**PERCEPTION OF PARENTS TOWARDS SEX EDUCATION IN JUNIOR SECONDARY SCHOOLS**

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**ABSTRACT**

Education helps to develop desirable habits, skills, and attitudes, which make an individual a good citizen. It prepares an individual for change within the basic moral standards, and change within the core values of society, sex education is basically vital for this purpose. Several reasons have been advanced on why it is most suited for these purpose and as such seriously needed. It is to this effect that this research seeks to investigate the perception of parents towards sex education in Junior Secondary School in Enugu Urban Area of Enugu State. The design adopted in this study is the survey design .The population of this study consisted of 1109 literate and illiterate parents that have wards in the six different government owned and grant-aided schools in Enugu urban area of Enugu educational zone in Enugu State. A stratified random sampling was used to divide the entire Enugu urban area into six strata. A purposive sampling procedure was used to select six different schools in the area. Descriptive statistics of mean and standard deviation was used to answer all the research questions, while Chi-square test was used to test the hypothesis. The outcome of the results revealed that parental perception of the teaching of sex education is significantly negative. Parents perceived that teaching sex education to adolescent amounts to encouraging immorality in Enugu urban area of Enugu State. Based on the findings, 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. This will make it possible for students who are experiencing sexual health problems to get help. It is also necessary for the Government to train and employ guidance counsellors, health education teachers and nurses in schools to teach sex education.

**CHAPTER ONE**

**INTRODUCTION**

**1.1 Background of the Study**

Sex education generally is a broad term used to describe education about human sexual anatomy, sexual reproduction, human sexual intercourse and other aspects of human sexual behavior. According to Anibueze (2001) sex education is a study that makes an individual develop a positive and wholesome attitude towards sex, which enables him to live a full life, enjoy his or her life fully and develop as a responsible member of the of society to which he/she belongs. Like other forms of education, sex education aims at training the youths towards a better society. Sex education therefore is a design which enables an individual to acquire knowledge about sexuality and attitude towards sex. Kearney (2008) also defined sex education as involving a comparative 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.

The main goals of sex education as Nwafor (2006) puts it; it is the promotion of sexual health by providing learner’s with opportunities to develop positive and factual view of sex, acquire the information and skills they need to take care of their health.

Despite the great positive influence sex education has on man, it has not been introduced in the curriculum of Junior Secondary Schools in Enugu State. Youths in the area are constantly faced with the threat of sexual issues, such as ignorance, misconduct, immorality, and diseases. Following this, it has become imperative now that there have been need for educationist to give attention to all phases of education by upgrading and improving the school curriculum on the area of sex education. Sex education is necessary to prepare the young for the task ahead. Even when the society sees the need for sex education, parents may not show any sign of support for its inclusion in the Junior Secondary School curriculum. It is worth noting that in the school environment, socialization goes on among children of diverse cultures and backgrounds. Sex education can take place in a variety of settings both in and out of school. The school plays a vital significant role in the preparation of youths to cope with task of becoming responsible men and women in future through creation of awareness (Helen, 2006).

Kehily, (2002) ascertains that, in this different context, different people have opportunity and responsibility to provide sex education for young people. Therefore parents’ attitude can have effects on their children’s lives, some parents even when aware of their children’s curiosity towards sex matters, may deliberately deny them satisfactory answers or may completely shun them.

The word perception means attitudes or habit intended to counteract. According to Denga (2002) perception is the process of becoming aware of object qualities or relations by ware of sense organs. To Mallum and Haggai (2000) perception is the process by which we organize and interpret the pattern of stimuli in our environment. Perceived is defined as the process by which the individual uses his sense organs to transform the separate stimuli of the environment into awareness of objects and meanings. The combination of personal, present, sensory experiences and past experiences are organized into pattern of awareness which shows the quality and relationship of objects and meanings Denga (2002). The sum total of a person’s perception about a particular thing is attributed to his attitude. A person’s attitude makes him or her react in any way to a given situation favorably, indifferently or unfavorably (Mallum and Haggai, 2000). Parent’s perception of sex education would refer to how they view and react to the need of sex education in Junior Secondary Schools. A study on the perception of parents towards sex education in Junior Secondary Schools in Enugu urban area is necessary because it will clearly give an insight on the level of their awareness and importance attached to this aspect of education. This will either lead to acceptance or resistance thereby drawing on the support of school administrators in redefining ways of introducing sex education in Junior Secondary Schools. Izugbara (2001) observed that in Nigeria, children grow up sexually absurd caught with distorted views of sex. The denial of sex education which primarily aims at giving correct factual information and understanding of problems of sex may create hardship to adolescents and the society in general. Besides, the youths cannot easily identify the direction of social change and are always caught in the web of confusion. Our education system which has been responsible for teaching our children what changes occur in their body and why they take place finds it difficult since sex education has not been included in the school as a subject.

It is not certain what has hampered its introduction. It is therefore difficult to begin to identify strategies to introduce sex education among Junior Secondary schools in Enugu urban area of Enugu State without actually knowing the cause of lack of it, since the perception of parents have not been ascertained. It is against this backdrop that the researcher set out to investigate the perception of parents towards sex education in Junior Secondary Schools in Enugu urban area of Enugu state.

**1.2 Statement of the Problem**

Sexuality of man is an integral part of his existence which has the ability to bring to man much pleasure or pain on how it is handled. It becomes evident that youths especially adolescents in Enugu metropolis are constantly faced within the threat of sex issues such as diseases, misconduct, ignorance, and immorality. The inability of the educational system especially in Enugu metropolis to incorporate sex education in Junior Secondary curriculum has created a delay in the acquisition of appropriate information and gap in knowledge to sexuality matters for adolescents. It is no wonder that the young ones in Enugu metropolis attempt to fill this gap through means which are not often adequate and reliable, the resultant effect is rise in sexual menace with the high prevalence of sexually transmitted diseases particularly HIV/AIDS which have become global pandemic events without any known cure yet. There is gross misbehavior, social misfits among the youths in the area. There are also incessant cases of early marriages, abortions, unwanted pregnancies, school drop-outs and gross indiscipline among the youths in the area. This has posed a threat in Enugu State in Enugu urban area in particular, the state is at the risk of losing its working population together with the future generations of this great nation.

The non-implementation of sex education in Junior Secondary Schools in Enugu urban area of Enugu State up to this period presupposes that some problems exist. Therefore, it is to this regard that the researcher seeks to investigate the perception of parents towards sex education in Junior Secondary Schools in Enugu urban area of Enugu State.

**1.3 Purpose of the Study**

The purpose of this study is to find out the perception of parents towards sex education in Junior Secondary Schools’ curriculum in Enugu urban area of Enugu state. The study specifically intends to:

i) Determine the perception of parents towards sex education in Junior Secondary Schools in Enugu urban area of Enugu state.

ii) Find out whether culture affects perception of parents towards sex education in Junior Secondary Schools in Enugu metropolis.

iii) Investigate the curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School syllabus in Enugu metropolis.

**1.4 Research Questions**

The following research questions were raised to guide this study.

i) What is the perception of parents towards the teaching of sex education in Junior Secondary Schools?

ii) To what extent does culture affect the teaching of sex education in Junior Secondary Schools?

iii) What is the curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis?

**1.5 Research Hypotheses**

The following hypotheses were generated and tested at 0.05 level of significance

i) Perception of parents has no significant effect towards the teaching of sex education in Junior Secondary Schools

ii) Culture has no significant effect in the teaching of sex education in Junior Secondary Schools

iii) The curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis has no significant effect on the teaching of sex education in Junior Secondary Schools

**1.6 Significance of the Study**

The study is undertaken in order to ascertain the perception of parents towards sex education in Junior Secondary Schools in Enugu urban area of Enugu state. It is therefore considered to be significant to the students, parents, education policy makers, federal government of Nigeria, guidance and counsellors, and the society at large. The findings of this study to the students may hopefully enlighten them on issues that constitute sex education, the study may also encourage students to acquire responsible sexual behavior thereby preventing them from early marriages, premarital sex, unwanted pregnancies, increased abortions, spread of human immune virus (HIV) and acquired immune deficiency syndrome (AIDS), school drop outs and other social services characterized in our society.

To the parents, findings of this study may hopefully reveal their perceptual level. If positive or negative they could chart a new direction in addressing the issues and challenges arising from sexual matters among their children which also affects them greatly. Parents may create more awareness for the envisaged program of intervention through campaigns in churches and village meetings. To the education policy makers, the findings of this study is expected to shed more light and give them the direction to enact a policy on the inclusion of sex education in the Junior Secondary schools curriculum as a course of study and as well as encourage its speedy implementation in Junior Secondary schools. The findings of this study could prepare guidance and counsellors for effective development and implementation of the much needed sex education program. Counsellor education program could also be restructured and expanded as to take in its stride, such counselling intervention spheres as sexuality counselling for students. To the school administrators, this finding on this study will enable them create more awareness on sex education and dangers of negligence. This could be through seminars, workshops, conferences, and public enlightenment campaigns. Well planned and coordinated dispensation of valid information through the mass media will be employed by the school administrators to achieve better positive attitudes to issues of sex education since the youths are the future leaders of tomorrow and cannot continue to be ignorant in sexual matters. The findings of this study may hopefully enable federal government to encompass support for expansion of government resource allocation for sexuality education and counselling in Junior Secondary Schools, government education agencies will work hand in hand with professional counsellors to achieve this feat. Finally, the findings of this study may provide empirical basis for improvement in this aspect of education. This is because the result may provide empirical evidences on parents, effects and perception of sex education in Junior Secondary Schools.

**1.7 Scope of the Study**

This research is within the scope of Enugu urban area. The research covers the Junior Secondary Schools in Enugu urban area. The scope of investigation was within the context of parents’ perception towards the introduction of sex education in Junior Secondary Schools in Enugu urban area of Enugu state.

**CHAPTER TWO**

**REVIEW OF LITERATURE**

**INTRODUCTION**

Our focus in this chapter is to critically examine relevant literature that would assist in explaining the research problem and furthermore recognize the efforts of scholars who had previously contributed immensely to similar research. The chapter intends to deepen the understanding of the study and close the perceived gaps.

Precisely, the chapter will be considered in three sub-headings:

* Conceptual Framework
* Theoretical Framework
* Empirical framework

**2.1 CONCEPTUAL FRAMEWORK**

**Concept of Sexuality**

Some people think that sex is the same thing as sexuality but in the actual fact there is a difference between sex and sexuality. Action Health Incorporate (2013) described sexuality as broad term that refers to a core dimension of being human which include sexuality, gender, sexuality and gender identity, sexuality orientation, emotional attachment, love and reproduction. This implies that sexuality encompasses human existence. Sexuality therefore includes all the feelings, sexuality thoughts, values, experiences, learning, ideas, values, imagining and behavior of persons, whether female or male. In other words sexuality is the sum total of who you are, what you believe, what you feel and how you respond.

In line with the opinion of Action Health Incorporated (AHI) Kaplan (2015) describes sexuality as the whole way a person goes about expressing himself or herself as sexual being. The author noted that sexuality is not just sexuality, as many people think about genitals, what we do with them and who we do it with. The author remarked that sexuality involves and is shaped beliefs, attitudes, experiences, physical, societal experiences. In this sense sexuality is the totality of who you are, what you believe, feel, how you respond, the way in which you have been acculturated, and socialized. In other words sexuality is an integral part all living thing including human being. Straus & Sussan (2019) describes sexuality as sum of biological characteristic that defines the spectrum of humans on female and males. The author identified wide range of characteristic that distinguishes human on the basis of reproductive function and anatomy and physiology. In the context of sex and sexuality therefore, while sex is restricted to biological characteristics that determines female or male. Sexuality encompasses the sum total of human being including sex.

**Concept of Sex Education**

According to Abu, & Akerele, (2016), sex education is a process whereby information is given or imparted to a group of young ones and which takes into account the development, growth, the anatomy and physiology of the human reproductive system and changes that occur from youth all through stages of adulthood. Sex education is the acquisition of knowledge that deals with human sexuality. It consists of instruction on the development of an understanding of the physical, mental, emotional, social, economic and psychological phases of human relations as they are affected by sex. In other words, sex education involves providing children with knowledge and concept that will enable them make informed and responsible decisions about sexual behaviors at all stages of their lives. The aims of sex education, according to British Medical Association Foundation for AIDS, are ambitious relating to the lifelong quality of relationships and personal behavior. It should be age appropriate and available to everyone through a variety of forms and informal settings. Since adolescents' characteristics predispose them to high risky sexual activities, behavioral interventions are needed to reduce their at risk sexual behaviors. The present study is an attempt in this direction. Masvawure (2014), Sex education is needful and necessary for our young ones. Being mindful of the exposure given to our young ones in school, in the media and among their peers, sex education teaches our young ones about sexual intimacy, but also enlightens them on their reproductive systems, birth control, and sexually transmitted diseases. It also exposes them to their gender identity, gender role, family role, body images, sexual expression (what it entails and how to time it), intimacy and the marriage relationship. In sex education relevant important and accurate information about sexuality in both boys and girls are given depending on their age. It will be unfair and criminal to ignore or push aside the fact that they are aware of their sexuality; in whatever stage or state they are. Sex education should naturally be integrated into their lives as they grow up both by the parents, teachers and the society in a very mature way. Parents should answer their children's questions properly and information according to their level of exposure and maturity. It will not be appropriate to look embarrassed or pretend sex never exists. We might be fooling ourselves and exposing these children to untimely dangerous curiosity. The children must be taught how to cope and handle their own sexual feeling, use of drugs and urges. Prior to the time of sex education, parents should develop good communication with their children. Be their friends, have positive attitude to sex, yourself. Good relevant sex education provides knowledge, and information is confidence. It has been noticed that well-informed children on male and female Anatomy handle puberty better than the uninformed ones. Sex education affects a child's attitude positively. Each sex (male or female) becomes more tolerant of the others behaviour pattern and option. According to Masvawure (2014), a sexuality oriented child learns to believe in the quality of men and women, the sacrament of marriage and parental responsibilities. With well accepted sex education, there is usually a lower rate of unwanted pregnancy and spread of sexually transmitted diseases. To the pure, all things are pure. When sex is passed down to our children from a pure heart, they too receive it with a pure heart. It is not true that when children are taught anything about sex, they out rightly go and experiment with sex, with contraception, masturbation and homosexuality. These occur when they are ignorantly curios and when they are uneducated and exposed to unprotected sex and pornographic materials.

Sex education provides 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 which can be applied to sexual relationships. It develops young people's 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 (Masvawure 2014).

**Importance of Sex Education**

International Pamela, (2015), Youngsters usually derive information on sex and related subjects from sources like friends, books, the media comprising advertising, television, magazines and the Internet. The problem is that these sources may or may not really provide them correct and accurate information. As such, sex education will help in transferring authentic information and in the process also correct any misinformation that they may have apart from adding to their already existing knowledge.

1. Sex education imparted through schools can prove to be a significant and effective method of bettering the youngster’s sex-related knowledge, attitude and behavior.
2. Sex education in school is important because many parents are shy about talking teaching their children on this subject.
3. Educating children on sex related issues also requires one to know how to broach the subject, what information to impart and what to hold back. All these can be carefully handled by a trained sex educator.
4. It is a fact that more and more teens these days are engaging into premarital sex. This further underscores the need for sex education to students. This will help them make better informed decisions about their personal sexual activities.
5. Many argue that sex education also helps to lessen risk behaviors in teenagers like engaging in unprotected sex which result in unwanted pregnancies and STDs.

**Parental Attitude towards Impacting Sex Education**

Kirby, (2019) posits that, parents have a unique position when it comes to sex education because parents are the earliest socialization agents in children’s lives. Many parents actually want to teach and talk to their children about sex but they often doubt their skills and competency to impart that knowledge. It is important to note though parents can influence their children’s beliefs and attitudes about sex more than, they may not necessarily pass down specific messages related to sex. There are certain positive benefits to parents opening up communication with their children about sex. There are indirect effects on the sexual health of adolescents, such as prompting them to have more open talks with their partners and increasing their knowledge of HIV, and even reduce the chances of sexually risky behavior. However, parents’ communication is usually centralized on a few topics, such as health, risks, and safety issues, rather than on pleasure, orgasm, etc. This is contrasted from findings based on existing studies of family sex communication that preventative measures are rarely talked about; and the focus of parental communication is on negative consequences of having sex or is heteronormative. Durojaiye (2015) observed that in most African homes, parents are not fully equipped to answer questions on sexual matters usefully. Even those who try to, pass on faulty information to their children. The whole subject thus becomes surrounded by secrecy and the children now become too embarrassed to discuss these matters with their parents. The results of study showed that even though parents claim to be communicating to their children about sex and birth control, those topics are usually discussed within the contexts of the moral concerns surrounding sexual activity. In addition, the more frequently the parents attended church; there were fewer discussions on sex and birth control and more discussions on moral issues. In addition, it seems that parents are unable to develop the content of their communication. It seems to be rather difficult for the parents to heighten the maturity level of their conversation as their children become older and more mature.

According to Awotibe, Philips, & Lens (2014), moreover, parents are generally also shy and embarrassed to talk about such a topic. Parents are unsure about the right timing to approach their children with such discussions, and they fear that they may lack adequate knowledge and thus misinform their children. When parents do profess to be open about sex communication, they are reactive rather than proactive, meaning that they will only talk about it when the issues arise or when their children approach them with questions. From the adolescents’ point of view, discussing about sex is what they would avoid the most when it is related to their parents. Embarrassment is a factor for them as well, and so is feeling uncomfortable and unwilling to taint their parents’ image of them or have them think that they are sexually active.

Paradoxically, adolescents, at the same, desire more sex communication with their parents. Further investigation into how adolescents reacted during certain styles of communication revealed that adolescents become avoidant and anxious when parents used fear, used restrictive and moralistic behaviors, to pressure adolescents to remain abstinent. However, if parents would create an environment for communication where adolescents are welcomed to present their views and opinions without being judged then more disclosure and thus more communication would take place between adolescents and their parents. Research also covered religion’s role in sex communication. Interestingly, religious parents and adolescents were more comfortable talking about sex than nonreligious families. On the other hand, adolescents in the study said that they were comfortable because there was nothing to talk about. As the researchers explored that the mothers did not have frequent “sex talk” with their daughters, the mothers said that sex was not an interest for their daughters; and therefore, it was not a matter for discussions. According to some adolescents, sex was a taboo topic in their families. In families where sex was discussed, boys received more information about STDs and safer sex practices, whereas girls were simply told to avoid men and situations that may be sexually tempting. Singh, & Darroch, (2018) points out that since sex education is rarely received from parents, adolescents look to other sources for knowledge. Adolescents learn more about sex from peers, specifically dating partners and same-sex friends, than from any other sources. In a 16-year longitudinal study on university students’ perception of their sources of sex education, observed that overall, young people received sex information from peers, professionals, and the media. In addition, throughout the years, youth increasingly communicated more with professionals. Siblings, though often overlooked, are also important sex knowledge communicators The media is a powerful agent in sex education. When it comes to media messages about sex, they can be either inaccurate, thus harmful, or can be informative and educational. One media form that is becoming increasingly popular among adolescents for information is Internet websites. That sector is still largely an unexplored and unresearched source of sex education. The Internet appeals to adolescents because it is accessible, affordable, and anonymous. With a school-based sex education curriculum that is comprehensive and goes beyond teachings of abstinence, research has found a correlation that adolescents delay the age of initial sexual activity, are more likely to practice safer sex methods, and also have fewer partners The controversy of sex education in schools should no longer be about whether or not it should be provided, but rather on the specific topics to be taught and emphasized .

Unfortunately, in many cases, adolescents do not receive sex education until after they have engaged in risky behaviors. The sex education that is provided in schools focuses too much on the dangers and ricks of having sex without ever discussing the positive aspects; it is also heteronormative and highly gendered. Sex education focuses primarily on the biology of sex, whereas sexuality education covers topics as emotions/relationships and pleasure desire. He also outlined three different types of sex education that are provided in schools. They are abstinence-only, abstinence-plus, and comprehensive. Abstinence-only type of sex education emphasizes remaining abstinent until marriage; contraception and safer sex tools are discussed in the context of their failures. While abstinence-plus encourages abstinence, it also includes discussions of other options. With a comprehensive sex education, a full review is given to all the safer sex methods; and the teacher encourages students to develop sexual values and ethics without imposing a particular set of values (Singh, & Darroch, 2018).

**Attitudes and Sex Education**

SunitaGoel (2014) defined sex education as something which shapes the knowledge and attitudes that ultimately guide learners’ choices about their sexual behaviour. The relevance of this theory becomes clear because learners' behaviour are continually changing as they mature. According to Shisana, Rehle, Simbayi, Parker, & Zuma, (2018), South African educators who are concerned about sexuality education are faced with challenges of intoning learners about sexuality and empower them personally to make wise choices and stick to them. Shipley, (2014) noted in her study that parents in South Africa play a very small role in sex education to their teenage learners. She investigated sex education at Durban and found that there is a low level of sex education in Black learners compared to their counterparts. The following statistics continued the results: 43 of 67 white children received sex education from mothers and 16 out of 67 from their fathers. Three out of 89 Black children received sex education from either of their parents. Another problem noted in sex education is that parents are not comfortable themselves in discussing sexual matters with their children.

Erulkar, (2014) indicated in their study that the traditional parental restrictions imposed on teenagers engender conservative attitudes towards sex education. The extra-familial variables such as academic self-esteem and economic class position produced liberal attitudes towards sex. Adolescents who were able to discuss sex education freely and openly with their parents are less likely to be involved in sex than those who do not communicate with their parents. Our cultures' ambivalent attitudes about sexuality are reflected in the limitations placed on sex education in primary and secondary schools and often in its total absence from the curriculum Erulkar, (2014) noted that parents say that sex education promotes promiscuity teenage pregnancy or Acquired Immune Deficiency Syndrome and should take place at home or church. According to (Durojaiye, 2015) there are individuals who believe that sex education should be provided solely by parents. The people usually believe that teaching adolescents about birth control is simply giving them a license to have sex and to be promiscuous. In contrast to the above beliefs, it was found that there is no evidence that sex education leads to an increase in sexual activity, The problem is that sex education is not reaching teenagers early enough to prevent the consequence of unprotected intercourse. Several authors maintain that the best sex education is given in a home. which is secured bv love and respect. In contrast to this idea. They favour sex education for 12 years-olds and favour teaching them about a number of very explicit topics including Aids and other sexually transmitted diseases, birth control, premarital sex, abortion and homosexuality. Durojaiye, (2015) further explained that the knowledge about sex education depends on the attitudes of teachers who will be responsible in teaching situation and on the attitudes of parents who play vital part in the informal education of the learner. In his study he found that many people support that sex education must be offered as a separate course at schools, Supporting the view of informal education, Ejike, (2015) noted that infants and toddlers received sexuality education through examples when their parents talk to them, dress them. show affection and teach them the names of their body parts. They emphasize also that sex education begins at an early stage of a child. Swedish national board of education developed a curriculum that ensures that every child in the country begins with reproductive biology and by the age of 10 or 12 will have been introduced to information about various forms of contraception found out in their study that some members of the general public believe that Human Immune Virus is "'gay" virus. These people might feel that heterosexual sex does not pose risk for HIV and many thereby eschew condom use as an unnecessary precaution. As results in their studies they also found that the I1 attitudes towards condom use fall along a number of dimensions, including the perceived reliability of condoms, embarrassment about the condom use, availability of them, offensiveness, convenience and effect of them on sexual pleasure. Ejike, (2015) noted that AIDS seems to be a black man disease" because most campaigns carried out do not reach the ordinary man. They also highlighted that condoms play a role of morality as it encourages prostitution premarital and extra-marital relationships. However, their findings in their study indicated that there is a positive attitude towards the use of condoms. About 56,59% of the respondents in their study accepted the importance of using the condoms. 21,09 of the subjects had a negative attitudes towards the use of condoms. The rest were undecided. Communities must be provided with sex education including AIDS information through posters, newspaper articles, radio and television broadcasts. According to some researchers, teachers cannot advise children on sexuality issues because they were not exposed to sex education at their homes and their training did not include the subject. Some researchers also supports the view by stating that teachers cannot truly educate if they are given a script to read and told that they cannot deviate from it to discuss open questions that the learners ask about sex education. It seems that peers and friends take an active role in each other's sex education..

In supporting this view Ellison, & Sherkat, (2019) said that it is the time for the pretence to come to an end and people have to talk about sex education in the languages they understand. Many parents seemed to be worried about the possibility of homosexuality they encourage heterosexual behavior in boys as young as 9 or 10 to allay their own anxiety about their children's sexual orientation. Boys are pressurized not to be "sissies" to mood feminine sex-typed behaviour.

**Sexuality Education in Nigeria**

Sexuality education seem not to receive commensurate attention in our homes and schools, despite the fact that issues concerning sex and sexuality and their consequences stare us all in the face on a daily basis in the form of; products advertisements, music videos, jingles, bill boards single parenthood, abortions increased family instability, divorces and so on (Ellison, & Sherkat, 2019). The excessive use of sex and sexuality by the mass media for publicity has resulted in the lack of understanding about the mystery of sex and sexuality by teenagers. This has caused young people to face issues of morality and encounter differing points of view on the subject. This may have led to more cases of sexual harassment, sexual abuse, incest and rape. To worsen the situation parents are not ready to tell these young ones about their sexuality. Ejike, (2015), observed that in most African homes, parents are not fully equipped to answer questions on sexual matters usefully, thus, even those who try to end up passing faulty information to their children. The whole subject thus becomes surrounded by secrecy and the children now become too embarrassed to discuss these matters with their parents. Parents are in the appropriate position to provide information about sexuality to their children.

Meanwhile, Eze, (2016) assumed that sexuality education takes place on a daily basis in homes, schools, faith-based institutions and through the media. But after carrying out a research into the perception of sexuality education by rural secondary school students, it was found out that 70% of the respondents said they had never discussed issues of sex and sexuality with their parents, meaning that the information they have may have come from sources outside the home.

The goal of sexuality education is to reach young people before they become sexually active, whether this is through choice, necessity (e.g. in exchange for money, food or shelter), coercion or exploitation. For many developing countries, this discussion will require attention to other aspects of vulnerability, particularly disability and socio- economic factors (Eze, 2016).

Furthermore, some students, now or in the future will become sexually involved with persons of their own gender. These are sensitive and challenging issues for those with responsibility for designing and delivering sexuality education, and the needs of those most vulnerable must be taken into particular consideration. Nigeria is not isolated from current trends and happenings in other parts of the world. Nigeria being a full member of the global village through the media especially social media, experiences the full impact of globalization which is the influence of foreign popular cultures, acceptance and the adoption of such cultures as norm by people of other cultures.

Nigerian youths now have access to information which was hitherto unavailable to their parents when they were youths, some of the information are regarded as unwholesome in our culture. Youths access this information through the web/internet without supervision or sanctions. With the hue and cry about the menace of dangerous and incurable sexually transmitted diseases in recent times, the role of the school as an important institution of society vested with the all-important role of training and preparing the youths to be useful members of the society cannot be overemphasized. More so, there is the need to provide the necessary guidance through wholesome educational programmes aimed at ensuring the survival of its future generation of leaders and society. Preventing avoidable deaths from illegal abortions by pregnant teenagers and dangerous sexually transmitted diseases in Nigeria can be achieved to a large extent through a properly planned programme of sexuality education (Durojaiye, 2019).

Sexuality education or sex and relationships education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It also increases the knowledge of the functional and structural, behavioural aspect of human reproduction. It implies that sexuality education will not just focus on the structure and function of human reproductive system, but also examine the behavoural components of the individual in relation to it. According to Ezegbe, (2016) it is also seen as the provision of accurate factual and developmentally appropriate information and training on human sexuality topics. It recognizes and respects individual and other community norms, cultural beliefs and language regarding healthy sexuality.

Furthermore, sexuality education is also about developing young people’s (adolescents) communication skills so that they make informed choices about their behaviour and feel confident and competent about acting on their choices. According to Briggs sexuality education, which remains an issue in some quarters in Nigeria appears to be one of the appropriate measures to curb teenage pregnancies as well as sexually transmitted disease. The controversy surrounding sex and sexuality education makes it imperative to find out student’s perception of the concept.

**Secondary School Students And Sexual Behaviour**

Risky sexual behaviour such as possession of multiple sex partners, unprotected sexual intercourse, anal sex, and oral sex contribute to the leading causes of morbidity, mortality and social problems among adolescents. Durojaiye, (2019) indicated that the dramatic increase in morbidity and mortality among adolescents is not only attributable to illness or infection, but rather to difficulties in the control of behaviour and emotions. Practices such as homosexuality, lesbianism, and sexual orgies are indulged in just for the reason of experimentation and peer influences, owing to a wealth of uncensored information they are exposed to, through an intensifying wave of westernization, the Internet, and electronic media.

There is general consensus that the proportion of in- school adolescents who engage in risky sexual behaviour that put them at risk of unplanned pregnancy and HIV and other sexually transmitted infections(STIs) remains too high. Each year, approximately one million in- school adolescents are pregnant. Alan Guttmacher Institute (1998) asserted that each year adolescents aged 15— 19 or one-fifth of all sexually active females in this age-group-become pregnant; the vast majority of these pregnancies are unplanned. In the United States, the risk of acquiring an STI is higher among adolescents than among adults (Centres for Disease Control and Prevention (2001). Singh and Darroch (2014) lamented that the rates of unprotected sexual activity, STIs, pregnancy and childbearing continue to be substantially higher among U.S. adolescents than among young people in comparable industrialized countries.

A contrary view is put forward by Obionu, (2019), who observed that many adolescents are engaging in other sexual behaviour other than vaginal intercourse. Nearly half have had oral sex and just over one in 10 have had anal sex. Centres for Disease Control and Prevention (CDC, 2019) observed that, the proportion of adolescents who have ever had sex has declined since the early 1990s.

According to Eze, (2016), the measures of enhancing healthy sexual behaviour among secondary school adolescents include passing relevant information on sexual issues during morning assembly, discouraging them from watching pornographic and bad films and pasting photographs on the bulletin board to show the damaging effects of risky sexual behaviour.

Worldwide, sexual activity among young unmarried people is on the increase. Manju & Lule (2014) observed that involvement in sexual risk behaviour, including the early transition to sexual activity and unprotected sex, makes this age group particularly vulnerable to sexually transmitted infections including HIV and AIDS, as well as unplanned and unwanted pregnancies, abortions, and the complications of early childbearing. This is in line with Samuel (2006) who averred that early sexual activity whether in adolescent boys or girls may result in early pregnancy. The onset of sexual activity varies by world region.Brown (2001*)* asserted thatit occurs earliest in Latin America where 12% to 44% of adolescents have had sex by age 16. Adolescents’ sexual relationship begins with dating. In the United States of America, Kaplan, (2015) showed that the pregnancy rate for non-Hispanic white in-school adolescents ranges between 58 and 70 births per 1,000 for adolescents between ages 15 and 19 in southern states, while the pregnancy rates for black in-school adolescents between ages 15 and 19 ranges was between 122 and 161 per 1,000 in Delaware, Michigan, New York, Ohio, Texas and Wisconsin.

The sad outcomes of risky sexual behaviour for example, unwanted pregnancy, abortion and STIs emanate as a result of dating. Kirby & Lepore (2017) opined that dating plays a part in -in-school adolescents' healthy development. But when adolescents are dating exclusively (going steady), they are more likely to have sex earlier. Centres for Disease Control and Prevention (CDC, 2014), observed that, the proportion of adolescents who have ever had sex has declined since the early 1990s. They also lamented that adolescents who have sex early are less likely to use contraception, putting them at greater risk of pregnancy and STIs. Child Trends declared that many adolescents are engaging in other sexual behaviour other than vaginal intercourse. Nearly half have had oral sex and just over one in 10 have had anal sex. Abma, Martinez and Copen (2010) noticed that not all sexually active adolescents take part in sexual -risk behaviour. Thirty-nine percent of females and 33 percent of males who have ever had sex have only had one partner. When in-school adolescents engage in sexual activity, many forgo the use of condoms, states the Centre for Disease Control and Prevention (CDC, 2014). Nearly 40 percent of sexually active in-school adolescents did not use condoms during sexual activity. Unprotected sex places adolescents at risk for contracting sexually transmitted infections. Nearly half of in - school adolescents are sexually active and a vast proportion of these contacts are unprotected, as evidenced by extremely low rates of consistent condom use and high rates of STIs, especially among sexually active youth between ages 15–19. Unprotected sexual intercourse is the act of having sex without protective device like condom (Gabsby, 2013). Adolescents between ages 15 and 19 are more at risk for contracting STIs and people between the ages of 15 and 24 contract almost half of all new cases of STIs.

In-school adolescents are a collection of young students at school. In-school adolescents could be either at boarding or day school. In-school adolescent is a group of secondary school children/youth ranges from age 11-19years (WHO, 2017). In-school adolescents are chosen as subjects for this study because adolescents prefer an autonomous and independent life that is free from adult control, there by engaging in various delinquent acts (drug abuse, unsafe sex, and vandalism and so forth) that are dangerous to health, the home, community, school and the nation, also adolescents’ life can be very stressful, experimentation in strive to discover self identity which poor coping skills can lead to adolescents using other avenues (risky sexual behaviour) to escape, besides at this point in development, risk-taking behaviours in adolescents is often described as a normal developmental phenomenon marked by the major changes in biological, psychological and social processes (Steinberg, 2016). In this study,in-school adolescents refers to a group of secondary school children/youth within age of 11-19years who are actually in school.

**Sexual Behaviour of the Nigerian Youth**

Since men and women are inbuilt with sexual feelings, a pattern can be observed with regards to their sexual behaviour. Adolescents and youths are known to explore their sexuality during these years due to the physical changes that occurred in them.

Nigeria is a populous nation of over 170 million people and having a high population of youths. According to Adepoju (2005), study showed that a high percentage of Nigerian youths favour abstinence, 25% - 50% are sexually active. In his study, 25% of girls interviewed revealed that their first sexual intercourse was by coercion and rape. 80% of unsafe abortion complications recorded in hospitals in Nigeria was from teenagers.

Despite the problems that betide the Nigerian young people, sexual and reproductive health issues were not considered serious until recent times due to the prevailing circumstances of rape, incest, premarital sex, STDs, sexual violence and unwanted pregnancies. The Nigerian media are filled with sensational stories of sexual and reproductive health infringement of young people. In an article of The Sun newspaper entitled “Nigeria Children… Endangered”, various rape cases were reported showing the increased abuse of children in Nigeria. Some of the acts of rape were carried out by young people.

There is also an increased glamorization of sex by the media in recent years without stating the risk involved in careless sexual intercourse. This is corroborated by AHI publications of factors influencing sexual activity of young people which includes: earlier sexual maturation, peer group and adult’s pressure, socio-economic problems, sex glamorization by mass media, permissive attitude of boy sexual activities (male promiscuity), high value on child bearing by the society, early and late marriage. This has led to the increased rate of sexual involvement by youths who are most times not prepared for it. Sex matters are still treated as a secret matter despite the daunting realities of it being practiced by young people from whom it is kept. No wonder a state like Benue had the highest HIV infection rate among young people in previous years.Homosexuals, bisexuals, heterosexuals, etc. can be found among the Nigerian young people who tend to explore their sexual composition at this stage of their lives.

**Sexual Behaviour And Risky Sexual Behaviour**

Sexual behaviour is all those things we ‘do’ such as kissing on the lips and tongue-sucking, hugging, carousing and erotic touch that we consider sexual. Sexual behaviour are things we do with others like kissing, erotic touch, intercourse, oral sex, anal sex and manual sexual stimulation (Robinson, 2019). Sexual behaviour is an individual’s ability to experience or express sexual feeling. Sexual behaviour in this study refers to feeling of urge, seeking pleasure, sexual actions and reactions related to pleasure seeking. Sexual behaviour could be healthy or risky. Any romantic and pleasurable act or coitus that increases the chances of contracting sexually transmitted infections or becoming pregnant is a risky sexual behaviour.

Risky sexual behaviours are activities that involve sex which end with consequences that negatively affects in-school adolescents’ health. Many in-school adolescents indulge in risky sexual behaviour especially unprotected sex, possession multiple sexual partners, concurrent sexual partners, oral sex, anal sex. These behaviours are associated with serious and detrimental outcomes such as unwanted and unplanned pregnancy, sexually transmitted infections (STIs), including HIV/ AIDS and sometimes infertility for life. In the context of this study, risky sexual behaviour refers to all actions involving coitus or intercourse among in-school adolescents that may result to negative consequences to their health or may end in death.

**Forms or Components of risky sexual behaviour**

Armour and Haynie (2016) pointed out that there are many parts or types of risky sexual behavior. These include starting sexual activity early, not using protection, using condoms inconsistently, using injection drugs, having sex to survive or transactional sex (sex in exchange for money, food, drugs, or shelter), or having sex with a partner who has other partners or more than one partner at a time (possession of multiple sexual partners). The main reason that the number of sexually transmitted infections (STIs) is going up is because of risky sexual behavior, and teens are the ones who get them the most. When teenagers who are still in school have sexual relations without using protection, they don't realize the effects it can have on their health, their family, and society, such as sexually transmitted infections (STIs) like HIV/AIDS, gonorrhea, syphilis, and herpes genitalis, unplanned or unwanted pregnancies, and unsafe abortions. These outcomes can be painful, like being unable to have children for the rest of your life and possibly dying from sepsis, failing in school, dropping out, and living a useless life. Other kinds of sex are anal and oral. Schwart et al. (2010) said that unprotected sex, oral sex, anal sex, casual sex, sex while drunk, and having more than one sexual partner are all unsafe sexual behaviors. Infections like sexually transmitted infections (STIs) and HIV/AIDS are spread by these sexual risk behaviors. In this study, "risky sexual behavior" in teens means that they start having sex and other sexual activities early, which could be bad for their health.

Ariba (2017) found that oral and anal sex don't increase the risk of pregnancy in teens. However, if precautions aren't taken, oral and anal sex can increase the risk of STDs, especially since teens are less likely to use condoms or other barrier methods for oral and anal sex than for vaginal sex. In 2002, 11% of both males and females ages 15 to 19 had anal sex with someone of the opposite sex, and 3% of males ages 15 to 19 had anal sex with another male. 55% of males and 54% of females ages 15 to 19 had oral sex with someone of the opposite sex. About 3,961 of the 32,050 new cases of AIDS that were reported in 2011 were linked to IDUs. In 2011, 7.4% of all new cases of illness in adults and teens were caused by IDU-related behavior (Centres for Disease Control and Prevention, 2019). The Center for Disease Control (CDC) estimated that 5,259 13–24-year-olds were diagnosed with HIV/AIDS in the 33 states that reported to them in 2006. This was about 14% of the 6 people who were diagnosed that year. About a million new STDs happen every year, and almost half of them happen to people ages 15 to 24. In 2002, 12 percent of all pregnancies, or 757,000, were with 15–19-year-olds. When teens are high on drugs or alcohol, they are more likely to do dangerous things, like have sex without protection (CDC, 2019).

As a result of the growing number of unintended pregnancies among teenagers in developing countries, public health has spent a lot of time on their needs for a long time. In recent years, however, this focus has shifted to the needs of sexuality and reproductive health (Erulkar, 2014).

The World Health Organization said in 2018 that 15–19-year-olds have some of the highest rates of STDs among sexually active young people. Also, some groups of teens take even more risks than others. For example, males who have sex with males, teens who use injection drugs, and teens who have sex while high are all examples of these groups. So, about 25% of all people with HIV in the US got it when they were teenagers (Centres for Disease Control and Prevention, 2019). They also found that, among 13–24-year-old males in the United States who got HIV for the first time in 2001, 48 percent were young men who had sex with other young men, 3 percent were young men who injected drugs, and another 3 percent were young men who both had sex with other young men and injected drugs. Only 6 percent were young men who got HIV through heterosexual contact. Among 13–24-year-old unmarried women who got HIV for the first time, the most common way they were exposed was through heterosexual contact (33 percent ). The risk category was often not known for both male and female teenagers. Centers for Disease Control and Prevention said in 2014 that 26% of sexually active male students and 18% of sexually active female students said they had used drugs or alcohol before their last sexual encounter.

Several studies have found high rates of teen pregnancies, abortions, sexually transmitted diseases (STDs), and HIV/AIDS (Ejike, 2015). The average age of first sexual activity dropped from 18.8 to 16.8 years. Teenage moms are more likely to quit school than other teens (KDHS, 2003). Teenagers who are still in school are in the early stages of adolescence, when sexual desires and worries are at their peak. Most of them are tempted to do sexual things that put them at risk for all of these things. In traditional African societies, there were well-established ways to get young people ready for their sexual roles and responsibilities as adults. But traditional systems have been weakened and, in some places, have died out. This has made it hard for teens to get good information. The high rates of sexually transmitted diseases, pregnancies, and abortions among teens still in school show how dangerous unprotected sex, ignorance, and lack of information can be (CBS, 2014).

Studies in the US showed that between 19.6% and 78.6% of high school students had ever had oral sex. However, only a small number of these teens used protection against HIV/STIs (Ompad, 2016). In Tanzania, on the other hand, a study found that 8.1% of teenagers, including those who were still in school, had oral sex (Kazaura & Masatu, 2019). Even though many young people think oral sex is safe, there is evidence that it can spread STIs like chlamydia, human papillomavirus (HPV), gonorrhea, herpes, hepatitis, and HIV (Hawkins, 2001). Joseph, James, Molly, and Britney argued in 2010 that, compared to oral and vaginal sex, unprotected anal intercourse is the most likely way to get HIV. Between 3% and 41% of girls and between 7% and 20% of boys said they had done anal sex. Adenike, Bello, and Olugbenga (2019) found that 5% of teenagers in Nigeria who were still in school and 7.5% of students in Tanzania had a sexual encounter.

Most of the students who said they'd had anal sex had more than one sexual partner, and most of them hadn't used condoms (Adenike, Bello & Olugbenga, 2019; Kazaura &Masatu, 2019). Bersamin, Walker, Fisher, and Grube (2016) found that most studies and programs about how teens act sexually focused on vaginal penile intercourse. Also, sexual activity has been measured by whether or not a teen has had a vaginal encounter or not while in school. Studies have shown that individual, family, and peer factors are good predictors of vaginal-penile intercourse among young people. However, only a few studies have looked at how these multilevel factors relate to oral and anal sex.

The 1997 Youth Risk Behaviour Survey, which was done by the Centers for Disease Control and Prevention (CDC), showed that black males (33%) are three times as likely as Hispanic males (11%) and almost seven times as likely as white males (5%) to have had sexual relations before the age of 15. Even though women are less sexually active than men, there is a similar pattern by race and ethnicity. For example, 11 percent of black women say they had sex before they were 15, while only 3 percent of Hispanic and white women say the same. Even though it happens a lot, there is surprisingly little known about early sexual debut and how it affects sexual risk-taking later in adolescence, especially among youth of color.

In Sub-Saharan Africa, most people start getting sexually active by age 20, and sometimes even earlier. Agbo (2015) said that a young person's early sexual debut puts them at risk for many bad sexual and reproductive health outcomes. He also said that teens who start having sex at a young age are more likely to have more than one partner at the same time, have sexual encounters without protection, and get STIs like HIV. Early sexual activity also raises the chance of unintended pregnancies, which can be bad for both the mother and the baby's health (Conde-Agudelo, Belizán, and Lammers, 2005). Mensch, Singh, and Casterline (2005) said that young teens often have induced abortions to end unwanted pregnancies, which can lead to complications and even death for the mother. Also, babies born to teenagers are more likely to be too small, born too early, and die in their first month than babies born to older women. More evidence shows that early unintended pregnancy is linked to poor educational and job prospects (Gipson, Koenig & Hindin, 2018).

Even though there is a lot of information about the sexual and reproductive behaviors of older teens and young adults in Sub-Saharan Africa (ages 15–24), not much is known about younger teens (ages 12–16). WHO (2017) said that it is now widely understood that teens' sexual and reproductive health needs must be understood and met before they start having sexual relationships. Recent evidence from four Sub-Saharan African countries shows that a large number of 12–14-year-olds are already sexually active (Bankole, 2017). Neema, Musisi, and Kibombo (2014) also said that a large number of teenagers become sexually mature between the ages of 12 and 16, when girls usually get their first period and boys go through pubertal changes in their bodies. Since many young teens are still in school, sexual and reproductive health programs and interventions in schools should be able to reach them.

This was seen and confirmed in studies done in Nigeria. No other age group, from 10 to 19, has as many bad health effects from sexual behavior as 10–19-year-olds, according to Bearinger, Sieving, Ferhuson, and Sharma (2017). Fatusi (2015) says that sexual and reproductive health problems are common among teenagers in Nigeria. In 2003, the age-specific fertility rate of adolescent girls was 126 per 1,000, and a quarter of females aged 15–19 had already had children. The National Population Commission found in 2004 that teenage girls are responsible for 55% of all illegal abortions in the country, and 3.6% of 15–19-year-olds are HIV positive (Bankole, 2017).

In 2007, 48% of high school students had sex, and 15% of high school students had had four or more sex partners by that point in their young lives. About 39% of sexually active high school students did not use a condom during their last sexual encounter.

Federal Ministry of Health (2015) said that starting sexual activity at a young age is linked to having more sexual partners over the course of a lifetime, which increases the risk of STIs like HIV/AIDS and pregnancy. Due to the immaturity of the cervix, having your first sexual experience at a young age also makes you more likely to get an HPV infection, which can lead to cervical cancer. Also, because of the chance of getting pregnant, early sexual initiators are less likely to finish school, which limits their social and job prospects (Ludicke, Stalberg, Vassilakos, Major, & Campana, 2001). Santelli, Kaiser, Hirsch, Radosh, Simkin, and Middlestadt (2004) found that empirical research, mostly from developed countries, shows that the timing of sexual debut among adolescents is affected by a wide range of factors, such as age, gender, poverty, family structure, educational level, pubertal timing, socio-economic status, self-efficacy, peer influences, religiosity, knowledge and perceived risk of sexually transmitted infections, parenting practices, and so on. In this study, "early sexual debut" means that a teen had their first sexual experience before they turned 15 while they were still in school.

Nwoarali (2014) said that giving gifts and helping people out is a big part of dating in rural Malawi and other places in the region. He also said that giving money or gifts is "as much about showing love and commitment as it is about meeting the financial needs of females or getting sex for males." She makes a strong case that the material exchanges are not a trade-off for sexual acts, but are instead a form of support that has more than one meaning. Swidler and Watkins (2017) both agree that adolescent girls are not always helpless victims in their relationships, and that they sometimes use manipulation to get what they want. The latter also says that sexual relationships for young, single women are a form of insurance because they make it less likely that they will be left out of society and allow them to rely on other forms of community support when times are hard. Because of this, it is hard to control the behavior.

People aren't likely to listen when you tell them to abstain, be faithful, or always use condoms without addressing the underlying social, economic, and cultural problems. On the other hand, it is important to understand the complexities of transactional sex, but it is still a fact that if teenagers are in school and have their own income and access to reliable social safety nets, it will probably make a difference in their risky sexual behavior, like prostitution and transactional sexual behavior.

In different parts of the world, transactional sex and prostitution may mean different things. While prostitution will always be seen as wrong and sinful, transactional sex may be seen by the same people as useful and moral. Andrea Cristina Ruiz said that the interactions and the search for a partner to marry are not that different from what motivates female teens who do "transitional sex" at school. This effect can be seen in a lot of countries. The best example is China, where the Huko system makes it easier for young men to move from one job to another. This increases the demand for young men with an urban Huko. In this case, it's clear that when girls want a male adolescent's income or position, he will be more likely to find a wife. My point is that points 1, 2, and 3 will still be true in the marriage market when the institution of marriage is strong. When other social, economic, or cultural factors make this institution less important, there will be a market for "transitional sex" (Nwoarali, 2014).

Transactional sex has been linked to the spread of HIV, especially among young girls in sub-Saharan Africa who are not married and still in school (Dunkle, Jewkes, Brown, Gray, McIntryre, Harlow 2014). Silberschmidt and Vibeke (2017) and Masvawure (2014) said that girls in school who have "transactional sex" often have more than one relationship with boys at the same time. For example, one boy might give them money for rent, another might give them clothes, and so on. When this is done along with low condom use, the risk of getting HIV goes up. Our research shows that female teenagers don't always use condoms when they want something in exchange for their sexual activity. Some interviews say that having sex without a condom is worth more money than having sex with a condom. Barnett, Maticka-Tyndale, and HP4R (2015) said that the research backs up the idea that transactional sex is a separate social norm from commercial sex work, which may have started much earlier.

The practice seems to be rooted in cultural norms that see sex as a woman's currency, but those who do it feel shame and stigma for doing it. Some research has shown that transactional sex is often a response to poverty and the fact that poor teenage girls who are still in school depend on young men for money. Qualitative research from Ghana shows that peer pressure to get luxury items like expensive clothes, hairstyles, jewelry, and makeup may also be a factor in what makes people do transactional sex. This kind of exchange is more about meeting "wants" than "needs," as teenage girls look for gifts that will make them look modern and successful. Findings show that poverty and lack of economic opportunities, as well as the desire to make more money than just enough to get by, make it more likely for female teens in school to do risky sexual things. Teenage girls who do transactional sex are different from female sex workers (FSW) in many ways, and they may have different HIV prevention needs than FSW or other groups thought to be most at risk (Goparaju, Afenyadu, Benton, Wells & Alema-Mensah. 2013).

Transactional sex has been linked to a high risk of HIV transmission for a number of reasons, such as a lack of power in the sexual relationship and a higher chance of having more than one partner (Masvawure 2010). Ejike (2015) said that transactional sex may also be a big reason why the rates of HIV infection are different for girls and boys in sub-Saharan Africa who are still in school. Teenage girls who do "transactional sex" often give up control over their sexual activities, like using a condom, which makes them more likely to get HIV (Luke, 2005). Research has also shown that people who don't use condoms are more likely to do business deals that are worth more money (Luke 2015). He also said that transactional sex often looks like "sugar daddy" relationships, in which the man is older, has more money, and may be more likely to have HIV. Several studies have found a link between how old the male partner is and how likely it is that HIV will be passed on.

**Consequences of Risky Sexual Behaviour**

When in-school adolescents engage in sexual risk behaviour, the consequences can be serious and far-reaching into the future. In- school adolescents may not have the vision to realize that present-day decisions can be important (Guttmacher Institute, 2018). They further pointed out that by communicating the inherent risks of sexual activity and behaviour with adolescent, you help him or her make healthier and safer decisions. Risky sexual activities could result in varying problems ranging from unwanted pregnancy, abortion, contacting STIs including HIV and AIDS, and even to death. Ariba (2017) pointed out that sexual risk behaviour contributes to many preventable reproductive health problems such as early sex initiation, unintended pregnancy, unsafe abortion, unplanned children, academic failure and school dropout. In fact it is estimated that one-half of all HIV infections occur among people younger than 25 years (Merson, 2013). Therefore, it is no surprise that the sexual behaviour of teenagers should be a thing of concern considering the fact that the ages at which in-school adolescents engage in sexual activities is decreasing with increased urbanization and modernization of communities. The consequence of risky sexual behaviour is that it increases the likelihood of contracting STIs, teen pregnancy and low self-esteem.

Besides contracting STIs, abuse and violence are other painful outcome. This is why when in-school adolescents participate in dating relationships, abuse or violence is a common theme. They observed that approximately two-thirds of adolescents engaging in risky sexual activity at 14 years of age report some type of abuse experience in a relationship. While in-school adolescents may easily recognize physical abuse, emotional abuse can be more subtle. Emotional abuse includes insults, accusations, humiliation, possessiveness, threats, overdependence and isolation, according to (Wong, 2017).

A review of literature on the relationship between violence, risky behaviour, and reproductive health, conducted by Heise and colleagues (2019) shows that individuals who have been sexually abused are more likely to engage in unprotected sex, having multiple sexual partners, and trade sex for money or drugs. This relationship is also apparent in the findings from a study conducted in India. In this study adolescent boys who had experienced multiple sex partners were 6.2 times more likely to report girlfriend abuse than those who had not. Sexual abuse includes pressure for sex, threats to coerce sex, unwanted physical contact and forced sexual activity. Finally, the most disturbing form of male power, violence against women, contributes both directly and indirectly to women's vulnerability to HIV. In population –based studies conducted worldwide, anywhere from 10 to over 50 percent of women report physical assault by an intimate partner. And one-third to one-half of physically abused women also report sexual coercion (Heise, Ellsberg, & Gottemoeller 2019).

Risky sexual activity generally involves not only physical feelings, but emotional feelings as well. When an adolescent engages in intimate activity, some emotional turmoil can hit hard. An adolescent may feel regret and guilt about the behaviour, stress about negative consequences and a loss of self-esteem and reduced self-respect. It is even possible for this emotional turmoil to lead to further risk-taking behaviour base on their determinants (Heise, Ellsberg, & Gottemoeller 2019).

**2.2 THEORETICAL FRAMEWORK**

**Theory of Planned Behaviour/Reasoned**

Action will form the theoretical frame work. This theory has been found to be pertinent to sexuality education with relation to sexual behaviour.

Theory of reasoned action was formulated by Ajzen and Fishbein in 1980. This resulted from attitude research from the Expectancy Value Models. They tried to estimate the discrepancy between attitude and behaviour. It was later discovered that behaviour is not totally voluntary and under control, which led to the addition of perceived behavioural control. This gave rise to the Theory of Planned Behaviour (TPB).

The influence of FLHE on the sexual behaviour of students emanates from their intention (reason for carrying out an action). Usually behaviour do not emanate on its own but from intentions. Intentions for having various sexual behaviours could arise from attitudes held towards the behaviour which comes from behavioural beliefs gotten from individual’s belief about consequences of particular behaviour.

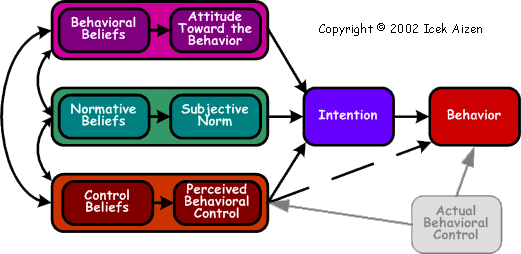
Subjective norm held by students are gotten from people in authority (parents, peers, teachers, etc.) to individual students are known to be greatly influenced by others especially during adolescence which is the period of formation of the sexual norms they will most likely adhere to even as adults. Perceived behavioural control which stems from control beliefs (individual’s beliefs of factors that help or hinder performance of the behaviour) leads to intentions for having some sexual behaviour. Low socio-economic factors have also being known to be a factor for adolescents engaging in sexual practices.

TPB is a theory that predicts deliberate behaviour. One’s sexual behaviour is usually deliberate and planned. This theory takes the notion that a person’s behaviour is determined by his/her intention to perform the behaviour and that this intention is in turn a function of his/her attitude towards the behaviour. Intention is determined by three factors:

* Person’s attitude towards a specific behaviour
* Person’s subjective norms
* Perceived behavioural control (all with relation to sexual behaviour)

The three factors listed above leads to intention, by interplaying each other which in turn leads to behaviour which will be displayed in the following diagram.

**Fig 1** Model showing the Theory of Planned Behaviour *Source: Ajzen, I. (1991)*



Its application in the use of sexuality (FLHE) curriculum shows that attitudes of the students combined with their subjective norm and perceived behavioural control will lead their intention which in turn gives rise to their sexual behaviour.Though for issues like rape, sexual abuse, the victims do not have such intention for sexual intercourse but are forced into it. This is a limitation to the theory but it holds for perpetrators of such dastardly acts.

FLHE curriculum puts students in an enlightened position to influence their intentions which in turn will affect the sexual behaviour.

**2.3 EMPIRICAL REVIEW**

Gagnon, W.C. (2002) study on teenage sexuality and sex education carried out in northeastern Wisconsin’s school districts of Canada showed that out of 30 schools surveyed, 29 0f them used abstinence-plus approach of sex education and the other school sexuality program covered “abstinence, birth control, human reproductive, 12-14 STDs including HIV, choices, values and more”. It was reported that 66% of the districts responded that the rate of teenage pregnancy has either dropped or remained the same and no district reported an increase in the pregnancy rate. Some successes have been recorded with regards to sexuality education on the impact of adolescent sexual behaviour.

Philliber’s report (2009) of evaluation of impact of FLHE implementation on selected Lagos state schools in Nigeria. Quantitative approach was used with a sample of 1366 JSS1 students from 17 randomly selected schools spread across the 3 senatorial districts of the state. Carefully tailored questions were administered to the students by trained staffs from Philliber Research Associates. They were surveyed in November 2004 and July 2005 after a complete session of encountering the FLHE curriculum. 54% were males with an average age of 12.3 years and 46% females with an average age of 11.9 years. After exposure to the curriculum, there was a significant increase of 8% in knowledge scores (from 46% to 54%). Various factors were highlighted to affect the FLHE implementation. There was a 7% increase of gender equitable attitudes (from 67% to 74%) by the end of the school year. There was a decline in attitude of 6% and 4% for males and females respectively to have sex with somebody they liked by the end of the school year. There was also a general increase in abstinence from sex (68% to 81%

overall) of the students at the end of the school year who believed that people their

age should wait until they are older. This shows that great strides have been made

in the utilization of the FLHE curriculum which is being replicated in all the States

of Nigeria including the FCT. Kirby (2011) carried out a review of the impact of various sexuality education programs on youth sexual behaviour in both developed and developing countries. Among the 97 studies identified, 73 assessed the impact of sex education programs on the debut sexual intercourse. 34% of the 73 programs delayed the initiation of sexual intercourse among either the entire sample of young person’s covered by the program or among and important sub-group of those covered. The remaining 66% of the 73 programs reviewed, had no impact on sexual intercourse debut. It is important to note that none of the programs considered, hastened the initiation of sexual; intercourse. Among 35 studies with data on composite measures of sexual risk taking, 51% showed that sex education decreased sexual risk-taking, 46% found no impact and 3% found an increased risk in sexual risk-taking. Opara et al (2012) carried out a survey of perception of sexuality education amongst secondary school students in Port Harcourt, Nigeria. The study was carried out amongst students participating in a series of school debates organized by the Medical Women Association of Nigeria, in June 2009 at Port Harcourt. Proportionate numbers of students from private and public secondary schools were selected. Out of 1050 students that participated comprising of 486 males and 564 females of age 10 – 20 years. 26.3% of the students identified the school as a source of sexuality education 18.5% of them had their teachers as the regular source of information about sexuality. The study showed that the school offers adolescents a well structured form of sexuality education that influences their sexual behaviour.

FLHE implementation report (2012) for Edo state, Nigeria showed that 50% of JSS boys and 38% of JSS girls said they had already engaged in sex. It also showed that many boys and girls start having sex early. It was also gathered that many engaged in sex due to friends, family, older community members, sexual feelings or urges through exchange of gifts. Some were forced to have sex while only a few who engaged in sex could use condoms correctly. It was also gathered that HIV/AIDS awareness is high but knowledge of ways of staying safe from infection was poor. Also gathered was that few students got information of HIV/AIDS from their parents. The students also sought for role models and guidance from parents, teachers and professionals on sexuality issue. Great success was gotten from the implementation but more effort needs to be put in to sustain the success of the sexuality education in schools.

Nwokocha et al (2015) paper on a study carried out between March and April 2013 on the perspectives of student on the implementation, content and effect of FLHE instruction. Qualitative approach was adopted using Focus Group Discussions (FGD) and In-depth Interviews (IDIs) on 3 States from each zone of Nigeria. It was observed that the FLHE curriculum is implemented at various class levels across the schools visited within the States. Some concentrate only on the junior secondary school while others on the senior secondary school, both or selected class(es). The study showed the need for FLHE to fill in the gap created by lack of relevant sexuality education in the home. Challenges that have ensued the sexuality education (FLHE) implementation that are common to the various states of Nigeria (FCT inclusive) includes: poor funding, lack of FLHE materials, lack of trained FLHE teachers, overdependence on foreign donors, religious and cultural factors poor measurement and evaluation mechanisms (Abanihe et al, 2015).

These are just a few of the various studies carried out both in Nigeria and abroad about their implementation of sexuality education in their schools which have been of tremendous benefit despite the challenges faced in implementing it from religion, culture, funding, lack of training materials/trained personnel, etc.

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

**3.1 INTRODUCTION**

In this chapter, we described the research procedure for this study. A research methodology is a research process adopted or employed to systematically and scientifically present the results of a study to the research audience viz. a vis, the study beneficiaries.

**3.2 RESEARCH DESIGN**

Research designs are perceived to be an overall strategy adopted by the researcher whereby different components of the study are integrated in a logical manner to effectively address a research problem. In this study, the researcher employed the survey research design. This is due to the nature of the study whereby the opinion and views of people are sampled. According to Singleton & Straits, (2009), Survey research can use quantitative research strategies (e.g., using questionnaires with numerically rated items), qualitative research strategies (e.g., using open-ended questions), or both strategies (i.e., mixed methods). As it is often used to describe and explore human behaviour, surveys are therefore frequently used in social and psychological research.

**3.3 POPULATION OF THE STUDY**

According to Udoyen (2019), a study population is a group of elements or individuals as the case may be, who share similar characteristics. These similar features can include location, gender, age, sex or specific interest. The emphasis on study population is that it constitute of individuals or elements that are homogeneous in description.

This study was carried out on perception of parents towards sex education in junior secondary schools using Junior Secondary Schools in Enugu Urban Area of Enugu State as a case study. literate and illiterate parents form the population of the study. And, this information was gotten from staff that were present as at the day and time of this research.

**3.4 SAMPLE SIZE DETERMINATION**

A study sample is simply a systematic selected part of a population that infers its result on the population. In essence, it is that part of a whole that represents the whole and its members share characteristics in like similitude (Udoyen, 2019). In this study, the researcher adopted the convenient sampling method to determine the sample size.

**3.5 SAMPLE SIZE SELECTION TECHNIQUE AND PROCEDURE**

According to Nwana (2005), sampling techniques are procedures adopted to systematically select the chosen sample in a specified away under controls. This research work adopted the convenience sampling technique in selecting the respondents from the total population.

In this study, the researcher adopted the convenient sampling method to determine the sample size. Out of all the entire population of literate and illiterate parents, the researcher conveniently selected 609 literate parents and 500 illiterate parents from the selected schools in Enugu educational zone making a sum of 1,109 participants as the sample size for this study. According to Torty (2021), a sample of convenience is the terminology used to describe a sample in which elements have been selected from the target population on the basis of their accessibility or convenience to the researcher.

**3.6 RESEARCH INSTRUMENT AND ADMINISTRATION**

The research instrument used in this study is the questionnaire. A survey containing series of questions were administered to the enrolled participants. The questionnaire was divided into two sections, the first section enquired about the responses demographic or personal data while the second sections were in line with the study objectives, aimed at providing answers to the research questions. Participants were required to respond by placing a tick at the appropriate column. The questionnaire was personally administered by the researcher.

**3.7 METHOD OF DATA COLLECTION**

Two methods of data collection which are primary source and secondary source were used to collect data. The primary sources was the use of questionnaires, while the secondary sources include textbooks, internet, journals, published and unpublished articles and government publications. The reason for using both primary and secondary source of data is, so that the researcher will have concrete and more valid answers to the research questions

**3.8 METHOD OF DATA ANALYSIS**

The responses were analyzed using the frequency percentage tables, which provided answers to the research questions. The hypothesis will be tested using the chi- square statistical tool.

**3.9 VALIDITY OF THE STUDY**

Validity referred here is the degree or extent to which an instrument actually measures what is intended to measure. An instrument is valid to the extent that is tailored to achieve the research objectives. The researcher constructed the questionnaire for the study and submitted to the project supervisor who used his intellectual knowledge to critically, analytically and logically examine the instruments relevance of the contents and statements and then made the instrument valid for the study.

**3.10 RELIABILITY OF THE STUDY**

The reliability of the research instrument was determined. The Pearson Correlation Coefficient was used to determine the reliability of the instrument. A co-efficient value of 0.68 indicated that the research instrument was relatively reliable. According to (Taber, 2017) the range of a reasonable reliability is between 0.67 and 0.87.

**3.11 ETHICAL CONSIDERATION**

The study was approved by the Project Committee of the Department. Informed consent was obtained from all study participants before they were enrolled in the study. Permission was sought from the relevant authorities to carry out the study. Date to visit the place of study for questionnaire distribution was put in place in advance.

**CHAPTER FOUR**

**DATA PRESENTATION AND ANALYSIS**

**INTRODUCTION**

This chapter presents the analysis of data derived through the questionnaire and key informant interview administered on the respondents in the study area. The analysis and interpretation were derived from the findings of the study. The data analysis depicts the simple frequency and percentage of the respondents as well as interpretation of the information gathered. A total of two hundred and sixty-six (266) questionnaires were administered to respondents of which only two hundred and fifty-nine (259) were returned and validated. This was due to irregular, incomplete and inappropriate responses to some questionnaire. For this study a total of 259 was validated for the analysis.

**4.1 DATA PRESENTATION**

**Table 4.2: Demographic profile of the respondents**

|  |  |  |
| --- | --- | --- |
| **Demographic information** | **Frequency** | **percent** |
| **Gender**  Male |  |  |
| 72 | 27.8% |
| Female | 187 | 72.2% |
| **Age** |  |  |
| 25-30 | 33 | 12.7% |
| 31-35 | 56 | 21.6% |
| 36-40 | 87 | 33.6% |
| 41+ | 83 | 32.0% |
| **Marital Status** |  |  |
| Single | 71 | 27.4% |
| Married | 102 | 39.4% |
| Separated | 67 | 25.9% |
| Widowed | 19 | 7.3% |
| **Educational status of parents** |  |  |
| Literate | 155 | 59.84% |
| illiterate | 104 | 40.15% |
| **Education Level** |  |  |
| WAEC | 56 | 21.6% |
| BS.c | 62 | 23.9% |
| MS.c | 67 | 25.9% |
| MBA | 74 | 28.6% |

**Source: Field Survey, 2023**

**4.2 DESCRIPTIVE ANALYSIS**

**Research question 1**

**What is the perception of parents towards the teaching of sex education in Junior Secondary Schools?**

Table 4.2: Respondents on question 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **SA**  **4** | **A 3** | **D 2** | **SD 1** | **X** | **S.D** | **DECISION** |
| 1 | I am embarrassed when you mention sex education | 200 | 30 | 15 | 14 | 4 | 2.57 | Accepted |
| 2 | my culture forbids teaching sex education | 150 | 79 | 25 | 5 | 3.4 | 2.55 | Accepted |
| 3 | menstruation starts at puberty with different changes | 175 | 79 | 5 | - | 3.9 | 2.74 | Accepted |
| 4 | sex education encourages immorality | 155 | 70 | 24 | 10 | 3.4 | 2.56 | Accepted |

**Source: Field Survey, 2023**

In table 4.2 above, on the perception of parents towards the teaching of sex education in Junior Secondary Schools, the table shows that all the items (item1-item4) are accepted. This is proven as the respective items (item1-item4) have mean scores above 2.50.

**Research question 2: To what extent does culture affect the teaching of sex education in Junior Secondary Schools?**

**Table 4.3:** Respondent on question 2

|  |  |  |
| --- | --- | --- |
| **Options** | **Frequency** | **Percentage** |
| High extent | 139 | 53.66 |
| Low extent | 90 | 34.74 |
| Undecided | 30 | 11.58 |
| **Total** | **259** | **100** |

**Field Survey, 2023**

From the responses obtained as expressed in the table above, 53.66% said high extent, 34.74% said low extent, while the remaining 11.58% were undecided.

**Research Question 3**

**What is the curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis?**

Table 4.4: Responents on question 3

|  |  |  |
| --- | --- | --- |
| **Options** | **Frequency** | **Percentage** |
| positive | 127 | 49.0 |
| Negative | 46 | 17.8 |
| Undecided | 86 | 33.2 |
| **Total** | **259** | **100** |

**Field Survey, 2023**

From the responses obtained as expressed in the table above, 49.0% said positive, 17.8% said negative, while the remaining 33.2% were undecided.

**4.3 TEST OF HYPOTHESIS**

H1: Perception of parents has no significant effect towards the teaching of sex education in Junior Secondary Schools

H2: Culture has no significant effect in the teaching of sex education in Junior Secondary Schools

H3: The curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis has no significant effect on the teaching of sex education in Junior Secondary Schools

**Table 4.5:** Perception of parents has no significant effect towards the teaching of sex education in Junior Secondary Schools

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Options** | **Fo** | **Fe** | **Fo - Fe** | **(Fo - Fe)2** | **(Fo˗-Fe)2/Fe** |
| Yes | 141 | 86.3 | 54.7 | 2992.09 | 34.6 |
| No | 89 | 86.3 | 2.7 | 7.29 | 0.08 |
| Undecided | 29 | 86.3 | -57.3 | 3283.29 | 38.0 |
| **Total** | **259** | **259** |  |  | **72.68** |

**Source: Extract from Contingency Table**

Degree of freedom = (r-1) (c-1)

(3-1) (2-1)

(2) (1)

= 2

At 0.05 significant level and at a calculated degree of freedom, the critical table value is 5.991.

**Findings**

The calculated X2 = 72.68 and is greater than the table value of X2 at 0.05 significant level which is 5.991.

**Decision**

Since the X2 calculated value is greater than the critical table value that is 72.68 is greater than 5.991, the Null hypothesis is rejected and the alternative hypothesis which states that the perception of parents has a significant effect towards the teaching of sex education in Junior Secondary Schools is accepted.

**Table 4.6:** Culture has no significant effect in the teaching of sex education in Junior Secondary Schools

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Options** | **Fo** | **Fe** | **Fo - Fe** | **(Fo - Fe)2** | **(Fo˗-Fe)2/Fe** |
| Yes | 139 | 86.3 | 52.7 | 2777.3 | 32.2 |
| No | 90 | 86.3 | 2.7 | 13.7 | 0.2 |
| Undecided | 30 | 86.3 | -56.3 | 3169.7 | 36.7 |
| **Total** | **259** | **259** |  |  | **69.1** |

**Source: Extract from Contingency Table**

Degree of freedom = (r-1) (c-1)

(3-1) (2-1)

(2) (1)

= 2

At 0.05 significant level and at a calculated degree of freedom, the critical table value is 5.991.

**Findings**

The calculated X2 = 69.1 and is greater than the table value of X2 at 0.05 significant level which is 5.991.

**Decision**

Since the X2 calculated value is greater than the critical table value that is 69.1 is greater than 5.991, the Null hypothesis is rejected and the alternative hypothesis which states that culture has a significant effect in the teaching of sex education in Junior Secondary Schools is accepted.

**Table 4.7:** The curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis has no significant effect on the teaching of sex education in Junior Secondary Schools

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Options** | **Fo** | **Fe** | **Fo - Fe** | **(Fo - Fe)2** | **(Fo˗-Fe)2/Fe** |
| Yes | 127 | 86.3 | 40.7 | 1,656.49 | 19.19 |
| No | 46 | 86.3 | -40.3 | 1,624.09 | 18.81 |
| Undecided | 86 | 86.3 | -0.3 | 0.09 | 0.00 |
| **Total** | **259** | **259** |  |  | **38** |

**Source: Extract from Contingency Table**

Degree of freedom = (r-1) (c-1)

(3-1) (2-1)

(2) (1)

= 2

At 0.05 significant level and at a calculated degree of freedom, the critical table value is 5.991.

**Findings**

The calculated X2 = 69.1 and is greater than the table value of X2 at 0.05 significant level which is 5.991.

**Decision**

Since the X2 calculated value is greater than the critical table value that is 38 is greater than 5.991, the Null hypothesis is rejected and the alternative hypothesis which states that the curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis has a significant effect on the teaching of sex education in Junior Secondary Schools is accepted.

**CHAPTER FIVE**

**SUMMARY, CONCLUSION AND RECOMMENDATION**

**5.1 SUMMARY**

In this study, our focus was to study the perception of parents towards sex education in junior secondary schools using Junior Secondary School in Enugu Urban Area of Enugu State as a case study. The study specifically was aimed at highlighting the perception of parents towards sex education in Junior Secondary Schools in Enugu urban area of Enugu state, find out whether culture affects perception of parents towards sex education in Junior Secondary Schools in Enugu metropolis and investigate the curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School syllabus in Enugu metropolis.. A total of 259 responses were validated from the enrolled participants where all respondent are drawn from literate and illiterate parents.

**5.2 CONCLUSION**

Based on the finding of this study, the following conclusions were made:

i) The perception of parents towards the teaching of sex education in Junior Secondary Schools is i am embarrassed when you mention sex education, my culture forbids teaching sex education, menstruation starts at puberty with different changes and sex education encourages immorality.

ii) Culture affect the teaching of sex education in Junior Secondary Schools.

iii) The curriculum planners’ have a positive effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis.

**5.3 RECOMMENDATION**

Based on the responses obtained, the researcher proffers the following recommendations:

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. This will make it possible for students who are experiencing sexual health problems to get help. It is also necessary for the Government to train and employ guidance counsellors, health education teachers and nurses in schools to teach sex education.

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**APPENDIXE**

**QUESTIONNAIRE**

**PLEASE TICK [√] YOUR MOST PREFERRED CHOICE(S) ON A QUESTION.**

**SECTION A**

**PERSONAL INFORMATION**

**Gender**

Male ( )

Female ( )

**Age**

25-30 ( )

31-35 ( )

36-40 ( )

41+ ( )

**Marital Status**

Single ( )

Married ( )

Separated ( )

Widowed ( )

**Educational status of parents**

Literate ( )

Illiterate ( )

**Education Level**

WAEC ( )

BS.c ( )

MS.c ( )

MBA ( )

**SECTION B**

**What is the perception of parents towards the teaching of sex education in Junior Secondary Schools?**

Table 4.2: Respondents on question 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **SA** | **A** | **D** | **SD** |
| 1 | I am embarrassed when you mention sex education |  |  |  |  |
| 2 | my culture forbids teaching sex education |  |  |  |  |
| 3 | menstruation starts at puberty with different changes |  |  |  |  |
| 4 | sex education encourages immorality |  |  |  |  |

**To what extent does culture affect the teaching of sex education in Junior Secondary Schools?**

|  |  |
| --- | --- |
| **Options** | **Please tick** |
| High extent |  |
| Low extent |  |
| Undecided |  |

**What is the curriculum planners’ effort towards the inclusion of sex education in Junior Secondary School Syllabus in Enugu metropolis?**

|  |  |
| --- | --- |
| **Options** | **Please tick** |
| positive |  |
| Negative |  |
| Undecided |  |