

KNOWLEDGE AND ATTITUDE OF PARENTS TOWARDS SEXUALITY EDUCATION IN ILORIN METROPOLIS KWARA STATE, NIGERIA

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ABSTRACT

There is concern over the increasing rate of unwanted pregnancy and abortion among primary and secondary school students in Kwara State, which is having negative impacts on the educational development in the State. Sexuality education curriculum is not fully implemented in Kwara State; it is sparsely and inappropriately covered in most public and private schools. The aim of this study was to assess parent's knowledge and attitude towards sexuality education in school. A cross-sectional design was used; The target population were parents in Ilorin metropolis (Ilorin East, South and West) Kwara State, Nigeria. Respondents were selected using probability sampling (multi-stage sampling technique). 37 items interviewer administered questionnaire was used to collect data. Three hundred and eighty five questionnaire were analyzed using SPSS version 22, descriptive statistics in the form of descriptive and inferential statistics. The result revealed that parents had good knowledge on the meaning of sexuality education, the purpose and the key concept at the aggregate level (73.8%) but they have poor knowledge on the general concept of sexuality education (46.4%). Attitude of parents towards sexuality education was good at mean of (3.88). It was recommended that Government should make policy that sexuality education (SE) should start in primary school and to be age appropriate and the government should also air programs to the media like the Television and radios on Sexuality Education topics and the need for parents to synergize the school's effort to prepare adolescent mind on sexuality issues.

Key words: Parent, Knowledge, Attitude, Sexuality Education

INTRODUCTION

Sexuality is a significant aspect of a person's life from birth to death, consisting of many interrelated factors, including growth and development, gender, relationship behavior, attitude, values, self-esteem, sexual health, and reproduction, among others (Atieno, 2019). Sexuality education is high quality teaching and learning about a broad variety of topics related to sex and sexuality, exploring values and beliefs about those topics and gaining the skills that are needed to navigate relationships and manage one's own sexual health. Sex education may take place in schools, in community settings, online and at home and parents have critical and central role to play in providing sexuality education. (Planned Parenthood Federation of America Inc (PPFA) 2019).

Atieno, (2019) stated that aim of the school based comprehensive sexuality education (CSE) is to equip children with knowledge, skills and values in an age appropriate and culturally gender



sensitive manner so as to enable them to make responsible choices about their sexual and social relationships, explain and clarify feelings, values and attitudes, as well as to promote and sustain risk reducing behavior. Sexuality education is backbone of preventing and controlling different diseases and health related problems like “HIV/AIDS, unwanted pregnancy, sexual abuse, abortion, and sexual harassment, and love related problem/conflict management and family planning problem. The importance of school sexuality education is an unquestionable idea (Netsanet et al, 2017).

Atieno (2019) stated that Comprehensive Sexuality Education should be age-appropriate, taught from pre-primary to secondary school, culturally suitable, and scientifically approved, these are the three pillars of the topic. Nagpal & Fernandes (2015) wrote “that the value of sexuality education for teenagers according to social activists, psychologists and social scientists, is to prevent teenagers from falling a victim of Sexually Transmitted Diseases such as HIV/AIDS, sexuality related complications and to eradicate social evils such as eve-teasing, sexual harassment and also to help the young people gain knowledge on the ability to protect themselves from sexual exploitation and threats”.

Shin et al. (2019) stated in Korea study that some parents did not want to provide sexuality education for their children, some parents felt they did not know how to teach their children and some believed that the children were still too young. Kar et al., (2015) pointed that the formation of gender identity to one’s own sexuality depends on primary socialization within the family, the influence of peers and friends, as well as the educational system. Parents are the nucleus of society, they go along with their children as they grow, so they are the most suitable people to pass on sexuality education to their children. However, if sexuality education is given earlier at home, children will be able to establish correct concepts on sexuality, and parents can handle the situation (Nzayisenga cited in Atieno 2019).

Baku et al., (2018) stated that Parental knowledge about adolescent sexuality issues is important to ensure that adolescents get the facts right. Parent’s knowledge about sexual topics motivates them to discuss sexuality topics with their adolescents. The more knowledgeable a parent is about sexuality topics, the more comfortable he or she feels about discussing such topics with his/her adolescent. In Baku et al., (2018) study, many of the parents complained that they were not educated on sexuality when they were young, and this has made it difficult for them to educate their children now. Parents should start talking to their children as early as 6 years, because nowadays children are broad minded. Kumar et al., (2017) stated that girls are more vulnerable than boys but both genders need education on sexuality and it will be much easier for such an education to be effective if parents get closer to their children and start discussions about sexuality issues with them at a younger age. Orji et al., (2019) pointed that poor parental verbal communication led to the poor knowledge of sexuality among the respondents. Parents should be encouraged to discuss sexuality matters with their children. Parents have a moral duty to give sexuality education to their children on dangers of early sexual debut and to censor the kind of friends their wards keep to avert negative social influence on them (Durowade et al., 2017).

Parental attitudes play a large role in adolescent’s sexual behavior. Some teachers were reported not willing to teach sexuality education due to fear of persecution by the parents and guardians of their students, particularly with young children in Nigeria because of cultural and social norms which forbid the open discussion of sex (green spring’ school 2019). Mukoro (2020) stated that Sexuality is one of the most complex aspects of humanity, reported major challenges that continues to confront sex educationists is how to proceed with the design of a curriculum or with the teaching of sexuality education in contexts where the facts they possess conflict with the values or cultural norms of the educational settings within which they must operate.

Adekunle et al., (2018) stated that a large percentage of Nigerian adolescents are sexually active, Nigeria has one of the top HIV prevalence among youths globally. Centre for Disease Control (CDC) (2017) approximately 21% of all new HIV diagnoses are among young people aged 13–



24 years. Teens and young adults have the highest rates of sexually transmitted diseases (STDs) of any age group. Office for National Statistics (2014) (as cited by Bennett 2015 pg. 9) that adolescent pregnancy and childbirth is regarded as a significant contributor to maternal and child mortality as well as to cycles of compromised health and poverty which is due to socio-economic factors before and after pregnancy rather than the biological effects of young maternal age. 600,000 Nigerians mostly girls undergo abortion each year.

Health Development Initiative (HDI) (2015) cited Moronkola & Fakeye, (2008) that Sexuality education is a controversial issue especially with regard to the age at which it should be imparted to children and the amount of detail to be revealed. It is important for parents to discuss sexual topics with adolescents to prevent exposure to early sex, pregnancy, and STDs. Comprehensive sexuality education that addresses gender norms, human rights, and power within relationships, can help reduce child marriage and unplanned pregnancies by equipping young people with skills to navigate their sexualities and take control over their lives. (Nwogu, 2017).

Obaje noted that despite advocacy programs and health campaigns organized by Non-Governmental Organizations (NGOs) in Kwara State to raise awareness on the dangers of early pregnancies and abortions, especially among teenagers, some students have either lost their lives or injured their vital organs in the process of aborting pregnancies. Pregnant adolescent's girls are more likely to drop out of school and discontinue education, which limits their future employment and other life opportunities (UNESCO, 2017). Adolescent girls suffer a significant and disproportionate share of deaths and disability from unsafe abortion practices compared to women over 20 years of age (WHO, 2015).

Odebode (2019) finding of study on parent's attitude towards sexuality education in Ilorin metropolis concluded that the parental attitude towards sexuality education for in-school adolescents in Kwara State is negative. Comprehensive sexuality education has no record of being given in primary schools in Kwara State, as it is, development is faster these days as some students get to puberty while in primary school. There is the need for proper implementation of sexuality education across the board in Kwara State to stop the menace of teenage pregnancy, abortion, and all the risky sexual behavior. There is also limited literature on current reproductive health and sexuality education as regards adolescent health in Kwara state calling for this research to find out knowledge and attitude of sexuality education among parents in Ilorin metropolis for proper planning and interventions.

Statement of the Problem

There is limited research study as regards knowledge and attitude of sexuality education among parents in Ilorin metropolis. This study data is needed for the researcher to bridge the gap in literature, and also be able to arrive at one of the reasons behind this study which is to see if there is need to develop sexuality education resources for parents in this locality.

Akpama (2013) revealed that Parents (both literate and illiterate) believed in the preservation of sexuality education knowledge until such adolescent are married. Parents failed to consider the fact that technological development which they have embraced also meant that there should be a shift in their belief. Sexuality education was customarily meant to be given to every child and adolescents by his/her immediate family but these practices have been battered by the influences of modernization, western civilization, and collapsing family life. The effect of this is that the younger generations are left at the mercy of the wider society and other socializing agent who most time misinformed the young ones in the change process to adult hood (Ameh, 2015).

Olugbamila et al., (2017) reported that some people think sex education is ideal for teenagers while some belief it is immoral, some parents are worried about the way it is taught in schools, teachers feel it will guide children whose early exposure to technology makes them vulnerable.

Odebode (2019) finding of study on parent's attitude towards sexuality education in Ilorin metropolis showed that parents believe that sexual education should not be a core subject, it



should be taught to male child only, and it has few benefits. In addition, parents believe that sexuality education should not be a core subject, it corrupts adolescents, it is against the tradition of the society, is not morally right for adolescents, promotes teenage pregnancy, it increases rate of premarital sex and should be discouraged. This study will identify parent's current attitude towards sexuality education.

There are challenges facing the present and old generation of adolescents in Kwara State as regards to teenage pregnancy, Sexually Transmitted Diseases (STDs), and abortion. Researchers have observed that when in clinical settings, at family planning unit, between (2012-2015) as a provider, secondary school students do not come for family planning on their own but most of the time come for post abortion care, which is one of the reason for this research. Also, in a village in Oke-Ero Local Government in Kwara State, in 2008, two adolescents were impregnated simultaneously by a young man. In a village in Ilorin-East Local Government, in (2015) anonymous reported that two secondary school students were impregnated by adolescent boy in their school. In addition to this, there is growing concern over the increasing rate of unwanted pregnancy and abortion among primary and secondary school students in Kwara State. Some of these girls go to quacks to abort their babies, a situation that has led to the death of some of the girls or ruptured uterus which is having a harmful impact on the educational development of the State.

Therefore, there is need for this research to find out parental knowledge and attitude of sexuality education in Ilorin metropolis for proper planning and interventions.

Objectives of the Study

The objectives are to;

- 1) To assess level of knowledge of sexuality education among parents in Ilorin metropolis
- 2) To identify attitude of parents in Ilorin metropolis towards sexuality education

MATERIALS AND METHOD

The study utilized a descriptive cross-sectional design to assess knowledge and attitudes of sexuality education among parents in Ilorin metropolis.

The area of study is Ilorin metropolis which is the capital of Kwara State in North Central Nigeria. There are three local Governments in Ilorin Metropolis which are Ilorin East, South and West. Ilorin East has its headquarters in Oke -Oyi, Ilorin South has its headquarters in Ipata while Ilorin West has its headquarters in Wara Osin Area .

The six settings used are Iponrin, Shofoluwe, Pipeline, IleAlaja, Ita-Alamu and Saw mill community, each of the setting has health center and basic health center where treatments of minor ailments, immunization, maternity and family planning service is been rendered but the clinic has no adolescent services

The target population were male and female parents in Ilorin metropolis. The study population consist of 6186 parents based on the community's catchment map. A minimum sample size of 340 was determined using the fisher's formula

Probability sampling (multi-stage) was used in recruiting the sample size from the three LGAs in Ilorin metropolis.

Stage 1; Selection of Local Government Area; All Local Government Areas forming Ilorin metropolis was selected.

There are three local governments in Ilorin which are Ilorin East, Ilorin South and Ilorin West. All the three Local Governments were selected.

Stage 2: Selection of political ward from the list of 35 wards in the three selected LGAs; two wards were randomly selected from each LGA using balloting paper. Six political wards were randomly selected, the six selected wards are: shown in table 3.1.

Table 1: Ilorin Metropolis Local Government and Wards

SN	ILORIN EAST	ILORIN SOUTH	ILORIN WEST
1	Apado	Balogun Fulani 1	OKO-ERIN Ubadawaaki
2	Agbeyangi	Balogun Fulani ward 11	
3	IPONRIN	Balogun Fulani ward 111	
4	Gambari 1	Balogunfulaniward11 OKEOGUN	Magajingeri
5	Gambari 11	Okaka ward 1	Alanamu
6	Ibagun	Okaka ward 11	Ajokobi
7	Zango	Akanbi ward 1	Ogidi
8	Okeoyi/Okeose/Alalubosa	Akanbi ward 11	Ojuekun/Zarumi
9	Magaji Are 1	Akanbi ward 111	Oloje
10	MAGAJIARE 11	AKANBI WARD 1V	WARAOSHINEGBEJILA
11	MarafaPepele	Akanbi ward V	Badari
12	Maya Ile Apa		Adewole

STAGE 3: Random Selection of communities from the list of communities in the six selected political wards. One community was selected randomly using balloting paper from each selected communities, the list of all communities is shown in table 3.2

Table 2: List of Communities in all Selected Wards

1	Iponrin ward	Magajiar e ward 11	Akanbi ward iv	Okeogun	Okoerin	Waraosn/egbejila
2	Iponrin	Lajounrin	Alagua Erinlecose	Ile Idiagbon	Taiwo	Onagun
3	Tsiamu	Shofoluwe		Ajanaku	Okoerin	Kere
4	Aloko	Offa road	Pipe line	Daani	Osere	Brekete
5	Alade	Fufu	Ile mogaji	Ile Alaja	Irewolede	Alangua
6	Olomoyoo	Alalubosa	Akorede	Gbodofun	Saw mill	Itaalamu Magaji are
7	Gaa Dodo	Iponrin street	Okeonigbin	Ile Awoli	Obo road	GaababaAjara
8	GaaAlade		Tipper garage	Ile alhajaajara	Agbooba	Yidi area
9	GaaFalana		Adangba	Ile eja	Geri Alimi	GaaPanu
10	GaaOlaore			Idimajaro	Unity	BukolaSaraki
11	Gaaoloro					Offa garage
12	GaaAkande					Olokonla
13						Olunlade
14						Ganmo
14						Temidire
15						Asa dam

Stage 4; Selection of participants through proportionate allocation of sampling to arrive at 416 sample size from the selected community. Participant’s selected using systemic sampling technique by selecting 5th house hold, in house to house; school area and offices were also inclusive. Any parents seen in the 5th house in selected community will be interview until the needed number in that community is achieved. Number of participants is based on population of each community Iponrin community has 66 participants, Shofoluwe community has 128 participants, and pipeline community has 55 participants. Ile Alaja community have 19 participants, Ita-Alamu community have 68 participants Saw mill community have 80 participants.

Table	3:	proportional	allocation	of	sample	size
SN	Name	Total population	Percentage(%)	Sample size/house hold		
1	Iponrin	976	16	66		
2	Shofoluwe	1901	31	128		
3	pipeline	825	13	55		
4	Ile Alaja	290	5	19		
5	Ita Alamu	1007	16	68		
6	Saw mill	1187	19.	80		
Total	6	6186	100	416		

Iponrin population 976, to determine how many percent of Iponrin make total population of 6186, $=976 \div 6186 \times 100 = 15.77\%$

Iponrin population sample size $=15.77\%$ of $416 \div 100 = 65.60 \sim 66$ respondent

1. **Shofoluwe** population 1901, calculate how many percent of Shofoluwe make total population $= 1901 \div 6186 \times 100 = 30.73 \%$.

Shofoluwe population sample size 30.73% of $416 \div 100 = 127.63 \sim 128$ respondents

2. **Pipeline** has population of 825, how many percent of pipeline make total population $825 \div 6186 \times 100 = 13.33\%$.

Pipeline population sample size 13.33% of $416 \div 100 = 55.45 \sim 55$ respondents

3. **Ile Alaja** population is 290, find how many percent of Ile Alaja is in total population $290 \div 6186 \times 100 = 4.68\%$

Ile Alaja sample size is $4.68\% = 4.68 \div 100 = .19.50 \sim 19$ respondents

4. **Ita-Alamu** population is 1007, to find out how many percent of Ita-Alamu is in total population $1007 \div 6186 \times 100 = 16.27\%$

Ita Alamu sample size is 16% of $416 \div 100 = 67.71 \sim 68$ respondents.

5. **Sawmill** population is, 1187 find how many percent of sawmill is in total population $1187 \div 6186 \times 100 = 19.18 \%$.

Saw mill sample size is 19.18% of $416 \div 100 = 79.82 \sim 80$ respondents

Total population for this study is 6186 while total sample size is 416.

The instrument used for data collection was pretested, interviewer administer questionnaire. which was shown to the researcher’s supervisors, experts in educational research in the field of community health and maternal and child health and its face validity, content validity and construct validity was determined.

Validity of the Instrument

The experts in educational research, in the field of community health, education, sociology and psychology and maternal and child health were consulted to check the validity and reliability of questionnaire adapted and constructed before the final approval by my research supervisor. The expert examined the clarity and appropriateness of the questionnaire items to ascertain whether they aligned with the objectives of the study. The modifications and corrections made by these experts was incorporated in the final draft of the instrument for data collection of the study

Reliability of the instrument

The reliability estimate of the instruments was established through test-retest method. The questionnaire was pretested in Offa Local Government Kwara State among 38 parents which is 10% of the study population. Questionnaire was pilot tested in a setting similar to study setting and reliability test obtained with a Cronbach alpha coefficient method, score of reliability coefficient = 0.82 obtained for each knowledge, attitude and practice tool.

Questionnaire was translated to Yoruba Language by expert in Yoruba field and Certificate of translation was given.

All the 416 copies of the questionnaire were administered and retrieved, but a total of 385 were properly filled and found useable for the study.

The data collected was compiled, manually sorted out, coded fed into computer and analysis was done with Statistical Product and Service Solution (SPSS) software version 22 and result were presented using both descriptive and inferential statistics.

Ethical approval was obtained from ethical research committee of Kwara State ministry of health after gone through the topics and ascertain it constituted no injury to the participants.

A written Inform consent presented in form of questionnaire was read to each participant prior to interview, the participants were made to understand that they are not under obligation to participate in the study. The study was voluntary and participants were informed they have right to withdraw from the study.

RESULTS

Table 4 Socio Demographic characteristics of the respondent (n=385)

VARIABLE	Frequency	Percent
Age (mean = 40.62±8.95) in years		
20 – 30	60	15.6
31 – 40	153	39.7
41 – 50	121	31.4
51 – 60	46	11.9
61 – 70	5	1.3
Parental status		
Mother	261	67.8
Father	117	30.4
Guardian	7	1.8
Marital status		
Married	363	94.3
Divorce	5	1.3
Widow	12	3.1
Separated	5.0	1.3
No of children (mean = 3.18 ±1.36)		
1 – 2	126	33
3 – 4	205	53.
5 – 6	48	12..
7+	6	2.0
Religion		

Christianity	165	42.9
Islam	218	56.6
Traditional	2	.5
Education		
None	1	0.3
Primary	8	2.1
Secondary	52	13.5
Tertiary	324	84.2
Occupation		
Civil Servant	124	32.0
Teacher	105	27.0
Health Worker	46	12.0
Self Employed	26	7.0
Not Working	6	1.6
Retired	6	1.6
Factory Worker	43	11.2
Business Person	29	7.5

Table 4 presents the distribution of the parents according to their socio-demographic characteristics with a total of 385 respondents. The results revealed that (39.7%) of parents were within the aged 31 – 40 years. Most of the respondents (67.8%) were mothers while (30.4%) of the respondents were fathers. All of the respondents (94.3%) were married. More than half (53.2%) of the respondents had 3 – 4 children while (32.7%) of the respondents had between 1 – 2 children. More than half (56.6%) practiced Islam while (42.9%) practiced Christianity. Majority (84.2%) of the respondents had attained tertiary level of education. 32.2% of the respondents were civil servants while 27.3% were teachers.

Objective One: To assess the level of knowledge about sexuality education among parents

Table 5 Knowledge of Parents about Definition, Purpose and Key concepts of sexuality education (n=385)

	Correct	Incorrect	Mean (SD)
	N (%)	N (%)	
Definition and general questions of Sexuality Education			
Sex education in a broad term seeks to impart basic education on sexual intercourse, reproductive health, and emotional relations	349 (90.7)	36 (9.3)	0.91 (0.29)
A girl cannot become pregnant the first time she has sexual intercourse	311 (80.8)	74 (19.2)	0.81 (0.39)
Condoms always prevent sexually acquired infections	90 (23.4)	295 (76.6)	0.23 (0.42)
Abstinence is only means of prevent sexually transmitted infection	126 (32.7)	259 (67.3)	0.32 (0.47)
Withdrawal after intercourse always prevent pregnancy	188 (48.8)	197 (51.2)	0.49 (0.50)
Purpose of Sexuality Education			
To help young people exercise responsibility regarding sexual relationships	290 (75.3)	95 (24.7)	0.75 (0.43)
To help young people address abstinence, pressure to become prematurely involved in sexual intercourse	311 (80.8)	74 (19.2)	0.81 (0.39)
Key Concepts of Sexuality Education			
Human development	327 (84.9)	58 (15.1)	0.85 (0.36)



Relationship	326 (84.7)	59 (15.3)	0.85 (0.36)
Personal skill	260 (67.5)	125 (32.5)	0.68 (0.47)
Sexual behavior	274 (71.2)	111 (28.8)	0.71 (0.45)
Sexual health	304 (79.0)	81 (21.0)	0.79 (0.41)
Society and culture	277 (71.9)	108 (28.1)	0.72 (0.45)
Overall knowledge	284(73.8)	101(26.2)	0.69(0.41)

≥50% =Good knowledge <=50%=poor knowledge

Table 5 Presents the distribution of knowledge of parents about definition and general knowledge of SE, purpose and key concepts of sexuality education. Majority (90.7%) of parents agreed that “sex education in a broad term seeks to impart basic education on sexual intercourse, reproductive health, and emotional relations”. Generally, majority (80.8%) agreed that “a girl can become pregnant the first time she has sexual intercourse”, 76.6% agreed that “condoms always prevent sexually acquired infections” which is not correct, 67.3% agreed that “abstinence is the only means of preventing sexually transmitted infection” which is not correct, and more than half (51.2%) agreed that “withdrawal after intercourse always prevent pregnancy”. which is also not correct. This implies that on general questions, parents were poor in knowledge about sexuality education, as (46.4%) got the answer correctly while 53.6% did not get the answers correctly. Furthermore, on the purpose of sexuality education, 75.3% claimed that sexuality education helps young people exercise responsibility regarding sexual relationships and 80.8% said it is to “help young people address abstinence, pressure to become prematurely involved in sexual intercourse”. Finally, majority (84.9%) of parents considered human development as key concept of sexuality education followed by relationship (84.7%) and sexual health (79.0%).

Table 6 summary of the parents Level of Knowledge according in relation to Key concepts of sexuality education (N = 385)

Variables	Good ≥50%		Poor <50%		Mean std
	F	%	F	%	
Definition and general knowledge of sexuality education	233	(60.5)	152	(39.5)	2.76(1.04)
Purpose of sexuality education	247	(64.2)	138	(35.8)	1.56(0.64)
Key concept of sexuality education	293	(76.1)	92	(23.9)	4.59(1.60)

≥50% = good Knowledge, <50% =poor knowledge.

Table 6 Presents the distribution by level of knowledge of parents about the three domains (definition and general knowledge, purpose and key concept). The results revealed that 6 out of 10 parents (60.5%) had good knowledge about definition of sexuality education, 64.2% good knowledge about purpose of sexuality education and 76.1% had good knowledge about key concepts of sexuality education. At the aggregate level, 73.8% had good knowledge about sexuality education.



Objective Two: To identify the attitude towards sexuality education among parents

Table 7: Distribution of Attitude of Parents towards Sexuality Education of their children. (n=385)

Variable	SA	A	UD	D	SD	Mean
	F (%)	F (%)	F (%)	F (%)	F (%)	
I think sex education is helpful towards preventing teenage pregnancy	244(63.4)	137(35.5)	2 (0.5)	1 (0.3)	1 (0.3)	4.62
I think sex education is helpful towards preventing sexually transmitted diseases among the youth	227(59.0)	145(37.6)	9 (2.3)	3 (0.8)	1 (0.3)	4.54
Sex education should be taught in school because some parents are not capable of teaching their children the topic	208(54.0)	151(39.2)	12(3.1)	6 (1.6)	8 (2.1)	4.49
Sex education should be taught at home by parents	189(49.0)	162(42.1)	21(5.5)	5 (1.3)	8 (2.1)	4.48
Sex education will be immoral	44(11.4)	65(16.9)	52(13.5)	89(23.1)	135(35.1)	2.46
Teaching of sex education in schools expose children to sex the more	49(12.7)	62(16.1)	49(12.7)	100(26.0)	125(32.5)	2.51
I believe it gladden me, that the government has finally realized the need for sex education	132(34.2)	191(49.6)	42(10.9)	14(3.6)	6 (1.6)	4.11
Teaching of sex education in school reduces the rate of abortion in the society.	165(42.8)	180(46.8)	19(4.9)	15(3.9)	6 (1.6)	4.25
Overall Attitude	157 (40.8)	137(35.5)	26(6.8)	29(7.5)	36(9.4)	3.93

≥3 = positive attitude <3 =negative attitude. **SA=strongly agree =5, A=Agree =4, UD=Undecided =3, D=Disagree =2, SD=strongly disagree=1**

Table 7 shows that almost all the parents (98.9%) perceived sex education to be helpful towards prevention of teenage pregnancy, reduces the rate of abortion in the society (89.6), prevent sexually transmitted infection (96.6 %). Minority 109 (28.3%) of respondent belief that sex education will be immoral while majority (58.2%) belief sex education is not immoral. Above one quarter 111 (29.8%) of respondent's belief that teaching of sex education in school expose the children to sex the more while above half of respondents 225 (58%) belief it cannot expose the children to sex the more. Majority 359 (93.2%) of respondent belief sex education should be taught in school because parents are not capable of teaching their children the topic. Most respondents 348 (91.1%) belief that sex education should be taught at home by parents. Majority 323 (83.8%) of the respondent was glad that government has finally realized the need for sex education.

Table 8 Summary of Distribution of Parents by level of Attitude towards Sexuality Education of their children

<i>Variable</i>	<i>Frequency (N)</i>	<i>Percentage (%)</i>	<i>Mean (SD)</i>
<i>Positive Attitude ≥ 3</i>	213	55.3	
<i>Negative Attitude < 3</i>	172	44.7	

Table 8 shows the overall level of attitude towards sexuality education of the children. Result showed that more than half (55.3%) of parents had positive attitude and 44.7% had negative attitude towards sexuality education.

DISCUSSION

Participants Socio Demographic Information

The findings of the Study shows that majority of the respondents (39.7%) were aged between 31-40 years and less than half of the respondents (31.4%) were aged between 41-50 years which is contrary to study done by Esohe & PeterInyang (2015) The study investigated Parents' perception of the teaching of sexuality education in secondary schools in Ado-Ekiti, higher percentage are between age 41-50. This shows that majority of the respondents in this study are child bearing age, age of active service and also in active years of parenting. The study revealed that majority (67.8%) of the respondents were mothers in similarity to the findings of Esohe & Peter Inyang (2015) which show that majority (57.3%) of respondents are females. The study is difference to study of Health Development Initiative (HDI) (2019) in which almost an equal proportion of male (n=281, 49%) and female (n=293, 51%) parents were sampled. The gap in this study shows that population of mother are more than father in research setting. This may be due to practice of polygamy marriage in Ilorin metropolis.

Majority of the respondents were married, this is similar to study of Esohe & Peter-Inyang (2015) in which more than half of the respondents were married. This may be due to the fact that inclusion criteria are only those who have one or more children. Most of the respondents practiced Islam, (55.6%) while less than half of the respondents practiced Christianity, which is contrary to Ado-Ekiti study where most respondent are Christian. This is because in Ilorin majority of the residents are Muslim. Majority of the respondents had attained tertiary level of education; this is also in line with study of Esohe & Peter Inyang (2015). Ilorin is a state capital where most civil servants are dominated implicatively majority are educated at level of tertiary. There are many University, poly technic and college of education both public and private in Ilorin Metropolis which make attainment of tertiary education an easy one. Most of the respondent 205 (53.2) have 3-4 children while 126 (32.7) of the respondent have 1-2 children, this is contrary to (NURHI) (2010) that revealed in average, a woman in Ilorin city has given birth to more than four children in her lifetime (fertility rate is 4.2 children per woman). This may be because the federal government approved no of children are four children per couple looking at issue of national health insurance scheme in which only four children are captured.



Parents Level of Knowledge about Sexuality Education

The findings of this study shows that parent knowledge about sexuality education is good. (N =284, 73.8%) has good knowledge while (N= 101, 26.2%) has poor knowledge of sexuality education. Study is in similar to the study of Olarinmoye et al., (2011) in their study conducted in Osogbo in Osun State revealed that 293 parents (73.3%) understood sexuality education (SE) to mean providing basic information about sexuality and related issues, 145(36.3%) knew that SE includes teaching children how to prevent HIV/AIDS and other sexually transmitted infections (STI), 29(7.3%) respondents thought SE meant teaching children how to have sex and others (7.3%) did not know what SE meant. This is line with study done by Health Development Initiative (HDI) (2019) where more than two-thirds of parents (n=402, 70.03%) reported feeling sufficiently knowledgeable about adolescent sexual behavior. This study is not in support of study of Shin et al., (2019) which reported that providing sex education to children is a difficult task for the parents due to lack of knowledge of how to teach and provide guidance on sex-related topics. This study was also supported in partly by the study of Mobredi et al., (2017) study done in Iran revealed that mothers have average knowledge and average attitude at mean score of mother's knowledge was 28.56 ± 4.04 and mean score of attitude 49.85 ± 7.45 . If parent have knowledge of sexuality education, there is need to create public awareness that children are not too young to received sexuality education. For those who have poor knowledge, there is need for government and health professionals to start educating parents on what to teach.

Attitude of Parents towards Sexuality Education

The findings of this study also shows that the attitude of parents towards sexuality education is good with aggregate mean score of 3.93. The positive attitude may be due to the parents experienced on the increase of early sexual exposure, sexuality transmitted disease and abortion practice of adolescents. The result is in support of Esohe & Inyang (2015) in their study majority of parents (80%) perceived that sex education will reduce the rate of teenage pregnancy and abortion, (88%) belief that teaching sex education reduce the rate of abortion in the society This study is in line with the study of Nagpal & Fernandes (2015) findings from the study show that the attitude of parents of teenagers is positive towards Sex Education. 38.33% of the sample has a very high attitude, and the rest 8.33% for moderate attitude. The findings of this study revealed that majority of parents belief sex education is helpful towards preventing teenage pregnancy, preventing sexually transmitted infection and reduce the rate of abortion. Also in support of the study is Kao & Manczak (2013) which pointed that Sexuality education has been shown to have many benefits for young people, particularly later in their lives, this includes young people who receive comprehensive sexuality education engage in fewer risky sexual practices. Teitelman et al., (2015) stated that Deficiency and absence of sexual education can be originators of health and social hazards including sexually transmitted diseases (STD) and unwanted pregnancies. Also, in support of the study is Health Development Initiative study (2019) study reveal majority of the parents acknowledged CSE's relevance, responding that it could help to reduce the frequency of unwanted teenage pregnancies. The findings of the study revealed that higher percentage of parent's belief Sex education should be taught in schools because some parents are not capable of teaching their children about sex education. This may be because parents do not have access to sexuality education materials. This study is line with Fisher et al., (2015) in which majority of parents believed that sexuality education should be taught in schools and to be carried out by experienced teachers, who themselves have exhibited high moral standards.

The findings of this study perceived consequences of comprehensive sexuality education as good. Majority of parents in this study do not belief that sexuality education is immoral only few of the respondents believe that it is immoral and will expose children to sex the more. This may be as result of the fact that majority of respondents were educated and exposed to what is going on as regards increase in early sexual exposure, sexual transmitted infection, teenage pregnancy



and abortion practices among adolescent. This study is supported by study in Rwanda by Health Development Initiative (2019). It revealed that majority of parents not in agreement that, only about one-quarter thought Comprehensive Sexuality Education promotes promiscuity ($n=146$, 25.4%), with a significant difference between parents from rural versus urban districts ($p=.048$). Rural parents ($n=92$, 28.2%) were more likely to believe CSE promoted promiscuity compared to urban parents ($n=54$, 21.8%). This study is also in agreement to Esohe & Peterlyang (2015) study which shows that majority of the parents do not agree that sex education will expose their children to sex the more while less than half of respondent belief it will expose their children to sex the more. This study is contrary to the outcome of the results of study by Akpama (2014) which revealed that parental perception of the teaching of sex education is significantly negative. Both male and female parents perceived that teaching sex education to adolescent amounts to encouraging immorality.

Conclusion

Based on the study the level of knowledge of parents about sexuality education is good on overall score but poor on general knowledge score, as the score is below the mean. Parents have positive attitude, Parents perceived sexuality education has having benefit of reducing sexually transmitted infection, teenage pregnancy and rate of abortion in society and perceived consequence of sexuality education as not to exposed children to sex the more

Recommendation

1. Government to make policy that sexuality education should start in primary school and to be age appropriate.
2. Schools (public and private) should provide comprehensive sexuality education in primary 5-6 and throughout the secondary school level.
3. Community health Nurses should liaise with the principal to introduce health education talks on sexuality education for parents and teachers' association during (PTA) meeting and emphasized the need to teach sex education to children at home.
4. Community health nurses should organize community-based enlightenment programs that would help parents know the rudiments of Sexuality Education.



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