

# Knowledge and Level of Awareness on Sex Education

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**Abstract:** *The study was conducted to determine the relationship between students' knowledge and awareness of sex education. Likewise, it looked into the relationship between respondents' profile and their knowledge and awareness of sex education. Using the descriptive method of research with questionnaires as its main tool to gather the needed data from the 492 student respondents, these were the findings: The respondents had 2.97 percent knowledge of sex education in terms of growth and development, 3.19 percent fertility and sterility, and 3.04 percent responsible parenthood, and a little or 2.31 percent knowledge in terms of childbirth. Meanwhile, students were moderately aware of abstinence-only, or 2.43 percent, and comprehensive sex education, or 2.39 percent. Only respondents' profile in terms of age significantly affected their knowledge of sex education, growth and development, and their awareness of abstinence-only. On the other hand, the correlations between the awareness and knowledge of pupil respondents on sex education were computed as highly significant. Based on the findings, the following conclusions were derived: The profile of the respondents in terms of age had significantly affected by their knowledge of sex education in terms of growth and development and their awareness in terms of abstinence-only. Meanwhile, a highly significant relationship was found between knowledge and awareness of sex education, media, and type of sex education program in schools in Doña Remedios Trinidad.*

**Keywords:** Sex education, growth development, knowledge and awareness, abstinence, parenthood, fertility, and sterility

## 1. INTRODUCTION

The Philippines passed the Responsible Parenthood and Reproductive Health Act of 2012 (RH Act) after a 14-year wait. Through the act, the government integrated sex education into the public school curriculum for students ages 10 to 19. Sex education and teenage pregnancies are concepts totally connected with each other. With sex education, the incidence of teenage pregnancy comes down (Aditi, 2011). Teen pregnancy has many dimensions and its strongest impact is on the young mother whose future will be jeopardized because she needs to take on the responsibilities of being a mother at a very young age (Cendaña, 2012).

In June 2006, the Philippines Government had to abandon its sexuality education program in schools due to huge protests from the Roman Catholic Church which believed that sexuality education must be imparted only in the context of marriage and must be imparted with the right environment of values and ethics, otherwise, this could lead to 'promiscuous' behavior among young people. According to the officials of the Department of Education, the goal of the program was however, to discourage, rather than encourage, sexual relationships among unmarried young people and to decrease the number of teenage pregnancies and the maternal mortality rate among young girls (South and South East Asia Resource Centre, 2006).

Some 16.5 million Filipinos belong to the 15-24 year old age group. We are forced with a glaring truth that at a very young age, a lot of young people today have children of their own. 30 % of all births belong to this age group; and by the age of 20, 25% of the youth are already mothers. Statistics show that every year at least 64,000 teenagers have

abortions, and those are statistics from a country where abortion is illegal, yet we claim we are Catholics, who are preserving and valuing life. We might say that the pregnancy of these teenagers is just the mere result of the gratification of sexual urges. Yes we might say that, the pregnancy would not occur if studies had been prioritized instead of the relationship of the opposite sex. That if there were no premarital sex (PMS), there would be no pregnancy. On one simple glance, we would judge these teenagers guilty (Cesannes, 2010).

Although the efficacy of sex education cannot be demonstrated, the results are at least consistent with the proposition that sex education programs reduce the level of sexual activity. The evidence suggests that sex education had some causal influence on teen sexual behavior, and it seems likely that an important source of this causal link was the provision of information that altered the risks of sexual activity (Bay-Cheng, 2003).

All young people have right to receive a complete and accurate sexuality information needed to protect health and well being and deserve programs that help them efficiently explain information into behaviors that reduce and promote health (Kantor, Santelli, Teitler, & Balmer, 2008). The Department of Education's mandate is curricular integration of relevant sexuality-related topics particularly on HIV-AIDS prevention and control. In the DepEd Memorandum No. 261 s. 2005 (Operationalization of the UNFPA-Assisted Project Institutionalizing Adolescent Reproductive Health through Life skills-Based Education), it states that in order to enhance the over-all wellness of the Filipino adolescents, discussion of adolescent sexuality, life

and career planning, decision-making and other relevant life skills and parent-child communications should be included.

Teenagers who have had formal sex education are far more likely to put off having sex (Lindberg & Maddow-Zimet, 2012). Sex education can and should both stress a strong abstinence-first message and teach young people about the importance of protecting themselves against unintended pregnancy and disease when they become sexually active (Dailard, 2002).

Comprehensive sexuality education affects young people's behavior and should be provided to all young people to enable them to understand the consequences of sexual intercourse and conception (Haldre, Rahu, Rahu, & Karro, 2009). Comprehensive sex education programs, but not abstinence-only programs reduced the risk for teen pregnancy (Kohler, Manhart, & Lafferty, 2008; Finer, & Zolna, 2011), but Rector (2002) and Kirby (2002) asserted that, abstinence education programs for youth have been proven to be effective in reducing early sexual activity. However, the early evidence about abstinence-only program was not encouraging (SIECUS, 2005).

School, as an institution of learning, is one of the many sources of information where the students get acquainted with the underlying issues in teenage pregnancy. Teachers and school administrators have a vital role in educating the students who will soon be the next policy makers, therefore understanding the current status of their knowledge, attitudes, actions and behaviors in relation to teenage pregnancy may form a baseline for further enhancing the positive actions and behaviors

Thus, this study was conducted to determine the relationship between students' knowledge and awareness on sex education because of the growing problem on adolescents' sexual behavior in the town of Doña Remedios Trinidad in Bulacan.

#### Statement of the Problem

The main focus of this study is to determine the relationship between students' knowledge and awareness on sex education and sex education programs implemented.

Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in terms of:
  - 1.1. age;
  - 1.2. economic status;
  - 1.3. religion;
  - 1.4. family type?
2. What is the respondents' extent of knowledge on sex education in the following topics:
  - 2.1. growth and development;
  - 2.2. childbirth;
  - 2.3. fertility, childbirth (biological concepts), sterility; and
  - 2.4. responsible parenthood?
3. How may the students' extent of awareness on sex education from the following sources be described?
  - 3.1. media; and
  - 3.2. type of sex education program in school:

- 3.2.1. Abstinence only sex education program; and
- 3.2.2. Comprehensive based-sex education program?

4. Do the profile characteristics of the respondents significantly affect their knowledge and awareness on sex education?

5. Is there a significant relationship between the students' extent awareness on sex education from media and sex education program in school in Doña Remedios Trinidad?

#### Hypotheses

This study was guided by the following hypotheses:

1. The profile characteristics of the respondents have no significant effect on their knowledge and awareness on sex education.
2. There is no significant relationship between knowledge and awareness on sex education, media and type of sex education program in school to the teenage pregnancy in Doña Remedios Trinidad?

#### Conceptual Framework

The respondent's knowledge on sex education is expected to be influenced by the different variables. Figure 1 shows the variables included in the study such as; profile characteristics of student respondents, knowledge on sex education, and extent of student awareness on sex education from media and type of sex education program in school.

In a study conducted by Kohler, et.al, (2008) children and adolescents who are in a lower socioeconomic class are less likely to receive information about contraceptives and Sexually Transmitted Disease. Bonell, Strange, Stephenson, Oakley, Copas, Forrest, Johnson, and Black (2003), states that the relation of socioeconomic factors to knowledge of sex education is based on the general expectation that a child who comes from a family of high socioeconomic factor enjoy better amenities in life.

Tamkins (2004) found out that boys raised in homes with a battered mother, or who experienced physical violence directly, were significantly more likely to impregnate a girl. According to Anda (2001) and affirmed by Ellis, Bates, Dodge, Fergusson, Horwood, Pettit, and Woodward, (2003) the girls whose fathers left the family early in their lives had the highest rates of early sexual activity and adolescent pregnancy. Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood.

The family factors are powerfully related to adolescents' reproductive health. Teens that grow up in intact families with two biological parents and those living in more advantaged families are more likely to engage in positive reproductive behaviors than their peers who lack such backgrounds (Manlove, Terry-Humen, Papillo, Franzetta, Williams, & Ryan, 2002).

Sex education is very necessary for the students because they receive information from different media's

which is incomplete and incorrect. Kantor, et.al (2008) found that for adolescent students the internet, media, friends, books and magazines were the main sources of information regarding safe sex and HIV/STIs. Levin (2010) learning about sexuality, sexual health, and sexual relationships is a complex process that takes place over many years with input from multiple sources such as parents, schools, friends, and mass media.

Comprehensive sex education teaches that abstinence is the best method for avoiding sexually transmitted infections (STIs) and unintended pregnancy. However it also teaches the use of condoms and contraception to reduce the risk of unintended pregnancy and of infection with sexually transmitted infections (STIs), including HIV/AIDS. Research has proved that comprehensive sex education is more effective than abstinence-only-until-marriage education in decreasing rates of sexually transmitted infections (STIs) and teenage pregnancies. comprehensive sex education does not encourage teenage sexual activity nor does it encourage earlier sexual debut. comprehensive sex education improves adolescent decision-making skills and boosted self-confidence (Review of Key 44 Findings of “Emerging Answers 2007” Report on Sex Education Programs, Guttmacher Institute, 2007).

In a survey conducted by the Kaiser Family Foundation in 2000 (as cited in Collins, Alagiri, & Summers, 2002), it was found that parents want a wider range of topics taught than is often included in sex education today. With regards to information sources other than media, adolescents reported teachers as a source of information. In Scotland, teachers felt they were the most appropriate source of health education for young people. There was a general recognition that ongoing professional development was needed to sustain teacher's confidence to delivering effective sex education. Outside speakers served the purpose of updating teacher's expertise and subjecting pupils to appropriate contact with health professionals within the controlled context of a school programme (Scottish Executive, 2003).

According to Bleakly, Hennessy, Fishbein, Coles and Jordan (2009), sex education in schools is an opportunity for teachers to disseminate accurate information about sex and to teach methods needed to engage in safe sex practices. Sex education instruction is another potentially important determinant of teenage sexual behavior (Averett, Rees , & Argys , 2002). Socioeconomic disadvantage and dislike of school are risk factors for teenage pregnancy (Bonell et.al, 2003). Teenage pregnancies should be handled with care. Parents and people around them should support them economically and emotionally (Aditi, 2011).

Evidently, certain variables interplay as they relate to the relationship between students’ knowledge and awareness on sex education which the researcher wants to analyze in this study.

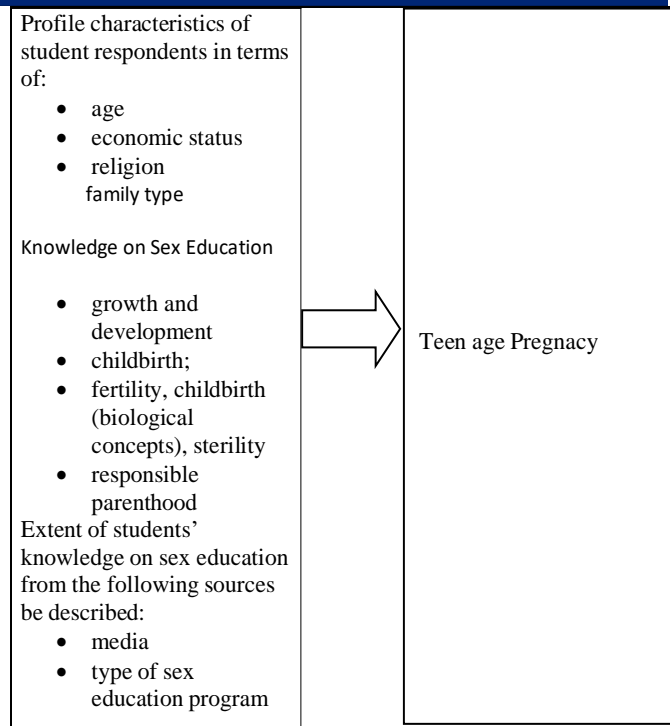


Figure 1. Paradigm of the study

Figure 1 shows the paradigm of the study. This research used the independent and dependent variables. Box 1 are the independent variables which includes the profile characteristics of student respondents in terms of age, socio-economic status, religion and family type; knowledge on sex education on the different topic such as growth and development, childbirth, fertility, childbirth(biological concepts), sterility and responsible parenthood; knowledge of the respondents awareness by the following factors: media and type of sex education program; and actions or support of the different groups: family, school officials, peer group and church in teenage pregnancy. These are the variables need to obtain in this study in order to determine the relationship between students’ knowledge and awareness on sex education in Doña Remedios Trinidad.

The researcher conceptualized that the variables presented greatly affect the teenagers’ perception about sexuality issues and early pregnancy.

**Significance of the Study**

This study is a timely reaction to the growing problem on adolescents’ sexual behavior not only in urban but also in rural areas, especially in Dona Remedios Trinidad in Bulacan.

High School Students. The result of the study will help them to be aware of the teenage pregnancies that are happening nowadays, especially in their homes, schools and in the community.

Sex Education Teachers. The result of this study will help them to determine the frequency, determinants, and

**Independent Variables**

**Dependent Variable**

outcomes of teenage pregnancy, they may use it as a guide in teaching sex education.

**Administrators.** The result of the study will serve as feedback data to guide administrators in planning effective in-service sex education program designed to upgrade the competencies of teachers and counselors. The data may be useful in assessing value programs in the secondary institutions both the curricular and co-curricular that may need modification.

**Parents.** Being the first teachers of their children on sex education, parents can gain insights on the importance of their role as sex educators to their children to avoid early pregnancy.

**Program Planners.** The result of the study may find the data useful in coming up with strategies which will harmonize or integrate change into the existing value structures of the community.

**Community.** The result of the study could help generate community awareness on some social problems like teenage pregnancies. This study will give aspiration and motivation to continuously implements program and activities which can divert the attention of youth from engaging in such risky activity.

**Department of Social Welfare and Development (DSWD).** The result of the study will generate data which will be useful to DSWD in their assessment of life condition of teenage mother and the support that they can extend especially in Doña Remedios Trinidad.

**Country.** The result of the study can help lessen the population or even improve our economic status when the teenagers make the right decisions for the future.

**Future Researchers.** The result of the study will benefit the future researchers by the results it will give and will help them to enhance their analysis of the situation wherein teenage pregnancy is involved.

**Scope and Limitation of the Study**

This study measured the impact of the variables such as the profile characteristics of student respondents in terms of age, socio-economic status, religion and family type, knowledge on sex education, media, awareness on the type of sex education program to determine the relationship between students’ knowledge and awareness on sex education in school in Doña Remedios Trinidad. The respondents of this study are the third and fourth year students from the secondary schools in Doña Remedios Trinidad for the S.Y. 2013-2014.

The study was conducted during first semester of school year 2013-2014.

**Location of the Study**

The study was conducted in four secondary schools namely; Doña Remedios Trinidad High School, Sapang Bulac High School, Talbak High School and Esteban Paulino High School in Doña Remedios Trinidad in Bulacan. The very first classes at Doña Remedios Trinidad High School began on June 13, 1989 with 68 students as the school initial enrolment. The school had its first batch of graduates in March 1993 with 36 students. Through the initiative of Former Mayor Evelyn M. Paulino, another three high schools were born as annex of

DRTHS; Talbak High School, Sapang Bulac High School and Esteban Paulino High School.



Figure 2. Map of Doña Remedios Trinidad, Bulacan

In this study, the following terms has been operationally defined to have a clearer view of the concepts utilized:

**Abstinence only Program.** It refers to the programs that do not teach teens about birth-control methods.

**Administrators.** It refers to the school officials who initiate, lead, organize and direct school activities.

**Adolescence.** It refers to the transitional stage of physical sex and mental human development generally occurring between puberty and legal adulthood (age of majority).

**Age.** It refers to the number of years the individual has lived since birth up to the time of study.

**Childbirth.** It refers to the entire process as an infant makes its way from the womb down the birth canal to the outside world.

**Church.** It refers to a group of Christians

**Civil Status.** It refers to the position of an individual in relation to another or others, especially regard to social or professional standing.

**Comprehensive Based-Sex Education.** It refers to sex education that includes complete information about abstinence, condoms and contraceptives.

**Contraceptives.** It refers to a device used intentionally in preventing fertilization.

**Demographic.** It refers to a section of the population sharing common characteristics, such as age, sex, class, etc.

**Economic Status.** It refers to the status in which you or your family is in, for example, wealthy or poor.

**Educational Attainment.** It refers to the highest level of formal education attained by the respondents.

**Extended Family.** It refers to a nuclear family and their close relatives, such as the children’s grandparents, aunts, and uncles.

**Family.** It refers to a group of people related by blood or marriage or a strong common bond, such as those descended from a common ancestor, or a husband, wife, and their children.

Fertility. It refers to the capacity to conceive or induce conception.

Gender. It refers to a range of characteristics used to distinguish between males and females, particularly in the case of men and women or the masculine and feminine attributes assigned to them.

Growth and Development. It refers to describe the complex physical, mental, and emotional processes associated with the growing up of children.

Marriage. It refers to the state of being united to a person of the opposite sex as husband or wife in a consensual and contractual relationship recognized by law.

Media. It refers to the tools used to store and deliver information or data. It could be in form of broadcast, electronic/digital, or printed materials.

Nuclear Family. It refers to the family consisting of father, mother, and their biological children.

Occupation. It refers to a person’s usual or principal work or business, especially as a means of earning a living.

Peer Group. It refers to a primary group of people, typically informal, who share a similar or equal status and who are usually of roughly the same age, tended to travel around and interact within the social aggregate.

Religion. It refers to a particular belief in God or Gods and activities that are connected with this system.

Responsible Parenthood. It refers to the core responsibilities of parents to provide the needs of the children they have in terms of the aspects in life.

School Official. It refers to someone in the institution has employed, contracted with, or has an official relationship with who would need to access pertinent educational data to perform his/her designated job functions. Sex Education. It refers to a subject intended or aims to inform its audience purpose and the morality of sex in a scientific and biological point of view.

Socioeconomic. It refers to, relating to or involving economic and social factors.

Sterility. It refers to the inability to produce offspring, either to conceive (females) or to induce conception (males).

Teenage Pregnancy. It refers to female pregnancy under the age of twenty.

**CHAPTER II**

**METHODOLOGY**

This chapter presents the research design used, sampling procedures, data gathering technique and data analysis scheme.

**Research Design**

The descriptive survey was adapted as a method of research for this particular study. It showed the significant relationship between the demographic and socioeconomic factors, knowledge on sex education, and students’ extent of awareness on sex education from media and type of sex education program in school in Doña Remedios Trinidad.

**Data Gathering Techniques**

Prior to the distribution of the questionnaires, the researcher followed the normal procedures in collecting data. Permission was asked from the Schools’ Division Superintendent of Bulacan, through a formal letter of request. She was also personally asked approval from the school principal of four secondary schools in Doña Remedios Trinidad in Bulacan namely; Doña Remedios Trinidad High School, Sapang Bulac High School, Talbak High School and Esteban Paulino High School to administer the questionnaire to the respondents and to access vital documents needed. The researcher gathered needed information about the study.

**Sampling Procedures**

The third and fourth year high school students in Doña Remedios Trinidad High School, Sapang Bulac High School, Talbak High School and Esteban Paulino High School comprised the 492 population of this study. Both the third and fourth year high school students were totally enumerated. Among the 492 third and fourth year high school students, 276 of them were third year and 216 were fourth year high school students.

Table 1. The distribution of the respondents

Name of School	Third year Students	Fourth year Students	TOTAL
Doña Remedios Trinidad High School	143	120	263
Sapang Bulac High School	46	29	75
Talbak High School	34	22	56
Esteban Paulino High School	53	45	89
TOTAL	276	216	492

**Data Analysis Scheme**

The data gathered from the conduct of the study were analyzed using Ph Stat Package for Social Sciences. Descriptive statistics using frequency counts and means were used for the responses on the survey questionnaire that consists of knowledge and awareness on sex education as well as the profile of the respondents. To determine the relationship between the profile of the respondents and their knowledge and awareness on sex education, the chi-square was employed. Pearson Product-Moment Correlation Coefficient was employed to determine the extent of relationship of the student respondents’ knowledge and awareness on sex education. The table below gives the description for the scoring range employed in the survey questionnaire for the level of knowledge and awareness on sex education.

Table 2. Scoring Range of Responses in Knowledge

Range	Description
4.20 – 5.00	A Lot
3.40 – 4.19	Much
2.60 – 3.39	Some
1.80 – 2.59	A Little
1.00 – 1.79	None

Table 3. Scoring Range of Responses in Awareness

Range	Description
3.25 – 4.00	Highly Aware
2.50 – 3.24	Moderately Aware
1.75 – 2.49	Aware
1.00 – 1.74	Not aware

**Weighted Mean**

These were utilized to describe the students’ extent of knowledge and awareness on sex education.

$$\bar{X} = \frac{\sum X}{n}$$

where:  $\bar{X}$  = weighted mean  
 $n$  = value of each item  
 $n$  = number of each item

**CHAPTER III**

**RESULTS AND DISCUSSIONS**

This chapter deals with the presentation, analysis and interpretation of the data collected and the results of the statistical treatment employed in the study with the purpose of determining the relationship between the extent of students’ knowledge on sex education from media, and type of sex education program in school in Doña Remedios Trinidad.

**The Profile of the Respondents**

The profile characteristics of student respondents in terms of age, socio-economic status, religion and family type are presented in Table 4 to Table 7.

**On Age**

The frequency and descriptive measures of student respondents’ profile characteristics in terms of age is presented in Table 4.

As can be noted from the table, majority or almost two-thirds or 62.2 percent of the respondents belong to the age bracket of 15 to 17 years of age. Meanwhile, almost one-fourth or 24.39 percent belong to the age bracket of 12 to 14

years of age, 9.55 percent are 18 to 20 years and 0.81 percent are 21 years old and above.

A closer look at the same table shows that the mean age of the student respondents was computed at 15.60 years with a standard deviation of 1.83. This standard deviation measures the spread of the respondents’ age from the mean. This indicates that approximately, 335 respondents belong to the age bracket of 14 to 17 years old.

Age brings with it new social expectations that influence a teen’s likelihood of sexual activity, including increased pressure to have sex, perceived norms about sexual behavior and increased opportunity because of freedom (Kirby, 2001).

Table 4. Respondents’ Profile in Terms of Age

Age	Frequency (N=492)	Percent
21 and above	4	0.81
18 – 20	47	9.55
15 – 17	321	65.24
12 – 14	120	24.39
Mean	15.60	
Standard Deviation	1.83	

**On Economic Status**

Table 5 presents the frequency and descriptive measures of the monthly income of student respondents’ parents.

The table reveals that almost two-thirds or 66.26 percent of the respondents’ family have a monthly income of P5, 000 and below. Almost one-fourth or 24.59 percent stated that the monthly income of their families range from P5,000 to P10,000, 4.67 percent has P11,000 to P15,000, 1.83 percent has a monthly income of P16,000 to P20,000, and 2.64 percent stated that their monthly income ranges from P21,000 and above.

The computed mean of the income of student respondents’ family was registered at P5, 500 per month with a computed standard deviation of P 4,388.40. This standard deviation indicated that nearly, 335 families have a monthly income of P1,111.60 to P9,888.40.

Findings revealed that majority of students or 326 percent enrolled in the public secondary schools in Doña Remedios Trinidad are those who belong to the below average group level of families or 90.85 percent since public schools offer free tuition fees to high school students.

Table 5. Respondents’ Profile in Terms of Monthly Income of the Family

Monthly Income (PhP)	Frequency (N=492)	Percent
21,000 and above	13	2.64
16,000 – 20,000	9	1.83
11,000 – 15,000	23	4.67

5,000 – 10,000	121	24.59
Below 5,000	326	66.26
Mean	Php5,500.00	
Standard Deviation	Php4,388.40	

**On Religion**

Table 6 exhibits the religion of the student respondents. As can be seen from the table, majority or more than three-fourths or 76.83 percent of the respondents are Roman Catholic. Meanwhile, 6.30 percent are Iglesia ni Kristo, 2.84 percent are Seventh Day Adventist, 4.88 percent are Lutherans and the remaining 9.15 percent filled up the blank provided for “others” but they did not specify the name of their religion.

According to the Catholic Church, reproduction is the main purpose of sexual intercourse. First Corinthians chapter six; verse thirteen states, "Now the body is not for fornication, but for the Lord, the Lord for the body." Corinthians chapter six, verse thirteen implies, "God wants you to be Holy and pure, and to keep clear of all sexual sin so that each of you will marry in holiness and honor not in lustful passion as the heathen do, in their ignorance of God and his ways."

Thornton & Acamburn in Eruesgbefe, (2005) opined that a two-edged relationship exists between religious commitment and sexual behavior. They argued that the “more frequent attendance at religious gathering the restrictive attitude leading to marital sex and less sexual experience”. Additionally, they averred that, not only this religious commitment affect sexual behavior but that sexual behavior affects religious commitment.

It was very clear that, the more active an individual is in religious obligation, the less immorality he or she gets involved.

Table 6. Respondents’ Profile in Terms of Religion

Religion	Frequency (N=492)	Percent
Roman Catholic	378	76.83
Iglesia ni Kristo	31	6.30
Seventh Day Adventist	14	2.84
Lutherian	24	4.88
Others	45	9.15

**On Family Type**

Table 7 shows the respondents type of family. Obviously, the table reveals that majority or more than three-fourths or 75.41 percent of the respondents has a nuclear family type of and only 24.59 percent has an extended type of family.

Teens who live with both parents are less likely to become sexually active, more likely to use contraception and less likely to become pregnant or cause a pregnancy than teens living with one or neither parent (Kirby, 2001; Carver, & Scheir,2000).

Table 7. Respondents’ Profile in Terms of Family Type

Family Type	Frequency (N=492)	Percent
Nuclear	371	75.41
Extended	121	24.59

**The Students Respondents’ Extent of Knowledge on Sex Education**

Table 8 to Table 11 presents the respondents’ extent of knowledge on sex education in terms of growth and development, childbirth, fertility and sterility, and responsible parenthood.

**On Growth and Development**

The respondents’ extent of knowledge on sex education in terms of growth and development is shown in Table 8.

As manifested in the table, the highest weighted mean of 3.85 was registered for item “childhood” which is verbally described as “much”. On the other hand, the lowest weighted mean of 1.91 was computed for item “sex drive” which is verbally interpreted as “a little”.

Further examination of the same table reveals that items “physical change”, “early childhood”, “adulthood”, “emotional change”, and “adolescence” obtained a verbal description of “much” with computed weighted mean scores of 3.64, 3.58, 3.56, 3.51, and 3.42, respectively.

Analysis of the same table shows that items “social change”, “infancy”, “crush”, “mental change”, “pre-adolescence”, and “dating” got a verbal interpretation of “some” with computed weighted mean scores of 3.27, 3.26, 3.26, 3.20, 3.15, and 2.81, respectively.

Meanwhile, items “puberty”, “going steady”, “hormones”, “endocrine gland”, “pituitary glands”, “menarche”, and “adrenalin” garnered a verbal description of “some” with computed weighted mean scores of 2.60, 2.57, 2.34, 2.23, 2.20, 2.15, and 2.03, respectively.

The overall mean was registered at 2.97 which are verbally interpreted as “some”.

Table 8. Respondents’ Extent of Knowledge on Growth and Development

Item	Responses (N=492)					Mean	VD
	5	4	3	2	1		
1. Infancy	58	108	228	98	0	3.26	S
2. Early childhood	64	191	201	36	0	3.58	M
3. Childhood	156	171	101	64	0	3.85	M
4. Pre-adolescence	52	139	135	164	2	3.15	S
5. Adolescence	79	173	119	120	1	3.42	M
6. Adulthood	130	167	66	106	23	3.56	M
7. Physical change	181	88	115	82	26	3.64	M
8. Mental change	143	58	139	60	92	3.20	S
9. Social change	102	136	124	52	78	3.27	S
10. Emotional change	156	100	83	147	6	3.51	M
11. Puberty	56	89	49	198	100	2.60	AL
12. Menarche	23	77	29	186	177	2.15	AL
13. Sex Drive	27	2	106	124	233	1.91	AL
14. Going steady	37	44	177	138	96	2.57	AL
15. Dating	65	116	72	139	100	2.81	S
16. Crush	132	112	43	164	41	3.26	S
17. Hormones	25	34	162	132	139	2.34	AL
18. Adrenalin	12	107	30	78	265	2.03	AL
19. Endocrine gland	2	91	112	101	186	2.23	AL
20. Pituitary glands	29	31	134	114	184	2.20	AL
Overall Mean						2.97	S

Legend:

Weighted Mean	Verbal Description
4.21 – 5.00	A Lot (L)
3.41 – 4.20	Much (M)
2.61 – 3.40	Some (S)
1.81 – 2.60	A Little (AL)
1.00 – 1.80	None (N)

On Childbirth

Table 9 exhibits the respondents’ knowledge on sex education in terms of childbirth. As indicated in the table, item “pregnancy” got the highest weighted mean of 3.40 which is verbally interpreted as “some” while item “postnatal” obtained the lowest weighted mean of 1.78 which is verbally described as “none”.

A closer look of the table shows that pupil respondents have “some “ knowledge on “uterus”, “infant”, “premature birth” and “birth defect” which garnered weighted mean scores of 3.30, 2.90, 2.63, and 2.60, respectively.

Perusal of the tabulated data reveals that respondents have “a little” knowledge on “ectopic pregnancy”, “stillbirth”, “cervical dilation”, “cervix”, “miscarriage”, “prenatal”, “natural delivery”, “umbilical cord”, “caesarian”, “water birth”, “delivery of placenta”, “amniotic sac”, and “amniotic fluid” that obtained weighted mean scores of 2.37, 2.36, 2.28, 2.25, 2.20, 2.18, 2.16, 2.12, 2.10, 2.09, 1.90, 1.85, and 1.85, respectively.

However, respondents have no knowledge on “dilation” (WM=1.79).

The overall mean was registered at 2.31 which is verbally described as “a little”.

Johns (2004) blames the free of charge availability of termination of teenage pregnancy services at state institutions charge as perpetuating the high rate of teenage pregnancy. Shisana (2005) stipulates that free access to abortion services encourages and supports teenage pregnancy for teenagers engage in unprotected sex deliberately knowing that they have other solutions like abortion. The legislation that allows accessibility to abortion and contraception without parental consent are also contributing to teenage pregnancy.

Table 9. Respondents’ Extent of Knowledge on Childbirth

Item	Responses (N=492)					Mean	VD
	5	4	3	2	1		
1. Pregnancy	112	134	101	131	14	3.40	S
2. uterus	133	57	168	95	39	3.30	S
3. Infant	81	90	100	142	79	2.90	S
4. Ectopic pregnancy	26	85	91	131	159	2.37	AL
5. Cervical dilation	47	18	134	90	193	2.28	AL
6. Cervix	26	50	64	234	118	2.25	AL
7. Prenatal	36	88	25	125	218	2.18	AL
8. Dilation	1	37	54	164	236	1.79	N
9. Delivery of placenta	13	37	94	92	256	1.90	AL
10. Amniotic sac	22	15	73	137	245	1.85	AL
11. Postnatal	2	37	63	138	252	1.78	N
12. Water birth	25	63	38	173	193	2.09	AL
13. Natural delivery	48	28	73	149	194	2.16	AL
14. Amniotic fluid	1	41	84	125	241	1.85	AL
15. Miscarriage	13	85	65	151	178	2.20	AL
16. Stillbirth	14	75	113	160	130	2.36	AL
17. Premature birth	27	101	124	143	97	2.63	S
18. Birth defect	36	92	152	67	145	2.61	S
19. Caesarean	37	50	24	197	184	2.10	AL
20. Umbilical cord	20	70	42	177	183	2.12	AL
Overall Mean						2.31	AL

Legend:

Weighted Mean	Verbal Description
4.21 – 5.00	A Lot (L)
3.41 – 4.20	Much (M)
2.61 – 3.40	Some (S)
1.81 – 2.60	A Little (AL)
1.00 – 1.80	None (N)

On Fertility and Sterility

Table 10 reveals the respondents’ knowledge on sex education in terms of fertility and sterility.

As shown in the table, item “marriage” obtained the highest weighted mean of 3.95 which is verbally described as “much”. On the other hand, item “implantation” garnered the lowest weighted mean of 2.47 which is verbally interpreted as “a little”.

Meanwhile, items “marriage”, “testes”, “fertility”, “egg cells” “penis”, “fertilization”, “ovary”, and “uterus” obtained a verbal description of “much” that garnered



weighted mean scores of 3.95, 3.89, 3.73, 3.72, 3.67, 3.60, 3.49, and 3.49, respectively.

Further analysis of the same table reveals that items “fallopian tube”, “menstruation”, “prostate gland”, “ovulation”, “vasectomy”, “sexually transmitted disease”, “sexual intercourse”, “sterility”, “tubal ligation” and “sperm cells” are verbally interpreted as “some” with computed weighted mean scores of 3.38, 3.20, 3.07, 3.02, 2.87, 2.87, 2.82, 2.79, 2.65, and 2.63, respectively.

Moreover, respondents have a little knowledge on conception and implantation which garnered a weighted mean of 2.55 and 2.47.

The overall mean was registered at 3.19 which is verbally interpreted as “some”.

This can be supported by the study of sexual health charity FPA, that they found widespread confusion on young people's knowledge about sex and reproduction. Research revealed many very basic misunderstandings about fertility.

Similarly, Akelin, Angerud and Kvist (2003), mentioned that lack of knowledge regarding conception was recognized by the students who wished to be given more education on the subject of reproduction. Their preference for the age at which they would like to start their families was in fact at an age when the woman's fertility was already on the decline. It is important that young people who are soon to be parents have knowledge that will increase their chances of natural child-bearing.

Table 10. Respondents’ Extent of Knowledge on Fertility and Sterility

Item	Responses (N=492)					Mean	VD
	5	4	3	2	1		
1. Fertility	120	177	136	58	1	3.73	M
2. Ovary	122	103	186	57	24	3.49	M
3. Uterus	131	107	170	39	45	3.49	M
4. Fallopian tube	91	155	117	106	23	3.38	S
5. Testes	181	173	63	52	23	3.89	M
6. Penis	155	147	86	82	22	3.67	M
7. Prostate gland	76	104	90	221	1	3.07	S
8. Fertilization	132	125	156	63	16	3.60	M
9. Ovulation	91	59	172	108	62	3.02	S
10. Menstruation	174	35	73	137	73	3.20	S
11. Conception	27	112	63	193	97	2.55	AL
12. Implantation	55	28	103	215	91	2.47	AL
13. Sperm cells	164	87	160	58	23	2.63	S
14. Egg cells	191	87	124	64	26	3.72	M
15. Sterility	47	102	108	173	62	2.79	S
16. Vasectomy	40	143	99	134	76	2.87	S
17. Sexual Intercourse	95	57	117	112	111	2.82	S
18. Tubal ligation	39	148	72	68	165	2.65	S
19. Sexually Transmitted Disease	91	77	91	141	92	2.87	S
20. Marriage	220	104	117	24	27	3.95	M
Overall Mean						3.19	S

Legend:

Weighted Mean	Verbal Description
4.21 – 5.00	A Lot (L)
3.41 – 4.20	Much (M)
2.61 – 3.40	Some (S)
1.81 – 2.60	A Little (AL)
1.00 – 1.80	None (N)

On Responsible Parenthood

Table 11 presents the respondents’ knowledge on sex education in terms of responsible parenthood.

It can be observed from the table that item “right age for marriage” received the highest weighted mean of 3.81 which is verbally described as “much” while item “abstinence-only” registered the lowest weighted mean of 2.16 which verbally interpreted as “a little”.

As can be gleaned from the table, items “right age for marriage”, “responsibilities of parents”, “family planning”, “communication”, and “responsible parenthood” received a verbal interpretation of “much” with computed weighted mean scores of 3.81, 3.75, 3.61, 3.56, and 3.41, respectively.

All the remaining items such as “size of the family”, “maturity”, “benefits of family planning”, “pills”, “condom”,

“financial stability”, “natural family planning method”, “physical and emotional readiness”, “reasons for having children”, “diaphragm”, “rhythm method”, “artificial method”, “withdrawal method”, and “intrauterine device (IUD)” registered a verbal description of “some” with computed weighted mean scores of 3.36, 3.31, 3.30, 3.26, 3.02, 3.00, 2.94, 2.86, 2.77, 2.72, 2.68, 2.62, 2.44, and 2.29, respectively.

The overall mean was computed at 3.04 which is verbally described as “some”.

One way for the school to contribute something in addressing the issues of responsible parenthood is implementing educational programs be designed to help parents talk to their own children about growing up, introducing family life and responsible parenthood into the school curriculum and reaching teenagers out of school, home and at work. Furthermore, Atteh (2011) purported that waiting to have sex is best, but also teaches students about condoms and other birth-control methods.

Table 11. Respondents’ Extent of Knowledge on Responsible Parenthood

Item	Responses (N=492)					Mean	VD
	5	4	3	2	1		
1. Right age for marriage	165	202	51	14	60	3.81	M
2. Communication	179	117	77	37	82	3.56	M
3. Maturity	72	177	77	37	82	3.31	S
4. Financial stability	55	120	135	133	49	3.00	S
5. Responsibilities of parents	161	161	94	39	37	3.75	M
6. Responsible parenthood	122	174	28	119	49	3.41	M
7. Benefits of family planning	96	137	124	90	45	3.30	S
8. Size of the family	100	138	114	117	23	3.36	S
9. Family planning	189	55	140	82	26	3.61	M
10. Rhythm method	14	140	95	163	80	2.68	S
11. Withdrawal method	41	52	138	112	149	2.44	S
12. Pills	118	97	113	121	43	3.26	S
13. Intrauterine device (IUD)	42	39	87	174	150	2.29	S
14. Condom	131	48	96	135	82	3.02	S
15. Diaphragm	53	51	172	136	80	2.72	S
16. Natural family planning method	74	75	143	148	52	2.94	S
17. Artificial method	48	97	75	163	109	2.62	S
18. Abstinence-only	40	3	101	200	148	2.16	AL
19. Reasons for having children	72	42	149	160	69	2.77	S
20. Physical and emotional readiness	49	78	146	192	27	2.86	S
Overall Mean						3.04	S

Legend:

Weighted Mean	Verbal Description
4.21 – 5.00	A Lot (L)
3.41 – 4.20	Much (M)
2.61 – 3.40	Some (S)
1.81 – 2.60	A Little (AL)

1.00 – 1.80

None (N)

### The Students Respondents’ Extent of Awareness on Sex Education

Table 12 to Table 14 shows the student’s respondents’ extent of awareness on sex education from media and school sources.

#### On Awareness in Sex Education – Media

Table 12 reveals the respondents’ awareness on sex education from media. As the table shows, items “I have heard about sex education” and “Children and teenagers who are exposed to sex through the media are more likely to engage in sexual activity than those who are not got a verbal description of “aware” with computed weighted mean scores of 2.87 and 2.78, respectively. All the remaining items such as “Exposure to sexual content from media sources may have effects on your sexual behaviors and attitudes”, “A teenage pregnancy is now happening”, “Television, being the highly influential medium that it is, has been both part of the solution and part of the problem in the area of sex and youth”, “Media influences various aspects of sexual behavior of teenagers”, “The Internet may further provide adolescents with poor information on health issues, sexuality, and sexual violence”, “Pornography counts as sex education”, “Provides frequent exposure to sex that over-represents the prevalence of sex in the real world”, and “Adolescent exposure to sexuality on television in general does not directly affect their sexual behaviors, rather it is the type of message they view that has the most impact” are verbally described as “moderately aware” with computed weighted mean scores of 2.40, 2.32, 2.32, 2.28, 2.24, 2.21, 1.93, and 1.88, respectively. The overall mean was computed at 2.32 which is also described as “moderately aware”.

The mass media with its sexualized content is another contributing factor that perpetuates teenage pregnancies as it gives teenagers easy access to pornographic, adult television programs and multimedia text messages. It seems that many societies are going through high moral degeneration as pornographic information is accessible free of charge via devices such as computers and cell phones. Free access to pornographic material on the internet is also likely to influence teenagers’ minds (Agbemenu, 2007).

While it is difficult to document the effect of the media on behavior, it seems likely that the content of television, movies and magazines in some way shapes the sexual beliefs, attitudes and behaviors of adolescents. Other studies have found that sexually active teens watch more media programming containing sexual content than teens who are not sexually active (Atteh, 2011).

#### On Abstinence-Only Education

Table 13 shows the awareness of pupil respondents’ on sex education in terms of abstinence only which they got

from school. It can be seen from the table that pupil respondents are aware that “Sex belongs only to married relationships” (WM=2.90), “Waiting until marriage to have sex” (WM=2.78), “You should abstain from sex until marriage to avoid getting pregnant or getting someone pregnant” (WM=2.65), and “Sex outside of marriage is a sin” (WM=2.62).

Table 12. Respondents’ Extent of Awareness on Sex Education (Source: Media)

Item	Responses (N=492)				Mean	VD
	4	3	2	1		
1. I have heard about sex education.	126	230	84	52	2.87	A
2. A teenage pregnancy is now happening.	38	200	136	118	2.32	MA
3. Pornography counts as sex education	59	110	199	124	2.21	MA
4. Provides frequent exposure to sex that over-represents the prevalence of sex in the real world.	27	76	227	162	1.93	MA
5. The Internet may further provide adolescents with poor information on health issues, sexuality, and sexual violence.	61	118	192	121	2.24	MA
6. Adolescent exposure to sexuality on television in general does not directly affect their sexual behaviors, rather it is the type of message they view that has the most impact.	39	53	212	188	1.88	MA
7. Children and teenagers who are exposed to sex through the media are more likely to engage in sexual activity than those who are not.	129	198	92	73	2.78	A
8. Media influences various aspects of sexual behavior of teenagers.	34	177	173	108	2.28	MA
9. Television, being the highly influential medium that it is, has been both part of the solution and part of the problem in the area of sex and youth.	38	200	136	118	2.32	MA
10. Exposure to sexual content from media sources may have effects on your sexual behaviors and attitudes.	68	196	193	68	2.40	MA
Overall Mean					2.32	MA

Scale	Verbal Description
3.25 – 4.00	Highly Aware (HA)
2.50 – 3.24	Aware (A)
1.75 – 2.49	Moderately Aware (MA)
1.00 – 1.74	Not Aware (NA)

A closer look at the same table shows that respondents are moderately aware that “Abstinence is the best policy. Just say no” (WM=2.37), “Abstinence education emphasizes avoiding sexual activity and adopting healthy lifestyles”, (WM=2.24), “Sex should be a deep and meaningful expression of love between two people”, (WM=2.21), “Sexuality as something positive and natural” (WM=2.20), “Abstaining from all sexual activity is the only 100 percent safe and effective way to avoid teen pregnancies” (WM=2.18) and “Sexual activity outside the context of marriage is likely to have harmful psychological and physical effects” (WM=2.14).

The overall mean was registered at 2.43% which is verbally interpreted as “moderately aware”.

According to Silva (2011), the school-based sex education programs indicated a very small overall effect of the interventions in abstinence behavior. This could be the reason why students are moderately aware.

One reason teenagers should wait to have sex is due to their moral and religious views. In the rules of the Catholic Church, "premarital sex and any physical activity that causes the man or woman to be sexually stimulated, is inappropriate before marriage". Sex should be for the purpose of reproduction and nothing else.

The schools have established a foundation for programs, but that effective programs need to be implemented more broadly and with greater fidelity throughout the country. On the other hand, Kirby (2002) purported the most important messages that they wanted to convey were about abstinence and responsibility.

Table 13. Respondents’ Extent of Awareness on Abstinence (Source: Education Program in School)

Item	Responses (N=492)				Mean	VD
	4	3	2	1		
1. Abstinence education emphasizes avoiding sexual activity and adopting healthy lifestyles.	61	118	192	121	2.24	MA
2. Sex outside of marriage is a sin.	92	204	113	83	2.62	A
3. Sex belongs only in married relationships.	167	160	113	52	2.90	A
4. Waiting until marriage to have sex	129	198	92	73	2.78	A
5. You should abstain from sex until marriage to avoid getting pregnant or getting someone pregnant	97	178	164	53	2.65	A
6. Abstinence is the best policy. Just say no.	73	136	181	102	2.37	MA
7. Sexuality as something positive and natural	61	142	121	168	2.20	MA
8. Sex should be a deep and meaningful expression of love between two people.	47	176	102	167	2.21	MA
9. Sexual activity outside the context of marriage is likely to have harmful psychological and physical effects.	49	86	243	114	2.14	MA
10. Abstaining from all sexual activity is the only 100 percent safe and effective way to avoid teen pregnancies.	51	126	175	140	2.18	MA
Overall Mean					2.43	MA

pregnancy and of infection with sexually transmitted diseases (STDs) including HIV” (WM=2.39), “Sex should be a deep and meaningful expression of love between two people” (WM=2.32), “Consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy” (WM=2.30), “This program can help the youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce number of sexual partners, and increase condom and contraceptive use” (WM=2.30), and “Condom has serious limitations” (WM=2.29).

The overall mean was registered at 2.39 which were verbally interpreted as “moderately aware”.

Comprehensive sex education teaches that abstinence is the best method for avoiding sexually transmitted infections (STIs) and unintended pregnancy. However it also teaches the use of condoms and contraception to reduce the risk of unintended pregnancy and of infection with STIs, including HIV/AIDS. In addition, comprehensive sex education programs provide education on interpersonal and communication skills and help young people explore their own values, goals, and options (Sex Education Programs: Definition and Point by point Comparison, Advocates for Youth, 2008).

Table 14. Respondents’ Extent of Awareness on Comprehensive Sex Education (Source: Education Program in School)

Scale Description	Verbal
3.25 – 4.00	Highly Aware (HA)
2.50 – 3.24	Aware (A)
1.75 – 2.49	Moderately Aware (MA)
1.00 – 1.74	Not Aware (NA)

**On Comprehensive Sex Education**

Table 14 exhibits the awareness of the respondents on comprehensive sex education which they acquired from the school.

As indicated in the table, respondents are aware that “Comprehensive sex education is a term applied to programs that support to teach both abstinence and condom use as a central part of the curriculum” (WM=2.57) and “Sexuality as something positive and natural” (WM=2.55).

However, student respondents are moderately aware that “Effective program exists for the youth from a variety of racial, cultural, and socioeconomic backgrounds” (WM=2.42), “Abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted diseases, including HIV” (WM=2.40), “A contraception method provides protection from unwanted pregnancy and sexually transmitted diseases” (WM=2.40), “Proper use of condoms, along with water-based lubricants, can greatly reduce, but not eliminate, the risk of unintended

Item	Responses (N=492)				Mean	VD
	4	3	2	1		
1. Comprehensive sex education is a term applied to programs that support to teach both abstinence and condom use as a central part of the curriculum.	72	208	138	74	2.57	A
2. Sex should be a deep and meaningful expression of love between two people.	49	124	254	65	2.32	MA
3. Proper use of condoms, along with water-based lubricants, can greatly reduce, but not eliminate, the risk of unintended pregnancy and of infection with sexually transmitted diseases (STDs) including HIV	83	161	115	133	2.39	MA
4. Consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy	50	157	174	111	2.30	MA
5. Abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted diseases, including HIV	81	153	142	116	2.40	MA
6. Condom has serious limitations.	37	140	243	72	2.29	MA
7. Effective program exist for youth from a variety of racial, cultural, and socioeconomic backgrounds.	48	207	142	95	2.42	MA
8. Sexuality as something positive and natural	74	184	172	62	2.55	A
9. A contraception method provides protection from unwanted pregnancy and sexually transmitted diseases.	97	103	194	98	2.40	MA
10. This program can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce number of sexual partners, and increase condom and contraceptive use.	78	128	148	138	2.30	MA
Overall Mean					2.39	MA

Scale	Verbal Description
3.25 – 4.00	Highly Aware (HA)
2.50 – 3.24	Aware (A)
1.75 – 2.49	Moderately Aware (MA)
1.00 – 1.74	Not Aware (NA)

**Relationship Between Respondents’ Profile and their Knowledge and Awareness on Sex Education**

To determine the relationship between the profile of the respondents and their knowledge and awareness on sex education, the chi-square was employed and results of the analysis in presented in Table 15.

A closer look at the table shows that only respondents’ profile in terms of age significantly affect their knowledge on sex education in terms of growth and development and their awareness in terms of abstinence-only. This significant effect is manifested by the computed probability values of 0.038 for growth and development and 0.046 for abstinence-only which are both less than the 0.05 significance level.

The Health Statistics (2007), shows that most girls fall pregnant at the age of 16, with girls as young as 11 more often found to be pregnant. That is why in a study conducted by the Medical Research Council (2007) recommended sex education at school before the age of 14, when young people become sexually active.

Correspondingly, in the study conducted by the Medical Research Council (2007) recommended sex education at school before the age of 14, when young people become sexually active. This should include information for teenagers about avoiding STD’s. At the same time, it should provide detailed information about contraception and its side effects, as well as better management and training of nurses so they can deal with teenagers requiring contraception and provide the necessary information and education in a more empathetic manner so that teenagers are not afraid to ask for contraceptives. This will also assist in minimizing the stigma attached to teenage pregnancies.

Other profile variables such as economic status, religion and family type were found with no significant effect on respondents’ knowledge and awareness on sex education as implied by the computed probability values which are all greater than the 0.05 level of significance.

These findings are supported by the study of Shaffer (2002) that there is a strong correlation between being hungry and having unhealthy sexual behavior. Poverty is one of the worst enemies for these teenage mothers as it severely limits their right to choices.

Therefore, teenagers engage in sexual activities for survival. Moreover, Sunter (2000) describes that communities that are poverty stricken are more likely to have a high number of pregnant teenagers due to limited desirable choices available in the communities. It is also evident that adolescents from lower income groups are more likely to become teenage mothers as compared to those from higher income groups.

When a teen’s friends are not attached to school, have poor grades, abuse drugs or engage in delinquent behaviors, there is a greater likelihood that the teen will become sexually active at an early age too (Kirby, 2001).

Table 15. Chi-Square Analysis on the Relationship Between Respondents’ Profile and their Knowledge and Awareness on Sex Education

Profile	Knowledge and Awareness on Sex Education						
	A	B	C	D	E	F	G
Age	3.323 * (0.038)	1.014 (3.140)	0.477 (0.390)	2.555 (0.110)	2.80 (0.597)	3.154 * (0.046)	1.437 (0.231)
Economic Status	0.649 (0.420)	1.034 (0.309)	0.393 (0.530)	0.488 (0.485)	1.480 (0.224)	0.528 (0.468)	0.509 (0.476)
Religion	0.502 (0.479)	2.135 (0.144)	0.795 (0.372)	0.074 (0.785)	0.171 (0.680)	0.030 (0.862)	0.087 (0.768)
Family Type	0.361 (0.548)	0.237 (0.626)	0.451 (0.502)	1.384 (0.239)	0.038 (0.844)	0.391 (0.532)	1.065 (0.302)

Legend \* significant ( $p \leq 0.05$ ) numbers enclosed in parenthesis are probability values

- A – Growth and Development
- B – Childbirth
- C – Fertility and Sterility
- D – Responsible Parenthood
- E – Media
- F – Abstinence-only
- G – Comprehensive Sex Education

### Relationship Between Respondents’ Knowledge and Awareness on Sex Education

Table 16 reveals the extent of relationship of the student respondents’ knowledge and awareness on sex education. Using the Pearson Product-Moment Correlation Coefficient, results showed that the awareness they acquired from mass media on sex education is highly and positively correlated with their knowledge on growth and development, childbirth, fertility and sterility, and responsible parenthood. Likewise, the awareness the respondents get from school sex education program is highly and positively missing idea with the aforementioned variables. These high correlations were brought about by the fact that all computed probability values (0.000) are smaller than the 0.01 level of significance. The positive correlations disclosed that as the knowledge of the respondents on sex education increases, their awareness also increases and vice-versa.

Holgate (2006) sees sex education in schools as the only solution to reduce teenage pregnancies worldwide. He also postulates that sex education should be part and parcel of every school’s curriculum and should be a compulsory subject. Moreover, Ramos (2008), concluded that this will solve the alarming rise in teenage pregnancies, that almost 8 percent of 1.7 million babies born in 2004 were born to mothers aged 15 to 19.

Table 16. Correlation Between the Knowledge on Sex Education and Awareness on Sex Education

Awareness on Sex Education	Knowledge on Sex Education			
	A	B	C	D
Media	0.261 ** (0.000)	0.503** (0.000)	0.474 ** (0.000)	0.565 ** (0.000)
Abstinence Only Educ. Program	0.421 ** (0.000)	0.428 ** (0.000)	0.436 ** (0.000)	0.621 ** (0.000)
Comprehensive Based Educ. Program	0.593 ** (0.000)	0.525 ** (0.000)	0.591 ** (0.000)	0.759 ** (0.000)

Legend numbers enclosed in parenthesis are probability values

\*\* highly significant ( $p \leq 0.01$ )

- A – Growth and Development
- B – Childbirth
- C – Fertility and Sterility
- D – Responsible Parenthood

## CHAPTER IV

### FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of findings based on the data gathered, conclusions and recommendations.

#### Findings

The study determined the relationship between the extent of students’ knowledge on sex education from media, and type of sex education program in school in Doña Remedios Trinidad.

Using the procedure in the preceding chapters, the answers to the problems raised in this study were ascertained and summarized as follows:

#### The Profile of the Respondents

As regards to the profile of the respondents, majority of them are 15 to 17 years old with a computed mean of 15.60 years. Furthermore, most of their families stated that their monthly income ranges from 5,000 pesos and below. Moreover, more than three-fourths of them are Roman Catholic and have a nuclear type of family.

#### The Respondents’ Extent of Knowledge on Sex Education

The respondents have some or 2.97 percent knowledge on sex education in terms of growth and development, 3.19 percent fertility and sterility, and 3.04 percent responsible parenthood, and a little or 2.31 percent knowledge in terms of childbirth.

#### The Students Respondents’ Extent of Awareness on Sex Education

As the data revealed, the overall computed mean in the students awareness on sex education from media, the type of sex education program in school: Abstinence only sex education program and Comprehensive based-sex education program were 2.32, 2.43 and 2.39 respectively.

#### ***Relationship Between Respondents' Profile and their Knowledge and Awareness on Sex Education***

Only respondents' profile in terms of age significantly affects their knowledge on sex education in terms of growth and development and their awareness in terms of abstinence-only.

#### ***Relationship Between Respondents' Knowledge and Awareness on Sex Education***

The correlations between the awareness and knowledge of student respondents on sex education were computed as highly significant.

#### **Conclusions**

Based on the findings of the study, the following conclusions were drawn:

1. The profile of the respondents in terms of age has significant effect on their knowledge on sex education in terms of growth and development and their awareness in terms of abstinence-only.
2. There is a significant relationship between knowledge and awareness on sex education, media and type of sex education program in school to the teenage pregnancy in Doña Remedios Trinidad.

The basic goal of all teenage programs is to help them achieve their full potentials in life through more education, satisfying employment, good health and a responsible family. The responsibility is on parents, schools, churches, health organizations, social agencies, family planning associations and other service programs to develop new approaches to help teenage people to face these challenges. Educational programs should be designed to help parents talk to their own children about growing up, to introduce family life and responsible parenthood into the school curriculum and to reach teenagers out of school, home and at work.

#### **Recommendations**

In light of the findings and conclusions of the study, the following recommendations were drawn:

1. Through sex education, adolescents will learn the importance of abstinence and other alternative measures that will help them keep busy or help them to curb sex related problems. Through sex education or counseling, the affected adolescents will be encouraged to open up while others will be taught on how to take precautionary measures. Whatever the age of the child, sex education should be taught. The contents and depth of the topic however should depend on the child or guidance and the

knowledge of the presenter. An effective sex education and sex guidance course should be incorporated into the school teaching subjects as the need arises.

2. Sex education should be available at high school level for a variety of reasons. It is not only an appropriate time to educate students about sex, but also necessary. This is a time when adolescents are becoming aware of their sexuality and need education and guidance. This also could be a time to help empower young girls to have the fortitude to say no, and help them to realize their worth.
3. Not just sex education but counseling is crucial, it is very important to inject serious counseling side by side with sex education. It is one thing to know the biological and science aspect of having babies; it is entirely another matter to really understand the meaning and responsibilities of parenthood.
4. It is important to have both meaningful sex education and direct counseling in both formal and non-formal education systems. Schools can easily adopt a more relevant curriculum while local governments (i.e. barangays) can implement sex counseling programs directed towards the youth especially those who have no access to formal education.
5. It is also importance to return to some traditional customs that discouraged sexual intercourse before marriage. Young people should be taught that psychosocial and educational implications of teenage pregnancy.
6. Another area of recommendation is the need to get teenagers involved in religious activities which will help them not to get involved in immorality. The more active an individual in religious obligation the less immorality he or she gets involved.
7. The youths should not be allowed to obtain information on sex from ill-informed street companions but from parents, teachers, guidance counselors and other concerned adults.
8. Teenagers should be restricted from viewing pornographic films. Moreover, David (2001) recommended that there should be strict restrictions in assessing pornographic material taking into consideration that internet should be a learning device for young people.

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