

Parents` Perception of Sex Education on the Development of Adolescent Secondary School Girl In Gbarantoru Community Bayelsa State: A Descriptive Study

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Abstract

Background: Teenage pregnancy, child abandonment and sexually transmitted infections are on the increase on account of inadequate sexual education perhaps from home, thus becoming issues of public health importance in Nigeria. **Objective:** The purpose of this study was to ascertain parents` knowledge, attitude and perception towards sex education. **Method:** The study utilized descriptive research design. The target population are parents of adolescent girls that reside in the Community. Convenience sampling technique and Taro Yemen's framework were utilized to achieve sample size of 150 respondents from a population of 250 parents. Validated and reliable (piloted) instrument for data collection was a closed-ended questionnaire. Data was analyzed using (SPSS) version 23 and was presented using frequency tables in percentages. **Findings:** the findings indicate that, 82.7% of respondents know about sex education, 26.9% taught their children and wards, 57.7% stated that their children might have learnt through associations in school. This study also revealed that 53.7% of the respondents educated their ward about sex education with 76% of them agreeing to encourage the teaching of sex education in school. Based on these findings, recommendations were made. **In conclusion,** most parents have good knowledge, positive attitude towards sex education and parents perception is that, adolescent girls should be taught sex education both at school and at home to enable them make informed decisions in terms of sexual behaviour that would promote school girls health and future well-being.

Key words: Adolescent, development, parents, perception and sex education.

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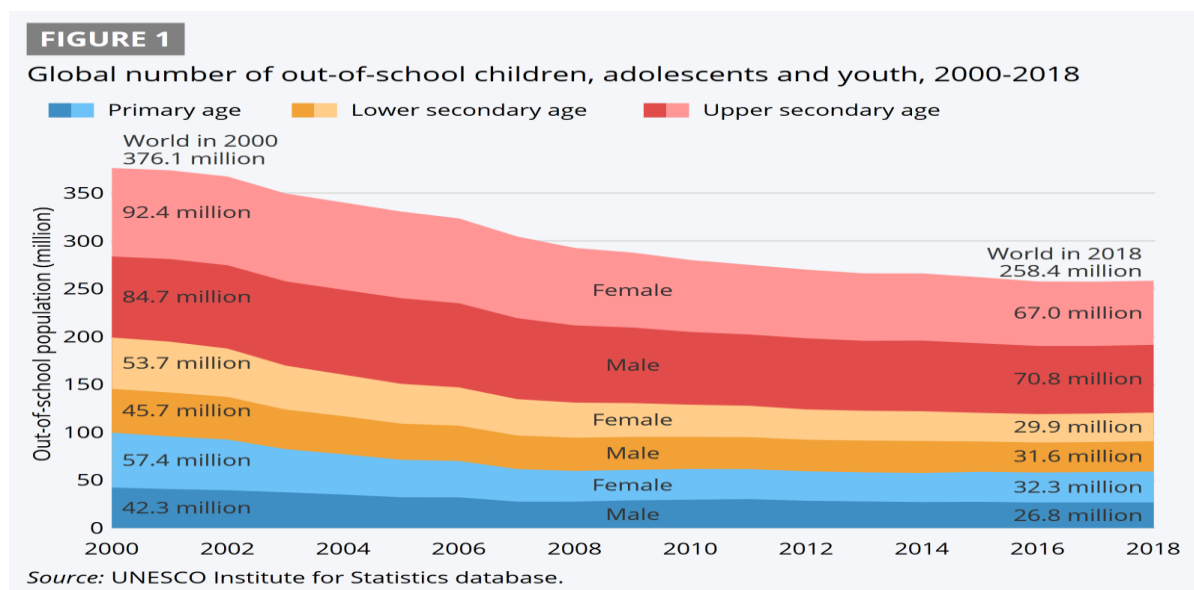
I. Introduction

Sexuality is as old as man; therefore, understanding of human sexuality is an important component of population study, creating general sexuality awareness and knowledge^[1, 2]. This understanding, along with the development of desirable sexual behavior is helpful in the acceptance and practice of safe sexual behavior which aims to reduce the risks of negative sexual behavior and the attendant consequences among secondary school girls. The potentially negative outcomes meant are offshoots of inadequate sex education includes: sexually transmitted diseases such as human immunodeficiency virus (HIV), teenage pregnancies with its attendant complications and child abandonment, as well as school dropouts. These have been presented as issues of public health importance in Nigeria^[1].

The aim of this study was to ascertain parental knowledge, attitude and perception of sex education on the development of adolescent secondary school girl child in Gbarantoru Community, Yenagoa, Bayelsa State.

Background to the Study

Global number, over 376.1million between year 2000 to 2016 out of school children indicates, for reasons, not limited to: - teenage pregnancies sequel to in appropriate sexual relationships and ill health related absenteeism. As at 2018, there was a slight reduction to 258.4 million of which,30-67.0 millioncutting across lower and upper levels of school agegirls dropped out of school^[3, 4]. See the illustration below.



In the United States (US), Sex education is instruction on issues relating to human sexuality which encompasses: emotional relations and responsibilities; human sexual anatomy and sexual activities; sexual reproduction and age of consent; reproductive right and safe education that covers all of these aspects known as "comprehensive sex education" ^[5, 6, 7]. In India, there are no such rights, the clear-cut gender disparity in education at all levels continue even after 66 years of independence ^[8]. For instance, the ^[9]report that, female enrolment at the primary level (Class I-V) stands at 48.35, below their male counterparts of 51.65. Also, at the higher education level, the gross enrolment ratio for male and female population are 20.8 and 17.9 respectively. It means, admission already is lop-sided, the right to education to an extent is on papers in terms of educational issues regarding male and female. Even the few admitted, 10 to 24-year-old adolescent school girls are disproportionately affected by societal vices, perhaps due to their vulnerable nature and inadequate sex education ^[8, 9] as evidenced in 2016, where 2.1 million of this same age, 10 to 24 years' bracket were living with HIV, of which, 260,000 were new cases ^[10]. This means that, the number of adolescents in school living with HIV rose by 30% between 2005 and 2016. Earlier on, info graphic report showed 3.9 million young people aged between 10-19, that is, a substantive number of high school children were HIV positives and about 55,000 of them died due to AIDS-related illnesses ^[8], which declared AIDS a leading cause of death among young people in Africa and the second leading cause of death among young people worldwide, owing to their unique biological make-up and involvement in inappropriate sexual behaviour.

Those affected are mostly from low- and middle-income countries, with 84%, in some sub-Saharan Africa countries such as: South Africa, Kenya, Mozambique, Tanzania and Nigeria. Out of which 63.5 percent of the figure above are female students who quit school as a result of sex-related ill-health or even death in extreme cases ^[10].

It is evidenced that, school girls get information about sex and sexuality from a wide range of avenues, which could be accurate or inaccurate and formal or informal. The formal could be lectures received from teachers'/peer educators through organised school/classroom program. Whereas, the informal could be through parents'/caregivers, influential peers, electronic or print media, which includes magazines, books and websites ^[11].

^[12]describes development as a lifelong process of physical, behavioral and cognitive as well as emotional growth which manifest in changes. These changes span through in-utero to adulthood. During each process, the person develops attitude and values that guide choices relationships and understanding ^[13]. Adolescents are sexual beings, judging from this fact, just as it is important to enhance child's physical, emotional and cognitive growth, hence parents or guardians have the fundamental responsibility to help school girls understand and accept their sexuality ^[14]. Thus, there is need to conduct this study to ascertain parental

knowledge, attitude and perception towards sex education for the adolescent school girl. Because, it is what a parent knows (values and perception) that such parent impacts to his child or ward.

Also, Cambridge dictionary sees perception as a belief and value system on issues. Most female school children have little or no knowledge about their bodies and bodily changes, because the female child is not intimated early in life, owing to their parents` knowledge, attitude and perception of the subject matter^[15]. It is generally known that many parents find it difficult to talk with their children about maturation, sex, birth control and parenting. The reality is, parents or guidance may not understand that this information is vital and the young ones must be taught promptly for they need it at different developmental stages.^[11] found that, mothers talk to their daughters mostly at the periphery, with less emphasis on key aspects. Forgetting that, this is the foundation and information the girlchild requires. Imparting a good education on sex and sexuality can provide a significant decrease in the consequences which could arise unknowingly^[11].

The Federal Republic of Nigeria, is an indivisible, sovereign nation that is made up of 36 states and a Federal Capital Territory (FCT) is bound by a common law, the Nigerian Constitution, that has constituents, which are bounded by a federal arrangement on all authorities and persons. Although there are contradictions as a result of the plural legal system evidenced in the application of statutory, customary by the Southerners and Sharia laws which exists separately and firmly upheld in the Northern part of the country (often codified)^[16]. As such, it is expected that all states must adopt their own laws due to culture, religion and ethnic differences which are dominant in the area of personal and family relations like marriage, divorce, guardianship and custody of children as well as succession^[16].

Laws have so much impact on school girls` knowledge and behavioural patterns. For instance, as at the year 2012, 30 states have no law that governs sex education, and schools are not required to provide it in the United States^[17]. The consequences of not having sexual laws were grave on the girl child, given the children engaged in health risk sex behaviours. For instance,

“The US Center for Disease Control and Prevention (CDC) has found in the Advocacy for Youths, facts sheet (2014) that students who do not engage in health risk behaviors receive higher grades than students who do engage in health risk sex behaviors, thus, it is key that sex education must be part of laws of the land. Health-related problems and unintended pregnancy can both contribute to absenteeism and dropout. Comprehensive sexual health education teaches abstinence as the only 100 percent effective method of preventing HIV, STIs, and unintended pregnancy – and as a valid choice which everyone has the right to make. Dozens of sex education programs have been proven effective at helping young people delay sex or have sex less often”^[17, 18].

Again, in Nigeria, the 2003 Child`s Right Act views a child as an individual under the age of 18 years. The Act explicitly states the prohibition of child marry nor can they consent to engaging in sexual activities. However, as Nigeria operates on a pluralistic legal system as earlier stated, marriage is allowed for children under the age of 18 years for states in the north contrary to the federal law, which seems untenable due to religious difference between the two regions. The clash of laws and principles or culture conflict makes the federal government to rarely intervene, enforce the law in its true sense of it, thus, given the various regions choice on ratification of these laws. In some cases, federal lobbying can provide some influence in policy adoption, but this rarely takes place.

Aside these laws, Nigeria has an adolescent pregnancy strategy (2013 to 2015) contained in the “National Youth Sexual and Reproductive Health strategy covering 2011 to 2015 timeframe. This strategy is embedded within the National Health Policy and the National Adolescent Health Policy published in 1995 thereby, opening the health sector to adolescent-specific programming including topics such as sexual behavior and reproductive health^[19, 20]. While the issue of consent is not addressed, the policy indicates: “In view of the increasing problems associated with adolescent sexuality and teenage pregnancies in Nigeria, it is considered appropriate that sexually active adolescents who seek contraceptive services shall be counseled and served where appropriate.” This wording could be construed to mean, sexually active adolescents do not need parental consent^[21]. As such, the onus lies on stakeholders to provide these services to adolescents and young people – otherwise, the provider bias can be inhibitory to healthcare access for young people. Although policies stipulate equal access for adolescents, in reality, cultural barriers exist in easily accessing contraceptives, which leaves the decision of whether to supply contraceptives to sexually active adolescents to the discretion of the provider, who imposes parental consent restrictions based on their provider preference. Additionally, the 2007 adolescent health policy includes adolescent-friendly health services, however, the availability and accessibility to youth friendly health services remains critically low^[22]. Consequently, the current status of this strategy is unknown.

Furthermore, in recent times, the secondary school youths who constitute over 35% of the Nigerian population, have been found to be highly vulnerable to antisocial behaviors such as violent sexual activities amongst others^[1, 23]. Giving sex education therefore involves finding out what young girls know, add to their existing knowledge and correct misconceptions as well as empower adolescent girl children against many societal vices. The challenges are that, in many Nigerian societies, talking about sex is viewed as a taboo and so

adolescent school girl cannot freely approach their parents for guidance on issues relating to sex ^[24]. When they do, they are unsatisfied because, parents commonly prevaricate such discussions. As such, the adolescent school girl under informed by her parents throughout her lifetime with complications ^[24, 25, 26]. Therefore, finding out and describing parents` knowledge about sexuality education and their general perception of sexuality issues, will further provide better understanding of the issue in question.

Another problem is that, global report says, about 132 million girls worldwide are out of school in the last few years, a good number of them are as a result of lack of sex education from home due to parental perception^[27]. It is estimated in Nigeria that, about 22.9% babies suffer abandonment. In the South-South geopolitical zone, teenage pregnancies are estimated to be 12%.

Likewise, here in Bayelsa State and Gbarantoru in particular, there is high rate of promiscuity and alarming rate of teenage pregnancies though, not estimated, resulting in school drop outs, just as was estimated in the global aspect with little or no effort seen made by parents to reduce these vices as confirmed by the global status and trends^[4].

Despite the introduction of sex education by developed countries, yet *“little or no progress is made in reducing out-of-school numbers”* if this trend continues, the adolescent girl child in this part of the world will continue to be a stake illiterate, creating health and educational inequalities between the girl child in Nigeria and their counterpart in developed countries contrary to the popular adage that says *“Train a girl child, you train a nation*, contrary to the sustainable development goal and the Child`s Right Act as well as Education for All. Again, seemingly, there are no literatures the researchers could assess with regards to this topic in Bayelsa State, therefore deemed it fit to determine the level of knowledge, their attitude and how parents` perceive sex education on the adolescent school girl child development to change the paradigm.

Several empirical studies have been conducted on this subject area, such studies include: ^[28, 29] on parental knowledge on sexuality. Amongst several others, the findings revealed that education of parent was found not influencing parent level of knowledge on sexuality. Also 87.8% of urban parent obtained information through the media while 61.9% of parents in rural area received advice from family member. Again, a study conducted in Nigeria by ^[30]. Results of the study showed a high level (91.8%) of sex knowledge; more than half (55%) were between 15 to 19 years, 52% were females and 75% of respondents were educated at the tertiary level. Only 73 (18%) of the respondent were educated about sex at home often and 99(24.8%) where never educated about sex. It can thus be concluded that the prevalence of sexuality communication between young people and their parent in Christian homes is low.

Furthermore, ^[31] study on parental attitude toward adolescent sexual behavior, indicate 40.4% had a right attitude and adequate knowledge on sex education, while

32.3% had a poor knowledge and attitude towards sex education and 22.9% had a right attitude but poor knowledge on sex education. In addition, study in Ethiopia by ^[32] revealed participants have favorable attitude towards the importance of sex education, however, school sex education should include abstinence based on mental maturity of the students and minimum and maximum introduction time for sex education is 5 year and 25 year respectively. In a study on parent attitude toward imparting sex education to their adolescent girls by ^[33] where sample of the study consists of 200 parents (100 urban and 100 rural) of adolescent girls. A random sampling technique was used. Result of the study revealed that their mattress was reluctant it talks about sex education to their education as they found it embarrassing to discuss these issues Generally, they avoid any mention to sex in their day to day relationship with their children. Another reasons are because parent themselves lack scientific knowledge about sex education.

In Asia, study on parental attitude towards inclusion of sex by ^[34] Hamilton, Martin and Osterman (2015) indicated that majority of the parent (73.6%) supposed inclusion of a set of lesson on sexuality education in school curriculum some parent (8.5%) were unused about the issue. However, 18.5% of these parents disagreed with the use of introducing sex education at school level. Whereas, ^[35, 36, 37] studies on parental perception revealed: 87.0%, sex education to be taught at all level, which support that it is too early to teach sex education 65.6%. others are of the opinion that sex education will expose children to experience sex (55.1%) but that it would also reduce the rate of abortion in the society (77.1%). In another development, a study conducted emphasized the need for parental involvement in sex education was ascertained^[38].

In summary, these evidences indicate that, this topic is researched to a large extent, the various studies have a relationship with this particular study in the sense that they all are poised in finding out perceptions of sex education on adolescent school girls, some of the studies conducted were in line with the parental perceptions of sex education on adolescent secondary school girls, but not same methodology and entirely a different setting. Although studies have been conducted using different methods and approaches, yet, non- of these were conducted in Bayelsa and Gbarantoru settings well as parents of students from that same community. So there is need to conduct this study to fill this gap.

Purpose of study is to ascertain parents` perception of sex education on the adolescent secondary school girl child in Gbarantoru Community.

Objective of the Study

To ascertain parents` knowledge, attitude and perception of parents towards sex education on the adolescent girl child Government Secondary school Gbarantoru Community to improve precision and comprehension.

Significantly, the findings of this study will be used to enlighten parent of the importance of sex education to their children especially the girl child and will reduce misinformation and act as a guide for young people to make informed decision about their sexuality.

It will add to the body of knowledge and reference point to other related studies in future. With regards school children, the findings would help in promoting the health of adolescent school girls as the girls will gain more understanding, given that, when sex education is comprehensive, students, especially adolescents feel more informed, make safer choices and have healthier outcomes resulting in fewer unplanned pregnancies and more protection against sexually transmitted diseases and infections ^[39]. Lastly, the findings will assist policy makers to formulate policies that would assist the girl child in making sexual decisions.

II. Materials and Method

In this study, a descriptive design was employed. This method was chosen because the research was aimed at describing the knowledge, attitude and perception of parents` of adolescent school girls in Government Secondary school Gbarantoru in Yenagoa Local Government Area of Bayelsa State. The community is made up of two compounds, Ayainbiri and Ubabiri, whose residents are peasant farmers and few civil service bounded by four other communities. English and Izo are the languages of communication. This location was chosen because the researcher felt a challenge of high rate of teenage pregnancies, school dropouts among girls, and an alarming rate of promiscuity, owing to their proximity to oil companies and the neighboring relatively civilized communities.

The target population was parents of adolescent secondary school girls in the senior secondary classes. Judging the fact this group consists of girls between 15-19 years, having a total population of 250 parents. The inclusion criteria must be a parent (father, mother or both), whose girl child is in senior secondary school and he/she residents in Gbarantoru Community.

Anon-probability-convenience sampling technique was used, it allowed the researcher elicit information vis-à-vis the study without hitches. The sample size was 150 respondents from a population of 250 parents, using the Taro Yamane`s formula out of the total population of 250. This figure was obtained from the calculation below.

$$S = N / (1 + N \cdot \alpha^2)$$

Where $\alpha = 0.05$,

$$= 250 / (1 + 250 \times 0.05^2)$$

$$= 149.05$$

$$= 150$$

The instrument for data collection was self-structured close-ended questionnaires, on the grounds that, it enabled the researcher contact a number of respondents within the available time frame. The questionnaire has sections A, B, C and D to cover demographic data of respondents and the three objectives.

In this study the face and content validities were ascertained. Content validity: all objectives set were covered, the supervisor ascertained that. In other words, the research questions in the questionnaire, matched the content the questions are supposed to measure. Whereas, the face validity was informally ascertained. The reliability test was conducted through preliminary interview that was conducted. The researcher administered the instruments with colleagues who have same eligibility criteria with the intended respondents before administering it to the real group later and was compared. i.e. questionnaire-items tested measured what it intended to measure the same variable. The process yielded similar results.

In this study, the proposal was approved, introductory letter was obtained from the Faculty of Nursing Sciences and the letter was tendered to the school Principal who gave the names of those students whose parents were eligible. Similar letter was tendered to the community head, who identified the parents in the various compounds. The researcher then explained the intent of the research to the respondents. A total of 170 questionnaires were distributed and 150 were retrieved as thus: $-N/B: ND$ - Number distributed; NR -Number retrieved; $UN-R$.

Days	ND	NR	UN-R
1	55	41	15
2	19	17	2
3	29	27	2
4	22	21	1
5	15	15	--
6	18	18	--
7	10	10	--
	150TOTAL		

The analysis above indicates from days one (1) through seven (7) every Wednesday (the community`s statutory market days) were preferred days for the data collection to enable reach a good number of parents. The summary was as thus: -out of 55, 41 retrieved in day one (1), out of 19, 17 retrieved in day two, out of 29, 27 retrieved in day three, out of 22, 21 retrieved in day four, out of 15, 15 retrieved day five, out of 18, 18 retrieved in day six and out of 10, 10 retrieved in day seven=150. Each day consent forms were distributed among the willing respondents with corresponding number of questionnaire retrieved by the researchers. The illiterate parents were asked the questions with their mother-tongue and they thumb-printed at the signature column, with the help of their younger or older children, friends or family relations. Whereas, the educated respondents read the questions and responded appropriately. Researchers decided to retrieve both consent forms and questionnaire after two (2) hours, which was strictly adhered to accordingly in the whole seven (7) consecutive Wednesdays, covering 5th December, 2020 to 21st January, 2021, between the hours of 10 and 12 noon.

The following ethical considerations were observed in the course of this study.

The topic of the research and the proposal were all approved by the researcher`s supervisor and faculty`s research committee. Again, a letter of introduction was gotten from the Dean, Faculty of Nursing Sciences and another letter was obtained which enabled researcher accessed respondents at the study setting. In addition, the following ethical principles were observed: -Consent: An informed consent was obtained from the community traditional ruler and respondents were fully oriented on the study. No respondent was coerced. Anonymity was observed through: shuffling the questionnaires and rather than name, it was respondents asked to indicate in their questionnaires A, B, C etc. so that no particular questionnaire can be traced by name and it was based on voluntary participation. Confidentiality: Information received from the respondent was kept confidential. Data was stored in handbag, zipped and locked with key before travelled back to university for supervisor to peruse.

III. Results

This segment focuses on the analysis of the data obtained from the structured questionnaires in consonance with the research objectives. A total of 150 questionnaires were retrieved. Collected data were analyzed on tables using frequencies and percentages as below

SECTION A: Socio-demographic data

Table 4.1: Age of Respondents

Age of Respondents	Frequencies	Percentages (%)
20-29 years	40	26.7%
30-39 years	40	26.7%
40-49 years	36	24%
50-59 years	22	14.7%
60 years and above	12	8%
Total	150	100%

The above table shows that 40 (26.7%) of the respondents are aged 20-29 years, 40 (26.7%) aged 30-39 years, 36 (24%) aged 40-49 years, 22 (14.7%) aged 50-59 years and 12 (8%) aged 60 years and above.

Table 4.2: Sex of Respondents.

Sex	Frequencies	Percentages (%)
Male	66	44%
Female	84	56%
Total	150	100%

This table shows that 66 (44%) of the respondents were males, while 84 (56%) were females.

Table 4.3: Religion of Respondents

Religions	Frequencies	Percentages (%)
Christianity	130	86.7%
Islam	10	6.7%
Pagans	10	6.7%
Others	0	0%
Total	150	100%

The above table shows that 130 (86.7%) of the respondents were Christians, 10 (6.7%) Muslims, and 10 (6.7%) Pagans

Table 4.4: Family Background of respondents

Family Background	Frequencies	Percentages (%)
Monogamous	70	46.7%
Polygamous	80	57.3%
Total	150	100%

The above table shows that 70 (46.7%) of the respondents were monogamous, while 80 (57.3%) were polygamous.

Table 4.5: Occupation of Respondents

Occupations	Frequencies	Percentages (%)
Civil Servants	46	30.7%
Self-employed	64	42.7%
Others	40	26.7%
Total	150	100%

The above table shows that 46 (30.7%) of the respondents were civil servants, 64 (42.7%) were self-employed, while others were 40 (26.7%).

Table 4.6: Number of Children of Respondents

No of Children	Frequencies	Percentages (%)
1-2	54	36%
3-4	60	40%
5-6	20	13.3%
7 and above	16	10.7%
Total	150	100%

The above table shows that 54 (36%) of the respondents has 1-2 children, 60 (40%) has 3-4 children, 20 (13.3%) has 5-6 children and 16 (10.7%) has above 7 children.

SECTION B: Knowledge on sex education

Table 4.7: Respondents` ascertain knowledge of sex education

Have you heard of sex education?	Frequencies	Percentages (%)
Yes	130	86.7%
No	20	13.3%
Total	150	100%

The above table shows that 130 (86.7%) of the respondents have heard about sex education, while 20 (13.3%) have not

Table 4.8: Respondents who know About Sex Education

Do you know about sex education?	Frequencies	Percentages (%)
Yes	124	82.7%
No	26	17.3%
Total	150	100%

Table 4.9: What Sex Education is to Respondents

What is sex education to respondents	Frequencies	Percentages (%)
Teaching on how to sex	14	11.3%
Education about changes in the human body	80	64.5%
Teaching about sex behaviors	30	24.2%
Total	150	100%

This table shows that 14 (11.3%) of the respondents know sex education to be teaching of how to have sex, 80 (64.5%) sees it as education about changes in the human body, while 30 (24.2%) know sex education to be the teaching about sexual behaviors.

Table 4.10: Respondents That Were Taught Sex Education and those that weren't taught

Where you taught sex education?	Frequencies	Percentages (%)
Yes	52	34.7%
No	98	65.3%
Total	150	100%

The above table shows that 52 (34.7%) of the respondents were taught sex education, while 98 (65.3%) were not

Table 4.11: Medium through which Respondents heard about Sex Education

Where respondents heard about sex education	Frequencies	Percentages (%)
From parents	15	10%
From peers	55	36.7%
In school	40	26.7%
From mass media	15	10%
Other mediums	25	16.7%
Total	150	100%

The above table shows that 15 (10%) of the respondents were learnt about sex education from parents, 55 (36.7%) from peer, 40 (26.7%) in school, 15 (10%) from mass media, while 25 (16.7%) from other mediums

SECTION C: Attitude towards sex education

Table 4.12: Respondents who think Sex Education to Children is Taboo

Respondents	Frequencies	Percentages (%)
Yes	50	33.3%
No	100	66.7%
Total	150	100%

This table shows that 50 (33.3%) of the respondents think sex education to children is a taboo, while 100 (66.7%) do not think so.

Table 4.13: Respondents who encourage Sex Education to be taught

Respondents	Frequencies	Percentages (%)
Yes	114	76%
No	36	24%
Total	150	100%

The above table shows that 114 (76%) of the respondents encourage sex education to be taught, while 36 (24%) do not encourage it.

Table 4.14: Respondents who think Sex Education is good

Respondents	Frequencies	Percentages (%)
Yes	110	73.3%
No	40	26.7%
Total	150	100%

The above table shows that 110 (73.3%) of the respondents feels sex education is good, while 40 (26.7%) do not feel so

Table 4.15: Respondents who feel the teaching of Sex Education is uncomfortable

Respondents	Frequencies	Percentages (%)
Yes	68	45.3%
No	82	56.7%
Total	150	100%

The above table shows that 68 (45.3%) of the respondents feels teaching of sex education is uncomfortable, while 82 (56.7%) disagreed

Table 4.16: Respondents who think Sex Education makes one to be promiscuous

Respondents	Frequencies	Percentages (%)
Yes	50	33.3%
No	100	66.7%
Total	150	100%

The above table shows that 50 (33.3%) of the respondents thinks sex education makes one to be promiscuous, while 100 (66.7%) disagreed.

Table 4.17: Respondents who gave Sex Education to their children

Respondent	Frequencies	Percentages (%)
Yes	80	53.3%
No	70	46.7%

Total 150 100%

The above table shows that 80 (53.3%) of the respondents gave sex education to their children, while 70 (46.7%) didn't give their children on sex education.

SECTION D: Perception of sex education

Table 4.18: Inclusion of Sex Education to school curriculum

Respondents	Frequencies	Percentages (%)
Agree	34	22.7%
Strongly agree	26	17.3%
Undecided	20	13.3%
Disagree	44	29.7%
Strongly disagree	26	17.3%
Total	150	100%

The above table shows that 34 (22.7%) of the respondents agreed to sex education inclusion in school curriculum, 26 (17.3%) strongly agreed, 20 (13.3%) were undecided, 44 (29.7%) disagreed, and 26 (17.3%) strongly disagreed.

Table 4.19: Teaching of Sex Education to adolescents is too early

Respondents	Frequencies	Percentages (%)
Agreed	30	20%
Strongly agreed	36	24%
Undecided	26	17.3%
Disagreed	38	25.3%
Strongly disagreed	20	13.3%
Total	150	100%

The above table shows that 30 (20%) of the respondents agreed that teaching of sex education to adolescents is too early, 36 (24%) strongly agreed, 26 (17.3%) were undecided, 38 (25.3%) disagreed, and 20 (13.3%) strongly disagreed.

Table 4.20: Teaching Education secretly

Respondents	Frequencies	Percentages (%)
Agreed	30	20%
Strongly Agreed	42	28%
Undecided	28	18.7%
Disagreed	30	20%
Strongly disagreed	20	13.3%
Total	150	100%

The table above shows that 30 (20%) of the respondents agreed that sex education should be taught secretly, 42 (28%) strongly agreed, 28 (18.7%) were undecided, 30 (20%) disagreed, and 20 (13.3%) strongly disagreed

Table 4.21: Parents are the best to give Sex Education to their children

Respondents	Frequencies	Percentages (%)
Agreed	50	33.3%
Strongly agreed	60	40%
Undecided	26	17.3%
Disagreed	10	6.7%
Strongly disagreed	4	2.7%
Total	150	100%

The table above shows that 50 (33.3%) of the respondents agreed, 60 (40%) strongly agreed, 26 (17.3%) were undecided, 10 (6.7%) disagreed, and 4 (2.7%) strongly disagreed.

Table 4.22: The School is responsible to teach Sex Education

Respondents	Frequencies	Percentages (%)
Agreed	56	37.3%
Strongly agreed	2	1.3%
Undecided	24	16%
Disagreed	30	20%
Strongly disagreed	38	25.3%
Total	150	100%

The table above shows that 56 (37.3%) of the respondents agreed that it is the school's responsibility to teach sex education, 2 (1.3%) Strongly agreed, 24 (16%) were undecided, 30 (20%) disagreed, and 38 (25.3%) strongly disagreed.

Table 4.23: Teaching of Sex Education reduces the rate of abortion

Respondents	Frequencies	Percentages
Agreed	54	36%
Strongly agreed	24	16%
Undecided	52	34.7%
Disagreed	8	5.3%
Strongly disagreed	12	8%
Total	150	100%

The table above shows that 54 (36%) of the respondents agreed, 24 (16%) strongly agreed, 52 (34.7%) were undecided, 8 (5.3%) disagreed, and 12 (8%) strongly disagreed.

IV. Discussion Of Results

This segment discusses the results based on the objectives, highlight the implication to Nursing practice and summary, as well as conclusion.

The demographic characteristics of respondents shows 40 (26.7%) of the respondents are aged 20-29 years, 40 (26.7%) aged 30-39 years, 36 (24%) aged 40-49 years, 22 (14.7%) aged 50-59 years and 12 (8%) aged 60 years and above. This shows parents of child bearing age participated and were eligible for the study of which 66 (44%) of the respondents were males, whereas 84 (56%) were female parents. Again, predominantly Christians responded, given the result indicated 130 (86.7%) of the respondents were Christians, 10 (6.7%) Muslims, and 10 (6.7%) Pagans. The religious affiliation can urge respondents to ensure their girl child avoids certain sexual behaviors and moral education about sexuality can be inculcated. Moreover, Christianity is more akin to encouraging sex education through a comprehensive approach.

Similarly, in a study on sexuality education in Christian homes carried out by [30] where samples of the study consist of four hundred (400) young people, results of the study showed a high level (91.8%) of sex knowledge; more than half (55%) were between 15 to 19 years, 52% were females and 75% of the respondents were educated at the tertiary level. Only 73 (18%) of the respondents were educated about sex at home often and 99 (24.8%) were never educated about sex. It can thus be concluded that, the prevalence of sexuality communication between young people and their parents in Christian homes is low. With these findings, it is obvious that there has been an increase in the implementation of sex education by parents, yet there is room for improvement.

Other variables that were considered in the demographics includes monogamous and polygamous nature of respondents were considered. 70 (46.7%) of the respondents were monogamous, whereas 80 (57.3%) were polygamous. This indicates, polygamous parents who were more in this study are unlikely to corporately give their female school child sex education as against monogamous family, even though respondents agreed to teaching their children and wards.

With regards to respondents` occupation, the results show that 46 (30.7%) of the respondents were civil servants, 64 (42.7%) were self-employed, whereas, the remaining 360 (26.7%) constitute other occupations. Developmentally appropriate and evidence-based education about human sexuality and sexual reproduction over time provided by parents who are civil servants is essential to assist the girl child makes up-to-date, affirmative, and harmless choices about thriving relationships, answerable sexual activity, and their reproductive health and also help to prevent or reduce to a barest minimum the risks of teenage pregnancy, sexually transmitted diseases/infections for the school girl.

Concerning the number of children respondents have in secondary school, the result shows 54 (36%) of the respondents has at least one female child. children, 60 (40%) has 3-4 children, 20 (13.3%) has 5-6 children and 16 (10.7%) has above 7 children. Research evidence shows the crucial role that parents perform in upholding positive sexual behaviour and outcomes in the girl child, thus, having too many can pose difficulty in engaging the children in sexual and reproductive health (SRH) education at home.

Objective 1. The parent's knowledge on sex education?

This objective was achieved because, the result shows 130 (86.7%) of the respondents have heard about sex education, 20 (13.3%) have not. Also 82.7% not just heard, but know about sex education and 17.3 are not. 14 (11.3%) sees sex education as sexual intercourse, 80 (64.5%) sees it as bodily changes, 30 (24.2%) to be teaching sexual behaviors. 52 (34.7%) were taught sex education, 98 (65.3%) were not. Again, 15 (10%) the parents themselves learnt from their parents as well, 55 (36.7%) from peer, 40 (26.7%) from school, 15 (10%) mass media, 25 (16.7%) from other sources. The summary of this objective`s findings is that, parents have good knowledge about sex education since they were taught by their parents and they in-turn taught their female secondary school children, through multiple media and sources.

This supported^[28] study which showed 87.7% of urban parents obtained information on sexuality through the media. It also confirmed that the study conducted by ^[40], which stated that 40.4% of parents have right attitude and adequate knowledge on sex education. Based on these results, the researchers concluded that parents are knowledgeable regarding the subject matter and as such, educating their secondary school girl child would guide the girl child's sexual behaviour decisions.

Objective 2 Parents attitude towards sex education

Researchers also achieved this objective, judging the fact that, result shows 33.3% of the respondents think teaching of sex education to children is a taboo, while 66.7% disagreed. It also shows 76% of the respondents would encourage the teaching of sex education, 77.3% feels teaching of sex education is good, 45.3% agreed that teaching of sex education is uncomfortable, while 56.7% disagreed and 33.3% thinks sex education promoted immoral behaviors.

This is in line with a study carried out ^[36], which indicated that majority of the respondents (50.2%) were of the opinion that sex education is something they always want to encourage. Study on parental attitude towards inclusion of sex education in school by ^[34, 40, 41]. In Malaysia, an anecdotal study indicated that majority of the parents (73%) supported inclusion of a set lesson on sex education in school curriculum, some parents (8.5%) were unused about the issue. However, 18.5% of the respondents disagreed with the use of introducing sex education at secondary school level.

Although there were few cases of negativity, the overall proves, parents understand the need and the importance of sex education to their girl child in secondary school.

However, the findings are also inconsistent with another study carried out by ^[40] on parents` attitude towards adolescent sexual behavior, findings from the study indicated that the parents` perception of the issue of introducing sex/family life education in to the school curriculum was very controversial as most respondents (54.5%) were not committed and 15.5% of the respondents put on an indifferent attitude, whereas, 29.5% were quite committed. This shows the second group of parents will not encourage the teaching of sex openly.

Objective 3: The perception of sex education

This objective was also attained in this study. The result shows that 53.7% of the respondents gave sex education to their wards, this is inconsistent with a study carried out by ^[31, 37] on parental perception towards adolescent sexual behavior at Akoko-Odo, Edo state indicated many parent (69.6%) neither supported nor disagreed with the discussion on sexual issues. This set of parents seemshaving indifferent perception, because, the parents may have their own reservations. However, 8.29% agreed that they discuss the issue with their wards, while 22.2% of the respondents out rightly objected to discussing the issue with their wards.

This objective was also achieved because, the results also show 22.7% and 29.3% of the respondents agreed strongly agreed to the inclusion of sex education to the school curriculum, results show 44% agreed teaching of sex education to adolescents is too early, 17.3% were undecided and 38.6% disagreed. Furthermore, results also show 48% agreed that sex education should be taught secretly, 33.3% disagreed and 18.7% were undecided, table 4.22 shows that 38.6% felt sex education should be taught by the school, 45.3% disagreed and 16% were undecided.

This result is in consonance with the study carried out on parents` perception of the teaching of sex education to adolescents in secondary schools in Cross Rivers State by ^[42, 43] Parental knowledge, attitudes and perception. ^[41] revealed that parents` perception of the teaching of sex education to adolescents in secondary schools is significantly negative, no significant different exist between literate and illiterate parents in their perception of teaching of sex education to adolescents in secondary schools. It was concluded that parents` perception of the teaching of sex education to adolescents in secondary schools is generally negative in Cross Rivers State.

Implication to Public Health Nursing practice

Many gynecological health problems are commonly related to unwanted pregnancies or other related issues which mostly affect young school girls. The public health nurse therefore, should take responsibilities in providing information on sex education either in her locality or workplace, stressing its importance to parents and adolescents. As this will help to create more awareness on sex education and prevent problems that may arise from its absence.

V. Summary

This research was carried out to find out parents` perception of sex education on the development of adolescents Gbaratoru Community, Yenagoa Bayelsa State.

A total number of 150 structured questionnaires were distributed for data collection for quantitative analysis. From the data, it was clear that parents have knowledge, positive attitude/perception of sex education and understood its importance in the adolescent` development.

VI. Conclusion

In conclusion, most parents have heard and have good knowledge about sex education, the parents have positive attitude towards sex education. and as such, their perception is that, adolescent girls should be taught sex education both at school and at home to enable them make informed decisions in terms of sexual behaviour that would promote their health and future well-being to be agents of positive change in our immediate and distant societies. Based on these results, recommendation are made.

VII. Recommendations

1. Sex education is the responsibility of everyone in the society, hence should be received by all. Furthermore, comprehensive sex education should be incorporated into the school curriculum
2. The government should promote sex education by inculcate into school curriculum were it is not in existence in schools. but if the curriculum exists, there is need to review and upgrade to meet international best practice.
3. Again, there is need to organize workshops and programs on the subject matter, support Non-Governmental Organizations and other bodies in the promotion of quality sex education programs in the society. it means that, Sex education in schools, seminars and workshops should be given by trained professionals.
4. Parents should be enlightened on the need to sex educate their adolescent girl children.
5. The media and other social networks should promote and support campaigns on sex education as this will further enlighten the adolescents
6. Government should encourage schools, NGOs and other social groups in promoting comprehensive sex education.

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