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Research Article

Attitude, Practice and Perception of Sexuality Education Among Parents in Obio-Akpor Local Government Area of Rivers State, Nigeria

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ABSTRACT

Sexuality education (SE) has remained a controversial issue in Nigeria more than 3 decades after the first case of HIV/AIDS was discovered as many parents still have a wrong view about it. This study therefore assessed the attitude, practice and perception of SE among parents in Obio-Akpor Local Government Area of Rivers State, Nigeria. A descriptive cross-sectional design was used among 330 consenting parents who were recruited through a multi-stage sampling method from 3 selected communities in Obio/Akpor LGA. The results of this study showed that majority of the respondents had a poor understanding of the concept of SE though almost all of them approved of the teaching of SE. However, a few practically engaged in teaching their children SE. This study showed that majority of our respondents had a poor understanding of the concept of sexuality education; there is therefore need for continuous enlightenment by the government on sexuality education targeting parents and using available media resources.

Keywords: *Parents, Sexuality education, Attitude, Practice, Perception*

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INTRODUCTION

The trend in the world has made it a global village leaving no country isolated. Many countries especially some of the developing countries have lost their cultural uniqueness and identities due to western inspired ways of doing things. The attendant implication accompanying this is the erosion of traditional culture and religious values and negative effects on the sexual health of young people especially in Africa. Youth in Nigeria are also abreast of these trends that have influenced every aspect of life. In recognition of this the World Health Organization (WHO) identified sexual health as one of the five core aspects of her global reproductive health strategy in 2004. 'This is because sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction' (WHO, 2006).

Sexuality education involves providing children with knowledge and concepts that will enable them make informed

and responsible decisions about sexual behaviours at all stages of their lives (Adegoke, 2011). Also, sex education is about developing young people's skills so that they make informed choices about their behavior, and feel confident and competent about acting on these choices (UNESCO, 2013). However, the wrong view of what sexuality education is all about by those who are opposed to it has been the bane of its implementation in most countries most especially in the developing countries including Nigeria. The advent of HIV/AIDS in Nigeria awakened the interest of the general public to reproductive health issues and evidence shows that there is an increase in the rate of premarital sex and a decline in the age of sexual debut among adolescents (Prinstein, Meade, and Cohen, 2003). In present day Nigeria, sexuality education is still been viewed by many as exclusively for the married or soon to be married. Communication about sex between parents and children is more of handing down do's and don'ts without a proper explanation of issues that bother on proper understanding and the problems these children encounter in

their different stages of development. There are also those that are of the view that adolescents' moral decadence is an after effect of what they learn from school either through peer influences or from their teachers who are meant to act as role models. They further explained that since adolescents spend more time at school than they do at home, the teaching of moral and ethical values should be effectively thought at school rather than teach sex education (Omoegun & Akanu, 2008; Ogunjimi, 2006). These conflicting views are largely due to religious and cultural biases which prevent parents from engaging in sincere discussions about sexuality and sex with young people (Mbugua, 2007). This background in no small way has contributed to the fear many expressed when sex education was introduced into the school curriculum.

There is a dearth of information on the perception of parents to sexuality education in secondary schools in the south-south region of Nigeria. This study therefore sought to assess the perception of parents to the introduction of sexuality education into the secondary school curriculum in Nigeria.

MATERIALS AND METHODS

Study design: The study was a descriptive cross-sectional design that assessed the perception of parents to the introduction of sexuality education into the secondary school curriculum in Nigeria.

Study site: The study was conducted in Obio/Akpor Local Government Area of Rivers State. This Local Government Area (LGA) which is in the metropolis of Port-Harcourt is one of the major centres of economic activity in Nigeria and was created on the 3rd of May 1989. It is a 392km² expanse of land bounded on the north by Etche/Oyibo LGA, on the south by Port Harcourt LGA, on the east by Eleme LGA and on the west by Emuoha LGA. The indigenes are Ikwerre speaking spread across four (4) zones namely; Evo, Obio, Akpor and Aparara with a total population of 464,789. The inhabitants of the community are majorly farmers; some however are engaged in fishing and trading.

Instrument for data collection: A semi-structured, self-administered pre-tested questionnaire was used to solicit information on the perception and practice of sexuality education by parents. Data was collected for 4 weeks (15th January to 10th February, 2012). The questionnaire comprised of 4 sections namely; (i) socio-demographic characteristics (ii) parents' perception of sexuality education (iii) parents' practice of sexuality education and (iv) parents' attitude to sexuality education. The questionnaires were administered for a period of two weeks after which the completed questionnaires were retrieved and open-ended questions were coded. The data was analyzed with the Statistical Package for Social Sciences (SPSS) software package, version 15.0 using descriptive statistics, with chi-square at 0.05 significant level.

Sampling Technique: A multi-stage sampling method was employed in this study. In the first stage, one of the four zones of Obio/Akpor LGA was selected using the simple random sampling method. The selected zone was Akpor. Simple

random sampling was used in the second stage to select 3 communities in Akpor zone. The selected communities were: Choba, Rumuosi and Rumuoparali. In the third stage, the working sample size of parents was selected from all the three communities chosen using a systematic (grid) sampling method. A total of 110 questionnaires were allocated to each of the communities making up a total sample size of 330. For every street we visited in each community, we randomly selected the first home as our starting point from which every other house was selected until the required sample size was gotten.

Ethical consideration: The respondents that were recruited for this study were informed of the process, nature, objectives and purpose of the study after which verbal consent was obtained from those who agreed to participate in the study. Respondents were assured of confidentiality, privacy and anonymity of information provided and given the choice not to partake in the study if they so desired and that they were free to withdraw from the study at any time and as many that agreed were recruited for the study.

RESULTS

Socio-demographic characteristics: Respondents mean age was 39 years, with the age range of 20-70 years. There were more female respondents 212 (64%) than males 118 (33%); majority were married (89%); virtually all were Christians (97%) and a little above half (51%) were from Rivers State where the study was conducted. More than half (57%) had tertiary level education (Fig.1); more (47%) were civil servants with 110 (32.4%) having a monthly income greater than ₦100,000 while 69 (20.9%) had 3 children. (Table1).

Parent's awareness and views about sexuality education: Majority 93.6% had heard of sexuality education and 32% reported that they heard of sexuality education from books followed by electronic media (25%). More (47.6%) were of the view that sexuality education was all about sex, sexually transmitted diseases and teenage pregnancy. Few (18%) were of the view that it would help to reduce teenage pregnancy and abortion, while 15% said it would help to reduce sexual assault alone (Table. 2). The results also showed that virtually all respondents' (97.7 %) approved of the teaching of SE. In addition (52%) agreed that SE should be started between the ages of 6-12 years (Table. 2).

Parents' practice of sexuality education: The respondents were also asked what SE topics they would want to be included in the school curriculum. Only 6% agreed that all the approved topics should be thought in the school and the following top the list of acceptable topics: personal safety (8.4%); puberty (8.5%); STDs & HIV/AIDS (8.7%) and abstinence (13.2%) topped the list of topics parents discussed with their children (Table 3)

From this study, 256 respondents (85.76%) actually discussed sexuality education with their children while 44 (14.24%) did not discuss such issues with their children. The results also showed that 118 (7.57%) of the respondents were

practically engaged in teaching their children SE with a higher percentage dwelling more on topics such as abstinence and dealing with peer pressure followed by relationship matters and the least being the use of contraceptives (Table. 3).

A little more than half (59.5%) taught SE to their children through verbal communication. Other methods employed in descending order were through books and magazines (19.7%). Fifty four percent of parents discuss sexuality education only when the need arose while about 16.6% discussed this daily and weekly (Table 3).

Table 1:
Socio-demographic data of respondents

Socio-Demographics	Frequency (%)
Age (years) (n=330)	
20- 30	76 (23)
31- 40	108 (33)
41- 50	88 (27)
51- 60	45 (14)
61- 70	13 (4)
Sex	
Males	118 (36)
Female	212 (64)
Marital status (n=330)	
Single parent	16 (5)
Married	295 (89)
Divorced	2 (1)
Widowed	17 (5)
Religion (n=330)	
Christianity	320 (97)
Islam	10 (3)
State of origin (n=330)	
Rivers State	169 (51)
Non Rivers State	144 (44)
No Response	17 (5)
Occupation (n=324)	
Civil servant	147 (44.5)
Business	136 (41.2)
No job	41 (12.4)
Monthly income (n=260)	
Less than 18,000	43 (16.5)
19,000-30,000	50 (19.2)
31,000- 50,000	29 (11.1)
51,000- 100,000	28 (10.7)
Greater than 100,00	110 (42.3)
No of children (n=330)	
1	50 (15.2)
2	50 (15.2)
3	69 (20.9)
4	67 (20.3)
5	35 (10.6)
6	15 (4.5)
7	9 (2.7)
8	4 (1.2)
9	2 (.6)
10	1 (.3)
11	28 (8.4)

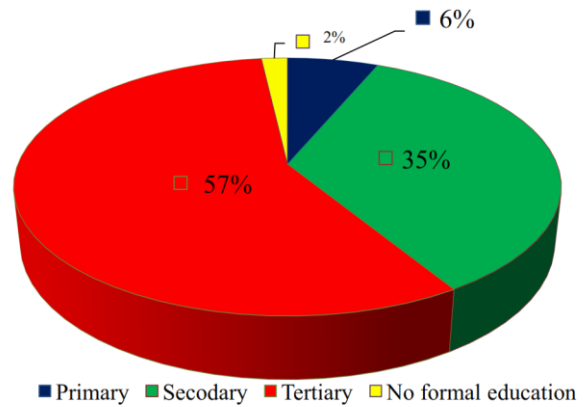


Figure 1:
Respondents' level of education

Table 2:
Respondents' source of information on sexuality education

Source of information on sexuality education (n=330)	Frequency (%)
Books	168 (32%)
Electronic Media	130 (25%)
Conference	80 (15%)
Friends	72 (14%)
Parents	55 (10%)

What do you think is sexuality education (n=231)

Sexuality Education is about sex, STD, and teenage pregnancy	110 (47.6)
Sexuality Education is about morality, abstinence, self-control	54 (23.3)
Sexuality Education is about sexual relationships, values and emotions	30 (12.9)
Sexuality Education is about human reproduction and body development	27 (11.6)
All of the above	10 (4.3)

Respondents' view on the importance of sexuality education (n=1598)*

To reduce Teenage pregnancy and Abortion	280 (18)
To reduce STI and HIV/AIDS	266 (17)
To reduce sexual assault	234 (15)
To give more insight into human reproduction	216 (14)
Free flow of parent communication	205 (13)
To reduce the effects of drugs, alcohol and tobacco abuse	202 (13)
All of the above	189 (12)
None of the above	6 (0.37)

Parents' opinion on the age SE should be started

<3	11 (.4)
3-5 Years	28 (9)
6-12 Years	160 (52)
13-18 Years	97 (31)
>18 Years	13 (4)

*Multiple responses

Table 3:

Sexuality Education Topics that should be part of the curriculum and discussed with children

Topics approved by parents to be part of every school's curriculum (n=309)	Frequency (%)
STDs & HIV/AIDS	256 (8.72)
Puberty	250 (8.51)
Personal safety	248 (8.45)
Teenage pregnancy & parenting	247(8.41)
Sexual problems and concerns	242 (8.24)
Dealing with peer pressure	240 (8.17)
Sexual decision making	230 (7.83)
Reproduction and birth	218 (7.43)
Sexual coercion & assault	216 (7.36)
Effects of drugs, alcohol and tobacco	213 (7.25)
Birth control methods	207 (7.05)
Family types and roles	198 (6.74)
All of the above	170 (5.79)
Others	1 (0.03)
Possible topics parents discuss with their children	
Abstinence	207 (13.2)
Dealing with peer pressure	205 (13.1)
Relationship matters	200 (12.8)
Puberty	187 (11.9)
Contraception	142 (9.1)
Sexual health	176 (11.2)
Human development	169 (10.8)
Society & culture	154 (9.8)
All of the above	118 (7.5)
Others	1 (0.1)
Possible topics parents discuss with their children	
Abstinence	207 (13.2)
Dealing with peer pressure	205 (13.1)
Relationship matters	200 (12.8)
Puberty	187 (11.9)
Contraception	142 (9.1)
Sexual health	176 (11.2)
Human development	169 (10.8)
Society & culture	154 (9.8)
All of the above	118 (7.5)
Others	1 (0.1)

*Multiple responses

Parents' poise when talking sexuality matters: Majority of the respondents (97.0%) agreed that teaching SE was not against their religious belief and more of the respondents (94%) were of the view that SE will not lead to promiscuity. The reasons adduced for this included: SE will enhance self-control among the educated children (37.6%); SE will help children especially older ones to apply caution and preventive

measures in sexual relationships (23.8%) and SE will instill the fear of God in the children (17.9%). Of those who agreed that sexuality education will lead to promiscuity, 2.6% said it would cause children to go astray while about 2.1% were of the opinion that sexuality education would encourage early sexual initiation and experimenting.

Table 4:

Parents teaching methods and frequency of teaching SE and the reasons for promiscuity

Methods used to teach SE (n=400)*	Freq (%)
Verbal One on one	238 (59.5)
Books & magazines	79 (19.7)
Media	47 (11.7)
Pictures	34 (8.5)
Others	2 (0.5)
Teaching frequency (n=265)	
As occasion arises	144 (54.3)
Daily	44 (16.6)
Weekly	44 (16.6)
Monthly	19 (7.1)
Bi-monthly	8 (3.0)
Annually	4 (1.5)
Bi-annually	2 (0.7)
Reasons for promiscuity (n=189)	
Disagree	
It rather enhances self-control	71 (37.6)
It will instill the fear of God in them	34 (17.9)
It will enable children especially older ones to apply caution and preventive measures in sexual matters	45 (23.8)
It will help them to develop good reputation and integrity in the society	30 (15.8)
Agree	
It will lead majority to go astray	5 (2.6)
It will encourage them to early sexual initiation/experimenting	4 (2.1)

*Multiple responses

The results also established a relationship between respondents' monthly income, level of education, age of the respondents, occupational status and religious and cultural beliefs of respondents and the teaching of SE. The high-income earners were more engaged in the teaching of sexuality than the low-income earners, likewise those with tertiary level of education practiced SE more than others, younger parents were more involved in the practiced of sexuality education than others. It was also established that occupational status determines the practice of SE among the respondents' and religious and cultural beliefs of respondents is significantly related to the practice of sexuality education among the respondents' (Table 5)

Table 5:

Relationship between some socio-demographic characteristics and Parents practice of sexuality education

Socio-demo characteristics	Practice of sexuality education by parents		Test of significance	
	Yes=265 (80.3%)	No=44 (13.3%)	X ² -value	*P-value
Age				
20-30	76 (100)	-		
31-40	108 (100)	-	3.353	0.00
41-50	75 (85.2)	13 (14.8)		
51-60	4 (8.9)	31 (68.9)		
61-70	2 (15.4)	-		
Level of education				
Primary	15 (71.4)	3 (14.3)		
Secondary	86 (74.8)	15 (13.0)	34.197	0.00
Tertiary	163 (86.7)	23 (12.3)		
Non-formal	1 (16.7)	3 (50.0)		
Occupation				
Civil servants	127 (86.4)	19 (12.9)		
Business	102 (75.0)	17 (12.5)	17.793	0.007
No job	31 (75.6)	7 (17.1)		
No response	5 (83.3)	1 (16.7)		
Income earners				
< 18,000	28 (65.1)	10 (23.3)		
18,000 – 30,000	37 (74.0)	5 (10.0)		
31,000 – 50,000	23 (79.3)	5 (17.2)	20.113	0.028
51,000 – 100,000	24 (85.7)	3 (10.7)		
>100,000	95 (86.4)	13 (11.8)		
Beliefs / culture				
Against parents believes	9 (100%)	-	3.316	0.00
Not against parents believes	256 (85.3%)	44 (14.7%)		

*significant (p<0.005)

DISCUSSION

The results of the study showed that majority of the respondents had heard of sexuality education. This may be due to the fact that in the last three decades the issue of sexuality education has been in the public domain most especially since the advent of HIV/AIDS and its adverse effects on the health and life of young persons in Nigeria. Majority of the respondents reported that they got information on SE from books, this is corroborated by the findings of Liu, Campen, Edwards & Russell (2011) which revealed that the source of information of SE by majority of the respondents was professional magazines. The results also showed that many of the respondents viewed SE as education that is mainly about sex, sexually transmitted diseases (STDs) and teenage pregnancy. This may be due to the fact that after the advent of HIV/AIDS, most reproductive health education programs focused on sex and STDs, which is just a part of SE. The finding in this study show that SE will help to reduce teenage pregnancy, abortion, sexual assault, sexually transmitted infection (STIs) and HIV/AIDS. This finding is corroborated with other findings among parents, which revealed that sexuality education makes it easier for parents to talk to their adolescents about sex (Ogunjimi, 2006; Eko, Abeshi, Kalu, Uwanede & Dominic, 2013).

Also, virtually all the respondents approved the teaching of SE in schools. This could be because after the advent of HIV/AIDS and the overwhelming evidence of a decline in the age of sexual experience among adolescents contrary to accepted moral and cultural values (Okonofua, 2000; Okpani and Okpani, 2000) many parents began to have a contrary view on their pre-HIV/AIDS-advent-stand about SE. This finding was found to also agreed with Akande & Akande's (2007) study which revealed that all their respondents agreed that SE should be thought in schools.

A little above half of the parents agreed that SE should be started between the age of 6-12 years. This could be because there has been a decline in the age of unprotected sexual activities among adolescents in Nigeria (Okpani and Okpani, 2000; Akande and Akande, 2007). This result agreed with a previous study in Canada which revealed that 62% of parents had begun discussions with their eldest child who was between the ages of 3 and 15 (Sieswerda & Blekkenhorst, 2006) but is at variance with Abiri (2009) and Eko et al (2013) whose respondents were of the view that SE should start at the age of 10 and 14 years respectively.

Respondents were asked what SE topics should be included in the school curriculum. Only 6% agreed that all topics should be part of it including: personal safety (8.4%); puberty (8.5%), STDs and HIV/AIDS (8.7%). This is at variance with other studies conducted in the United States of

America (USA), United Kingdom (UK) and Canada which showed that over 90% of parents do not only support SE in schools but also support a wide range of topics including sexual relationships (Baumrind, 2007). In addition, a study in Sweden revealed that their approach to SE emphasized common values such as personal integrity, gender equality, communication, and non-violence (Hodzic, 2003) while that of Australia is more like other western countries where values such as fairness, equality, freedom, truth, and peace of mind are the main emphasis (Halstead and Reiss, 2003).

This study revealed that majority of the respondents actually discussed sexuality education with their children. This is at variance with previous studies which revealed that parents had never spoken with their children about abstinence or about methods of birth control which is part of SE; this is because many parents face challenges in discussing relationships, development and sex and many do not have the information that young people need (Pazol, 2011; Hyde, Carney, Drennan, Butler, Lohan & Howlett, 2009). The study also revealed that peer pressure; abstinence, puberty, sexual health and human development top the list of topics parents discussed with their children. This agreed with the assertion that a great amount of health education begins in the family (Shtarkshall, Santelli & Hirsch, 2007). Studies have also revealed that parents use their experiences to decide the topics they will share with their children (Denman, Gillies, Wilson & Wijewardene, 1994). In another study, the findings showed that parents were in favour of schools providing information to young people on sexual health topics that included sexual development and puberty, reproduction, healthy relationships, prevention of STIs and HIV/AIDS, birth control including abstinence, sexual orientation, and sexual abuse/coercion, deeper meanings and implications of sexual relationships, including a moral standpoint (Anonymous, 2009; Kakavoulis, 2001; McKay, 2004).

More parents in our study taught SE to their children through verbal communication followed by books, magazines, media and pictures, internet and the church. This shows that many methods were employed by parents in this study to teach their children SE which was supported by the finding of Akinwale and his team which stated that most of their respondents freely discussed sexual health issues with their children at home regularly (Akinwale et al, 2009). This finding also agreed with a previous study in Northern Ireland and India which revealed that majority of parents approached the subject of sexuality with their children using one or more approaches which included: the use of text-based materials; intermittent and opportunistic communication; and the wake-up call (Hyde, Carney, Drennan, Butler, Lohan & Howlett, 2009; Mahajan and Sharma, 2005). This study also showed that more of the parents discussed SE with their children only when the need arises and only few discussed this daily and weekly. This agreed with Hyde et al's findings in Northern Ireland where it was found out that parents used opportunistic approaches or 'teachable moments' to discuss sex and sexuality with their children (Hyde, Carney, Drennan, Butler, Lohan & Howlett, 2009).

This study also showed that virtually all the respondents agreed that the teaching of SE was not against their religious beliefs. This is corroborated by the findings of Makol-Abdul,

Nurullah, Imam and Rahman (2009) in Malaysia, which revealed that parents supported the teaching of SE in schools as long as it had an Islamic view (Makol-Abdul, Nurullah, Imam & Abd. Rahman, 2009). Also in this study majority of the respondents were also of the view that sexuality education will not lead to promiscuity and the various reasons adduced for this shows that the previous fears expressed in the past by parents about SE are gradually fading away especially in Africa. Even though our study still showed that there are some respondents who still hold the previous negative views of SE. However, studies have proven that most fears expressed by those who are against SE are mere sentiment and as such are never real (Jones, 2011; Godswill, 2012). This also calls for the need to still intensify education and provide the necessary information to parents to clear the gray areas about SE which most developed countries of the world have been able to clear.

A relationship was established between respondents' monthly income and the teaching of SE to their children. This agreed with previous findings which showed that higher levels of income was associated with sexuality education and sexuality which in turn strongly predicted parents' teaching of sexuality education to their children (Gonzales, & Rolison, 2005; Wenli; Van Campen, Kali, Edwards, Carolyn, Russell, Stephen, 2005). A relationship was also established between respondents' level of education and the teaching of SE to their children. This was corroborated by the findings of Akers, Holland and Bost (2011) among parents in a suburban setting in Ibadan which showed that the level of SE communication was found to increase with parents' level of education (Akers, Holland & Bost, 2011) but it was found to be contrary to a study conducted by Namisi et al in Tanzania which showed that parents' educational qualifications did not significantly influence their sexual communication (Namisi, Flisher, Overland, Bastien, Onya, Kaaya & Aaro, 2009).

There was also a significant relationship with respondents' age and the teaching of SE to their children. This is different from the findings of Olakunbi & Akinjide (2010) and Moore & Rosenthal (2006), which showed that the age of parents does not significantly influence parent child sexual communication (Olakunbi & Akintomide, 2010). A relationship was also established between respondents' occupational status and the teaching of SE to their children which is contrary to that of Ojo et al 2011 which showed that there was no relationship between parents' occupation and the teaching and communication of SE with their children. Also a relationship was established between the religious and cultural beliefs of respondents and the teaching of SE. This may be due to the fact that culturally, parent-child discussions about sexuality were not common in Nigeria in the past but with the advent of HIV/AIDS a lot has been achieved in correcting the negative stance of the society about it, as every institution and means is being employed to pass the message on the risks involved in early and unprotected sex among young people. This is however, not in agreement with previous studies which showed that the religious and cultural affiliation of the respondents' is a significant predictor of silence on SE among some of the respondents in their studies (Mbugua, 2007; Namisi, Flisher, Overland, Bastien, Onya, Kaaya & Aaro, 2009; Izugbara, 2008).

In conclusion, the teaching of sexuality education is paramount to the development of our society. This study showed that majority of our respondents had a poor understanding of the concept of sexuality education; there is the need for continuous enlightenment targeting parents and using available media resources. The significance of parents participating in educating their children on sexuality issues cannot be over emphasized because of the benefits associated with it. These benefits include prevention of STIs, sexual assault, teenage pregnancy and abortion and non-usage of drugs, alcohol and tobacco. Our study further showed that the teaching of SE to children by parents is dependent on age, occupation, social and educational status; it is therefore imperative that parents have the right skills and knowledge to teach their children about sexuality education. The following recommendations are hereby proposed:

1. Since most of the parents barely understood the concept of sexuality education, seminars and workshop including educative programmes via both print and electronic media should be encouraged by government, non-governmental organizations and other concerned entities.
2. From our study, the higher the socio-economic status of parents, the more informed they were in discussing sexuality education with their children. Government should create a conducive environment that will encourage more people to strive economically.
3. Parents should also be encouraged to crave for personal development bearing in mind that they are to set a standard for their children.

Parents should not limit teaching sexuality education to only one method but should in addition employ the use of books and the media.

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