are related to age of the individual. Similarly, Kiragu and Zabin (1993) found that early puberty

development is associated with early commencement of coitus. However, in many African traditions, sexual initiation of girls often occurs even before menarch; more than half of the 300 female adolescents in a study conducted in Malawi had sex before menarche, as stated by UNFPA (1997). However, according to Mensch et al (1999) sexual activity before age 16 may have also declined or remained stable in some other parts of Sub-Saharan, Africa, such as Kenya, Ghana and Zimbabwe.

Socioeconomic Status of Parents and premarital sex

It is generally accepted that the earliest social influence on an individual comes from family. An important social correlate of adolescent sexual behavior is the family environment. Studies in Thailand, Philipines, Kenya and Uganda found several relevant family characteristics that could affect adolescents sexual behavior like parents socioeconomic status, family structure, parents conflict family relationships and interactions and attitudes, values and norms of family members (Isarabhakdi, 1997, Lacson et al, 1997, Kiragu and Zabin, 1993, Twa Twa, 1997).

Parent –Child Communication

According to UNFPA (1998) and Mehta et al, (1999), close parental supervision discourages adolescents' sexual activity by regulating the teenagers movements and providing opportunities to discuss topics such as sexual restraint. However, this sort of discussion is often difficult and research shows that only a minority undertake it (UNFPA, 1998). Adolescents mostly find it impossible or uncomfortable for them to talk about sexuality with their parents or other family members (Barker and Rich, 1992). For the majority therefore the sources of information often are peers and adult movies and magazines, in that order (Isarabhakdi, 1997, Barker and Rich, 1992).

Existing Gaps

Gaps still exist within programs that target both knowledge and behavior change in the sexual activities of adolescents. Programs need to go beyond HIV and focus on broader topics in sexual and reproductive health—currently, in many programs, other STIs and pregnancy prevention are conspicuously absent. In addition, gender differences need greater attention.

Given gender differences in behavior as well as in some of the consequences of sexual activity, communication from any reliable source on sexual and reproductive health needs not only to be gender-sensitive, but to empower adolescents, particularly young women, to negotiate behavior on the basis of accurate information.

After years of funding being limited to abstinence-only education, scientific evidence on whether educating adolescents about sexual behavior, contraception and STIs influences young people to engage in high-risk sexual behaviors is finally being considered. It is evident that neither the abstinence-only nor the ABC (abstinence, be faithful, use condoms) focus of the last few years has brought about the desired outcomes for adolescent sexual and reproductive health. Given that no single educational or communication program appears to lead to lasting behavior change, a stronger focus on behavior is crucial.

CHAPTER THREE
METHODOLOGY

3.0 Introduction

This chapter consisted of research design, research population, sample size, sampling procedure, research instruments, validity and reliability of the tool, data gathering procedure, data analysis, ethical consideration and limitations of the study.

3.1 Research Design

The study employed a descriptive correlation design that use both qualitative and quantitative methods of data collection. It is Quantitative in the sense that it was based on methodological principles of description, and use of statistical measurements. Qualitative data was presented on tables (Wildler, 2002). It was cross-sectional and expost facto .It was descriptive in that respondents in the secondary schools described the characteristics of the various activities. It was correlational because it established the relationship between the socio-economic status and drug abuse. It was cross sectional because data was collected from all respondents within the same period of time. It was expost facto as it involved events that have already taken place and may be related to present conditions.

3.2 Research Population

The target population included a total of 200 adolescents of selected private secondary schools of Makindye East.

3.3 Sample size

The Slovin's formula will be used to determine the minimum sample size.

Where :-n is the sample size

N=Target population

a=0.05 level of significance

$$n = \frac{N}{1+N(a)^2}$$

$$n = \frac{200}{1+200(0.05)2}$$

$$n = \frac{200}{1+200(0.0025)}$$

$$n = \frac{200}{1.5}$$

n=132

Table: 1 shows the population and sample size distribution

Respondents	**Target population**	**Sample size**
Boys	100	66
Girls	100	66
Total	**200**	**132**

(*Adolescents in selected private secondary schools of Makindye East*

3.4 Sampling Procedures

The purposive sampling was utilized to select the respondents based on these criteria as follows:- Adolescents between 12-18years old, male or female respondents in any of the center included in the study .

From the list of qualified respondents chosen based on the inclusion criteria, the systematic random sampling was used to finally select the respondents with consideration to the computed minimum sample size.

3.5 Research Instruments

The research tools that were used in the study included the following: (1) *face sheet* to gather data on the demographic information (gender, age, and class) (2) *researcher devised questionnaires* to determine of effects of sex education, problems related to premarital sex, and rising awareness on the dangers of premarital sex. The response modes and scoring were as follows 1); strongly disagree (2); disagree (3); agree (4); strongly agree

Interviews were the other data collection technique that were used by the Researcher. They were used as a way of supplementing the questionnaires already filled, but at the same time they would enable the Researcher probe further into the responses given in the questionnaires especially given the importance of the research and the specialized nature of the topic under study. Data was be basically collected from adolescents. Primary data was collected through the use of questionnaires and in-depth interviews.

3.6 Validity and Reliability of the Instruments

Validity is a criterion by which the researcher expects to obtain the responses he/she expects to measure criteria expected from the objectives and variables .Content validity of the instruments will be ensured through use of valid concepts and / or words which measure the study variables. Thereafter content validity index for the questionnaires was computed and estimated at 0.83.

According to Kathuri and Falls(1993), a CVI is calculated as follows;

CVI=The Number of relevant Questions

The Total number of Questions

According to them, a CVI should be above 0.76 for a questionnaire to be valid; hence the researcher's questionnaire was valid since it was computed at 0.83.

3.7 Data Gathering Procedures

The Researcher obtained an introductory letter from the College of Humanities and Applied Sciences of Kampala International University to the selected schools under study to obtain an authorization to conduct the research on the selected respondents. The researcher together with the research assistants prepared the questionnaires; using the agreed sampling techniques. The researcher together with researcher assistants requested the respondents: (1) to

sign the informed consent; (2) to answer all questions without leaving any item on the questionnaire; and to be objective in answering the questions. Retrieving the questionnaires was done within 14 days from the day of distribution. All Questionnaires were checked to ensure they are completely filled. Finally, data gathered was collected, coded into the computer and statistically treated using the Statistical Package for Social Sciences (SPS

3.8.Data Analysis

The frequency and percentage distribution was used to determine the profile of the respondents.

The means, standard deviations and interpretations were applied for the sex education programmes and premarital knowledge.

The following mean range was used to arrive at the mean of the individual indicators and interpretation:

A. For the sex education programmes and premarital sex knowledge

Mean Range	**Response Mode**	**Interpretation**
3.26-4.00	strongly agree	Very often
2.51-3.25	Agree	Often
1.76-2.50	Disagree	Rarely
1.00-1.75	strongly disagree	Very rarely

To determine whether there is a relationship between sex education and premarital sex, Pearson linear correlation coefficient (PLCC) used to compute the influence of the independent variable to dependent variable.

Also the regression analysis R^2 (coefficient of determination) was used to compute the influence of the independent variable on the dependent variable.

3.8 Ethical Considerations

To ensure utmost confidentiality for the respondents and the data that was provided by them as well as reflecting on the ethics practiced in this study, the research was guided by the principles of respect for people, beneficence, and justice. The researcher ensured that participants' rights, including the right to be informed about the study, the right to freely decide whether to participate in the study, and the right to withdraw at any time without penalty was considered. The participants will be requested to sign an informed consent assuring them that all data collected was be coded to protect their identity and privacy.

3.9 Limitations of the Study

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures were also indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study. There was misinterpretation of the questions by the respondents therefore this was controlled by the researcher by refreshing and explaining for them. There was limited data and record keeping on the students who abuse drugs among the respondents. There might be a possibility that people may hide out some valuable information from the researcher, therefore there is need for multiple approaches in getting information. The respondents may be shy to answer some of the questions in this case the researcher needs to build rapport with the community in order to get the valuable information

CHAPTER FOUR

DISCUSIONS, FINDINGS AND INTERPRETATION OF RESULTS

4.0 Introduction

This chapter shows the profile information of respondents, to examine sex education programmes among adolescents in selected private secondary schools in Makindye East, to determine premarital sex knowledge among the adolescents in selected private secondary schools in Makindye East and to establish the relationship between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East.

4.1 Profile of respondents

Respondents were asked to provide information regarding their, gender, age and class. Their responses were summarized using frequencies and percentages as indicated in table1;

Table 1: Profile of Respondents

Category	Frequency	Percentage (%)
Gender Boys	59	44.7
Girls	73	55.3
Total	**132**	**100.0**
Age 12-15 years	31	23.5
16-18 years	101	76.5
Total	**132**	**100.0**
Class S.1-S.2	19	14.4
S.3-S.4	38	28.8
S.5-S.6	75	56.8
Total	**132**	**100.0**

Source, 2014

Results in Table 4.1 indicated that girls respondents (over 55.3%) were higher than boys respondents (over 44.7%). This indicates girls dominated in the sample. This big gap was due to a big number of girls who are more vulnerable than boys in selected secondary schools.

Regarding age group, respondents in this sample were dominated by those 16-18 years (over 76.5%), suggesting that most of the respondents in selected secondary schools indicating that such age need to much information about sex education so that they can take care over sexual harassments.

About their class, the biggest portions of the respondents (over 56.8%) were in S.5-S.6, and (28.8%) were in S.3-S.4 and S.1-S.2 with a 14.4%. This shows that S.5-S.6 dominated in the sample and was due to the reason the students need to be equipped with knowledge about sex education and premarital sex because demand too much privacy.

Sex education programmes among adolescents in selected private secondary schools in Makindye East

The independent variable in this study was sex education programmes among adolescents and the second objective was to determine the sex education programmes among adolescents in selected private secondary schools of Kampala district. Sex education programmes among adolescents in selected private secondary schools were quantified (with 24 qualitative questions. Each of these questions was based on the four point Likert scale where the respondents were asked to rate the whether sex education programmes are provided at school or not by indicating the extent to which they agree or disagree with each question and their responses were analyzed using SPSS and summarized means as indicated in table 4.2 For interpretation of responses, the following numerical values were used:

Key for interpretation of means

Mean range	**Response mode**	**Interpretation**
3.26-4.00	Strongly agree	Very often
2.51-3.25	Agree	Often
1.76-2.50	Disagree	Rarely
1.00-1.75	Strongly disagree	Very rarely

n=132

Items on sex education programmes	Mean	Std. Deviation	interpretation	rank
Your teachers give you information about HIV/AIDS prevention	3.37	.894	Very often	1
Your teachers always talk to you about abstinence	3.30	.922	Very often	2
Abstinence is encouraged every time we happen to have sex education	3.29	.961	Very often	3
Your parents always conduct programmes about hygiene –	3.27	1.020	Very often	4
Your teachers and parents take to you about the importance of abstinence	3.27	.972	Very often	5
You are given the information about body changes during sex education.	3.15	.992	Often	6
Your teachers always conduct programs concerning sexually transmitted disease at school	3.11	1.036	Often	7
My teacher encourage us to report bad people	3.04	.984	Often	8
Whoever is caught in premarital sex is suspended from school immediately.	3.03	1.098	Often	9
Your teachers always talk to you about sexual assualts	2.94	.987	Often	10
Your teachers give you the information about being comfortable with the opposite sex	2.92	1.126	Often	11
My parents encourage you to abstain from sex every time they seat down with me	2.89	1.130	Often	12
Your teachers always conduct programmes about menstruation among girls	2.83	1.120	Often	13
Do you report sex abusers to your parents, guardians, or teachers	2.73	1.125	Often	14
Abstinence is encouraged even after High school.	2.73	.995	Often	15
Your parents always talk to you about attraction of opposite sex during sex education	2.70	1.144	Often	16

Every problem I experience I tell my mother or father my teacher	2.49	1.136	Rarely	17
You make your own decision both at home and school	2.48	1.142	Rarely	18
When you have a sexual problem you can't share it instead you keep quite?	2.46	1.108	Rarely	19
You report friends who mislead you to your teachers	2.26	.986	Rarely	20
I choose what to put on and my parents don't care	2.23	1.118	Rarely	21
.Every body at my age is abstaining from sex.	2.04	1.073	Rarely	22
I decide the time to go back home or school and am not questioned	1.93	1.057	Rarely	23
Even when my class mate tell me anything bad about sex I report them	1.89	1.021	Rarely	24
Average mean	**2.7652**	**.42989**	**Often**	

Source data, 2014

Results in Table 2 reveal that the sex education programmes are generally often (overall mean=(2.7652) with a standard variation of 0.42989) and this implies that sex education programmes are often provided to students in selected private schools of Makindye East. On five items on sex education programmes, five quantitative questions were ranked very often that is to say Your teachers give you information about HIV/AIDS prevention, Your teachers always talk to you about abstinence, Abstinence is encouraged every time we happen to have sex education, Your parents always conduct programmes about hygiene an Your teachers and parents take to you about the importance of abstinence with means ranging between (with means and standard deviations of 3.37 (0.894)-3.27 (0.922). Then on eleven items (sex education programmes), they were often carried out at schools, that is to say You are given the information about body changes during sex education, Your teachers always conduct programs concerning sexually transmitted disease at school, My teacher encourage us to report bad people, Whoever is caught in premarital sex is suspended from school immediately, Your teachers always talk to you about sexual assaults, Your teachers give you the information about being comfortable with the opposite sex, My parents encourage you to abstain from sex every time they seat down with me,

Your teachers always conduct programmes about menstruation among girls, Do you report sex abusers to your parents, guardians, or teachers, Abstinence is encouraged even after High school and Your parents always talk to you about attraction of opposite sex during sex education with means ranging between (with means and standard deviations of 3.15 (0.992)-2.70 (1.144). Lastly but not least, over eight items that is to say, Every problem is experience I tell my mother or father my teacher, You make your own decision both at home and school, When you have a sexual problem you can't share it instead you keep quite?, You report friends who mislead you to your teachers, I choose what to put on and my parents don't care, Every body at my age is abstaining from sex, I decide the time to go back home or school and am not questioned and Even when my class mate tell me anything bad about sex I report them with means ranging between (with means and standard deviations of 2.49 (1.136) -1.89 (1.021) which indicates that they were rarely done by students like sharing sexual problems with there parents. This is in line with (Barker & Rich, 1992) that Adolescents mostly find it impossible or uncomfortable for them to talk about sexuality with their parents or other family members.

Premarital sex knowledge among the adolescents in selected private secondary schools in Makindye East

The dependent variable in this study was the Premarital sex knowledge among the adolescents in selected private secondary schools in Makindye East they students have, premarital sex knowledge among adolescents in selected private secondary schools were quantified (with eleven qualitative questions and qualified with for questions). Each of these questions was based on the four point Likert scale where the respondents were asked to rate the whether they have any knowledge about premarital sex or not by indicating the extent to which they agree or disagree with each question and their responses were analyzed using SPSS and summarized means as indicated in table 4.3 For interpretation of responses, the following numerical values were used:

Key for interpretation of means

Mean range	Response mode	Interpretation
3.26-4.00	Strongly agree	Very good
2.51-3.25	Agree	Good
1.76-2.50	Disagree	Poor
1.00-1.75	Strongly disagree	Very poor

Table 4. 3 Premarital sex knowledge among the adolescents in selected private secondary schools in Makindye East

n=132

Items on Knowledge	**Mean**	**Std. Deviation**	**interpretation**	
Unplanned pregnancy and abortion You know the methods of controlling pregnancy	3.39	.970	Very good	1
Your teachers encourage you to use condoms	3.02	1.152	Good	2
Your parents encourage you about controlling early pregnancy	2.92	1.202	Good	3
Once you abort the chances of producing in future is ¼	2.89	1.039	Good	4
Your age mates know every information concerning early pregnancies	2.74	1.001	Good	5
Most of the girls in adolescent stage do abort	2.46	1.066	Poor	6
Condoms Your parents encourage you to use condoms	2.41	1.302	Poor	7
Condoms are always given to you whenever you're having sex education talks.	2.08	1.089	Poor	8
Condoms are ok whenever you are going to have sex no matters how you keep, tear, buy it from.	1.98	1.052	Poor	9
Condoms are 100% HIV/AIDS free	1.83	.884	Poor	10
Your parents stock for you condoms when you are coming to school	1.52	.895	Very poor	
overall mean	**2.1376**	**.73056**	**Poor**	

Source data, 2014

Results in Table 2 reveal that the premarital sex knowledge are generally false (overall mean=(2.1376) with a standard variation of 0.73056) and this implies that premarital sex knowledge are false provided to students in selected private schools of Makindye East. On one item on premarital knowledge about unplanned pregnancy and abortion was ranked very true that is to say You know the methods of controlling pregnancy with a mean of 3.39 and a standard deviation of 0.970, four quantitative questions were false that is to say Your teachers encourage you to use condoms, Your parents encourage you about controlling early pregnancy, Once you abort the chances of producing in future is ¼ and Your age mates know every information concerning early pregnancies on unplanned pregnancy and abortion with means ranging between (mean 3.15 and standard deviation 0.992- mean =2.70 std deviation (1.144) ranked true. Then one item was false about most of the girls in adolescent stage do abort with a mean =2.46 and standard deviation 1.066. on five items about condoms, the information was false that is to say Your parents encourage you to use condoms, Condoms are always given to you whenever you're having sex education talks, Condoms are ok whenever you are going to have sex no matters how you keep, tear, buy it from, Condoms are 100% HIV/AIDS free and Your parents stock for you condoms when you are coming to school with means ranging between (mean 2.41 (1.302) -1.80 (.884). This indicates students are equipped with knowledge as far as premarital sex is concerned hence helping them to be safe and avoiding risky behaviors.

Relationship between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East

The last objective in this study was to establish whether there is a significant relationship between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East.. On this, the researcher stated a null hypoReserach Report that there is significant relationship between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East. To achieve this last objective and to test this null hypoReserach Report, the researcher correlated the overall mean on sex education and premarital sex among adolescents in selected private Secondary school in Makindye East using the Pearson's Linear Correlation Coefficient, as indicated in table 4.4

Table 4:4 Pearson correlation between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East

Variables Correlated	r-value	Sig	Interpretation	Decision on Ho
Sex education programmes Vs Premarital sex knowledge	.165	.058	No Significant correlation	Accepted

Results in Table 4 indicated a positive and no significant relationship between sex education and premarital sex among adolescents in selected private Secondary school in Makindye East, r=.165 since the sig. value (.058) was greater than 0.05, which is the maximum level of significance required to declare there is no significant relationship in social sciences. Therefore this implies that sex education programmes has no effect on premarital sex among adolescents which means that whether students are equipped with all information about sexual behaviors and its risks it cannot prevent them from having premarital sex . Basing on these results the stated null hypoReserach Report was accepted and a conclusion made that sex education programmes has no relationship to do with premarital sex among adolescents . Therefore this agrees with a study in Costa Rica conducted by Luis (1991) concluded that the absolute as well as relative ages and the social characteristics of those who engage in sexual activity and behaviors vary greatly from one society to another.

Table 4.5. Regression Analysis between Sex education and Premarital sex

Variables Regressed	**R^2**	**F-value**	**Sig.**	**Interpretation**	**Decision on Ho**
Sex education Vs Premarital sex	.000	3.655	.058	Insignificant effect	Accepted
Coefficients	**Beta**	**t**	**Sig.**		
(Constant)		30.530	.000	Significant effect	Rejected
Premarital sex	.402	.210	.165	Insignificant effect	Accepted

The Linear regression results in Table 5 above indicate that sex education was insignificantly affects premarital sex (F=3.655, sig. =.058). The results indicate that sex education included in the regression model contribute over 99% towards premarital sex in case of (R^2 =.000). The coefficients section of this table indicates the extent to which sex education programmes have no significant effect premarital sex and this is indicated by Beta values.165.

CHAPTER FIVE

DISCUSSIONS, CONLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the findings, conclusions, recommendations and suggested areas that need further research following the study objectives and study hypoReserach Report.

5.1 Discussions

This study was set to find out the influence of influence of sex education on premarital sex among adolescents in selected private secondary schools in Makindye East. It was guided by four specific objectives, that included i) sex education programmes; ii) premarital sex knowledge; iii)) the relationship between sexual education programmes and premarital sex among adolescents. The study findings indicated that majority of respondents were girls 73(55.3%) ranged between 16-18 years and these were between S.5 –S.6 (75 (56.8%),

Data analysis using means showed that only five items on sex education programmes was rated very often was that is to say Your teachers give you information about HIV/AIDS prevention, Your teachers always talk to you about abstinence, Abstinence is encouraged every time we happen to have sex education, Your parents always conduct programmes about hygiene an Your teachers and parents take to you about the importance of abstinence with means ranging between (with means and standard deviations of 3.37 (0.894)-3.27 (0.922), sex education programmes are generally often (overall mean=(2.7652) with a standard variation of 0.42989) and this implies that sex education programmes are often provided to students in selected private schools of Makindye East implying that teachers do emphasis on abstinence, hygiene and information about HIV/AIDS prevention.

The premarital sex knowledge are generally false (overall mean=(2.1376) with a standard variation of 0.73056) and this implies that premarital sex knowledge are false provided to students in selected private schools of Makindye East. On one item on premarital knowledge about unplanned pregnancy and abortion was ranked very true that is to say You know the methods of controlling pregnancy with a mean of 3.39 and a standard deviation of 0.970, four quantitative questions were ranked false that is to say Your teachers encourage you to use condoms, Your parents encourage you about controlling early pregnancy, Once you abort the

chances of producing in future is ¼ and Your age mates know every information concerning early pregnancies on unplanned pregnancy and abortion with means ranging between (mean 3.15 and standard deviation 0.992- mean =2.70 std deviation (1.144) ranked true.

The findings also indicated no significant relationship, no significant correlation between sex education programmes and premarital sex knowledge among adolescents in selected secondary schools of Kampala District, since r= sig. value (.058) was far greater than 0.05, which is the maximum level of significance required to declare a significant relationship in social sciences. Therefore this implies that that sex education programmes has no effect on premarital sex among adolescents which means that whether students are equipped with all information about sexual behaviors and its risks it cannot prevent them from having premarital sex. Basing on these results the stated null hypoReserach Report was accepted and a conclusion made that sexe education and premarital sex.

Regression analysis results in table 5 above indicated that sex education included in the regression model contribute over 99% towards premarital sex in case of (R^2 =.000). The coefficients section of this table indicates the extent to which sex education programmes have no significant effect premarital sex and this is indicated by Beta values.165.

5.2 Conclusions

From the findings of the study, the researcher concluded that that the study findings indicated that majority of respondents were girls 73(55.3%) ranged between 16-18 years and these were between S.5 –S.6 (75 (56.8%). The sex education programmes were generally often therefore concluding that sex education programmes are often provided to students in selected private schools of Makindye East.

The premarital sex knowledge are generally false and this implies that premarital sex knowledge are false provided to students in selected private schools of Makindye East.

Finally sex education and premarital sex there is no significant correlation between sex education programmes and premarital sex knowledge among adolescents in selected secondary schools of Kampala District, since the sig. value (.058) was far greater than 0.05. Basing on these results the stated null hypoReserach Report was accepted and a conclusion made that sex education programmes has no relationship to do with premarital sex among adolescents. Therefore this agrees with Therefore this agrees with a study in Costa Rica conducted by Luis

(1991) concluded that the absolute as well as relative ages and the social characteristics of those who engage in sexual activity and behaviors vary greatly from one society to another.

5.3 Recommendations

From the findings and the conclusions of the study, the researcher recommends there is a need to encourage also senior ones up to senior fours to attend sex education programmes.

There is a need to encourage also boys to attend sex education programmes at school so that they can be equipped with knowledge.

There is a need to encourage parents to talk to their adolescents as far as sex education is concerned so that they can be able to tell them problems they face about sexual issues.

There is a need to encourage students change their sexual behaviors especially the risky ones.

There is a need to encourage parents on how to handle adolescents not to react on them harshly especially when they had got back home late.

There is a need to encourage parents and teachers should involve their adolescents in decision making hence helping them in future.

Areas for Further Research

The research does not and cannot guarantee that the study was completely exhausted. In any case, the scope of the study was limited in accordance with the space, and objectives. It is therefore, suggested that a national research covering the whole country be undertaken.

Also, prospective researchers and even students should be encouraged to research into the following areas:

1. Sex education as a social correlate of premarital sex among youths and adolescents
2. Sex education and sexual behaviors among youths

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APPENDICES

APPENDIX I

TRANSITTAL LETTER

OFFICE OF THE DEPUTY VICE CHACALLOR

Dear Sir/Madam,

RE: **INTRODUCTION LETTER FOR MS BULLEN BETTY REG. NO MCP/11246/121/DU, TO CONDUCT RESEARCH IN YOUR INSTITUTION**

The above mentioned candidate is a bonafide student of Kampala International University pursuing a master's Degree in Counseling Psychology.

She is currently conducting a field research for her Reserach Report entitled, **Sex Education and the Pre-marital sex among Adolescents in selected private schools of Makindye East.** Your institution has been identified as a valuable source of information pertaining to this research Reserach Report. The purpose of this letter then is to request you to avail her with the pertinent information she may need.

Any data shared with her was used for academic purposes only and shall be kept with utmost confidentiality.

Any assistance rendered to her was be highly appreciated

Yours truly,

_____

APPENDIX

CLEARANCE FROM ETHICS COMMITTEE

Date

Candidate's Data

Name_____

Reg.# _____

Course _____

Title of Study _____

_____

Ethical Review Checklist

The study reviewed considered the following:

___ Physical Safety of Human Subjects

___ Psychological Safety

___ Emotional Security

___ Privacy

___ Written Request for Author of Standardized Instrument

___ Coding of Questionnaires/Anonymity/Confidentiality

___ Permission to Conduct the Study

___ Informed Consent

___ Citations/Authors Recognized

Results of Ethical Review

___ Approved

___ Conditional (to provide the Ethics Committee with corrections)

___ Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson _____

Members _____

APPENDIX III

INFORMED CONSENT

I am giving my consent to be part of the research study of **Ms BULLEN BETTY** that focused on **Sex Education and Premarital sex among adolescents.**

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials:_____

Date_____

1). Your teachers always conduct programs concerning sexually transmitted disease at school

_____2) Your teachers always talk to you about sexual assault

_____3) Your teachers always talk to you about abstinence

_____4) Your teachers give you the information about being comfortable with the opposite sex

_____5) You are given the information about body changes during sex education.

_____6) Your teachers and parents take to you about the importance of abstinence

_____7) Your teachers always conduct programmes about menstruation among girls

_____8) Your parents always conduct programmes about hygiene –

_____9) Your parents always talk to you about attraction of opposite sex during sex education

_____10) Your teachers give you information about HIV/AIDS prevention

_____ _11).Every body at my age is abstaining from sex.

_____12) whoever is caught in premarital sex is suspended from school immediately.

_____13). Abstinence is encouraged every time we happen to have sex education

_____14). Abstinence is encouraged even after High school.

_____15).My parents encourage you to abstain from sex every time they seat down with me

16). You report friends who mislead you to your teachers

17). When you have a sexual problem you can't share it instead you keep quite

18). Every problem is experience I tell my mother or father my teacher

19). Even when my class mate tell me anything bad about sex I report them

20). My teacher encourage us to report bad people

_____21) Do you report sex abusers to your parents, guardians, or teachers

Do you report any body who harsh you sexually?.....

Are you able to share your problems with your parents concerning sex ?.....

If yes.....

How do you feel about it?.....

How is your parents' reaction.....

Do you know the consequences of keeping quite after being sexually abused.....

. 22).You make your own decision both at home and school

_____23). I choose what to put on and my parents don't care

_____24). I decide the time to go back home or school and am not questioned

How do your parents react when you go back late?.....

Do you normally share your problems with your parents?.....

Do you make your own decisions even when you're with your parents at home?.....

knowledge SECTION VI: Premarital sex

Instruction: On the space provided before each option, indicate your choice by using the rating system below:

Response Mode	**Rating**	**Description**
Strongly Agree	(4)	You agree with no doubt at all
Agree	(3)	You agree with some doubt
Disagree	(2)	You disagree with some doubt
Strongly disagree	(1)	You disagree with no doubt at all

Unplanned pregnancy AND Abortion

.You know the methods of controlling pregnancy

Your age mates know every information concerning early pregnancies

Most of the girls in adolescent stage do abort

Once you abort the chances of producing in future is ¼

Your parents encourage you about controlling early pregnancy

Do you know any method of controlling early pregnancy.....

Mention any method that you know.....

Have you ever had abortion.....

How did you feel about it.....

Condoms

Your teachers encourage you to use condoms

Your parents encourage you to use condoms

Your parents stock for you condoms when you are coming to school

_____ Condoms are 100% HIV/AIDS free

_____ Condoms are ok whenever you are going to have sex no matters how you keep, tear, buy it from.

_____ Condoms are always given to you whenever you're having sex education talks.

Thank your for your participation

APPENDIX C

INTERVIEW GUIDE FOR ADOLESCENTS

Does your school conduct sex education?

.....
.....

How are these sessions conducted

.....
.....

Are you able to attend these sessions every time they conduct sex education.....

Do you gain any thing in these sessions of sex education at your school

.....
.....

Do you involve yourself in sexual activities like watching pornographic materials, involving in heterosexual relationships or homosexual activities

.....
.....

Does you school encourage abstinence among students

.....
.....

How do you feel about abstinence

.....
.....

Does your school discourage premarital sex?.....

Can you explain if there any students who are involved in sexual activities eg pornographic materials,

Thank you for your participation

APPENDIX V

PROPOSED DATA PRESENTATION THROUGH TABLES/GRAPH

This is the part where the researcher will present tables and graphs showing the data got from the field in reference to the questionnaires.

Table 1

Geographical Characteristics of the Respondents

category	Frequency	Percentage (%)
Gender		
Male		
Female		
Age		
20-35		
36-40		
41-45		
46-50		
Educational Qualification		
Certificate		
Diploma		
Degree		
Master		
PhD		

Department Production Technical Human Resource Finance & Accounts Others **No. of years of working Experience** 6months-1year 2year-4years 5months-7years 8years and above		

Table 2 A Sex Education

Sex Education	Mean	Interpretation	Rank

Table 2 B Premarital among adolescents

Premarital sex of Students	Mean	Interpretation	Rank

Table 2 C

Relationship between Sex Education and premarital sex among adolescents

Variable correlated	Interpretation		Rank
Sex Education			
Premarital sex			

APPENDIX VI

PROPOSED BUDGET

This will include travel cost, stationary, secretarial services, data treatment and analysis and production of research reports

Proposed Budget

No	Item	Quantity	Unit cost	Total cost
1.	Travel costs To and from Meals Accommodation Air time			
2.	Allowance for Research Assistant Perdieum Lunch facilitation			
3.	Stationery Note books Pens Pencils Ruler Clear bag			

4.	Secretarial services Typing Printing Photocopying Scanning			
	Spiral bounding Transport Final copy book bound			
5.	Data treatment, analysis of production			

APPENDIX VII

TIME FRAME

This will show the time that will be spent for each activity in weeks or even in months.

NO	Activities	Jan 2011	Feb 2011	March 2011	April 2011	May 2011	June 2011	July 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec
1	Topic Identification												
2	Preparation of the Proposal												
3	Proposal Writing												
4	Data Collection												
5	Data Analysis & Interpretation												
6	Preparation of the Report												
7	Report Presentation												

RESEARCHER'S CURRICULUM VITAE

This will include the researcher's details, her competency in writing the research and to recognize her efforts and qualification.