PARENTS PERCEPTION AND ATTITUDE REGARDING SEXUALITY EDUCATION FOR IN-SCHOOL ADOLESCENTS IN IBADAN SOUTH-EAST LOCAL GOVERNMENT AREA, IBADAN, OYO STATE.

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DEDICATION

This work is dedicated to the Almighty God for His Grace and Mercy towards me and for enabling me to start and complete this programme successfully.

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ABSTRACT

Implementing sexuality education curriculum for adolescents in Nigeria has been very challenging. With a highly decentralized, ethnically and religiously diverse and heterogeneous population, Nigeria typifies the complexity of adopting Family Life and HIV/AIDS Education. There is a need to investigate perceptions towards sex education implementation, especially opinions and perspectives from parents in designing the sex education programs particularly in the study area where there is dearth of information regarding the subject matter. This study investigated parents' knowledge, perception and attitude regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area.

This study is a descriptive cross-sectional design. A multistage sampling method was employed and a sample of five hundred (500) parents that have adolescent (10-19 years) participated in the study. A validated semi-structured questionnaire was used for data collection. The knowledge score of the respondent was scaled between 0-27 with Yes =2, No=1 and I don't know =0. When categorized on an ordinal scale of good, fair and poor, Poor =0-10, Fair =11-20 and Good =21–27. Perception score was scaled 0-26, 0-22 for poor perception, 23-26 for good perception. Attitude score was scaled between 11-55; category 11-40 was assigned "negative attitude" while 41-55 was assigned "positive attitude". The data was analyzed using descriptive statistics and Chi-square test at p= 0.05.

Respondents' mean age was 43.76±8.1 years, 55.6% of the respondents were female, majority, 55.6% were Christians and 97.4% were married. Mean knowledge score was 22.35±4.5; respondents with poor, fair and good knowledge on family life and HIV/AIDS were 2.4%, 22.6% and 75% respectively. There was a mixed reaction when the respondents were asked if sexuality education teach children on how to have sex. About one-fourth of the respondents (37.0%) said yes while almost half of the respondents (49.0%) said "No" with 13.2% reporting that "they don't know". The mean perception score was 22.69±3.08; 68.4% of the respondents had good perception towards sexuality education among in-school adolescents. Some of the respondents (50.2%) believed that sexuality education should be

taught in all classes in secondary school. The mean attitudinal score was 42.61±4.7; 67.2% of the respondents had a positive attitude towards sexuality education among in-school adolescents. Most of the respondents reported that health professional/trained expert are in the best position to teach sexuality education in secondary schools and the mean age for introduction of sex education to adolescent was 12.97±9.7. Among those who have not discussed sexual related issues with adolescent, "lack of time" was the most reported reason (26.1%). Government (34.6%) and school authority (27.4%) were perceived to be the barrier to implementing sexuality education in schools. The level of education (p=0.006) and class of index adolescent child (p=0.000) was found to be significantly associated with respondents' perception of sexuality education to in-school adolescents.

The result showed that most of the parents wanted sexuality education to be taught at all levels in secondary schools. Based on the findings, it was recommended that there was need for more advocacy and parents' inclusion in the designing of sex education programs.

Keywords: Perception, Knowledge, Attitude, Parents, Adolescents, Sexuality education.
Total words**:** 500

CERTIFICATION

I certify that this project was carried out by CALEBS Inioluwa Olusola in the department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Oyo state, Nigeria.

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GLOSSARY OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

FGD: Focus Group Discussion

FLHE: Family Life and HIV/AIDs Education

HIV: Human Immunodeficiency Virus

NGO: Non Governmental Organization

SIECUS: Sex Information and Education Council of the United States

SLT: Social Learning Theory

SPSS: Statistical Package for Social Science

STD: Sexually Transmitted Diseases

STI: Sexually Transmitted Infection

UNDP: United Nations Development Programme

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNICEF: United Nations Children's Fund

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Adolescent stage is a period in one's life time and it is filled with new and exciting things and inventions (Martina, 2012). In general, literatures had shown that high proportions of young people who are sexually active do not have stable sexual relationships and are often ignorant of the health risks of their sexual behavior (NPC and ICF, 2014; Udegbe et al., 2015).

UNESCO guideline on HIV/AIDS led to the development and implementation of school based-sexuality education in Nigeria and the Ministry of Education approved the curriculum for teaching about family life, sexuality and HIV/AIDS (FLHE) at the junior and senior secondary school and tertiary levels (NACA, 2015). The FLHE programme was introduced nationwide in 2003 and the broad goal is the prevention against HIV/AIDS through awareness and education. The specific goals include providing learners with opportunities to develop a positive and factual view of self, acquire the information and skills needed to take care of their health and prevent spread of HIV/AIDS as well as respect and value themselves. However, implementing sexuality education curriculum in Nigeria has been very challenging. With a huge population and a highly decentralized and ethnically and religiously diverse and heterogeneous population, Nigeria typifies the complexity of adopting FLHE (Udegbe et al., 2015).

Sexual education and services for adolescents remains a controversial issue in Nigeria and a taboo in many communities. There is a wide spread fear even among the educated parents that discussing sexual issues might stimulate children's sexual interest. Moronkola and Idris (2000) were of the opinion that parents are not forthcoming as expected to act as primary sexuality educators for their children. Educational institutions also provide little or no sexuality education for young people and as such young children are left to their equally uninformed peers as the primary source of information on the issues. With the absence of information from the right sources or expected sources, these boys/girls seek information from their peers, films, internet and mass media. This uninformed information drives the

adolescents to imitate and put into practice whatever they watch, see, hear or read from other sources. These encourage risky sexual behavior which has serious consequences of unwanted pregnancy, abortion, early marriage, parenthood and contacting Sexually Transmitted Infections (STIs).

Many factors could be deduced to be responsible for this laxity including the general belief that sexuality education will encourage promiscuity among the adolescents. Adolescents are the critical group of people in the society and country at large which needs protection from the dangers and implication of risky sexual behaviors through early and accurate information on sexual issues. This is very necessary if adolescents are to live and have a successful growth to adulthood (Martina, 2012). Sex education seeks to assist in having clear and factual views of sexuality. It is a process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It is also concerned with helping young people to develop skills that will help them make informed choices about their behavior and feel confident and competent about acting on the choices they make (Avert, 2011).

Historically, the task of educating adolescents about sex has been seen as the responsibility of parents. However, parent-child communication in sexual matters may be hindered by parental inhibitions or by various inter-generation tensions. In Africa which also include Nigeria, the issue of sex education has been a controversy as parents do not seem to agree as to how, when and what to teach children regarding sex education. The attitude of parents towards the teaching of sex education in school has been a matter of serious concern and it is affecting the dissemination of vital information which has led to the spread of sexually transmitted infections especially HIV and AIDS as well as unwanted pregnancy (Collins and Robins, 2002). A study conducted by Microsoft in 2003 has shown that children rarely receive adequate information on sexual matters from their parents (Microsoft Corporation, 2003). Consequent upon this, the schools have taken the responsibility of giving the children first hand information about sex so as to equip them adequately on how to relate with other children of the opposite sex, processes of human reproduction, the workings of male and female sex organs, the origin, spread and the effects of sexually transmitted infections as well as family roles and structures. One of the key stakeholders in implementation of sex

education in schools is the parents, but most parents are ignorant of their children's needs on sexual matters. In Nigeria, it is opined that the inclusion of sex education in the curriculum of Nigerian secondary schools is necessary to provide information which will assist adolescents to channel their sexual drives to other creative activities until they are fully matured and prepared to engage in sexual activities. Pre-marital sex is viewed in Nigeria as a sign of immorality (Elizabeth, 2013).

1.2 Statement of problem

Nigeria is a nation with one third of its total population between the ages of 10-24 years whose youth have profound reproductive health needs. Among the many sexual and reproductive health problems faced by Nigeria youth are gender inequality, sexual coercion, early marriage, polygamy, female genital mutilation, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs) and HIV/AIDS. Thus, the reproductive health situation of youths in Nigeria is a major concern of which unsafe abortion is reported as the second leading cause of death for women of reproductive age, accounting for 55 percent of all pregnancy-related deaths (NPC and ICF, 2014).

Ignorance of sex and its associated problems is prevalent in and among secondary school students. The life of students are endangered with the passing of incorrect information among themselves, they get misled by others. An estimated 610 000 unsafe abortions a year are carried out in Nigeria, and about half of the 20 000 women who die from the complications of unsafe abortion are adolescents. About a million births a year in Nigeria are for teenage mothers, and abortion complications are responsible for 72% of all deaths among teenagers below the age of 19 years (Asekun-Olarinmoye and Adeomi, 2011).

In Nigeria, HIV/AIDS infection had continued to spread steadily since it was diagnosed in 1986 from 1.8% zero prevalence to 3.8% in 1994, 4.5% in 1986, 5.4 in 1999, 5.8% in 2001 and 3.4 in 2013 with almost half of new HIV/AIDS infection occurred among adolescents aged 15-24 of which sex education could be highly effective to prevent this menace (Adeniyi, Oyewumi, and Fakolade, 2010; NPC and ICF, 2014).

In Africa which also includes Nigeria, the primary cause of these negative circumstances is because adults that are meant to be in the best position to instruct their adolescents are often

filled with shame and guilt about sex. They are themselves sexually ignorant or misinformed and painfully uncertain about what they truly believe to be an acceptable sexual behavior. A growing proportion of youth not only initiate sexual intercourse at an early age, but also engage in multiple sexual partners for lack of information and education, hence a high incidence of illegally induced abortions STI, HIV/AIDS and school groups (Martina, 2012). Moronkola and Fakeye (2008) revealed that sizeable number of youths have been sent out or shamefully and voluntarily withdrawn from school due to teenage pregnancy. The researchers further stated that many female adolescents may be engaging in unprotected sexual intercourse with unattended health consequences because they lack knowledge and information (Moronkola and Fakeye, 2008).

Parents who ought to communicate values about sexual behavior to their teaming population of adolescent, shy away due to several opinion and beliefs (Olubayo-Fatiregun, 2012). Discussions of sex and related topics are often discouraged and sometimes considered a taboo because of the common belief that to inform children about sex is to encourage sexual activity or promiscuity. The parents not only withhold vital information about sexuality and reproduction from their children, they also impart messages of danger, fear and shame (Asekun-Olarinmoye, Esther, Dairo, Magbagbeola, Adeomi and Adeleye, 2011).

This finding has been corroborated by earlier studies done in Nigeria, where many parents were reported not to support sex education mainly for fear that children may want to indulge in sex after receiving sex education and also because of the belief that sex education is for adults. Another factor may be the relative inexperience of some of these parents since they did not discuss such issues with their own parents. These parents are therefore incapacitated when it comes to the skills and confidence to play a direct role in these matters. On the other hand, children avoid talking to their parents about sexual matters for fear that showing a curiosity about sex would arouse unnecessary suspicion about their behavior. Most young people however learn about sex and related topics from books, magazines, films, television programmes, internet and peer groups resulting in unbalanced information often with poor quality (Asekun-Olarinmoye and Adeomi, 2011). Studies done among adolescents to assess their knowledge about sexuality and reproductive issues have consistently shown relatively

poor knowledge. This misinformation puts them at risk of sexually transmitted infections including HIV/AIDS, unplanned pregnancy, unsafe abortion and its related complications (Asekun-Olarinmoye et al., 2011).

1.3 Justification

In Nigeria, cultural and religious beliefs have denied adolescents the opportunity of receiving enough information about human sexuality hence, leaving such youths vulnerable to misinformation and various reproductive health diseases (Elizabeth, 2013). Although, Family Life and HIV/AIDS Education has been introduced into school curriculum in Nigeria, a study claimed that the sex education that was added to the curriculum of both primary and secondary schools created a split opinion and was poorly perceived by as an obvious sign of collapse in moral principles in the society (Toscany, 2012). Even though some parents oppose sex education for fear that it might unduly arouse the interest of innocent children which might result in promiscuity (Asekun-Olarinmoye and Adeomi, 2011), research has shown that sex education has its positive effects on initiation of sex, frequency of sex, number of sexual partner, condom use and other sexual behavior that can prevent negative sexual and reproductive health outcomes (Binti and Tahir, 2013).

There is a need to investigate parents' perceptions towards sex education implementation especially their opinions and perspectives in designing the sex education programs. Assessing parents' perception and attitude towards sexuality education in schools is pertinent to many young people, parents and schools as it will add to the existing body of knowledge. Also the findings can infer the creation of guideline by Governments, NGOs and programs to address youth sexuality in a way that is not harmful. This study investigated parents' perception and attitude regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area of Oyo State, Nigeria.

1.4 Research questions

To guide the study, the following questions will be raised;

1. What is the knowledge among parents regarding sexuality education for in-school adolescents?

2. What are the perceptions of parents regarding sexuality education for in-school adolescents?

3. What is the attitude of parents regarding sexuality education for in-school adolescents?

4. What are the factors influencing parents perception regarding sexuality education for in-school adolescents?

1.5 Broad objective

The broad objective of this study was to investigate the perception and attitude of parents regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area.

1.6 Specific objectives

Specific objectives include:

1. To assess knowledge among parents on sexuality education for in-school adolescents in Ibadan South-East Local Government Area, Ibadan.
2. To determine the perception of parents regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area, Ibadan.
3. To determine the attitude of parents regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area, Ibadan.
4. To identify the factors influencing parents perception regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area, Ibadan.

1.7 Hypothesis

The following hypotheses were tested:

1. Ho_1 There is no significant association between knowledge and attitude of parents towards sexuality education for in-school adolescent.

2. Ho_2 There is no significant association between knowledge and perception of parents regarding sexuality education for in-school adolescent.

CHAPTER TWO
LITERATURE REVIEW

2.1 Overview of sex education

The sex-education is defined as education which provides the learner an opportunity to have an access to authentic information and knowledge about the growth, development and related physiological processes of male and female sex organ separately thus providing a strong sexual information foundation through acquiring information and forming attitudes, beliefs and values about identity, relationship and intimacy" (Vashistha, 2016).

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." Sex education has also been defined as the provision of straightforward and elemental information about the anatomy, physiology and psychology of sex and relating this to practical issues that normally affect adolescents like contraception, abortion and STI (Asekun-Olarinmoye and Adeomi, 2011).

2.2 Conceptual clarification on sex education

Sex education may also be described as sexuality education which means that it encompasses education about all aspects of sexuality including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them and birth control methods (Collins, 2008). Sex education could also be described as education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, contraception, family planning, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections (STIs) and how to avoid them and birth control methods (Wilhelm, 2011). There exists sound evidence on the benefits of child sex education as it contributes to improved knowledge and attitudes about sexual and reproductive health (SRH) and when used in combination with

other actions, it can contribute to preventing early and unprotected sexual activity (UNFPA, 2008; IPPF, 2009; UNESCO, 2009).

In Nigeria, pregnancy and motherhood mark the end of school attendance and by 16 years of age, 21% of female adolescents are either pregnant or have given birth thus underscoring the urgent need for a robust sexuality education (UNAIDS and WHO; 2000).

Adolescence is a period which ushers male and female into a world of pleasurable experiences. It is a period filled with excitement and the desire for sexual release. It is also a period where adolescents are filled with curiosity and exploration about the world as well as their body (UNICEF, 2011).

Adolescence, a transitional period of physical, emotional, and social maturation is often characterized by the clarification of sexual values and experimentation with sexual behaviors. Early initiation of sexual activity among adolescents has been identified as a major risk factor for a number of negative reproductive health outcomes, including early childbearing and associated implications for maternal and child health outcomes, as well as increased risk for sexually transmitted infections (STIs) including HIV. The need to safeguard adolescent sexual health has fueled much research on factors that predispose adolescents to risky sexual behaviors including unprotected sexual intercourse, early sexual debut, and multiple sexual partnerships. Sexuality education is one of the programs that have been designed to address adolescent sexual health with a focus on delaying sexual initiation, promoting secondary virginity, and increasing condom use among those who are sexually active which for many young people, these personal values and choices will lead to the decision to abstain from sexual intercourse and other sexual activities. In addition, particularly for young teens that have not yet become sexually active, delaying first intercourse can also be an effective way for adolescents to avoid unwanted pregnancy and STI/HIV infection (Neema, Musisi, Kibombo. 2004; Awusabo-Asare, Abane and Kumi-Kyereme, 2004).

Adegoke describes the adolescent stage as a stage when lots of physiological as well as anatomical changes take place resulting in reproductive maturity in adolescents (Adegoke, 2003). Sexual health is an important component of overall health and well-being. It is a major positive part of personal health and healthy living and it follows that sexual health

education or sex education should be available to all as an important component of health promotion and services (Oganwu, 2003). In principle, everyone has a right to the information, motivation/personal insight and skills necessary to prevent negative sexual health outcomes (e.g., sexually transmitted infections including HIV/AIDS, unplanned pregnancy) and also to enhance sexual health (e.g., maintenance of reproductive health, positive self image). In order to ensure that youth are equipped with the information, motivation/personal insight and skills to protect their sexual and reproductive health, "it is imperative that schools, in cooperation with parents, the community, counselors in schools and also health care professionals, play a major role in sexual health education and promotion (Oganwu, 2003).

Talk about imparting sex education to young ones and you are bound to get clashing view points from people as the teaching about human sexual anatomy, sexual reproduction, sexual intercourse and other aspects related to human sexual behavior is highly controversial. It is however pertinent to note that an appreciation of sex education in schools and the elimination of sexual abuses and misuse of youth should also be greatly influenced by the active participation as a responsibility of both the parents at home and the school authorities (Nakpodia, 2012).

Raul and Melgosa (2002) opined that sex education will enlighten our youth and prevent them from developing a sense of guilt, horror, disgusting fear of sex especially when they perform sex act at the right time and with the right partner. It will enable our youth to have self respect and self control with due consideration for the spouses.

Nwahizu (2006) found out that sexuality education in schools has long been hampered by adults who expressed concern that knowledge will promote promiscuity. However, the concept of Sex Education (2005) lamented that it will familiarized the youth with their future roles as husband and wives, prevent unwanted pregnancies, to understand that true love waits, to have a general knowledge of their body system, growth and functions. Sex Education Review (2005) stated that sexuality education is a process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationship and intimacy. It is also about developing young people's skills so that they make informed

choices about their behavior. It is widely accepted that young people have right to sex education because it is the means which they are helped to protect themselves against exploitation, unintended pregnancies, sexually transmitted diseases (STDs) and HIV/AIDS.

Ikpe (2004) postulated that sexuality education defines the humanity including one's self image, being a male or a female, physical looks and reproduction capacity; in the natural part of life, it is about the way we are made, how we feel, what roles we play in the society and how we procreate. Sexuality education is a process that is started by the parents at home and continued by educators at school. Therefore, sexuality education helps inculcate positive values, opinions and feelings towards self and others through informed decision-making and choices (Sharmila, 2015). Today, parents have great responsibility in helping child to achieve these behavioral and value changes. For this, they should receive guidance and encouragement from responsible government officials, preferably through formal adult education programme. But the prime responsibility lies with the school system. The educational institutions are better equipped to guide and direct attitude formation, installing skills and competencies than other institution in adolescents about sex-education including knowledge of human reproduction, misuse and abuse of sex, the spread and prevention of sexually transmitted diseases (STD), dangers of adolescent pregnancy, importance of inter-personal relationship, choosing a partner, family planning, importance and methods of family planning among others (Vashistha, 2016; Nakpodia, 2012).

2.3 Types of sexuality education

Sex education occurs when schools or health care providers offer sex education. It could be a full course of the curriculum in junior high school or high school. Other times, it is only one unit within a broad Biology class, Health class, Home Economics class or Physical Education class. Sex education in Africa has focused on stemming the growing AIDS epidemics. Most governments in this region have established AIDS education programs in partnership with WHO and international NGO. Sexuality education may be taught informally and formally. The informal means include receiving information through conversation with parents, friends, religious leaders or the media. It could also be delivered through self–help authors,

sex columnists or through sex education website. Formal sex education includes those gotten from the school curriculum in classes (UNICEF, 2009).

2.4 Importance of sex education for adolescents

A research conducted in 2005 by the national sexual health survey found that only 39% of adults had discussed sexual issues with their male children over 12 years of age (Federal Republic of Nigeria National HIV/AIDS and Reproductive Health Survey (NARHS), 2006). A similar survey few years later reported that only 24.2% of women aged 15–24 years were able to identify ways of preventing the sexual transmission of HIV correctly and reject major misconceptions about HIV transmission (NACA, 2012).

2.5 Overview of sexuality education in Nigeria

The Nigerian government has targeted sexual health school-based education as a key method in alleviating these issues (FGN National Policy on HIV/AIDS, 2013; NERDC, 2003; FMOH, 2011) and there are many reasons why school-based education programmes are a logical mitigation platform. The first reason is that schools are a single location where large numbers of youth can be reached. For example, 83 and 44% of Nigerian children are reported to attend primary and secondary school respectively (World Bank, 2013). Secondly, schools offer an established and controllable venue which is ideal for intervention. Their location, population, methods and processes are known making the introduction and rolling out of new educational programmes/interventions achievable. Schools are also frequently linked to local communities thus extending their reach and enhancing local ownership of interventions (Schwartländer, Stover, Hallett, 2011, UNICEF, 2009). Additionally, as evidence suggests that a large proportion of Nigerians are engaging in sexual intercourse at a young age, school-based programmes offer a strong opportunity for preventing HIV/AIDS (NACA, 2013).

The Global Campaign for Education has estimated that effective universal primary education alone could prevent 700 000 new HIV infections globally each year. Such is the power of education to increase knowledge and safer behavior and reduce infection rates that it has been described as the ‘social vaccine’ and potentially ‘the single most effective preventive

weapon against HIV/AIDS' (Campaign for education learning, 2004; Amaugo, Papadopoulos, Ochieng, Ali; 2014).

While sex education is already part of a number of western countries such as the United States, its implementation in Nigeria schools recently kicked up a massive discussion. However, the proponents of sex education in schools usually underscore the following benefits in support of their view. A well developed and implemented school-based sex education programme can effectively help young people reduce their risk of STI/HIV infection and unwanted pregnancy. In addition, it should also be emphasized here that an important goal of sexuality education is to provide insights into broader aspects of sexuality, including sexual well-being and rewarding interpersonal relationships (Oganwu, 2003).

Recently, a group of doctors, teachers and clergy produced a report for the public and recommended that children should be taught sex education when they are aged nine or ten years old because at this age, no sexual emotions are stirred and they are very interested in how the body works (Chanter, 1966). An adequate sex education curricular should be age appropriate lessons and course for young children should adopt the character education model and must take great care to ensure that we do not encourage premature sexual behavior. Many educators respond that it is naive to teach abstinence only because adolescents will inevitably engage in sexual behaviors and they must learn how to protect themselves and others. Health, home economics and sex education texts and materials often use the language of values rather than that of morality.

Raul and Melgosa (2002) pointed out that teaching of sex education involve imparting knowledge of anatomy and physiology of human body including reproductive systems, pregnancy, child birth, physical aspect of sexual behavior and knowledge and knowledge of human representation. The father determines the sex of the child. It will enlighten the youths and prevent them developing a sense of guide, horror, fear of sex and will enable youths to have self respect and self control by providing young people with information on a wide range of sexual health topics including puberty, reproduction, healthy relationships, STI/AIDs prevention, birth control, abstinence, sexual orientation, emotional changes and

sexual abuse/coercion of the adolescence period. Effective sex education will also support informed decision-making by providing individuals with the opportunity to develop the knowledge, personal insight, motivation and behavioral skills that are consistent with each individual's personal values and choices (Risk behavior, 2002, Albarracin, Gillette, Earl et al., 2005; Kirby, Laris and Rolleri, 2007; Public Health Agency of Canada, 2008).

2.6 Global overview of sexuality education in school curriculum

In Sweden, (2009), sex education has been a mandatory part of school education since 1956. In Asia, teaching of sex education is in various stages of development. Indonesia, Mongolia and South Korea have a systematic policy framework for teaching about sex within schools. Malaysia, the Philippines and Thailand have assessed adolescent reproductive health needs with a view to developing adolescent-specific training massages and materials. India has programs that specifically aim at school children at age groups of nine sixteen years. These are included as subjects in the curriculum and generally involve open and frank interactions with the teachers. In Egypt, sex education teaches knowledge about male and female reproductive systems, sexual organs, contraception and STDs in public schools at the second and third year of the middle-preparatory phase (when students are aged 12-14). There is currently a coordinated program UNDP, UNICEF, and the ministries of health and education to promote sexual education at a large scale in rural area and spread awareness of the danger of female curriculum.

2.7 Benefits of sexuality education

Principles and benefits underlying sexuality education are; abstinence yields social, psychological, and health benefits, sexual abstinence is the expected standard for children in school, sexual abstinence is the only 100% effective way to prevent pregnancies outside marriage, STDs, and other risks arising from sexual intercourse; it emphasizes that, sexual activity should occur in a mutually monogamous relationship within marriage; it explains the negative psychological and physical effects are likely to occur as a result of sexual intercourse outside of wedlock; it portrays that, having children outside marriage is likely to have negative effects for the child, parents, and society; it exemplifies the need youth to be taught sexual refusal skills and to learn how drug use, including alcohol use, impairs

judgment about sexual activity; and the curriculum ensures that young people should be self-reliant before being sexually active in life (Wiley, 2002; PEPFAR , PEPFA, 2006).

2.8 Benefits of sexuality education in school curriculum

Sexuality education programmes which focus on delaying first intercourse as part of a broadly based curriculum that also focuses on contraceptive/safer sex practices can help some adolescents who have been sexually active to have a re-think and also see the need to quit until they are physically and emotionally ready for it. It is a fact that more and more teens these days are engaging into pregnancy sex. This further underscores the need for sex education to students. This will help them to make better informed decision about their personal sexual activities. Richard (1999) viewed sex education as important to reduce the risk of behavior such as unprotected sex, and individuals to make informed decision about their personal activities. It may also be seen as providing individuals with the knowledge necessary to liberate the youth from socially organized sexual oppression and in addition, sexual oppression may be viewed as socially harmful. Howard (1999) emphasized that preschool children should be given the chance to know how the process of having a baby begins and at all level of the development children think they can also become pregnant and have a baby. It is important they know how babies grow inside mothers, not inside boys and girls or even daddies. Sometimes when children ask questions about their sexual organs and even about sexual act indicates a signal that they are ready for sexuality education. Parent or teachers should take advantage to teach and give correct answers.

2.8.1 Sexuality education as a force for morality/societal good behavioral change

Sex education imparted through school can also prove to be a significant and effective method of bettering the youngster's sex-related knowledge, attitude and behavior. Sexuality education is also important because many parents (especially in Africa) are shy about talking or teaching their children on this subject. Wilson (1999) stated that education can prevent youth from acquiring wrong and misleading information on sex. Sexuality education will enlighten our youths and prevent them from developing a sense of guilt, horror, disgusting fear of sex. They also need to be equipped with what to do under given circumstances for instance, instead of indulging in masturbation, fornication or adultery, it will familiarize

youth with their future roles as husband and wives. Sex education is to start when they are young. It enables young children to be informed on how they grow and develop generally. It explains how to focus on reducing risky behavior. It will provide accurate information about the risks associated with sexual activities about contraception and birth control and method of avoiding or deferring intercourse.

The provision of information about sexual orientation also helps to fulfill the sexual health education needs of gays, lesbians, and bisexual students such as homophobia and discrimination based on sexual orientation can be addressed. Through sex education, children will be able to establish and accept the role and responsibility of their own gender by acquiring the knowledge of sex. It also enables young ones understand the body structures of men and women and acquire the knowledge about birth. Through sex education, young people will be able to develop a positive sense of their own sexuality by creating opportunities for them to consider all aspects of sexuality, ask questions and also understand that there are adults who support them as they learn about this part of themselves (Nakpodia, 2012).

2.9 The need for sex education in secondary schools

A study on the Nigeria scene have revealed that a high percentage of youth expressed the view that they should not engage in premarital sexual activity, 25% - 50% disclosed that they were already sexually active. Also, 25% of young girls interviewed revealed that their first experience of sexual inter-course was through rape or in a situation where consent was procured by force. There is early initiation of sexual activity. There is also high incidence of teenage pregnancy. Teenagers account for 80% of unsafe abortion complications treated in hospitals. Therefore there is need for young ones to establish and accept the role and responsibilities of their own gender by acquiring the knowledge of sex. This will help to set up a foundation for future development in their acquaintance with friends and lovers and their interpersonal relationship.

Since it is a kind of holistic education, it will teach an individual about self-acceptance and the attitude and skills of interpersonal relationship. Sex education will also help to lessen or reduce risk behaviors in teenagers such as engaging in an unprotected sex which can result in unwanted pregnancy and sexually transmitted disease STD's. The need for young people to

cultivate a sense of responsibility towards others as oneself will also be fulfilled. The need for sex education in the school can also be seen from the fact that many parents are shy about talking or teaching their children on this subject. Sex education impacted through schools can also prove to be a significant and effective method of bettering the youngster's sex-related knowledge, attitude and behavior. Also youngster's usually derives information on sex and related subjects from sources like friends, books, the media comprising advertising, television, magazines and the internet. The problem with all these sources is that, they may or may not really provide them with correct and accurate information. As such, sex education in school will help to transfer authentic information and in the process, also correct any misinformation that they may have apart from adding to their already existing knowledge (Nakpodia, 2012).

Ariba (2000) showed that there are many reasons why sexuality education should be taken seriously since our world today has become just a global village. Events occurring in parts of the world that were previously remote are now becoming instant influences on patterns of behavior in other parts. When these influences are negative, their impact on the recipient population could be catastrophic unless such population are well informed and have involved appropriate behavior to cope with such information. Through the media (both print and electronic and most recently the internet), and direct interaction with foreigners and visitors to other countries, the citizens are becoming exposed to many sexuality problems such as high incidents of teenage pregnancies, STIs, HIV/AIDS, induced-abortions, sexual violence, harmful traditional practices (i.e. early marriage, female genital mutilation) divorce and teenage prostitution have drawn the attention of health policy makers towards the need for more education in the area of adolescent reproductive health (Ariba, 2000; Musa, 2009).

A key risk factor for HIV and STI infection is poor sexual health behavior which is a particularly pressing matter for young people in Nigeria. For example, the adolescent fertility rate is estimated to be 113 per 1000 women aged 15–19 years—much higher than the global rate of 53 per 1000 and also higher than the Sub-Saharan African rate (106 per 1000) (World Bank, 2013). The percentage of Nigerians aged 15–24 years who have had sexual intercourse before the age of 15 years is reported to be 11.9% (NACA, 2012). Contraceptive prevalence

data also paint a disturbing picture with only 15% of Nigerian women and their partners practice any form of contraception compared with 22% across Sub-Saharan Africa and, more strikingly, 62% globally, 79% in the United States and 84% in the UK (World Bank, 2013).

2.10 Pros and Cons of teaching sex education in schools

Sex education also known as sexuality education or sex and relationships education is a process of giving knowledge and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It is a broad term that describes education on human anatomy, sexual reproduction, sexual intercourse, reproductive health emotional relations, abstinence, contraception and other aspects of human sexual behavior. Sex education is basically conducted to help our youngsters and elders to prevent themselves against abuse, exploitation, unintended pregnancies, Sexually Transmitted Diseases and HIV/AIDS. Sex education is mainly provided by parents, caregivers, teachers, school programs and public health campaign (Szkody, 2016).

The youth years happen to be the most difficult years in the lives of children and their parents. This is just after and about the age of puberty when rapid changes begin to take place in their bodies. For some, the sudden changes are embarrassing and they would rather not confide in anyone at home. They would rather confide in their friends and school mates who most often mislead them knowingly or unknowingly (Eze and Ifeoma, 2015).

There are several arguments for and against the teaching of sex education in schools. Supporters claim that exposure to such information, including STDs and the proper use of contraceptives, lowers teen pregnancy and STD infection rates. In addition, they argue that most teenagers are either already sexually active or are curious and that many of them are not receiving such information from their parents, claiming public schools are a proper venue for sex education. As such, these supporters typically favor a more comprehensive approach that includes detailed description of female and male genitals.

Opponents of sex education in schools, on the other hand, claim that the state has no business teaching their children about sex, either because they prefer to teach their children according to their own values or because they object to certain controversial subjects, such as sexual

orientation. However, opponents of sex education in schools typically favor an abstinence-only approach (for example, the idea that you should wait until marriage before having sex) if there is to be any sex education taught at all. Much of the debate today is centered on whether schools should teach abstinence-only or comprehensive sex education. Those in favor of an abstinence only approach correctly point out that abstinence is the only way to prevent pregnancy and STDs with one hundred percent certainty. They also point out the emotional complexities that often accompany an active sex life (FindLaw, 2013).

In a study, some parents oppose sex education for fear that it might unduly arouse the interest of innocent children which might result in promiscuity, some parents responded with 'When children are taught academics, such as math and reading, they are given material suitable to their level of readiness for this material'. Yet, when it comes to the extremely sensitive area of sexuality, all children in the same grade level are given the same material, even if some are not yet physically or psychologically ready for the material. This is insensitive and harmful and forcing boys and girls to listen to, view and openly discuss the sexual functioning of the opposite sex anatomy while in their presence is embarrassing and contributes to the breakdown of the modesty that is natural and appropriate in human beings" (Asekun-Olarinmoye and Adeomi, 2011).

In another survey conducted in UK, more than half of parents do not think sex education should be taught to children at school, according to a new survey. Many think it is inappropriate to teach children about sex, whilst others think it should be a parents' choice to inform their own child. The survey, which questioned more than 1,700 parents of children aged five to 11, found that 59 per cent do not agree with the fact that sex education is often taught to children in schools, even from a young age. Almost half (48 per cent) of those questioned said children should be at least 13 years old before it is appropriate to teach them about sex, the survey found. Of those that don't agree that sex education should be taught in schools, 41 per cent said it was inappropriate to teach youngsters about the subject, while one in four (28 per cent) said it should be the parents' choice to teach their own child. A similar proportion (27 per cent) said there was no need for children to know about sex. The parents believe that it is a sensitive subject and parents have their own way to approach it and want to

control what their children know, even more so at a young age. It is only compulsory to teach the biological facts of reproduction in secondary school science lessons and parents have the right to withdraw their children from sex education lessons (UK Education Commmittee, 2015). Though several studies have shown that sex education can help delay the age of first intercourse, encourage correct and consistent use of contraception and STI protection measures (Asekun-Olarinmoye and Adeomi, 2011).

2.11 What do parents want taught in sex education program

Another challenge in the introduction of sex education is the design of the content of the curriculum. Debates about sex education have focused on two different approaches: "safe sex" courses, which encourage teens to use contraceptives, especially condoms, when having sex, and abstinence education which encourages teens to delay sexual activity. In recent years, advocacy groups such as SIECUS (Sex Information and Education Council of the United States) and Advocates for Youth have promoted another apparent alternative, entitled "comprehensive sexuality education" or "abstinence". These curricula allegedly take a middle position, providing a strong abstinence message while also teaching about contraception. In reality, education curricula contain little or no meaningful abstinence material; they are simply safe-sex programs that are repackaged. Abstinence programs strongly encourage abstinence during the teen years, and preferably until marriage. They teach that casual sex at an early age not only poses serious threats of pregnancy and infection by sexually transmitted infections, but also can undermine an individual's capacity to build loving, intimate relationships as an adult. These programs therefore encourage teen abstinence as a preparation and pathway to healthy adult marriage (Musa, 2009).

Several studies have examined the relationship between what parents and educators want their children to learn and what is actually being taught in our nation's schools. Evaluations of program content highlight the fact that a vast majority of parents and educators want their children to learn about condoms and contraception (Wilson 2000, Darroch 2003). However, abstinence-only programs are generally prohibited from speaking of such topics, or they only mention them in terms of failure rates. This lack of positive discussion about contraception prompts some analysts to argue that teens will be less likely to use condoms when they do

become sexually active (Darroch 2003). In schools where more comprehensive programs are in place, Darroch (2003) and Donovan (1998) find that educators often shy away from controversial topics such as birth control, condoms, abortion, and homosexuality. Wilson (2000) and Donovan (1998) explain that teachers and administrators perceive pressure from the public to stick to an abstinence-only agenda and do so in order to avoid controversy. While, the research suggests that a majority of parents and educators want their children to learn about condoms and contraception, abstinence-only programs appear to be out of touch with the desires of parents and therefore, more schools should be adapting a comprehensive approach to sex education.

While most parents and educators support sex education for high school students, some debate exists over the appropriateness of introducing information about sex to children in grade school. While the majority isn't quite as strong, a significant number of sexual health educators believe that key issues regarding sexuality should be taught in fifth and sixth grade (Darroch 2000). Some key issues educators support include "puberty, HIV transmission, abstinence, resisting peer pressure, teen parenthood, dating and nonsexual affection" (Darroch 2000). The results of this research suggests that parents and teachers recognize the importance of sexual health information as a tool in adolescent development, which should be taken into consideration when determining the proper age for orientation to sex education.

2.12 Parental attitude towards teaching of sex education

Kruglanski and Higgins (2007) defined attitude as the favorable or unfavorable reaction to objects, people, situations or other aspects of the world. Other social psychologists considered attitudes to include factors such as cognition, affection and behavior. They further explained the cognition aspect of a person to mean a person's knowledge of something, the affective component represents an individual's feelings and evaluations that influence the standpoint for or against something and the behavioral aspect to be, the way people act towards a situation or a person and the motivation to make changes. Attitudes as suggested by psychologist are formed through experiences in lifetime and are usually determined by beliefs and the evaluation of such beliefs. Attitudes formed by individuals in society can be comprehensive as well as unspecific. A person's behavior can be predicted by using the

strength and consistency of his or her attitude. In this regard, any intervention that is aimed at changing the behavior of an individual must first of all have enough information about his or her attitudes and then employ methods that will help change these attitudes (Hilton, Patterson, Smith, Bedford and Hunt, 2014).

Attitudes are positive or negative feelings that an individual holds about objects, persons or ideas. They are generally regarded as enduring though modifiable by experience and/or persuasion and as predispositions to action. The needs and the goals of society and the beliefs and attitudes of adults influence the education (Vashistha, 2016). Talking about sex especially to children is considered a taboo in many African communities, yet sex education (SE) is probably the most cost-effective intervention by which young people can protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted infections (STI) and HIV/AIDS. A study was carried out among parents in Osogbo Local Government Area in Osun State, Nigeria to assess parental attitude and practice of sex education. Four hundred respondents, selected by multi-stage sampling technique, were interviewed using pre-tested semi- structured questionnaires. Many of the respondents, 73.3% and 36.3% understood sex education to mean providing basic information about sex and preventing STI including HIV/AIDS respectively. Most of the parents (88.3%) supported sex education and practiced (75.8%) sex education, but a third (33.0%) of those that did not practice it said it was due to lack of skill. Factors significantly associated with practice of sex education were greater number of children had and older age of parents.

Many of the respondents had basic knowledge of sex education, positive attitude and practiced it. The most common reason for non-practice was lack of skill (Asekun-olarinmoye and Adeomi, 2011). Another study examined the parental attitude towards adolescent sexual behavior in Akoko Edo and Estako - West Local Government Areas, Edo State, Nigeria. A descriptive survey research design was adopted for the study. The sample size of 600 parents; 350 (58.39%) fathers and 250 (41.7%) mothers was purposively selected from the two local government areas of the study. In response to the issues of attitude of parents towards adolescents and having access to reproductive health services, majority of parents (41.6%), had negative and poor attitude. They felt that adolescents should not be encouraged in

obtaining reproductive health services because traditionally unmarried adolescents are not expected to initiate sexual activities until they are married. During the focus group discussion, it was highlighted by parents that going to such place will encourage promiscuity and that people will look down on them, calling them all sorts of names. The issue of introducing sex/family life education into the school curriculum was very controversial as most respondents (54.4%) were not committed and (15.5% and 0.7%) put on an indifferent attitude while (29.5%) were quite committed. This shows that most parents will not encourage the teaching of sex openly is a taboo. Some parents in the FGD's felt sex education should be introduced into schools but government should take the lead in making the move, make it compulsory, and backing it up with legislation. Without this, the issue will not gain ground especially in the Christian based schools. Based on the findings of the study, parents should be groomed on the importance of having interest in the adolescent sexuality issue. This should be done through mass media, conferences and workshops. Government should make the course on adolescent reproductive health compulsory in all schools (Olubayo-Fatiregun, 2012).

Teachers, for example, often deliver biological information, whereas, parents are more interested in moral education. But the students are looking to acquire more insights into life skill-based sex education. Netsanet et al (2012) in a study conducted in Ethiopia to assess parents' perception, students and teachers attitude towards school sex education. The study revealed that all respondents have positive attitude towards the importance of school sex education. From this study, it was concluded that school sex education is one of the solutions for such types of emerging problems in the schools. The students, teachers and parents have similar concern about school sex education. Sex, type of school, parents' residence and listening to romantic radio programs appear to be the most predictors of students' attitude towards the content of school sex education (Netsanet, Fentahun, Assefa, Alemseged and Ambaw, 2012).

The attitude of parents towards teaching of sex education is emotional response that expresses different degrees of acceptance and rejection. In sum total, the attitude of parents determines the success of the teaching of sex education. Attitudes are formed from

membership of groups. Teachers, family, peer groups, religious or voluntary organizations and the mass media are some of the sources which impart sex education to the youth. The type of attitude formed by parents can be negative or positive. A positive attitude towards the teaching of sex education will lead to the avoidance of premarital sexual intercourse while on the other hand negative attitude will lead to unwanted pregnancies and their complications. Bobak and Jenson (1989) also state that some youths become promiscuous as a result of the negative effects of sex education. Sexual attitude, like other attitude which generally result from frustration, are derived from unspoken and often unconscious premises and creative thoughts, which are always articulate and precise. Most of what we consider our mental activity consists of sub-articulate, half-conscious semantic reflexive reactions. Nass and Fisher (1988) described public attitude towards sex education swinging back and forth between valuing freedom in sexual choices and valuing restriction on sexual expression which also affects the attitude of parents towards sex education. Inadequate information about sex has led to the parents forming a negative attitude towards sex education.

2.13 Factors influencing parental attitude towards teaching of sex education in secondary schools

Parent-adolescent discussion about sexual related issues rarely occurs and is bounded by lack of knowledge, socio-cultural norms, and parental concern that discussion would encourage premarital sex. If teachers are allowed to cover topics as sensitive as sex education, they may avoid them because they fear adverse community reaction; more than one-third such concerns have been reported. All in all, these pressures and limitations lead one in four teachers to believe that they are not meeting the students' needs for information. A similar percentage of fifth and sixth grade teachers who teach sexuality education believe that schools are not doing enough to prepare students for puberty or to deal with pressures and decisions regarding sexual activity. Finally, a year 2000 study by the Center for Disease Control and Prevention found that a significant proportion of health educators in secondary schools want additional training in the areas of pregnancy, STI and HIV prevention (Darroch, Landry and Singh, 2000).

2.13.1 Parental opinion on reproductive health information dissemination for adolescents

Most parents (65%) believe that sex education should encourage young people to delay sexual activity but also prepare them to use birth control and practice safe sex once they do become sexually active, according to interviews conducted for the (Kaiser Family Foundation, 2000). In fact, public opinion is overwhelmingly supportive of sexuality education that goes beyond abstinence. Moreover, public opinion polls over the years have routinely showed that the vast majority of Americans favor broader sex education programs over those that teach only abstinence (Darroch et al. 2000).

A cross-sectional survey was conducted to examine Chinese parents' involvement in sexuality education for adolescents. One of the purposes of this study was to explore the factors that have contributed to parental involvement in sexuality education for adolescents. A total of 1,029 Chinese parents with adolescent children ranged in age from 15 to 20 years old were sampled from two cities in mainland China. The majority of Chinese parents reported that they never talked with their adolescent children about specific sexual topics, including how to choose birth control methods, masturbation, sexual intercourse, penis development and normal size, how to manage wet dreams, how to say “no” if you do not want to have sex, and homosexuality. Generally, Chinese parents talked with children about sexual responsibility, sexual beliefs, female reproduction and AIDS/STDs more than sexual behavior and male reproduction.

Open parent-adolescent communication, comfort in discussing sexuality with adolescents, perceived knowledge about sexuality, and attitudes toward sexuality education were found to be positively associated with parental involvement in sexuality education for adolescents. Parents who held less traditional beliefs about family and female virginity before marriage were more involved in sexuality education for adolescents. Parent-adolescent relationship and authoritative parenting style were not found to have any effect on parental involvement in sexuality. The results of this study also indicated that urban parents talked with children about sexuality more than rural parents (Wenli, 2003).

Rajshree (2012) revealed in a study that parental education does not affects the attitude of parents towards sex-education to adolescents. Education of parents is not only a single factor which influences the attitude of parents. There are other factors like socio economic status, environment of society and family structure which may influence the attitude of parents towards sex-education.

2.13.2 Societal culture and norms

In the Nigerian culture, the subject of sex is considered sacred and not intended to be loosely discussed especially by the young ones. Oyinloye observed that when a child carelessly talk about sex, the parents could reprimand the child for talking about a subject considered sacred. Thus, this lack of information on issues related to sex has made many of the young ones to be unprotected in their sexual exploration while this has endangered the life and future of many adolescents (Oyinloye, 2014).

Similarly, in many African countries, talking about sex is forbidden and considered unnecessary till adulthood or marriage. Most African children are taught to abstain from sexuality talks because these might encourage promiscuity and wayward acts. Past researches revealed that the teaching of sex education to adolescents has continued to pose as a problem in Nigeria because both literate and illiterate parents share the same cultural and religious beliefs (Ogunsanmi, Afolabi, Olaoye, Ajike and Saratu, 2013).

2.13.3 View of sex as a sacred act

In most African countries, Nigeria in particular, matters relating to sex and sexuality are usually shrouded in secrecy thus denying both the adolescent boy or girl free access to vital information on sexuality education (Esere, 2006). Questions bordering on sexuality and girl-boy relationships are usually hushed up and regarded as taboos and the consequence of these action is that Nigerian adolescent boys and girls find answers to sex-related questions on their own, often from questionable sources that are likely to give them wrong information making them more likely to indulge in reckless and unguarded sexual experimentation. Some adolescents lack adequate communication and assertiveness skills to negotiate safer sex (Maduakonam, 2001; (Abogunrin, 2003; Esere, 2006). Some feel unable to refuse unwanted sex or feel compelled to exchange sex for money as most young people experiment sexually

and because of the consequences of indiscriminate sexual activities on the youths, there is the need to mount sex education programmes that are geared towards enlightenment and appropriate education about sex and sexuality (Nwabuisi, 2004; Ayoade, 2006; Adegoke, 2003).

2.13.4 Fear of encouraging a bad behavior

Most African parents usually feel that adolescents should not be encouraged in obtaining reproductive health services because traditionally unmarried adolescents are not expected to initiate sexual activities until they are married. It was highlighted by parents that going to such place will encourage promiscuity and that people will look down on them, calling them all sorts of names by the community members and such adolescents often receive a cold response from the health care providers (Akim, 2001). In a study conducted by Olubayo-Fatiregun (2012) involving 600 parents, it was found out that 41.6% of the respondents show a negative attitude towards having access to reproductive health care services, indifferent on communicating with their adolescent on sex related issues. This was followed by 22.2% non – committed parents while only 8.2% showed up as committed parents who communicated with their adolescent on sexual related issues thus pointing to a serious fundamental problem. Similarly, in that same study, it was found out that 54.4% of the parents showed a negative attitude to the introduction of sex education into school's curriculum.

2.14 Parental knowledge regarding sexuality education for in-school adolescents

Knowledge is defined as the fact or condition of knowing something with familiarity gained through experience or association. Knowledge is formed through interaction with the surroundings where individuals themselves construct their understanding of the world through experience. Its exchange is an integral part of learning as well as helping the individual to shape his or her abilities by converting theoretical and practical skills into new knowledge. Human knowledge is mostly acquired through communication and its processes. Knowledge is the key to prevention and education is the key to knowledge. However, knowledge about the importance of child sex education in the school curriculum by the parent is very low. Studies have shown that majority of Nigerian parents have little or no

knowledge or understanding of the importance of sexuality towards adolescents sexual behavior.

Studies have shown that parents who ought to be the primary educators of their children and communicate to them specific values about sexuality play the least role and has relinquished their roles to the government agencies to provide comprehensive sexuality education, while parents suggested the school teachers; others considered sexuality education as being immoral, contrary to religious and traditional values and likely to encourage pre – marital sexual activity thus exacerbating the debate of sexual education and services for adolescents which is fast becoming a controversial issue and even a taboo in many Nigerian communities. (Moronkola and Idris, 2000; Richard, 2001, Cui and Ersheng, 2001).

There is a wide spread fear even among the educated parents that discussing sexual issues might stimulate children's sexual interest. Subsequently, parents are not forthcoming as expected to act as primary sexuality educators for their children and the educational institutions also provide little or insignificant sexuality education for young people and as such, young children are left to the equally uninformed peers as the primary source of information on the critical issues of life (Moronkola and Idris, 2000).

On the contrary to the wrong believes, Nayar (2011) postulated that sexual health education to adolescents helps in preventing HIV infection. Studies globally reported by the WHO reveal that sexual health education helps in delaying initiation of sexual activity and reduces the rate of risky sexual behavior (Kirby, Laris and Rolleri, 2007). They added further that sexual health education offered at the right age and time might reduce the vulnerability of adolescents to HIV infection through the reduction in risky sexual behavior. The ignorance and unwillingness of parents and teachers to address adolescent sexual health issues including HIV and AIDS education increases the tendencies of adolescents to risky sexual behavior (Sofo, AliAkpajiak and Pike, 2003).

Globally, people from15-29 years of age constitute half of the new HIV infection cases in part due to the failure to provide sexual and HIV education, which is part of the proven strategy for the prevention of HIV prevention (FRON, 2012). Hence, there is a need to provide sexual health education in schools, homes and communities. Schools stand out as an

important setting because they are a cohort group of adolescents present and the right information will help in arming and sensitizing adolescents against risky sexual behavior. Failure to provide this sexual health information therefore predisposes adolescents to psycho-social health problems, satisfying their curiosities based on the wrong information from wrong sources and wrong interpretations of sexual anatomy and physiology (Nayar, 2011).

2.15 Factors affecting parental knowledge of sexuality education for adolescents

Many factors could be deduced to be responsible for this problem including the general belief that sexuality education will encourage promiscuity among the adolescents. In Nigeria, generally, open discussion of sex is seriously frowned upon and not encouraged. Ironically, discussing sex with adolescents is disapproved even though they are sexually active, sexual education that would have helped in reducing the vulnerability of adolescents is also opposed by some religious and cultural settings. With the absence of information from the right sources or expected sources, these boys and girls tend to seek information from their peers, films, internet and mass media. This uninformed information drives the adolescents to imitate and put into practice whatever they watch, see, hear or read from other sources. These encourage risky sexual behavior which has serious consequences of unwanted pregnancy, abortion, early marriage, parenthood and contacting Sexually Transmitted Infections (STIs). Adolescents are the critical group of people in the society and country at large which needs protection from HIV/AIDS dangers and implication of risky sexual behaviors through early and accurate information on sexual issues if adolescents are to live and have a successful growth to adulthood (FRON, 2012).

2.16 Impact of integrated teaching and skills of sex education

There have been so many researches on the effectiveness of sexuality education particularly on the effects of sexuality education on teenager's sexual behavior. The latest research on this was done by UNESCO (2009) where there were 87 researches from around the world and the division of the countries that took part is as stated: 29 from developing countries, 47 researches from USA, and 11 from other developed countries including European countries. All of the participating countries have a structured curriculum on sexuality education which covers several topics such as HIV, STD, STI, birth control and sexual intercourse. 70% of

this education is held in schools and another 30% is held community centers and clinics. Overall, the students received up to 15 to 30 hours of formal sexuality education session. This research is beneficial as it can be guidance on sexuality information for parents, teachers, religious group and also the group that opposed to this idea. Borowski et al. (2005);

Clark et al., (2007) found out of 63 researches on the effect of sexuality education on sexual behavior, 37% would delay or postponed the period of time for the teenagers to have sexual intercourse while 63% showed no differences. At the same time, a total of 31% of the program decreased the habit of having sexual intercourse or not having it at all, 66% showed no effects and only 3% had intercourse frequently. 44% from the program has decreased its number of sexual partner while 56% showed no effects at all (Kirby, Obasi and Laris, 2006). Based on the findings of this research, it showed that almost a third (1/3) of the program have decreased its period of time of having sexual intercourse, decreased its frequency on having the intercourse and decreased its number of partners for the intercourse.

If sex education is going to be effective, it needs to include opportunities for young people to develop skills, as it can be hard for them to act on the basis of only having information. The skills young people develop as part of sex education are linked to more general life-skills. Being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, are useful life-skills in negotiation, decision-making, assertion and listening. Other important skills include being able to recognize pressures from other people and to resist them, dealing with and challenging prejudice and being able to seek help from adults – including parents, careers and professionals through the family, community and health and welfare services. Sex education that works also helps equip young people with the skills to be able to differentiate between accurate and inaccurate information, and to discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception (Regina, 2015).

2.17 Parental perception of sexuality education

Perception has been defined as a way of regarding, understanding, or interpreting something; a mental impression (Mariam Webster Dictionary). A recent study carried out in Kano state in Northern Nigeria revealed that parents have a negative perception of sexuality education in

schools probably because of their religious belief and socio-cultural norms and values. In contrast, teachers had positive attitude towards teaching sex education in schools (Eko, Abeshi, Osonwa, Uwanede and Offiong, 2013). Nevertheless, several studies in Nigeria have validated the introduction of sex education in schools. A cross-sectional study carried out in kwara state, Nigeria reported that 78% of the respondents suggested that sex education should be made compulsory in schools and the parents also believed that such sex education class should cover vital areas like abstinence, HIV/AIDS, Sexually transmitted diseases and basis of reproduction. (Akande and Akande, 2007). To enhance safe sex practice and negotiation skills, respondents collectively agreed that sex education should include; abstinence, sexually transmitted diseases, how to deal with emotional issues and consequences of sex, how to deal with pressure to have sex and how to get tested for HIV/AIDS and other STDs. These areas also are perceived by parents to pose challenges on sexual health of adolescent, hence, school adolescent should be guided in these areas to enable them make informed decisions when faced with such issues.

2.18 Factors affecting parental perception of adolescent sex education

Masturbation, abortion and contraceptive use were predominantly areas that most parents felt that sex education should not include probably because of their socio-cultural backgrounds and religious beliefs against the practice of such phenomena. This assertion is similar to that of the finding of studies carried out in Osun state, Nigeria (Asekun-Olarinmoye, Fawole, Dairo and Amusan, 2007).

The role of parental guidance in sex education should not be underestimated because parents are the first group of people who set moral standards for their children. They operate as role models to their children. When parents are permissive in their parenting style, it exposes adolescents into pre-marital sex. Research has shown that adolescents constantly want to receive sexuality information from both their parents and teachers. Parents and children have believed that teaching of sexuality issues would indeed go a long way in reducing the incidence of unwanted pregnancy and other sexuality issues (Akande and Akande, 2007). But the reality is that, lack or inadequate sex education puts young people at risk of STDs including HIV/AIDS and unplanned pregnancy which pushes them to perform or seek an

abortion which is actually illegal in Nigeria except to save a woman's life (Oyebode, Sagay, Shambe, Ebonyi, Isichei, Toma, Embu, Daru and Ujah, 2015; Bankole, Adewole, Hussain, Awolude, Singh and Akinyemi, 2015).

2.19 Conceptual framework

Social learning theory was applied to this study.

2.19.1 Social Learning Theory

Social learning theory (Bandura, 1986) represents a general theory of behavior that attempts to synthesize principles of learning with those of cognitive psychology. It is a systematic effort to explain how the social and personal competencies that are often referred to as ―personality develop from the social context in which such learning occur. SLT views one's behavior as the result of cognitive, behavioral and environmental factors. Through triadic reciprocality, these three factors together guide behavior.

Concepts in Social Learning Theory

Reciprocal Determinism: This is the bi-directional or dynamic interaction of an individual, his/her behavior and the environment in which the behavior is performed. This concept explains that contrary to previous conceptions about the environment being the major factor which modifies behavior but people also modify their environments according to the behaviors. It is a back and forth interaction in which a concept modifies the other either positively or negatively.

Environment: These are factors that are physically external to the individual which could influence the behavior. It entails social environment, physical environment, government, policies, facilities, media, culture, education and so on.

Observational learning: This entails cultivating a particular behavior(s) by imitating or observing people in the environment. The behavior is usually desired and those who are likely to be imitated are people the individual grew up with or looked up to like the parents, siblings, older relatives, teachers, clergy or neighbors.

Person: This is the individual who adopts and performs behavior. The characteristics the individual possess which play a cogent role in framing the behavior are the socio-demographic characteristics, gender, age, parents socio-demographic characteristics, level of knowledge and skills, awareness, culture and to a certain extent, the religion.

Outcome expectations: These are the expected results from indulging or abstaining in behavior. It could also be an individual's belief about likely results of actions which could either be positive or negative.

Behavior: This is what an individual does or fails to do which could benefit or harm his/her health.

Self-efficacy: This is an individual's confidence to perform a particular behavior or not. It also entails the confidence in one's ability to persist in a particular behavior and it increases through the level of information, encouragement, modeling and practice.

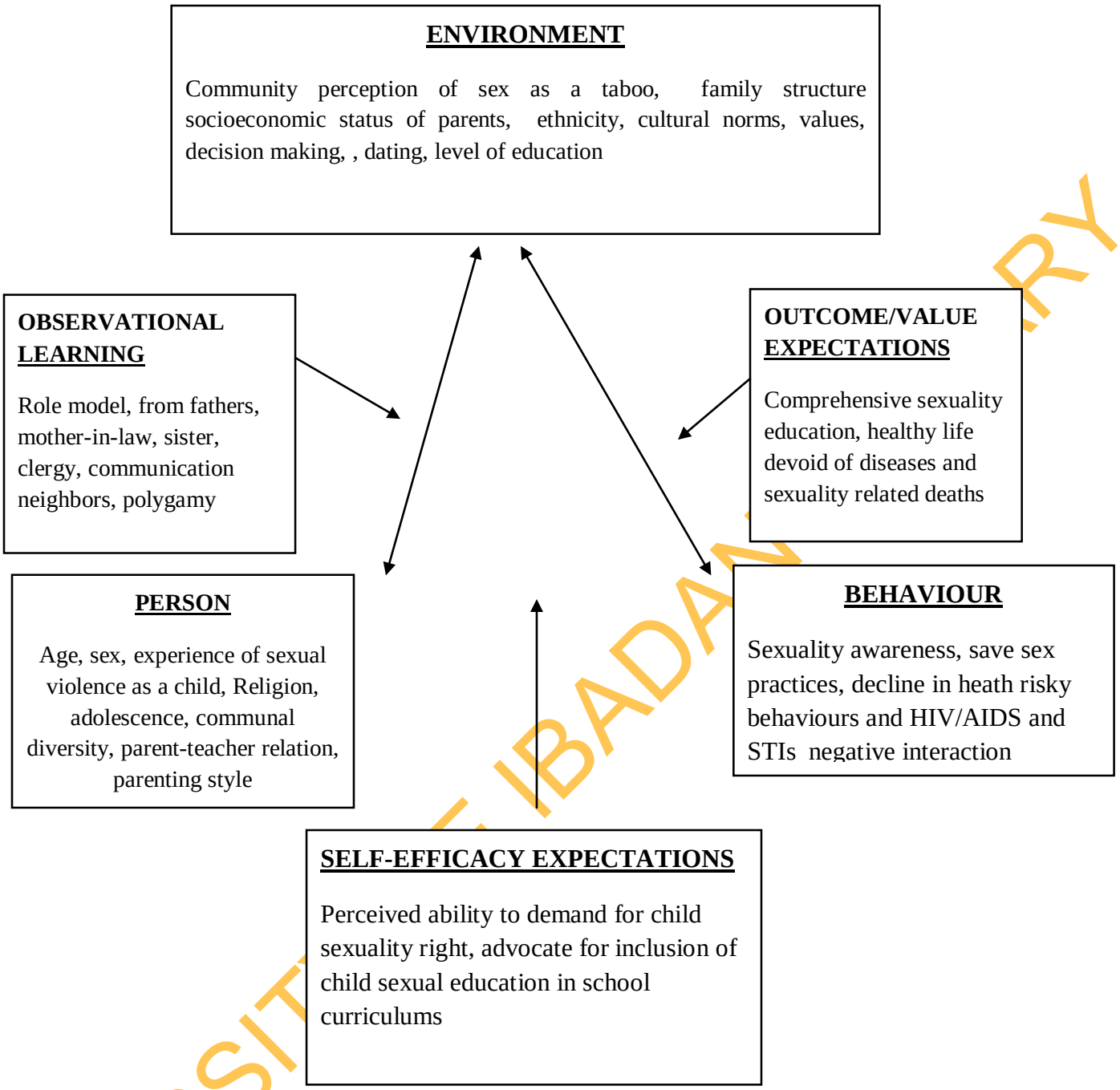

Figure 2.1: Conceptual framework showing the application of Social Learning Theory to the research.

2.20 Linkage between Social Learning Theory and the variables in the questionnaire

The set of variables of this study were categorized based on the concept of Bandura's (1986) conceptual framework of social learning theory. For this reason, the questionnaire was designed to suit the following factors:

Personal process (cognition)

Personal factor included variables such as knowledge and awareness of HIV, STIs and aspects of reproductive health, attitude to relevant services, sexual and gender attitude, perceived vulnerability to reproductive health risk, general lifestyle, self esteem, locus of control, social activity, self efficacy and demographic variables (such as age, religiosity, marital status). Examples of questions that are relevant to this factor: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10b, 11, 11b, 12, 14, 19, 27, 28, 39, 40, 41, 42, 45, 46, 50 and 53 (Appendix I).

Environmental factors

Environmental factor included variables such as access and contact with sources of support and information, social culture, value and norm as a social support/model to reproductive health. Examples of questions that are relevant to this factor: 26, 29, 32, 33, 36, 38, 42, 51, 55, 55b, 55c, 56 and 57 (Appendix I).

Behavioral factor

Behavioral factor included variables such as orientation, experience, health invent on Sexual Transmitted Infection/STI's, pregnancy and abortion. Examples of questions that are relevant to this factor: 30, 31, 34, 35, 37, 44, 54, 54b and 54c (Appendix I).

CHAPTER THREE
METHODOLOGY

3.1 Research Design

This study is a descriptive cross-sectional design which investigated parents' perception and attitude regarding sexuality education for in-school adolescents.

3.2 Description of the Study Area

The study was carried out in Ibadan South-East Local Government Area which is situated in Oyo-state, Nigeria. Ibadan South East Local Government has its headquarters at Mapo. The Local Government covers an area of about 80.537 hectares of land with 2010 estimated population of 301,775, using a growth rate of 3.2% from 2006 census. Ibadan South-East Local Government Area is subdivided into 12 wards. It has a population density of 5,181 persons per square kilometer. The Local Government area shares boundaries with Ibadan South West and North East Local Governments. Oluyole Local Government Area also bounds it to the south. It is an urban area which does not allow for much farming activities. Yoruba and other tribes dominate the area. The residents are engaged in various economic activities ranging from trading, transportation business and civil service. The symbols of tradition are evident in the Local Government Area. The official residence of Olubadan of Ibadan, the Mapo Hall, statue of Hero of Ibadan, Iba-Oluyole at Beere roundabout, Efunsetan at Orita-Challenge, Ibadan among others are located in the area.

3.3 Study Population

The study population consisted of parents of adolescents in secondary schools in Ibadan South-East Local Government Area, Ibadan, Oyo State.

3.4 Inclusion Criteria

Parents living in Ibadan South-East Local Government Area who have adolescents of 10-19 years, who agreed to participate in the study and gave their consent.

3.5 Exclusion Criteria

- Parents who declined taking part in the research (Provided an informed dissent).
- Parents who were ill as of the time of contact were excluded.
- Parents with no children of adolescent age.

3.6 Determination of Sample Size

The sample size (n) was determined by using the formula:

$$n = \frac{Z^2 p(1-p)}{d^2}$$ (Araoye, 2004)

Where n= minimum sample size required

Z= confidence limit of survey at 95% (1.96)

P= prevalence (that is, the perception of parents towards inclusion of sexuality education in school. 87%). This gives a p of 0.87. (Konwea et al. 2015).

d= absolute deviation from true value (degree of accuracy) =5% = 0.05

$$n = \frac{1.96^2 \times 0.87 \times (1 - 0.87)}{0.05^2} = 173$$

A non-response rate of 10% of 173 was added to the sample size to address possible cases of loss and rejection of questionnaires due to filling

$\frac{173 \times 10}{100} = 17.3$ = this will be approximated to 17 questionnaires

Therefore, the minimum sample size estimate for the study is 173+17=190 questionnaires. However, to increase the rate at which the results of the study can be generalized and inferred on the study population, the sample size was rounded up to 250. To increase the precision and generalization of the research, the sample size was increased by a factor of 2. Hence, the total sample size is 500.

3.7 Sampling Procedure

A multistage sampling method was employed in this study. A sample of five hundred (500) parents with adolescent (10-19 years) participated in the study. The selection of respondents involved three (3) stages.

Stage 1: Six (6) wards were selected out of the twelve (12) wards in Ibadan South-East Local Government Area by simple random technique.

Stage 2: This involved the selection of six communities under each selected wards using simple random sampling technique.

Stage 3: This involved selection of 10 houses under each selected communities of the identified ward using systematic sampling technique. The investigator moved to the centre of each community and a bottle was spinned. The spinned bottle was allowed to turn round unhindered and allowed to come to rest. The interview started from the part of the community to which the mouth of the bottle was pointing to. Every second house in the community in that direction was selected by balloting for interview if more than one eligible respondent was met in the house. In a house where one respondent was met, he or she was selected purposively for the interview with his/her consent.

3.8 Instruments for Data Collection

Data was obtained using semi structured questionnaire. The questionnaire contained six different sections. Section A contained the socio-demographic data and it was used to measure the factors that influence parents' perception regarding sexuality education for in-school adolescents. Section B contained awareness of parents on sexuality education curriculum. Section C contained information to assess the parents' knowledge on sexuality education and the perception of parents regarding sexuality education for in-school adolescents was contained under section D. The attitude of parents regarding sexuality education for in-school adolescents was under section E while section F contained sexuality education implementation in school.

3.9 Validity of the Research Instrument

Validity of the instrument was ensured through the development of a draft instrument by consulting relevant literatures, subjecting the draft to independent, peer and expert reviews particularly experts in Public Health and comments from supervisor was used to further fine-tune the instruments. Pre-testing of instrument with 10% of sample with homogenous characteristics was conducted in Ibadan North Local Government Area, Ibadan, Oyo State.

3.10 Reliability of the Research Instrument

Reliability refers to the consistency of a measure. A measure is said to have high reliability if it produces consistent results under consistent conditions. Copies of the questionnaire were coded, entered into a computer and analysed. Reliability was determined using the Cronbach's Alpha coefficient. A reliability coefficient of 0.874 which is closer to 1 was obtained on the study. This affirms the questionnaire to be reliable.

3.11 Data Collection Procedure

To administer the questionnaires, five research assistants were trained to administer and retrieve the questionnaires. The research assistants were given adequate information about the objectives of the research project, data collection process, sampling procedures and the content of the questionnaire to avoid probable mistakes that could affect the result of the study. A letter of introduction from the Head of Department of Health Promotion and Education and Ethical approval from the Oyo State Research Ethical Review Committee were shown as proofs to the respondents when requested. The parents were given an explanation about the purpose and objective of the study before they were asked for consent and to fill in the questionnaire. The researcher provided adequate supervision to the research assistants and also participated in data collection. The research assistants submitted the completed questionnaires to the researcher on a daily basis which were checked for errors, cleaned and numbered serially for easy identification and data recollection.

3.12 Method of Data Management

The researcher checked all copies of administered questionnaire one after the other for completeness and accuracy. Serial numbers were assigned to each question for easy identification and for correct data entry and analysis. A coding guide was developed to code and enter each question into the computer for analysis.

3.13 Data Analysis

Analysis was done with the use of Statistical package for Social Sciences (SPSS) version 20. Continuous variable was analyzed using mean and standard deviation; qualitative variables for example age, knowledge, attitude and perception scores were grouped into categories.

Chi square was used to check for relationship between categorical variables at 95% CI. A p-value of less than 0.05 was considered to be statistically significant. The knowledge score of the respondent was scaled between 0-27 with Yes =2, No=1 and I don't know =0. When categorized on ordinal scale of good, fair & poor, Poor=0-10, Fair=11-20 and Good=21 – 27. Perception score was scaled 0-26 with 0-22 for poor perception and 23-26 for good perception. Attitude score was between 11-55 and when categorized, 11- 40 was assigned "negative attitude" while 41-55 was assigned "positive attitude".

3.14 Quality control

The following qualities were ensured during the research work;

1. Research assistants were trained on the various data collection procedures.
2. The respondents were interviewed based on the objectives of the study.
3. Data was sorted and cleaned during and after collection daily to ensure that important variables were not missed by the respondents.

3.15 Ethical approval

Ethical approval was obtained from the Oyo State Ministry of Health Ethics Review Committee in the Local Government Area. Also, the participants were given full details concerning the research before being asked to take part in it so as to ensure that they fully understood the research. No participant was coerced to participate and decision to participate was solely that of the participants. The privacy, confidentiality and anonymity of the research participants were ensured when the questionnaire was used for data collection.

3.16 Confidentiality

To ensure anonymity and confidentiality of information provided by participants in this study, only serial numbers were used to identify respondents on questionnaires, and the data was strictly safeguarded. Information sharing was only among research team members.

3.17 Beneficence

The findings of this research will be made available to the Ministry of Health and Ministry of Education, Oyo State. This will help in ensuring that parents are sensitized on the need for sexuality education to be taught among adolescents in secondary school.

3.18 Justice

Justice requires that the burden and benefits of participating in this research are equitably distributed among all segments of the community in which the research is carried out. This was ensured.

3.19 Limitation of study

The limitations encountered while carrying out the study were the unwillingness of many of the community members to participate in the research, as well as demand for monetary incentives. These challenges were overcome by explaining the objectives of the study to the respondents and making them to see the importance of teaching sexuality education in secondary schools for adolescents.

CHAPTER FOUR

RESULTS

4.1 Socio-demographic characteristics of respondents

A total of 500 respondents were interviewed and the socio demographic profile of the respondents is presented in Table 4.1a and 4.1b. The mean age of the respondents was 43.76±8.15 with more than half (55.9%) of the respondents between the ages of 41-60years. Females (56.5%) participated more in the study compared to males (43.5%). Christianity (57.6%) was the most practiced religion among the participants compared to Islam (39.8%) and Traditional religion (1.2%). Assessing the occupation of the respondent, Trading (58.6%) were the most practiced occupation and about half of the respondents (49.6%) have tertiary level of education. Yoruba (90.1%) is the predominant ethnic group among the respondents with almost all the respondents (97.4%) still married. Only 2.6% of the respondent reported to be divorced. Two-fifth (41%) of the family reported having two adolescent children. When class of the index adolescent child was assessed, one-third (33.2%) of the adolescents were in JSS2 (Table 4.1a and 4.1b).

Table 4.1a: Socio-demographic characteristics of respondents

Variable	Frequency	Percentage
Age in Years(N=481)		
21-40years	200	41.6
41-60years	269	55.9
61 and above	12	2.5
Gender (N=492)		
Male	214	43.5
Female	278	56.5
Religion(N=483)		
Christianity	278	57.6
Islam	199	41.2
Traditional	6	1.2
Occupation(N=490)		
Trader	287	58.6
Teacher	83	16.9
Artisan	49	10.0
Driver	23	4.7
Doctor	22	4.5
Civil Servant	12	2.4
Nurse	6	1.2
Estate Manager	5	1.0
Architect	1	0.2
Farmer	1	0.2
Pharmacist	1	0.2
Level of Education		
No formal Education	23	4.6
Primary	39	7.8
Secondary	190	38.0
Tertiary	248	49.6
Ethnic Group(N=494)		
Yoruba	445	90.1
Igbo	42	8.5
Hausa	3	0.6
Others(Ibibio, Idoma, Urhobo)	4	0.8

Table 4.1b: Socio-demographic characteristics of respondents

Variable	Frequency	Percentage
Marital Status		
Married	487	97.4
Divorced	13	2.6
No of Adolescent Children		
One	152	30.4
Two	205	41.0
Three	111	22.2
Four	30	6.0
Five	2	0.4
Class of Index Adolescent Child(N=485)		
JSS1	83	17.1
JSS2	161	33.2
JSS3	116	23.9
SS1	68	14.0
SS2	18	3.7
SS3	39	8.0

4.2 Awareness on sexuality education curriculum

Table 4.2 shows parents awareness on sexuality education. About half (52.5%) of the respondents were aware of the family life and HIV education into secondary school curriculum while 47.5% of the respondents were not aware. The commonest source of the awareness is radio (40.9%). More than half (55.7%) of the respondents do not know if the curriculum is taught in their children's school. Only few (22.7%) were aware that sexuality education is being taught in their children's school. When asked what is been taught, about one-third (28.4%) reported abstinence, 22.0% reported observation of changes in the body. No idea on content was reported by 8.3% of the respondents (Table 4.2).

Table 4.2: Parental awareness on sexuality education curriculum

Variable	Frequency	Percentage
Are you aware of introduction of family life and HIV Education into school's curriculum		
Yes	259	52.5
No	234	47.5
If yes, Source of awareness(N=259)		
Radio	106	40.9
Television	73	28.2
School teachers	36	13.9
Friends	27	10.4
Hospital	3	1.2
Sexuality Education taught in your child's school		
Yes	109	22.7
No	104	21.6
I don't know	268	55.7
If yes, What is being taught (N=109)		
Abstinence	31	28.4
Observation of changes in their body	24	22.0
How to protect themselves from HIV	9	8.3
Family life and sex education	6	5.5
Moral Education	6	5.5
How to prevent pregnancy	3	2.8
Sexual intercourse	3	2.8
Function and role of sex organs	2	1.8
How to take care of their sensitive part of the body	2	1.8
Sexual harassment	2	1.8
Basic science	1	0.9
How to use condom	1	0.9
How to avoid rape	1	0.9
Danger of indulging in premarital sex	1	0.9
No idea on content	9	8.3

4.3 Parents knowledge on sexuality education curriculum

Knowledge on sexuality education curriculum was assessed among the respondents. The result is shown in Table 4.3a and 4.3b. Respondents were asked what they understood by sexuality education. 52.6% of the respondent said "it is sex education among young people, telling them about safe sex options and sex hazard" while 14.8% said it teaches about abstinence and 8.9% said "it is the process of acquiring information about sexual development, sexual and reproductive" (Table 4.3a).

Question was asked to assess knowledge on if family life education is being taught in Nigeria schools, majority (67.7%) of the respondent said "yes "(Table 4.3a).

Respondents were asked if one of the goals of family life education is to provide accurate sexual and reproductive health information for young people. Majority (89.3%) said "Yes" (Table 4.3a).

When asked if lack of information on family issues and sexuality is the major cause of premarital sexual behavior among adolescent, majority (90.1%) of the respondents said "yes". A question was also asked if "Family Life Education (FLE) as a preventive educational strategy aims at assisting and providing individuals with information and skills necessary for rational decision-making about their sexual health, changing and effecting behavior change, and preventing the occurrence and spread of HIV/AIDS". Almost all (93.2%) the respondents said "yes" (Table 4.3a).

The respondents were asked if Family Life Education is one of the core aspects of population education which encompasses issues of family life, sex, the environment and health. Majority (89.8%) said "yes" (Table 4.3a).

Family Life and HIV/AIDS Education (FLHE) should be introduced into the school curricula at the basic and secondary school levels as well as in teacher training institutions, 92.0% said yes. The broad goal of FLHE is the prevention against HIV/AIDS through awareness and education, 91.8 said yes (Table 4.3b).

There was a mixed reaction when the respondents were asked if sexuality education teach children on how to have sex, about one-fourth (37.3%) said “yes” (Table 4.3b).

One of the goals of FLHE implementation in schools is to delay the initiation of sexual intercourse 83.8% said “yes” (Table 4.3b).

The respondents were asked if personal skills such as self esteem, communication and values taught in your child’s school, majority (68.0%) said “yes” and when asked if ‘Human development such as characteristics of puberty taught in your child’s school’, almost all (71.4%) also said “yes” (Table 4.3b).

When the parents were asked “Has your child been taught about HIV/AIDS and HIV infection in their school”, majority (76.4%) of the respondents said “yes” (Table 4.3b).

When asked if relationships, society and culture are taught as contents of sexuality education in your child’s school, more than half (67.8%) of the respondents said “yes” (Table 4.3b).

The mean knowledge score is 22.35±4.59. Among the respondents, majority (75.0%) had good general knowledge on sexuality education among adolescents. Only 2.4% of the respondent had poor general knowledge on sexuality education curriculum (Fig 4.1).

Table 4.3a: Parents knowledge on sexuality education curriculum

Variable	Frequency	Percentage
What do you understand by Sexuality Education(N=365)		
Sex education among young people (safe sex options and sex hazards)	192	52.6
Teaching of Abstinence	54	14.8
The process of acquiring information about sexual development, sexual and reproductive health	32	8.9
Talking to adolescent about which is right or wrong	20	5.5
HIV/AIDS/ Sex related diseases and its prevention	13	3.3
About relationship	3	0.8
About role of gender	2	0.8
I don't know	49	13.7
Family life Education are taught in Nigeria schools		
Yes	336	67.7
No	46	9.3
I don't know	114	23.0
One of the goals of family life education is to provide accurate sexual and reproductive health information for young people		
Yes	442	89.3
No	29	5.9
I don't know	24	4.8
Lack of information on family issues and sexuality is the major cause of premarital sexual behavior among adolescent?		
Yes	448	90.1
No	21	4.2
I don't know	28	5.6
Family Life Education (FLE) as a preventive educational strategy		
Yes	466	93.2
No	16	3.2
I don't know	18	3.6
FLE is one of the core aspects of population education which encompasses issues of family life, sex, the environment and health		
Yes	449	89.8
No	23	4.6
I don't know	28	5.6

Table 4.3b: Parents knowledge on sexuality education curriculum

Variable	Frequency	Percentage
Family Life and HIV/AIDS Education (FLHE) should be introduced into the school curricula at the basic and secondary school levels as well as in teacher training institutions		
Yes	460	92.0
No	24	4.8
I don't know	16	3.2
The broad goal of FLHE is the prevention against HIV/AIDS through awareness and education		
Yes	459	91.8
No	27	5.4
I don't know	13	2.6
Does Sexuality Education teach children on how to have sex		
Yes	185	37.3
No	245	49.4
I don't know	66	13.3
One of the goals of FLHE implementation in schools is to delay the initiation of sexual intercourse		
Yes	415	83.8
No	45	9.1
I don't know	35	7.1
Are Personal skills such as self esteem, communication and values taught in your child's school		
Yes	340	68.0
No	73	14.6
I don't know	87	17.4
Is Human development such as characteristics of puberty taught in your child's school		
Yes	352	71.0
No	57	11.5
I don't know	87	17.5
Has your child been taught about HIV/AIDS and HIV infection in their school		
Yes	382	76.4
No	50	10.1
I don't know	64	12.9
Are relationships, society and culture taught as contents of sexuality education in your child's school		
Yes	339	67.8
No	61	12.2
I don't know	98	19.7

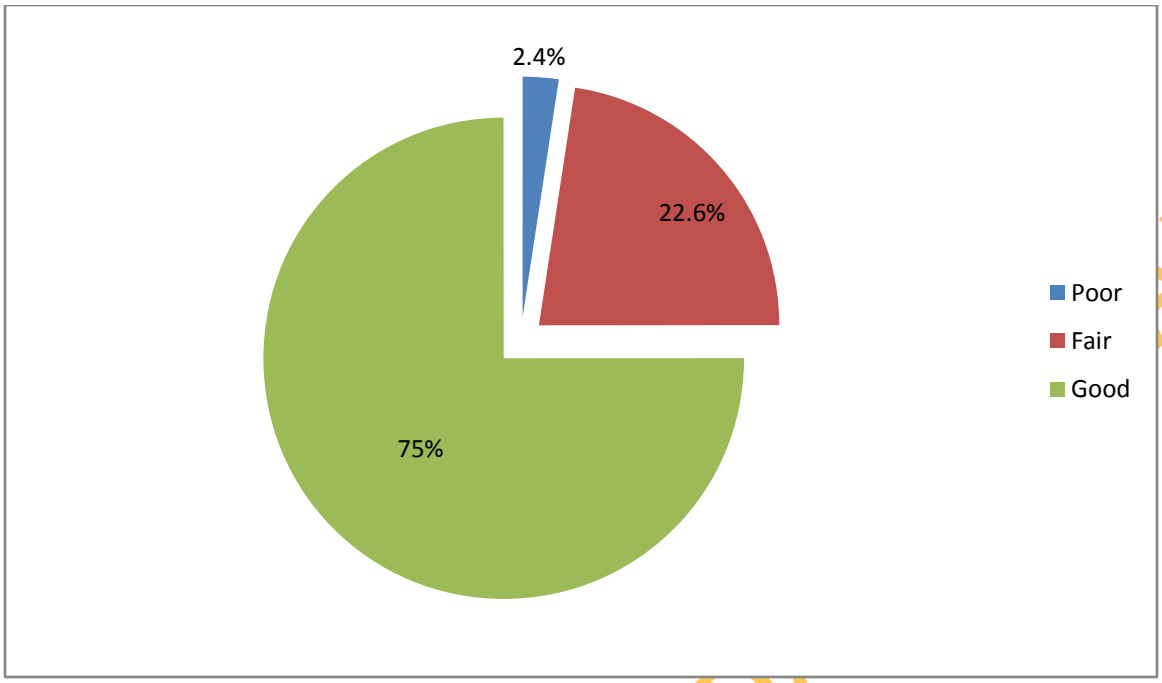

Fig 4.1: Respondents level of knowledge on sexuality education curriculum

4.4 Perception of parents regarding sexuality education for in-school adolescent

Parents' perception regarding sexuality education was assessed among the respondents. The result is presented in Table 4.4. Majority of the respondent strongly agree (50.4%) that sexuality education should be taught at all classes in secondary school. Majority (43%) and (41.6%) also strongly disagree that "It is too early to teach sexuality education to secondary school children" and "sexuality education should be taught secretly" respectively. More than half (56.8%) of the respondent agree that sexuality education should be taught as a separate subject in school.

About half (48.2%) of the respondents agree that male teachers should teach sexuality education for males only while similar percentage (48.0%) also agree that female teachers should teach sexuality education for females only.

One-third (38.6%) of the respondents agree that teaching of sexuality education in school exposes children to sex the more. About half (43.6%) and (48.4%) strongly agreed and agreed teaching of sexuality education in school reduces the rate of unwanted pregnancies in the society respectively.

54.4% agreed that it is the responsibility of the school to teach sexuality education to the students while 53.6 strongly agreed that parents should be in the best position to teach sex related issues to their children.

Majority (50.2%) agreed that sexuality education should be included among relevant subjects and 52.4% strongly agreed that there should be specialized trained teachers who teach sexuality education.

Sexuality education should be taught in schools was strongly agreed by 47.8% and was agreed by 48.6% while only 2.8% were undecided about the subject matter.

The mean perception score of the respondents is 22.69±3.08 and it was shown that 68.4% had good perception towards sexuality education among in-school adolescents (Fig 4.2).

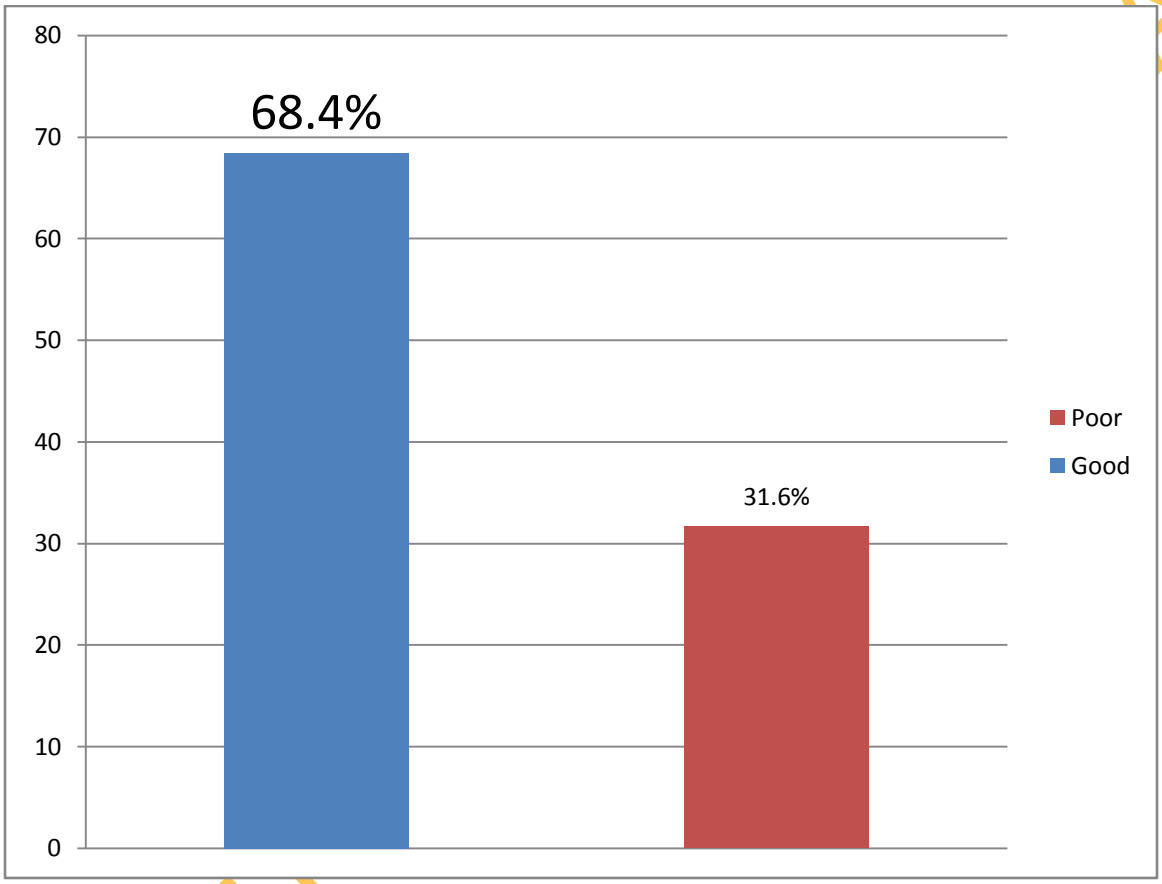

Fig 4.2: Respondents perception to sexuality education for in-school adolescent.

Table 4.4: Perception of parents regarding sexuality education for in-school adolescent

Statements	Strongly Agree (%)	Agree (%)	Strongly Disagree (%)	Disagree (%)	Undecided (%)
Sexuality Education should be taught at all classes in secondary school	252(50.4)	226(45.2)	7(1.4)	5(1.0)	10(2.0)
It is too early to teach sexuality education to secondary school children	34(6.8)	57(11.4)	215(43.0)	155(31.0)	39(7.8)
Sexuality education should be taught secretly	36(7.2)	96(19.2)	208(41.6)	81(16.2)	79(15.8)
Sexuality education should be taught as a separate subject in school	132(26.4)	284(56.8)	27(5.4)	27(5.4)	35(7.0)
Male teachers should teach sexuality education for males only	180(36.0)	241(48.2)	22(4.4)	22(4.4)	35(7.0)
Female teachers should teach sexuality education for females only	189(37.8)	240(48.0)	18(3.6)	23(4.6)	30(6.0)
Teaching of sexuality education in school exposes children to sex the more	109(21.8)	193(38.6)	53(10.6)	64(12.8)	81(16.2)
Teaching of sexuality education in school reduces the rate of unwanted pregnancies in the society	218(43.6)	242(48.4)	9(1.8)	4(0.8)	27(5.4)
It is the responsibility of the school to teach sexuality education to the students	188(43.6)	272(54.4)	4(0.8)	13(2.6)	23(4.6)
Parents should be in the best position to teach sex related issues to their children	268(53.6)	200(40.0)	4(0.8)	5(1.0)	23(4.6)
Sexuality Education should be included among relevant subjects	205(41.0)	251(50.2)	5(1.0)	4(0.8)	35(7.0)
There should be specialized trained teachers who teach sexuality education	262(52.4)	192(38.4)	12(2.4)	9(1.8)	25(5.0)
Sexuality Education should be taught in schools	239(47.8)	243(48.6)	4(0.8)	0(0)	14(2.8)

4.5 Parental attitude regarding sexuality education for in-school adolescent

Majority of the respondents strongly agree (50%) that teaching of sexuality education is something "I would always want to encourage". Majority (46%) and (42.4%) also strongly agree that "Sexuality education should focus on safe sex" and "Sexuality education should teach abstinence from sex" respectively. About half (46.8%) of the respondents agree that teaching of sexuality education will be acceptable to me if female teachers can teach female students (Table 4.5).

Majority (50.0%) and (44.6%) of the respondent strongly agreed and agreed that sexuality education will reduce the rate of teenage pregnancy while similar percentage (48.4%) and (46.6%) also strongly agreed and agreed that sexuality education will reduce HIV/AIDS transmission among children (Table 4.5).

About one-third (27%) of the respondents strongly disagree and 23.8% disagree that sexuality education promotes immoral behavior while 23% and 15.4% agree that it promotes immoral behavior (Table 4.5).

About half (48.6%) of the respondents strongly disagreed that teaching of sexuality education should be discouraged (Table 4.5).

"I am indifferent to the teaching of sexuality education to adolescents" was agreed by 40% of the respondents while more than half (58.0%) of the respondents agreed also that teaching of sexuality education is good because it gives a person the opportunity to correct misconception about the subject matter (Table 4.5).

The mean attitudinal score of the respondents is 42.61±4.78 and it was shown that 67.2% had positive attitude towards sexuality education among in-school adolescents (Figure 4.3).

Table 4.5: Parental attitude regarding sexuality education for in-school adolescent

Statements	Strongly Agree (%)	Agree (%)	Strongly Disagree (%)	Disagree (%)	Undecided (%)
Teaching of sexuality education is something I would always want to encourage	250(50.0)	237(47.4)	2(0.4)	2(0.4)	9(1.8)
Sexuality education should focus on safe sex	170(34.0)	230(46.0)	26(5.2)	16(3.2)	58(11.6)
Sexuality education should teach abstinence from sex	258(51.6)	212(42.4)	3(0.6)	5(1.0)	22(4.4)
Teaching of sexuality education will be acceptable to me if female teachers can teach female students	215(43.0)	234(46.8)	11(2.2)	9(1.8)	31(6.2)
Sexuality education will reduce the rate of teenage pregnancy	250(50.0)	223(44.6)	1(0.2)	4(0.8)	22(4.4)
Sexuality education will reduce HIV/AIDS transmission among Children	242(48.4)	232(46.4)	4(0.8)	7(1.4)	15(3.0)
It promotes immoral behavior	115(23.0)	77(15.4)	135(27.0)	119(23.8)	54(10.8)
Teaching of sexuality education should be discouraged	46(9.2)	51(10.2)	243(48.6)	89(17.8)	71(14.2)
I am indifferent to the teaching of sexuality education to adolescents	65(13.0)	204(40.8)	92(18.4)	34(6.8)	105(21.0)
Teaching of sexuality education is good because it gives a person the opportunity to correct misconception about the subject matter	171(34.2)	290(58.0)	2(0.4)	2(0.4)	35(7.0)
Exposure of student to sexuality education will lead to experimentation	95(19.0)	214(42.8)	60(12.0)	65(13.0)	66(13.2)

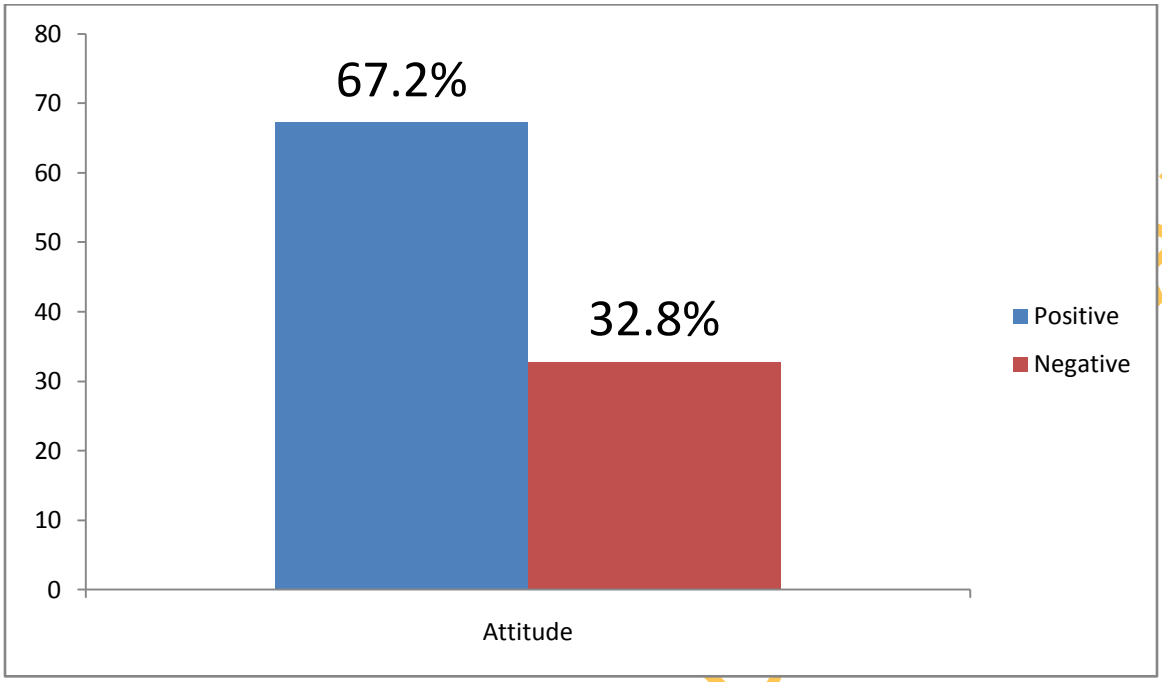

Figure 4.3: Attitude categorization of respondent towards sexuality education for in-school adolescents.

4.6 Respondents opinion on sexuality education implementation in school

Table 4.7 showed what the respondent viewed as the aspect of sexuality education to be included in school curriculum. The respondents were given the opportunity to select as many options as possible as regards the aspect of sexuality education to be included in the curriculum. Most respondents (78.4%), (72.2%), (71.4%), (73.8%), (69.2%), (70.6%), (51.4%), (61.2%) and (76.6%) stated that Pregnancy/human reproduction, Healthy relationship, Birth control method and effectiveness, Puberty characteristics/ changes in the body, How to avoid sexual coercion, Sexual abuse and prevention, Reporting sexual advances/aggression, Function of sexual organ in the body and Rape and how to avoid it should be included in the curriculum respectively. Also more than half (59.0%) also viewed that abortion and its consequences should be included but only 46.2% viewed that the use of condom should also be included in the sexuality education curriculum. Majority (71.0%) of the respondent also said that skills on refusal of sexual advances and harassment should be included. About two-fifth (35.6%) and (41.6%) of the population supported the inclusion of masturbation and proper names for part of the body respectively. Surprisingly, a minimal proportion (0.8%) and (0.2%) of the respondents supported the inclusion of STI/HIV and female genital mutilation topic in the sexuality education curriculum to in-school adolescents.

Table 4.8 showed the responses of the respondent on who should teach sexuality education in secondary school. Most (59.7%) of the respondents reported that health professional/trained expert are in the best position to teach sexuality education in secondary schools.

When the respondents were asked about the appropriate age at which sexuality education should be taught to adolescent, about two-fifth (39.7%) of the respondents believe that at age 10, adolescents can be the introduced to sexuality education. The mean age for introduction of sexuality education to adolescents as suggested by the respondents is 12.97±9.7 (Table 4.9).

As shown in fig 4.4, majority (55.4%) of the respondents supported that sexuality education should be introduced to adolescents from JSS1.

Table 4.6: What aspect of sexuality education do you want included in school curriculum

Variable	Frequency	Percentage (%)
Pregnancy/human reproduction	392	78.4%
Healthy relationship	361	72.2%
Birth control method and effectiveness	357	71.4
Puberty characteristics/ changes in the body	369	73.8
How to avoid sexual coercion	346	69.2
Sexual abuse and prevention	353	70.6
Reporting sexual advances/aggression	257	51.4
Function of sexual organ in the body	306	61.2
Rape and how to avoid it	383	76.6
Abortion and its consequence	259	59.0
Masturbation	178	35.6
The use of condom	231	46.2
Refusals of sexual advances and harassment	355	71.0
Proper names for body parts	208	41.6
STI and HIV/	4	0.8
Female genital Mutilation	1	0.2

*Responses were multiple choices

Table 4.7: Who should teach sexuality education in secondary schools

Variable	Frequency	Percentage (%)
Health professional/trained expert	295	59.7
Teacher	103	20.9
Student(peer group)	28	5.7
School Nurse	23	4.7
Biology teacher	21	4.3
Guidance and counselor	18	3.6
Social study teacher	2	0.4
Invited parent	2	0.4
Science parent	1	0.2
Not necessary someone from school	1	0.2

Table 4.8: Age at which sexuality education should be taught to adolescents

Variable	Frequency	Percentage (%)
Age in years		
10	196	39.7
11	42	8.5
12	135	27.3
13	29	5.9
14	16	3.2
15	25	5.1
16	21	4.3
17	6	1.2
18	13	2.6
19	11	2.2

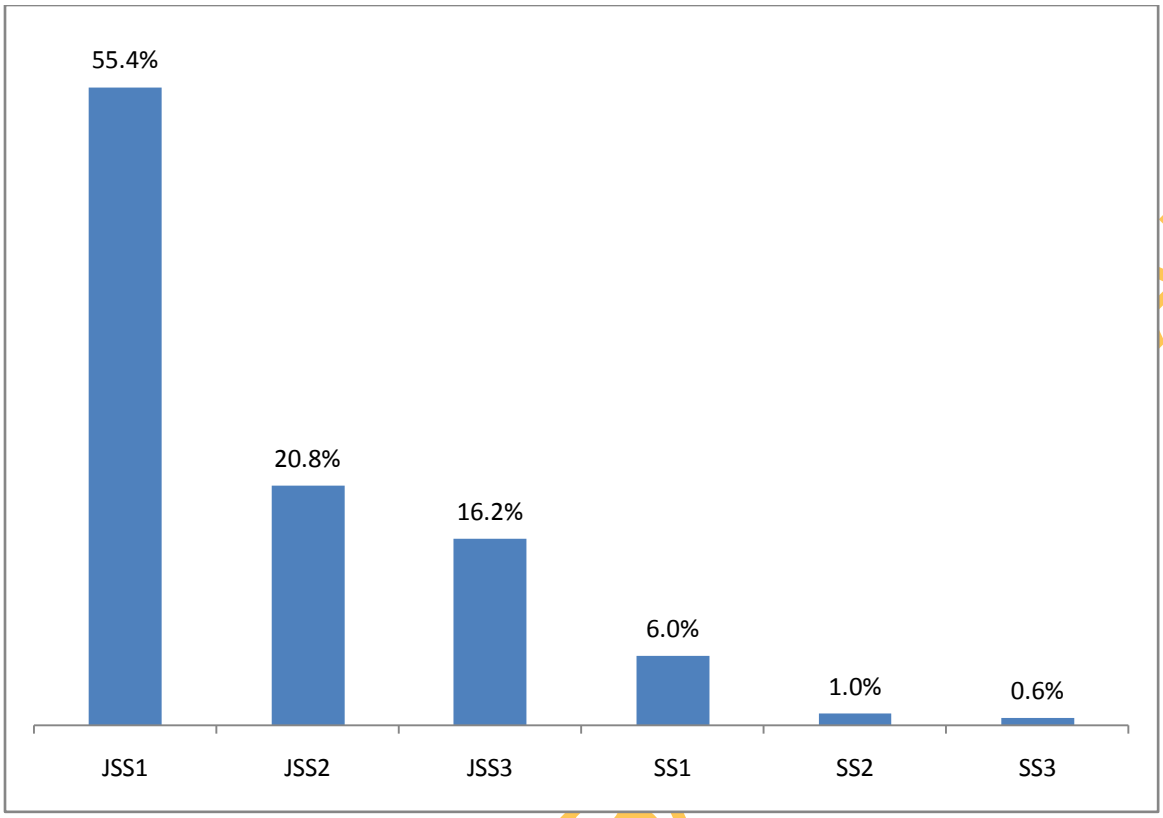

Fig 4.4: Level/class at which sexuality education should be introduced in secondary school.

4.7 Parent and adolescent sexual education communication

Table 4.10 and 4.11 assessed respondent's communication of sexual related issues with adolescents and their personal experience on sexual education as adolescent while growing up. Table 4.10 assessed sexual education communication between the respondent and their adolescent. Majority (53.0%) of the respondents have not discussed sexual related issues with their children. Among those that have discussed sexual related issues with their adolescents (231, 47.0%), the commonest topic was "abstinence from sex" with 47.2%. Reason for not discussing sexual related issues with adolescents was also assessed among those who had not discussed the topic to their adolescents. A lot of reasons were given but the most supported reason was "lack of time" which was reported by 26.1%. Due to the nature of the subject matter, 24.9% reported "no reason/I don't know".

Table 4.11 showed respondent sexual education experience while growing up was asked. Fifty percent (50.4%) of the respondents said their parent did not discuss sex related issues with them while growing up. When asked "why No" about two-fifth (38.1%) reported that "they don't know/No reason" while 25.0% refused to answer the question. Among those that gave reasons, the commonest reason for not discussing the issue is that "parents do not have time". Among those who had sexual related topic discussion with their parent, "Abstinence" (43.0%) was the most discussed sexual related topic.

Relationship between class of adolescent and parents' response to aspect to be included in school curriculum is shown in table 4.12a to table 4.12c. Sexual advances and aggression ($p=0.001$), was supported to be introduced in junior class and above, this was found to be statistically significant. However, abortion and its consequences ($p=0.000$), Masturbation ($p=0.000$), and Use of Condom ($p=0.000$) were supported to be introduced at senior class with larger percentage of the respondents declining the inclusion. This was found to be statistically significant ($p<0.05$) (Table 4.12b).

Table 4.9: Parents and adolescent sexual education communication

Variable	Frequency	Percentage (%)
Have you ever discussed sexual related issues with your children?		
Yes	231	47.0
No	261	53.0
If Yes, what were the things discussed(N=231)		
Abstinence	109	47.2
HIV/AIDS	6	2.6
Usage of condom	1	0.4
Sexual relation with opposite sex	28	12.1
Resist sexual harassment from opposite sex	16	6.9
Learn from others mistakes	1	0.4
Changes in the body	15	6.5
Prevention of unwanted pregnancy	13	5.6
Sexual intercourse	16	6.9
Function of some part of the body	5	2.2
Menstruation	11	4.8
Virginity	2	0.9
If No, why(N=261)		
My children were well brought up	1	0.4
Felt they were too young	28	10.7
I did not have time	68	26.1
It never occurred to me	8	3.1
My children are not bad children	3	1.1
They should be taught in school	12	4.6
Fear of practicing it	2	0.8
Gender	5	1.9
I chose not to tell them	2	0.8
Mother should be in the best position to tell them	9	3.4
No reason/I don't know	85	24.9

Table 4.10: Respondents sexual education experience while growing up

Variable	Frequency	Percentage (%)
When you were growing up, did your parent discuss sex related issues with you?		
Yes	235	49.6
No	252	50.4
If No, why(N=152)		
Parent were illiterate	5	2.0
Parent do not have time	21	8.3
Parent never thought about it	11	4.4
Parent felt we were too young	5	2.0
We were brought up in godly manner	6	2.4
Did not stay with parents	8	3.2
Adolescent sex education were not happening during the time	10	4.0
Parent were separated	3	1.2
Parent died when young	4	1.6
Parent not friendly	2	0.8
Ignorance	3	1.2
Because I'm a male child	7	2.8
Brought up by someone else	1	0.4
I don't know/No reason	96	38.1
If yes, what were the things discussed		
Sex is bad	5	2.1
Sex is against the will of God	3	1.3
Abstinence	101	43.0
HIV/AIDS	1	0.4
How to use condom	3	1.3
How to avoid rape	3	1.3
Relationship with opposite sex	41	17.4
Avoid unwanted pregnancy	28	11.9
How to have sexual intercourse	3	1.3
Abortion	1	0.4
Menstruation	15	6.4
Virginity	5	2.1
How to take care of the body	4	1.7
Puberty	3	1.3

Table 4.11a: Relationship between class of adolescent and parents' response to aspect to be included in school curriculum

Variable	Class/level of adolescent		X^2	df	p-value
	JSS1-JSS3	SS1-SS3			
Pregnancy/ Human Reproduction			2.087	1	0.068
Yes	282(74.2%)	98(25.8%)			
No	78(74.3%)	27(25.7%)			
Total	360(74.2%)	125(25.8%)			
Healthy relationship			2.923	1	0.087
Yes	253(72.1%)	98(27.9)			
No	106(79.7%)	27(20.3)			
Total	359(74.2%)	125(25.8%)			
Birth control method and effectiveness			0.806	1	0.369
Yes	260(75.4%)	85(24.6%)			
No	100(71.4%)	40(28.6)			
Total	360(74.2%)	125(25.8%)			
Puberty			1.393	1	0.238
Yes	263(72.9%)	98(27.1%)			
No	97(78.2%)	27(21.8%)			
Total	360(74.2%)	125(25.8%)			
How to avoid Sexual coercion			0.037	1	0.847
Yes	251(74.5%)	86(25.5%)			
No	109(73.6%)	39(26.4%)			
Total	360(74.2%)	125(25.8%)			
Sexual abuse and prevention			0.068	1	0.794
Yes	255(74.6%)	87(25.4%)			
No	105(73.4%)	38(26.6%)			
Total	360(74.2%)	125(25.8%)			

Table 4.11b: Relationship between class of adolescent and parents' response to aspect to be included in school curriculum

Variable	Class/level of adolescent		X^2	df	p-value
	JSS1-JSS3	SS1-SS3			
Sexual Advances/aggression			10.457	1	0.001
Yes	170(68.0%)	80(32.0%)			
No	190(80.9%)	45(19.1%)			
Total	360(74.2%)	125(25.8%)			
Function of sexual organ in the body			0.000	1	0.989
Yes	222(74.2%)	77(25.8%)			
No	138(74.2%)	48(25.8%)			
Total	360(74.2%)	125(25.8)			
Rape and how to avoid it			1.437	1	0.231
Yes	272(72.9%)	101(27.1%)			
No	88(78.6%)	24(21.4%)			
Total	360(74.2%)	125(25.8%)			
Abortion and its consequences			24.749	1	0.000
Yes	191(66.1%)	98(33.9%)			
No	169(86.2%)	27(13.8%)			
Total	360(74.2%)	125(25.8%)			
Masturbation			24.407	1	0.000
Yes	108(61.7%)	67(38.3%)			
No	252(81.3%)	58(18.7%)			
Total	360(74.2%)	125(25.8%)			
Use of condom			17.719	1	0.000
Yes	149(65.4%)	79(34.6%)			
No	211(82.1%)	46(17.9%)			
Total	360(74.2%)	125(25.8%)			

Table 4.11c: Relationship between class of adolescent and parents' response to aspect to be included in school curriculum

Variable	Class/level of adolescent		X^2	df	p-value
	JSS1-JSS3	SS1-SS3			
Refusal of sexual advances			3.607	1	0.058
Yes	97(68.3%)	45(31.7%)			
No	262(76.6%)	80(23.4%)			
Total	359(74.2%)	125(25.8%)			
Proper names for body parts			3.500	1	0.061
Yes	144(69.9%)	62(30.1%)			
No	216(77.4%)	63(22.6%)			
Total	360(74.2%)	125(25.8%)			
STI and HIV/AIDS			1.237	1	0.266
Yes	2(50.0%)	2(50.0%)			
No	358(74.4%)	123(25.6%)			
Total	360(74.2%)	125(25.8%)			
Female Genital Mutilation			0.348	1	0.555
Yes	1(100.0%)	0(0.0%)			
No	359(74.2%)	125(25.8%)			
Total	360(74.2%)	125(25.8%)			

4.8 Perceived barrier and benefit of teaching sexuality education in schools

Table 4.13 and 4.14 assessed perceived benefits of teaching sexuality education in schools and perceived barrier to teaching sexuality education in schools respectively was asked among the respondent. 35% believe government was responsible while 27.7% believe it is the school authority (Fig 4.5).

On perceived benefit of teaching sexuality education in schools, 87.9% said "delayed sex activities", 94.8% said "prevent teenage pregnancy and 87.1% said "keeps adolescent healthy". More than half(64.2%), (66.6%) and (55.7%) said "Helps adolescent to understand their body part", "Prevent sexual abuse and coercion" and "Helps adolescent to make informed decision about their reproductive health life" respectively (Table 4.13).

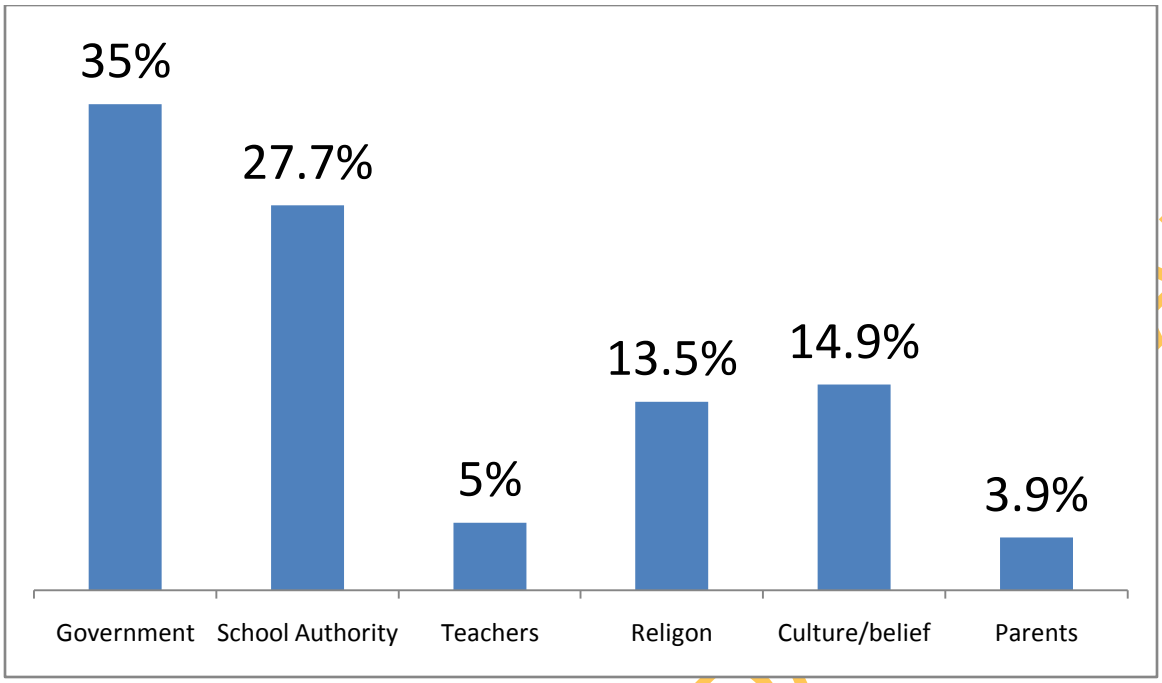

Fig 4.5: Perceived barrier to teaching sexuality education in schools.

Table 4.12: Perceived benefit of teaching sexuality education in schools

Statement	Yes (%)	No (%)
Delay Sex Activities	436(87.9)	60(12.1)
Prevent Teenage pregnancies	471(94.8)	26(5.2)
Keeps adolescent healthy	432(87.1)	64(12.9)
Helps adolescent to understand their body part	319(64.2)	178(35.8)
Prevent sexual abuse and coercion	331(66.6)	166(33.4)
Helps adolescent to make informed decision about their reproductive health life	277(55.7)	220(44.3)

4.9 Factors affecting perception of respondents towards sexuality education for in-school adolescent

Table 4.14a and 4.14b shows relationship between socio-demographic variables and perception of respondent. This is to outline the factors associated with the perception of the respondents. There is no significant association between respondents' sex, age, religion, marital status and number of adolescent children of the respondents. The results of the findings are shown in Tables 4.14a and 4.14b. The table shows a statistical association between occupation of the respondents and the perception on sexuality education for in-school adolescents with p= 0.003, therefore, the null hypothesis was rejected for the variable. Also, there was significant association between level of education (p = 0.006), class of index adolescent child (p=0.000) and the perception of respondents to sexuality education to in-school adolescents. Therefore, the null hypothesis was rejected. This implies that respondents' occupation, level of education and class of index adolescent children influence perception of the respondents towards sexuality education for in-school adolescent.

Table 4.13a: Factors affecting perception of respondents on sexuality education for in-school adolescents

Variable	Perception category			X^2	df	p-value
	Poor	Good	Total			
Age in Years						
21-40years	56(36.1%)	144(44.2%)	200(41.6%)	2.818	2	0.244
41-60years	95(61.3%)	174(53.4%)	269(55.9%)			
61 and above	4(2.6%)	8(2.5%)	12(2.5%)			
Gender						
Male	74(48.1%)	140(41.1%)	214(43.5%)	1.893	1	0.169
Female	80(51.9%)	198(58.6%)	278(56.5%)			
Religion						
Christianity	95(62.1%)	183(55.5%)	278(57.6%)	2.271	2	0.321
Islam	57(37.3%)	142(43.0%)	199(41.2)			
Traditional	1(0.7%)	5(1.5%)	6(1.2%)			
Occupation						
Trader	72(47.4%)	215(63.6%)	287(58.6%)	26.528	10	0.003
Teacher	33(21.7%)	50(14.8%)	83(16.9%)			
Artisan	14(9.2%)	35(10.4%)	49(10.0%)			
Driver	12(7.9%)	11(3.3%)	23(4.7%)			
Doctor	11(7.2%)	11(3.3%)	22(4.5%)			
Civil Servant	7(4.6%)	5(1.5%)	12(2.4%)			
Nurse	0(0.0%)	6(1.8%)	6(1.2%)			
Estate Manager	2(1.3%)	3(0.9%)	5(1.0%)			
Architect	0(0.0%)	1(0.3%)	1(0.2%)			
Farmer	1(0.7%)	0(0.0%)	1(0.2%)			
Pharmacist	0(0.0%)	1(0.3%)	1(0.2%)			
Level of Education						
No formal Education	13(8.2%)	10(2.9%)	23(4.6%)	12.336	3	0.006
Primary	18(11.4%)	21(6.2%)	39(7.8%)			
Secondary	59(37.3%)	131(38.4%)	190(38.1%)			
Tertiary	68(43.0%)	179(52.5%)	247(49.5%)			
Ethnic Group						
Yoruba	136(87.2%)	309(91.4%)	445(90.1%)	5.690	3	0.128
Igbo	19(12.2%)	23(6.8%)	42(8.5%)			
Hausa	1(0.6%)	2(0.6%)	3(0.6%)			
Others(Ibibio, Idoma,Urhobo)	0(0.0%)	4(1.2%)	4(0.8%)			

Table 4.13b: Factors affecting perception of respondents towards sexuality education for in-school adolescents

Variable	Perception category			X^2	df	p-value
	Poor	Good	Total			
Marital Status						
Married	151(95.6%)	336(98.2%)	487(97.45)	3.056	1	0.080
Divorced	7(4.4%)	6(1.8%)	13(2.6%)			
No of Adolescent Children						
One	40(25.3%)	112(32.7%)	152(30.4%)	8.296	4	0.081
Two	64(40.5%)	141(41.2%)	205(41.0%)			
Three	40(25.3%)	71(20.8%)	111(22.2%)			
Four	12(7.6%)	18(5.3%)	30(6.0%)			
Five	2(1.3%)	0(0.0%)	2(0.4%)			
Class of Index Adolescent Child						
JSS1	21(13.7%)	62(18.7%)	83(17.1%)	33.067	5	0.000
JSS2	50(32.7%)	111(33.4%)	161(33.2%)			
JSS3	40(26.1%)	76(22.9%)	116(23.9%)			
SS1	9(5.9%)	59(17.8%)	68(14.0%)			
SS2	8(5.2%)	10(3.0%)	18(3.7%)			
SS3	25(16.3%)	14(4.2%)	39(8.0%)			

4.10 Test of hypothesis

The results of the hypothesis tested are shown below;

Hypothesis 1: Chi square was used to test if there is an association between knowledge of the respondents on family life education and attitude towards sexuality education for in-school adolescent. There is no significant association between knowledge of the respondents on family life education and attitude towards sexuality education to in-school adolescent with p =0.192. The result of the finding is shown in Table 4.15. This means that the knowledge of the respondents on family life education curriculum has no significant influence on their attitude towards sexuality education for in-school adolescent. Therefore, the null hypothesis was accepted.

Hypothesis 2: There is no significant association between respondents' knowledge on family life education and perception to sexuality education for in-school adolescent. The results of the findings are shown in Tables 4.16. The table shows there were no significant association between knowledge of the respondents on family life education and attitude towards sexuality education for in-school adolescent (p =0.464). Therefore, the null hypothesis was accepted.

Table 4.14: Association between knowledge of the respondents on sexuality education and attitude towards sexuality education for in-school adolescent

Variable	Attitude Category			X^2value	df	P value
Knowledge	**Negative**	**Positive**	**Total**			
Poor	4(2.4%)	8(2.4%)	12(2.4%)			
Fair	45(27.4%)	68(20.2%)	113(22.6%)	3.304	2	0.192
Good	115(70.1%)	260(77.4%)	289(75.0%)			

Table 4.15: Association between knowledge of the respondents on sexuality education and perception on sexuality education for in-school adolescent

Variable	Perception Category			X^2value	df	P value
Knowledge	**Poor**	**Good**	**Total**			
Poor	4(2.5%)	8(2.3%)	12(2.4%)	1.537	2	0.464
Fair	41(25.9%)	72(21.1%)	113(22.6%)			
Good	113(71.5%)	262(76.6%)	375(75.0%)			

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This study investigated the perception and attitude of parents regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area. This chapter explains the results given in the previous chapter. The demographic characteristics of the respondents, their knowledge, perception and attitude towards sexuality education for in-school adolescents were investigated. The perceived factors that influence the perception among the respondents were also determined. Implication of the findings of this study to health promotion and education was also discussed and recommendations were made at the end of this report.

5.1 Respondents socio-demographic characteristics

More than half of the respondents were between the ages of 41-60years and this is justified by the fact that the respondents involved in the study were parents with at least one adolescent child. Most of the respondents were educated with almost all having post primary education. This finding was supported by the report of the national literacy survey by National Bureau of Statistics (NBS) in 2010 which reported that the literacy level of adult male and female is 79.3% and 63.7% respectively. High proportions of the respondents were traders and practice Christianity. Majority of the respondents were Yoruba. This underscores the fact that the study was conducted in the South-Western part of Nigeria.

5.2 Awareness on sexuality education curriculum

In this study, only more than half of the respondents were aware of the concept of family life and HIV education and most of them heard it from the radio. This finding is lower than that which was reported by Odimegwu, Bamisile, and Okembo, (2001) wherein about 74% were aware and the commonest source of information is TV. This can be attributed to the fact that most of the respondents in their study were professionals.

Although more than half were aware, majority reported not to know the content of what was been taught. Out of the few who were aware, about one-third reported that abstinence is what is mostly being taught. This could be due to the fact that parents in our conservative culture would prefer the “abstinence only” message.

5.3 Respondents' knowledge about family life and HIV/AIDS education curriculum

Respondents were asked to explain the concept of family life education in their own terms. Various definitions were given as can be seen from the table. About two-fifth of the respondent said "it sex education among young people, telling them about safe sex options and sex hazard" this is similar to the report among parent in Apata, Ibadan by Odimegwu, Bamisile and Okembo, (2001) where the respondents said " it is about educating youths not only on sex but also on reproduction, body growth and relationship with opposite sex". There was a mixed reaction when the respondents were asked if sexuality education teaches children on how to have sex, about one-fourth said yes while almost half said "No". This can be attributed to different cultural and religious orientation towards sex.

Among the respondents, majority had good general knowledge on sexuality education among adolescents. This shows that the parents have a proper understanding of what family life education is all about. This is similar to the findings of Asekun-Olarinmoye and Adeomi, (2011), and Odimegwu, Bamisile and Okembo, (2001).

5.4 Perception of Parents Regarding Sexuality Education for in-School Adolescent

One other highlight of this study is the positive role perception of parents and their expression of support that sexuality education should be taught at all classes in secondary school. Majority agreed that sexuality education should be included among relevant subjects and strongly agreed that there should be specialized trained teachers who teach sexuality education. This is a good development in view of the fact that the Nigerian adolescents are becoming much more sexually liberated, age at onset of sex debut is reducing, and premarital-sex, unplanned pregnancies, STIs including HIV/AIDS among teenagers are increasing rapidly. This findings agree with the finding of Asekun-Olarinmoye and Adeomi, (2011) that it is better for parents to provide balanced information to their children so that they could make informed choices about their sexual and reproductive lives.

5.5 Respondents attitude towards sexuality education for in-school adolescent

Majority of the parents had positive attitude towards sex education and its inclusion in the school curriculum of their children. This finding is similar to what was obtained in other studies (Asekun-Olarinmoye and Adeomi, (2011) and Vashistha, 2016). There was mixed

reaction when the parents were asked if sexuality education promotes immorality. About one-third of the respondents strongly disagreed and disagreed that sexuality education promotes immoral behavior while similar proportion agree that it promotes immoral behavior. This revealed that there are still misconceptions about the effect of sexuality education on the children. This poses a major challenge to the practice of sexuality education and would need to be addressed by programme planners and policy makers.

5.6 Sexuality education implementation

Most of the parents agreed to the inclusion of all the aspects but against those related to the use of contraceptives, masturbation and female genital mutilation. It was reported in a previous study that parents are overwhelmingly in favor of abstinence until marriage education to comprehensive education (Asekun-olarinmoye and Adeomi, 2011). Parents are of the opinion that health professional/trained expert and teacher should teach sex education in schools. This is different from the finding that the school guardian counselor, the health education teacher and the school nurse are the most appropriate persons for providing sex education (Esohe and Peterinyang, 2015).

When the respondents were asked about the appropriate age at which sexuality education should be taught to adolescent, about two-fifth of the respondents believe that at age 10, adolescents can be introduced to sexuality education. The mean age for introduction of sexuality education to adolescents as suggested by the respondents is 12.97±9.7. The age of introducing sexuality education in this study was appropriate and has scientific base response. This finding is similar to the study conducted in Nigeria (Asekun-Olarinmoye and Adeomi, (2011).

5.7 Parent and adolescent sexual education communication

The result of the analysis shows that fifty percent of the parents reported to have not discussed sexual related issues with their children. The commonest reason why they have never discussed family life education with their adolescent children is “lack of time” There is no doubt that parents' time at home in this area is limited as most are traders. Parents need more time to be able to educate their adolescents. This finding is in line with what was reported by Odimegwu, Bamisile and Okembo, (2001). However, the reason for non-

practice of sex education by respondents was “lack of skill” in a study conducted by Eze and Adu, (2015).

Among those that have discussed sexual related issues with their adolescent, the commonest topic was “abstinence from sex”.

Fifty percent of the respondents said their parent did not discuss sex related issues with them while growing up and the supposed reason was also “parents do not have time”. This shows urgent need for sensitization among parents on the need to create time to familiarize with adolescents about their reproductive health. This is to ensure that they feel comfortable and have access to undiluted information to make informed decision.

There was association between curriculum to be introduced and class of adolescent. Human reproduction, birth and control method and effectiveness, sexual abuse, sexual advances and aggression were supported to be introduced in JSS2 class and above. This was found to be statistically significant. However, abortion and its consequences and use of condom was supported to be introduced at JSS3 class with larger percentage of the respondents declining the inclusion at JSS1 and JSS 2 classes while masturbation topic was supported to be introduced starting from SS1 class. This was found to be statistically significant. These findings reveal the conservative nature of the parents as regards some topics to be introduced at various levels. Effective sexuality education curriculum implementation can be achieved by involving various stake holders in the development and implementation.

When the respondents were asked about the appropriate age at which sexuality education should be taught to adolescents, about two-fifth of the respondents believe that at age 10, adolescents can be introduced to sexuality education. The mean age for introduction of sexuality education to adolescents as suggested by the respondents is 12.97±9.7. Although, this is not in line with the World Health Organization’s recommendation that formal sex education programmes should start well before age 12 years, since young people are known to be exposed to sex as early as this age. The findings of this study showed that the parents were in support of teaching sexuality education to students starting from the junior secondary

school class which attests to what was also reported by Esohe and Peterinyang, (2015) in Ado-Ekiti.

5.8 Perceived barrier and benefit of sexuality education for in-school adolescents

Perceived barrier and benefit of sexuality education for in-school adolescent was assessed among the respondents. Perceived barrier to teaching sexuality education was asked among the respondent. Most of the respondents believe government and school authority was the barrier to teaching sexuality education in schools. This might be a bias response knowing that the parents were the subject of this research. Ajuwon and Brieger, (2007) said that there was need for a synergy between government, teachers, parent and students to be able to implement a resourceful reproductive health education in the schools.

On perceived benefit of teaching sexuality education among in-school adolescent, majority said “delayed sex activities”, “prevent teenage pregnancy and “keeps adolescent healthy”. This is in line with the findings of Ajuwon, (2005). Research confirms that sexuality education brings about improvement in the reproductive health of young persons. Program managers need to devote more effort to disseminating the benefit of sexuality education to persuade policy makers and stake holders to provide resources and support for implementing good quality sexuality education for young people in Nigeria.

5.9 Factors affecting perception of respondents towards sexuality education for in-school adolescent

This study outlined the factors associated with the perception of the respondents. There is no significant association between respondents’ sex, age, religion, marital status and number of adolescent children of the respondents. There is a statistical association between occupation of the respondents and the perception on sexuality education for in-school adolescents. Also, there was significant association between level of education, class of index adolescent child and the perception of respondents to sexuality education for in-school adolescents. This is expected as more educated parents are likely to be more enlightened and exposed. This attest the findings by Asekun-Olarinmoye and Adeomi, (2011) where level of education was also found to influence the perception of the parents towards sexuality education.

5.10 Conclusion

This study has helped to reveal that there is awareness on the content of family life and HIV Education curriculum being introduced into secondary school. Though, there was a high level of knowledge about content of sexuality education which is being taught, especially the benefits attached to teaching it in schools. The parents also had a positive attitudinal disposition towards teaching sexuality education in school but this does not influence their reservation about the introduction of some certain topics (like HIV/AIDS, Masturbation, and Female Genital Mutilation).

Furthermore, analysis and interpretation on parent's attitude showed that they are in favor of sexuality education to their adolescents in the school. Parental knowledge on sexuality education did not affect the attitude of parents towards sexuality education to adolescents. Education of parents is not only a single factor which influences the perception of parents. There are other factors like socio-economic status, environment of society and family structure etc, which may influence the attitude of parents towards sexuality education.

5.11 Limitation of study

This study was carried out among parents with in-school adolescent in one Local Government Area in Oyo State. Further study could include parents in all Local Governments in Oyo state, so that the result can be generalized.

Caution should be taken in the generalization of the findings to the entire population in the absence of a qualitative triangulation with the findings of the quantitative section.

The study variable did not include any significant association between religion and perception of parents towards sexuality education for in-school adolescents.

5.12 Recommendations

In view of the findings of this study, the following recommendations are offered:

1. There is need to educate parents about the concepts and areas that seem not to gain approval especially in topics related to sexual issues /problems of young people and the use of contraceptives and birth control methods. Thus ensuring that they have better

understanding and support the teaching of these areas. This will make it possible for students who are experiencing sexual health problems to get help.

2. It is also necessary for the Government to train and employ health professionals in schools to teach sexuality education.

3. There is also need to include or allow in-school adolescents in developing and providing sexuality education in form of peer groups as the practice can serve as a means of ensuring the relevance and acceptability that is provided.

4. Sexuality education should be introduced to in-school adolescents during their co-curricular activities.

5. Hence, it has been recommended that there is need to consult with teachers, parents and in-school adolescents at the point where sexuality education programmes are designed as this will help to ensure that they are relevant to their needs.

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APPENDIX I

PARENTS PERCEPTION AND ATTITUDE REGARDING SEXUALITY EDUCATION FOR IN- SCHOOL ADOLESCENTS IN IBADAN SOUTH EAST LOCAL GOVERNMENT AREA, IBADAN, OYO-STATE, NIGERIA

Dear respondent,

I am a Masters Student of Public Health in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan. I am conducting a research project titled "PARENTS PERCEPTION AND ATTITUDE REGARDING SEXUALITY EDUCATION FOR IN-SCHOOL ADOLESCENTS IN IBADAN SOUTH EAST LOCAL GOVERNMENT AREA" as part of the requirement for the award of the degree. I intend to gather information from you on the topic and will be very grateful if you can spare some minutes to participate in the study by completing the questionnaire.

No name is required and utmost confidentiality of your identity, response and opinion will be ensured. You are requested to produce honest response as much as possible. If you have accepted to participate in the study, please indicate your interest by signing.

Thank you.

Respondent's signature ……

SECTION A

Socio-demographic characteristics

Instruction: Please tick [ ] in the boxes provided (as appropriate).

1. Age in years (as at last birthday) ……..
2. Gender: (1) Male [ ] (2) Female [ ]
3. Religion: (1) Christianity [ ] (2) Islam [ ] (3) Traditional [ ].
4. Occupation: (1) Teacher [ ] (2) Doctor [ ] (3) Driver [ ] (4) Trader [ ] (5) Nurse [ ] (6) Others: ……
5. Level of Education: (1) No formal Education [ ] (2) Primary [ ] (3) Secondary [ ] (4) Tertiary [ ].

6. Ethnic group: (1) Hausa [ ] (2) Igbo [ ] (3) Yoruba [ ] (4) Others (specify: Ibibio, Idoma, Urhobo) ……...

7. Marital Status: (1) Single [ ] (2) Married [ ] (3) Divorced [ ].

8. Number of adolescent children ……..

9. Class of adolescent children: (1) JSS1 [ ] (2) JSS2 [ ] (3) JSS3 [ ] (4) SS1 [ ] (5) SS2 [ ] (6) SS3 [ ]

SECTION B

Parents awareness on sexuality education curriculum

(Instruction: Kindly answer the questions to the best of your knowledge)

10. Are you aware of the introduction of Family life and HIV Education into school's curriculum? 1. Yes [ ] 2. No [ ]

10b. If yes, please specify the source of awareness.

1. Radio [ ] 2. T.V [ ] 3. Newspaper [ ]4. Friends [ ] 5. Children School teachers [ ]

6.Others (specify)……..

11. Is sexuality education taught in your child's school?

(1) Yes [ ] (2) No [ ] (3) I don't know [ ]

11b. If yes, what is being taught in the school?

……

……

SECTION C

Parents knowledge on sexuality education curriculum

12. What do you understand by sexuality education?

……

……...

Instruction: Kindly tick (√) for each, if Yes **(Y),** No **(N),** I don't know **(IDK).**

S/N	Variable	Yes	No	I don't know
13	Family Life and Education are taught in Nigeria Schools?			
14	One of the goals of family life education is to provide accurate sexual and reproductive			

	health information for young people?			
15	Lack of information on family life issues and sexuality is the major cause of premarital sexual behavior among adolescents?			
16	Family Life Education (FLE) as a preventive educational strategy aims at assisting and providing individuals with information and skills necessary for rational decision-making about their sexual health, changing and effecting behavior change, and preventing the occurrence and spread of HIV/AIDS?			
17	FLE is one of the core aspects of population education which encompasses issues of family life, sex, the environment and health?			
18	Family Life and HIV/AIDS Education (FLHE) should be introduced into the school curricula at the basic and secondary school levels as well as in teacher training institutions?			
19	The broad goal of FLHE is the prevention against HIV/AIDS through awareness and education?			
20	Does Sexuality Education teach children on how to have sex?			
21	One of the goals of FLHE implementation in schools is to delay the initiation of sexual intercourse?			
22	Are Personal skills such as self esteem, communication and values taught in your child's school?			
23	Is Human development such as characteristics of puberty taught in your child's school?			
24	Has your child been taught about HIV/AIDS and HIV infection in their school?			
25	Are relationships, society and culture taught as contents of sexuality education in your child's school?			

SECTION D

Perception of parents regarding sexuality education for in-school adolescents

General Instruction: Please read each of the following statements carefully. Then tick (√) for each, whether you **Strongly Agree (SA), Agree (A), Undecided (U), Strongly Disagree (SD), or Disagree (D).**

S/N	Variable	SA	A	U	SD	D
26	Sexuality Education should be taught at all classes in secondary school					
27	It is too early to teach sexuality education to secondary school children					
28	Sexuality education should be taught secretly					
29	Sexuality education should be taught as a separate subject in school					
30	Male teachers should teach sexuality education for males only					
31	Female teachers should teach sexuality education for females only					
32	Teaching of sexuality education in school exposes children to sex the more					
33	Teaching of sexuality education in school reduces the rate of unwanted pregnancies in the society					
34	It is the responsibility of the school to teach sexuality education to the students					
35	Parents should be in the best position to teach sex related issues to their children					
36	Sexuality Education should be included among relevant subjects					
37	There should be specialized trained teachers who teach sexuality education					
38	Sexuality Education should be taught in schools					

SECTION E

Assessment of parental attitude regarding sexuality education for in-school adolescents

Instruction: Kindly tick (√) for each, whether you **Strongly Agree (SA), Agree (A), Undecided (U), Strongly Disagree (SD), or Disagree (D).**

S/N	Variable	SA	A	U	SD	D
39	Teaching of sexuality education is something I would always want to encourage					

40	Sexuality education should focus on safe sex					
41	Sexuality education should teach abstinence from sex					
42	Teaching of sexuality education will be acceptable to me if female teachers can teach female students					
43	Sexuality education will reduce the rate of teenage pregnancy					
44	Sexuality education will reduce HIV/AIDS transmission among Children					
45	It promotes immoral behavior					
46	Teaching of sexuality education should be discouraged					
47	I am indifferent to the teaching of sexuality education to adolescents					
48	Teaching of sexuality education is good because it gives a person the opportunity to correct misconception about the subject matter					
49	Exposure of student to sexuality education will lead to experimentation					

SECTION F: Sexuality education implementation in school

50. What aspect of sexuality education do you want to be included in school curriculum? (**Circle as many as possible**)

1. Pregnancy/human reproduction
2. Healthy relationship
3. Birth control method and effectiveness
4. Puberty characteristics/ changes in the body
5. How to avoid sexual coercion
6. Sexual abuse and prevention
7. Reporting sexual advances/aggression
8. Function of sexual organ in the body
9. Rape and how to avoid it
10. Abortion and its consequences
11. Masturbation
12. The use of condom
13. Refusals

14. Proper names for body parts

15. Others (Please specify)……

51. Who should teach sexuality education in secondary schools?

1. Teacher
2. Student (peer group)
3. Health Professionals/Trained Expert
4. School Nurse
5. Biology Teacher
6. Science Teacher
7. Social Studies Teacher
8. Invited Parent
9. Guidance and Counselor Teacher
10. Not necessary in Schools

52. At what age should Sexuality education be taught to adolescents (10-19years)?

……

53. At what level/class should Sexuality education be introduced in secondary schools?

1. JSS 1 [ ]
2. JSS 2 [ ]
3. JSS 3 [ ]
4. SS 1 [ ]
5. SS 2 [ ]
6. SS 3 [ ]

54. Have you ever discussed sexual related issues with your children?

1. Yes [ ] 2. No [ ]

54b. If yes, what were the things discussed?

……..

54c. If No, Why?

……..

55. When you were growing up, did your parent discuss sex related issues with you?

1. Yes [ ] 2. No [ ]

55b. If No (why)

……

55c. If yes, what were the things discussed?

……

56. What do you perceive as barrier to teaching sexuality education in schools?

1. Government [ ]
2. School Authority [ ]
3. Teachers [ ]
4. Religion [ ]
5. Culture/belief [ ]
6. Parents [ ]
7. Others (specify)……

57. What do you perceive as benefit of teaching sexuality education in schools? (Circle as many options as possible)

1. Delay sex activities [ ]
2. Prevent teenage pregnancies [ ]
3. Keeps adolescent healthy [ ]
4. Helps adolescent to understand their body part [ ]
5. Prevent sexual abuse and coercion [ ]
6. Helps adolescent to make informed decision about their reproductive health life [ ]
7. Others (specify)…… ……..

APPENDIX II

Ibeere lori erongba awon obi lori eko nipa ibalopo fun awon odo langba ti o wa ni ile iwe ni ijoba ibile gusuu ilaoorun Ibadan ni ipinle Oyo.

Eyin oludahun,

Mo je omo-ile iwe giga ti fasiti Ibadan, e ka ti ile-iwo-san orita-mefa ti se ilera nipa eniyan. Mo je akeko ti n se iwadi nipa " Awon obi, eronba won ati iwuwasi nipa kiko awon odomode-binrin ati odomode-kunrin ni eko to peye nipa didagba soke ni ago ara obirin ati okunrin larin omo-ile iwe girama ni ekun-Ijoba ariwa gusu ipinle Ibadan" Lara amuye fun gbigba imo eko giga. Mo fe lati mó ati gba ekurere alaye nyin lori akole yi. Inu mi yo dun gidigidi, ma si dupe ti o ba le yo nda dię ninu awọn iṣẹju kereje lati lo pelu re nipa di dahu awon ibere wonyi.

Jowo mase ko orukọ re si le nitori asiri idanimo, esi ati ero yoo wa ni didabobo. Ti o ba ti gba lati kopa ninu iwadi yi, jọwọ fi erongba e han rẹ nipa fifala pe mo gba lat ko pa si inu iwe ibeere yii.

Ese, a dupe.

Ibuwọlu Oludahun .....

IPIN A

Ohun gbogi tabi abuda eniyan

Ilana: Jowo lo ami maaki ti ose pataki [] ninu awọn apoti ti apese wonyii (bi o yẹ).

1. Ojo ori e ti o se kẹhin ojo ibi .....
2. Iru Omo ti o je (1) Okunrin☐ (2) Obinrin☐
3. Esin: (1) Kristiẹniti [ ] (2) Islam [ ] (3) Ibile [ ].
4. Iru Ise (1) Olùkọni [ ] (2) Dokita [ ] (3) Awako [ ] (4) Oloja [ ] (5) Noosi [ ] (6) Awọn miran: .....
5. Ipele Eko: (1) un ko lo ile-iwe [ ] (2) ile-iwe alakobere [ ] (3) ile-iwe girama [ ] (4) ile-iwe giga [ ].
6. Eya : (1) Hausa [ ] (2) Igbo [ ] (3) Yorùbá [ ] (4) Awọn miran (nipato) .....
7. Ipo igbeyawo,: (1) Apon [ ] (2) Mo ti gbéyàwó [ ] (3) Ìkọrasílẹ [ ]
8. Iye odomo-kunrin abi odomo-binrin ti eni .....
9. Kilasi ti awon odomode-kunrin tabi odomode-binrin na wa: (1) JSS1 [ ] (2) JSS2 [ ] (3) JSS3 [ ] (4) SS1 [ ] (5) SS2 [ ] (6) SS3 [ ]

IPIN B

Isakiyesi awon obi nipa kiko omo-obinrin ati omo-kunrin bi ansetoju ara eni

(Ilana: jowo dahun awọn ibeerewonyi bi o ba se mo si)

10. Nje o ti o mọ awọn ifilo ati ona ti anfi gbe ìdílé kale ati eko nipa kokoro ti o gbo oogun sinu ona ti a gbe ko wan i Ile-iwe wa? 1. Bẹẹni [ ] 2. Beeko [ ]

10b. Ti o ba je bẹẹni, jọwọ so nipato awọn orisun ona ti fi mo.

(1). Ero asoro magbe si [ ] (2). Ero monmaworan [ ] (3). Newspaper [ ] (4) Nipase oremi (5) Olukọ awon ewe (6) Omiran nipato ....

11. Nje a ko ni eko bi obinrin ati okunrin se da n gba ile-iwe awon omode?

(1) Bẹẹ ni [ ] (2) Beeko [ ] (3) Emi o mọ [ ]

11b. Ti o ba je pe bẹẹni, awon nkan wo ni won ko yii?

.....

.....

IPIN C

Imo awon obi nipa eko didagba omobinrin ati omokunrin

12. Kí ni o mo nipa kiko omobinrin ati omokunrin ni nkan to ye ki won mo nipa didagbasoke won? ....

Ilana: jowo fi ami (√) fun okankan, ti o ba ye fun **Bẹẹni (B), Beeko (BK), emi kò mọ ().**

S/N	ayípadà	Bẹẹni	Beeko	Emi ko mo
13	Eko nipa gbigbe ebi kale wan i awon ile-iwe` wan i orilede Nigeria?			
14	Ọkan ninu awọn afojusun eko nipa gbigbe ebi kale ni eko ni pipese alaye lekunrere nipa ibalopo ati ilera ohun ibimo fun awọn odo wa?			
15	Aini alaye lekunrere lori,ibalopo, gbigbe ebi kale ati isepatai re je ohun to nfa ibalopo ti kotona ati ihuwasi buburu laarin awon odo?			
16	Eko gbigbe ebi kale je eko didena ti o si ran ni lowo lati mo ati lati gbe igbese to ye nipase ilera ago ara eni, iwuwasi to tona lati dena aru ti ko gbo oogun eyi ti amo si HIV/AIDS?			
17	Eko gbigbe ebi kale je okan ninu eko kika			

	eniyan ti onise pelu ibalopo, ayika eni ati ilera re?			
18	Eko nipa gbigbe ebi kale ati aisan ti ko gbo'ogun ye ki wa ninu eko ti won ma o awon omo ile-iwe girama ati awon aluko won?			
19	Awọn ona ilépa ati to se gbogi FLHE ni lati dena kokoro ti a mo si HIV / AIDS nipa imo, ikiyesi ara ati eko?			
20	Nje eko nipa mimo ago ara-eni ko wa ni ona ti a fi le ni ibalopo pelu okunrin ni?			
21	Ọkan ninu awọn afojusun FLHE lati wa si imuse ni ile eko ni lati ko nipa idaduro ohun nini ibalopo abi ajọṣepọ larin okunrin si obinrin?			
22	Nje ogbon ohun kiko omo ni ona amuye ti yio fi wulo fun ara re wan i ile-iwe ati ibaraẹnisọrọ wan i awon ile-iwe wa?			
23	Nje idagbasoke ago ara-eni gege bi abuda ti omo eni bat i balaga wa lara eko ti a nko ni ile-iwe?			
24	Nje a ti ko ọmọ rẹ ni ekọ nipa kokoro HIV / AIDS ati ona ikolu kooro na ni ile-iwe?			
25	Nje ona ibasepo, eko nipa awujo ati asa lara eko ti won ko omo re ni ile-iwe re?			

IPIN D

Ironba ti awon obi nipa eko ibasepo larin odomo-kunrin si odomo-obinrin ti o wa ni ile-iwe girama

Gbogbo ilana: Jọwọ ka okanọkan ninu awọn wọnyi gbólóhùn, ki o si fala si eyi ti o ye ami (√) fun kọọkan, boya o **mo gba gan, mo gba , emi se ipinu, emi o gba rara, emi o gba**

S / N	**ayípadà**	**Mo gba gan**	**Mo gba**	**Emi se ipinu**	**Emi o gba rara**	**Emi o gba**
26	Eko nipa ibalopo ati idagba soke larin okunrin ati obinrin se Pataki lati ma ko ni gbogbo kilaasi ni ile-iwe awon omo wa					
27	ko ye lati tete bere nsi ko irufe eko bayi ni ile-iwe girama					
28	ikoko lo ye ka ti ma ko irufe eko bayii					
29	Aye oto lo ye ka maa ko irufe eko bayii ni					

	ile-iwe					
30	Olukọ okunrin loyẹ ki o ma kọ akeko ọkunrin nikan nirufe eko bayii					
31	Olukọ obinrin loyẹ ki o ma kọ akeko obinrin nikan nirufe eko bayii					
32	Ẹkọ ti nipase ohun nti sele ni ago ara way o fi aye sile lati ma ko awon omo-obinrin ati okunrin bi ti se isekuse papa julo ibara eni sun					
33	Ẹkọ nipa ibalopo okunrin si obinrin ati idagba soke ago-arawa ni ile-iwe maa dena awon oyun airoti tele ni awujọ wa					
34	O je ojuse ti awọn ile-iwe wa lati kọ obinrin ati okunrin ni irufe eko bayi					
35	Obi yẹ ki o wa ipo ti o dara julo lati kọ awon omo won ni iru eko ibalopo yi					
36	O yẹ ki iru eko bayi wa laarin awon ise to se pataki ni ile-iwe					
37	O ye ki akose mose kan wa larin awon oluko ti o gba imo re nirufe eko bayi ti yo maa ko irufe eko bayi					
38	Eko ibalopo, idagbasoke ago-ara eni ye ki a ma ko ni ile-iwe wa					

IPIN E

Sise iwadi ati agbeyewo iwa awon obi si eko ibalopo ati idagbasoke okunrin si obinrin larin awon omo ile-iwe girama

Ilana: jowo fi ami (√) fun kọọkan, boya **mo gba gan, mo gba, emi se ipinu, emi o gba rara, emi o gba**

S/N	ayípadà	Mo gba gan	Mo gba	Emi se ipinu	Emi o gba rara	Emi o gba
39	Ẹkọ nipa ibalopo ati idagbasoke obinrin ati okunrin jẹ ohun ti emi yoo fowo si lati ma ko ati pe yo je iwuri					
40	Eko nipa ibalopo ye ki dojukọ ibalopo ailewu larin okunrin si obinrin					
41	Irufe eko yi ye lati ma ko imaraduro ati iseran eni ni					
42	eko yi yoo jẹ itẹwọgba fun mi ti o ba je pe					

	oluko obinrin yo ma ko iru eko yii					
43	Eko yi yoo din awọn oṣuwọn ti odomobirin fi oyun ani awujo wa ju					
44	Eko yi yo dena ona ti kokoro HIV/AIDS fi gboro ati pe yo dekun ona ti awon omode fi nko aisan yi					
45	O nse alagbase ati igbelaruge fun ise-kuse					
46	Ko ye ki a fi aye gba irufe eo bayi					
47	Emi ko le so pe mofaran moa bi un ko feramo eko inpa ibalopo ati idagbasoke okunrin ati obinrin					
48	Irufe ẹkọ yi dara nitori o ye fun a eniyan o si se anfani lati se atunse ati atun-to koko-ọrọ yi					
49	Ifihan awon akeko si irufe eko yi yoo gba won laye lati ma se nkan wonyi					

IPIN F: Si sodi imuse eko ibalopo ati idagbasoke ago-ara eni ni ile-iwe

50. Irufe eko ibalopo ati idagbasoke ago-ara eni wo lo fe ki won ma ko awon ile-iwe eko ewa? **(Aye wa lati mu ọpọlọpọ bi o ti fe)**

1. Oyun nini / atunse eda eniyan
2. Ibasepo to ni ilera
3. Fifeto somo bibi to muna doko
4. Idagbasoke omokunrin ati obinrin / ayipada ninu awọn ago-ara
5. Bi a nse yago fun ibalopo ti ko tona
6. Ibalopo ti ko tona ati idena re
7. Riroyin ona ibalopo ti won nba gbe wa / ona aimuye
8. Iṣẹ ti eya ara nse papa julo nkan omokunrin ati obinrin
9. Ifipabanisun ati ona lati yago fun o
10. Iṣẹyun ati awọn ewu to wa nibe
11. Fifi nkan omokunrin ati tobinrin enisere
12. Lilo roba idabobo
13. Isera-eni
14. Orukọ to tona fun ara awọn ẹya ara
15. Awọn miran ni pato, jowo daruko won .....

51. Ta ni o yẹ ki o kọ irufe eko ni ile-iwe?

1. Olukọ
2. Akeko (ẹlẹgbẹ mi)

3. Akosemose onimo ilera/akeko gboye
4. Nurse akunbere ni ile-iwe
5. Olukoni biology
6. Olukọni imojinle
7. Olukọni nipa ẹrọ ati asa
8. Obi ti a fi iwe pe
9. Olukọni Oludamoran
10. Ko wulo ni ile-iwe

52. Bi omo odun melo abi ọjọ ori wo lo ye ki a nti koirufe eko yi fun awon odo (odun mewa ti okan-dilogun)? .....

53. Ni ipele wo abi kilasi wo lo yẹ ki atima dani leko irufe eko yi ni ile-iwe?
1. JSS 1 [ ]
2. JSS 2 [ ]
3. JSS 3 [ ]
4. SS 1 [ ]
5. SS 2 [ ]
6. SS 3 [ ]

54. Nje o ti ba awon omo re jiroro yi nipa oro ibalopo okunrin ati binrin ri?
1. Bẹẹni [ ] 2. Beeko [ ]

54b. Ti o ba je bẹẹni, ki awon ohun ti o ba won sísọ abi jiroro? .....

54c. Ti o ba beeo, kini nìdí? .....

55. Nigba ti o dagba soke, nje awon obi re ba o sọrọ ibalopo okunrin ati obinrin ri?
1. Bẹẹni [ ]
2. Beeko [ ]

55b. Ti o ba je beeko (kini idi re?).....

55c. Ti o ba je bẹẹni, kini awon ohun ti won ba e sọ? .....
56. Kini awon ohun ti o ri gege bi idena lati ma ko eko ibalopo larin okunrin si obinrin ni awon ile-iwe wa?

1. Ijoba [ ]
2. Alase ile-iwe [ ]
3. Olukọ [ ]
4. Esin [ ]
5. Asa / igbagbo [ ]
6. Awọn obi [ ]
7. Awọn miran nipato) .....

57. Kini awon nkan ti o nro je anfaani ati ma ko eko ibalopo larin okunrin si obinrin ati bi ago eya-ara wan se dagba ni ile-iwe? (O le mu ọpọlọpọ idahun bi se wu o)
1. Idaduro tabi idena akitiyan ibalopo [ ]
2. Ohun ma dena oyun aitojo larin odo-binrin [ ]
3. O ma je ki odo wa ni ilera [ ]
4. O nse iranlọwọ fun awon odo lati mo eya ago-ara won [ ]
5. O ma dena ifipabanilopo ohun ifekufe [ ]
6. O se iranlọwọ fun awon odo lati ṣe ipinnu to dara nipa ibisi, idagbasoke ati ilera aye won [ ]
7. Awọn miran ni pato …….

APPENDIX III

INFORMED CONSENT FORM

This study is being conducted by Calebs IniOluwa of the Department of Health Promotion and Education, College of Medicine, University of Ibadan, Oyo state, Nigeria. The purpose of this study is to investigate parents perception and attitude regarding sexuality education for in-school adolescents in Ibadan South-East Local Government Area.

Multistage sampling technique will be used for this study to select 500 parents that have in-school adolescents in Ibadan South East Local Government Area. The study will employ quantitative method of data collection. Information will be elicited from the respondents using interviewer administered structured questionnaire. The research does not require collection of invasive materials. Therefore, safety of the participants is guaranteed. However, parents who feel uncomfortable with any of the questions asked may leave such questions unanswered.

Although, there are no direct and immediate benefits to participants, the information gathered from this study will be made available to the Ministry of Health and Ministry of Education in Oyo State so that favorable policies underscoring the need for sexuality education among in-school adolescents will be given utmost attention. The trust of the participants would be gained by assuring them that there would be no means of identification on the forms. The information gotten from them would be stored properly with limited access to anyone but authorized personnel and an agreement form would be signed by the researcher.

Statement of person obtaining informed consent:

I have fully explained this research to ……and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: ……SIGNATURE: ……

NAME:…….

Statement of person giving consent:

I have read the description of the research and I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research to judge that I want to partake in it. I understand that I may freely stop being part of this study at any time. I have received a copy of this consent form and additional information sheet to keep for myself.

DATE:……SIGNATURE:……

NAME:……

Detailed contact information

This research has been approved by the Oyo State Review Ethical Committee and the Chairman of this committee can be contacted at Ministry of Health, Department of Planning, Research and Statistics Division, Private Mail bag No. 5027, Oyo State of Nigeria.

In addition, if you have any question about your participation in this research, you can contact the principal investigator, Calebs IniOluwa, Department of Health Promotion and Education, College of Medicine, University of Ibadan. The phone number and email address are 07064778126 and calebsinioluwa@yahoo.com. You can also contact the supervisor of this project, Dr Yetunde John-Akinola at the Department of Health Promotion and Education, College of Medicine, University College Hospital, Ibadan.

APPENDIX IV
CODING GUIDE

S/N	Variable (Questionnaire/Statements)	Variable label	Code
Q1	Age at last birthday		
Q2	Gender	Male	1
		Female	2
Q3	Religion	Christianity	1
		Islam	2
		Traditional	3
Q4	Occupation	Teacher	1
		Doctor	2
		Driver	3
		Trader	4
		Nurse	5
		Civil servant	6
		Estate Manager	7
		Architect	8
		Pharmacist	9
		Artisan	10
		Farmer	11
Q5	Level of Education	No Formal Education	1
		Primary	2
		Secondary	3
		Tertiary	4
Q6	Ethnic Group	Hausa	1
		Igbo	2
		Yoruba	3
		Others (start from)	4
Q7	Marital Status	Single	1
		Married	2
		Divorced	3
Q8	Number of adolescent children		
Q9	Class of adolescent children	JSS1	1
		JSS2	2
		JSS3	3
		SS1	4
		SS2	5
		SS3	6

Q10	Are you aware of the introduction of Family life and HIV Education into school's curriculum?	Yes	1
		No	2
		No response	99
Q10b	If yes, please specify the source of awareness	Radio	1
		T.V	2

		Newspaper	3
		Friends	4
		Children School teachers	5
		Others (start from)	6
		Not applicable	77
Q11	Is sexuality education taught in your child's school?	Yes	1
		No	2
		I don't know	3
Q11b	If yes, what is being taught in the school?	How to protect ourselves from HIV	1
		Abstinence	2
		Functions and roles of sex organs	3
		How to prevent early pregnancy	4
		Moral education	5
		How to use condom	6
		How to avoid being raped	7
		Observation of changes in the body	8
		Family life and sex education	9
		All they need to know about it	10
		How to properly take care of sensitive parts of the body	11
		Sexual harassment	12
		Basic science	13
		Dangers of indulging in pre marital sex	14
		Sexual intercourse	15
		No idea/nothing	16
Q12	What do you understand by sexuality education?	The process of acquiring information about sexual development, sexual and reproductive health	1
		Roles of gender	2
		HIV/AIDS/Sex related diseases and its prevention	3
		Educating young people about sex and its hazards	4
		Talking to adolescents about which is right or wrong	5
		About relationship	6
		Abstinence	7
Q13	Family Life and Education are taught in Nigeria Schools?	Yes	1
		No	2
		I don't know	3

Q14	One of the goals of family life education is to provide accurate sexual and reproductive health information for young people?	Yes	1
		No	2
		I don't know	3
Q15	Lack of information on family life issues and sexuality is the major cause of premarital sexual behavior among adolescents?	Yes	1
		No	2
		I don't know	3
Q16	Family Life Education (FLE) as a preventive educational strategy aims at assisting and providing individuals with information and skills necessary for rational decision-making about their sexual health, changing and effecting behavior change and preventing the occurrence and spread of HIV/AIDS?	Yes	1
		No	2
		I dont know	3
Q17	FLE is one of the core aspects of population education which encompasses issues of family life, sex, the environment and health?	Yes	1
		No	2
		I don't know	3
Q18	Family Life and HIV/AIDS Education (FLHE) should be introduced into the school curricula at the basic and secondary school levels as well as in teacher training institutions?	Yes	1
		No	2
		I don't know	3
Q19	The broad goal of FLHE is the prevention against HIV/AIDS through awareness and education?	Yes	1
		No	2
		I don't know	3
Q20	Does Sexuality Education teach children on how to have sex?	Yes	1
		No	2
		I don't know	3
Q21	One of the goals of FLHE implementation in schools is to delay the initiation of sexual intercourse?	Yes	1
		No	2
		I don't know	3
Q22	Are Personal skills such as self esteem, communication and values taught in your child's school?	Yes	1
		No	2
		I don't know	3
Q23	Is Human development such as characteristics of puberty taught in your child's school?	Yes	1
		No	2
		I don't know	3
Q24	Has your child been taught about HIV/AIDS and HIV infection in their school?	Yes	1
		No	2
		I don't know	3
Q25	Are relationships, society and culture taught as contents of sexuality education in your child's school?	Yes	1
		No	2
		I don't know	3
Q26	Sexuality Education should be taught at all classes in secondary school	Strongly Agree	1
		Agree	2
		Undecided	3

		Strongly disagree	4
		Disagree	5
Q27	It is too early to teach sexuality education to secondary school children	Strongly Agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q28	Sexuality education should be taught secretly	Strongly Agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q29	Sexuality education should be taught as a separate subject in school	Strongly Agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q30	Male teachers should teach sexuality education for males only	Strongly Agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q31	Female teachers should teach sexuality education for females only	Strongly Agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q32	Teaching of sexuality education in school reduces the rate of unwanted pregnancies in the society	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q33	Teaching of sexuality education in school reduces the rate of unwanted pregnancies in the society	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q34	It is the responsibility of the school to teach sex related issues to their children	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q35	Parents should be in the best position to teach sex related issues to their children	Strongly agree	1
		Agree	2
		Undecided	3

		Strongly disagree	4
		Disagree	5
Q36	Sexuality Education should be included among relevant subjects	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q37	There should be specialized trained teachers who teach sexuality education	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q38	Sexuality Education should be taught in schools	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q39	Teaching of sexuality education is something I would always want to encourage	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q40	Sexuality education should focus on safe sex	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q41	Sexuality education should teach abstinence from sex	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q42	Teaching of sexuality education will be acceptable to me if female teachers can teach female students	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q43	Sexuality education will reduce the rate of teenage pregnancy	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q44	Sexuality education will reduce HIV/AIDS transmission among children	Strongly agree	1
		Agree	2
		Undecided	3

		Strongly disagree	4
		Disagree	5
Q45	It promotes immoral behavior	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q46	Teaching of sexuality education should be discouraged	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q47	I am indifferent to the teaching of sexuality education to adolescents	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q48	Teaching of sexuality education is good because it gives a person the opportunity to correct misconception about the subject matter	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q49	Exposure of student to sexuality education will lead to experimentation	Strongly agree	1
		Agree	2
		Undecided	3
		Strongly disagree	4
		Disagree	5
Q50	What aspect of sexuality education do you want to be included in school curriculum?		
1	Pregnancy/human reproduction	Yes	1
		No	2
2	Healthy relationship	Yes	1
		No	2
3	Birth control method and effectiveness	Yes	1
		No	2
4	Puberty characteristics/changes in the body	Yes	1
		No	2
5	How to avoid sexual coercion	Yes	1
		No	2
6	Sexual abuse and prevention	Yes	1
		No	2
7	Reporting sexual advances/aggression	Yes	1
		No	2
8	Function of sexual organ in the body	Yes	1

		No	2
9	Rape and how to avoid it	Yes	1
		No	2
10	Abortion and its consequences	Yes	1
		No	2
11	Masturbation	Yes	1
		No	2
12	The use of condom	Yes	1
		No	2
13	Refusals	Yes	1
		No	2
14	Proper names for body parts	Yes	1
		No	2
	Others		
Q51	Who should teach sexuality education in secondary schools?	Teacher	1
		Student (peer group)	2
		Health Professionals/Trained Expert	3
		School Nurse	4
		Biology Teacher	5
		Science Teacher	6
		Social studies Teacher	7
		Invited Parent	8
		Guidance and Counselor Teacher	9
		Not necessary in Schools	10
Q52	At what age should sexuality education be taught to adolescents (10-19 years)?		
Q53	At what level/class should sexuality education be introduced in secondary schools?	JSS1	1
		JSS2	2
		JSS3	3
		SS1	4
		SS2	5
		SS3	6
Q54	Have you ever discussed sexual related issues with your children?	Yes	1
		No	2
Q54b	If yes, what were the things discussed?	Abstinence	1
		HIV/AIDS	2
		Usage of condom	3
		Sexual relation with the opposite sex	4
		Resist harassment from the opposite sex	5
		Learn from mistakes around you	6
		Changes in the body	7
		Avoid unwanted pregnancy	8

		Sexual intercourse	9
		Functions of some parts of the body	10
		Menstruation	11
		Virginity	12
Q54c	If No, why?	My children are well brought up	1
		I felt they were too young	2
		I did not have time	3
		It never occurred to me	4
		My children are not bad children	5
		They should be taught in school	6
		Fear of practicing it	7
		Gender	8
		I chose not to tell them	9
		Mothers should be in a better position to teach them	10
Q55	When you were growing up, did your parent discuss sex related issues with you?	Yes	1
		No	2
Q55b	If No, why?	Parents were illiterates	1
		Parents did not have time	2
		Parents never thought about it	3
		They felt we were too young	4
		We were brought up in a godly manner	5
		I did not stay with my parent	6
		Things like this were not happening during my time	7
		Parents were separated	8
		They passed away when I was young	9
		Parents not friendly with me	10
		My parents trusted me	11
		Ignorance	12
		Because I am a male child	13
		I was taught by someone else	14
Q55c	If yes, what were the things discussed?	It is bad	1
		It is against God's will	2
		Abstinence	3
		HIV/AIDS	4
		How to use condom	5
		How to avoid rape	6
		Relationship with the opposite sex	7
		Avoid unwanted pregnancy	8
		How to have sexual intercourse	9
		Abortion	10

		Menstruation	11
		Virginity	12
		How to take care of the body	13
		Puberty	14
Q56	What do you perceive as barrier to teaching sexuality education in schools?	Government	1
		School Authority	2
		Teachers	3
		Religion	4
		Culture/belief	5
		Parents	6
		Others (start from)	7
Q57	What do you perceive as benefit of teaching sexuality education in schools?		
1	Delay sex activities	Yes	1
		No	2
2	Prevent teenage pregnancies	Yes	1
		No	2
3	Keeps adolescent healthy	Yes	1
		No	2
4	Helps adolescent to understand their body part	Yes	1
		No	2
5	Prevent sexual abuse and coercion	Yes	1
		No	2
6	Helps adolescent to make informed decision about their reproductive health life	Yes	1
		No	2