PARENTS’ PERCEPTION, ATTITUDE AND PRACTICE TOWARDS PROVIDING SEX EDUCATION FOR ADOLESCENTS IN ETO-OSA LOCAL GOVERNMENT AREA LAGOS, NIGERIA

**Olaoye Titilayo**¹, **Makinde Bose**², **Kukoyi Olasumbo**³ & **Oluyinka Ayomide**⁴

¹³⁴ Department of Public Health
Babcock University, Ilishan Remo, Ogun State Nigeria.
² Department of Social work
Babcock University, Ilisan Remo, Ogun State Nigeria.

**Email:** Olaoyet@babcock.edu.ng

Abstract

The failure of parents to discuss sex related issues openly with adolescents have several unfortunate consequences. This study assessed parents’ perception, attitude and practice towards providing sex education for their adolescents. The study employed cross sectional design. Three hundred and seventy three respondents were selected using multi-stage sampling. A validated questionnaire was used for data collection. Data was subjected to descriptive and inferential statistics. The parent’s perception toward providing sex education was low, likewise their attitude. While Parent’s practice of providing sex education to their adolescent was moderate. There was a significant relationship between religion and perception of parents towards sex education. It is recommended that parents should improve communication in the home that would promote healthy informed choices among adolescents.

Keywords: Parent, Perception, Attitude, Sex education, Adolescents

Introduction

Sexual health is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (WHO 2004). Sex is an explosive subject which people desperately want answers to related problems (Olubayo-Fatiregun, 2012). It is so vital that adolescents seek information from whatever sources that are available good or bad (Olubayo-Fatiregun 2012). Adolescent’s knowledge and attitude about sex influences the decisions towards adopting a healthy sexual lifestyle. The failure of adults to discuss sex related issues openly with young people have several unfortunate consequences such as social consequences, psychological and emotional consequences, sexual abuse, school dropouts, etc (Konwea, & Mfekemfon 2015). Consequently, the “sex talk” is often one of the most challenging conversations for parents and children during adolescence. Research has established that parent-adolescent communication about sex can greatly reduce adolescents’ sexual risk (Guilamo-Ramos, 2012).

Sex education which is sometimes called sexuality education (SE) or sex and relationships education is the process of assimilating information and developing attitudes and perceptions about sex, sexual inclination, relationships and intimacy (Avert,2010). It is also about nurturing young people’s skills to enable them make
informed choices regarding their behaviour, and also acquire the necessary confidence and competence to act on these choices (Avert, 2010).

Furthermore, Onyemelukwe (2013) reported that in contemporary time, Nigerian adolescents have joined the sex revolution in Europe and America. The adolescents are exposed to sexual stimuli through magazines, television and the movies to a greater extent compared to earlier times, thereby creating a general trend towards a liberated attitude and values that encourage open discussion on sexuality, once considered a taboo (Ifeoma & Emanuel 2015). Communication of sexual education between parents and adolescents is one of the strategies that could encourage adolescents to delay sexual debut or avoid unprotected sexual intercourse (Gathii, 2015). However, parents and their adolescent children do not often communicate about sexual matters, and even where discussions occur, parents provide scanty information about sexual matters (UNFPA, 2000).

Sexual activities among adolescents have reported to be increasing worldwide. Several studies in Sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents (WHO, 2001). Today, the problems resulting from the lack of sex education among adolescents are numerous they are unwanted pregnancies, increase rate of abortion, high incidence of sexually transmitted diseases and high rate of sexual promiscuity (Peter & Abu, 2006). Casual observation shows that parents spend insufficient time with their children. Some parents would even travel to distant places, leaving the children at the mercy of nannies and guardians. Such children lack parental care and attention and may end up becoming delinquent and most often would engage in early sexual intercourse even among themselves. (Peter, & Abu, 2006)

Most information from their patchy knowledge comes from peers of the same sex who may themselves lack adequate information or are incorrectly informed (Adeoye, Ola & Aliu 2012). Provision of sex education by parents to adolescents has not been as straightforward as one may think (Anderson, 1999; Walker 2001; Omar,2003) because, Parents have often been thwarted in the sexual education they give their children; the majority of studies reports feelings of embarrassment and discomfort (Dilorio,1996).

However, despite the increasing sexual problems parents and schools are still not providing adolescents with proper information of sex education. This study therefore assessed the perception, attitude and practice of parents towards providing sex education for adolescents in Eti-Osa Local Government Area of Lagos State.

Research questions:
1. What is the attitude of parents towards providing sex education?
2. What is the perception of parents towards providing sex education?
3. Do parents practice sex education with their adolescents?
**Research hypothesis:**
There is no significant relationship between religion and perception of parents towards providing sex education for their adolescents.

**Research methodology**

**Research design**
The study employed descriptive cross sectional design.

**Study population**
The population for this study comprises of parents found in religious institutions in Eti-Osa Local Government Area of Lagos, Nigeria.

**Sample size determination**
The sample size is calculated using the formula Cochran (1963:75) below because the population is more than 10,000: 

\[ n = \frac{z^2 pq}{d^2} \]

where, 
- \( n \) = the desired sample size (when population is greater than 10,000) 
- \( Z \) = Standard normal deviate set at 1.96 which corresponds to 95% confidence level. 
- \( P \) = Proportion of persons in the population with factors under study. The estimate is 50% (i.e. 0.5), 
- \( q \) = Proportion of persons in the population without factors under study (i.e. \( q = 1.0 - P \)), 
- \( d \) = degree of accuracy desired = 0.05.

\[ n = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2} = \frac{0.9604}{0.0025} = 384.16 \]

Therefore the desired sample size = 384 parents, but will be rounded up to 400 parents to take care of no response from the respondents.

**Sample technique**
Multi-stage sampling technique was used to select 16 religious centers in the Local Government.

**Instrumentation**
The questionnaire has an Alpha Cronbach score of 071 and it was divided into five sections.
- **Section A:** Demographic characteristics,
- **Section B:** Perception of parents towards providing sex education to their adolescents. A five point Likert scale was used and seven questions was asked.
- **Section C:** Attitude of providing sex education by parents to adolescents, a five point Likert scale was used and seven questions was asked.
- **Section D:** Practice of providing sex education by parents to adolescents. Five questions were asked.

**Data collection procedure**
There were research assistants and representatives of the different churches and mosques who helped the researcher with the distribution and collection of the questionnaires. The period of data collection lasted for two weeks because the total
number of parents required at each venue needed were not available at once. Biros and pencils were provided for respondents who had none and respondents were asked not to write their names or any form of identification on the questionnaire to ensure anonymity. Some parents were willing to fill the questionnaires while some were not.

Data analysis
The data collected was coded and entered using the computer software programme statistical package for the social sciences (SPSS version 22.0). Data was summarized using charts and table, Pearson correlation was used to test the research hypothesis.

Ethical consideration
Ethical approval to carry out the study was obtained from Babcock University Health Research and Ethics Committee. The purpose of carrying out this research was explained to the respondents and they were assured of utmost confidentiality. Informed consent: informed consent forms was shared to the participants and anyone that signed was included in the study. Privacy and respect for human dignity was also considered to ensure confidentiality.

Freedom from harm: only those who agreed to sign the informed consent form was included in the study. Participants were assured of anonymity and freedom from any form of harm as a result of their participation. Anyone that wished to opt out of the study was free to do so at any stage of the study without any adverse effects following their decision.

Result
The parent’s perception toward providing sex education measured on a 35 points rating scale showed that the respondent’s scored a mean of 12.94 ±3.05. This indicates that the perception of parent toward providing sex education is low. Also, the attitude of parents toward providing sex education measured on a 35 points rating scale showed that respondent’s scored a mean of 12.38 ± 3.02. This indicates that the respondents had negative attitude towards providing sex education to adolescents. Parent’s practice of providing sex education to their adolescents measured on a 15 points rating scale showed that the respondent’s scored a mean of 7.62 ±2.41. This implies that the practice of providing sex education to adolescents is moderate. (See table, 1).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Maximum point on scale measure</th>
<th>μ(SE)</th>
<th>±SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s Perception</td>
<td>35</td>
<td>12.94(0.15)</td>
<td>3.05</td>
</tr>
<tr>
<td>Parent’s Attitude</td>
<td>35</td>
<td>12.38(0.16)</td>
<td>3.02</td>
</tr>
<tr>
<td>Parent Practice of sex education</td>
<td>15</td>
<td>7.62 (0.12)</td>
<td>2.40</td>
</tr>
</tbody>
</table>
Table 2 showed a significant relationship between religion and perception of parents towards sex education in Eti-Osa Local Government (r=0.776, P<0.02).

**Table 2: Pearson Product Moment Correlation showing the Relationship between Religion and Perception of Parents towards Sex Education in Eti-Osa Local Government Area.**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>N</th>
<th>R</th>
<th>P</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>1.38</td>
<td>0.48</td>
<td>373</td>
<td>0.776</td>
<td>0.02</td>
<td>Sig</td>
</tr>
<tr>
<td>Perception towards sex education</td>
<td>2.39</td>
<td>1.28</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* P< 0.02

**Discussion**

Parents had negative attitude towards providing sex education for adolescents. This finding is in tandem with the report of Olubayo-Fatiregun (2012) in Akoko-Edo & Estako-West Local Government Areas, Edo State, Nigeria where parents had negative and poor attitude. They felt that adolescents should not be encouraged in obtaining reproductive health services because traditionally unmarried adolescents are not expected to initiate sexual activities until they are married. This attitude of parents towards adolescents having access to reproductive services will therefore prevent parents from providing sex education to adolescents in the first place.

Furthermore, the parents provide moderate sex education for adolescents. This finding is to the report of Wilson, (2010) that, parents have reported that, they feel embarrassed when discussing about sex related issues making it difficult to know what to say to adolescents. However, Beckmeyer, (2016) revealed that, parents were avoiding discussions with adolescents on sex. This explains why some adolescents seek for sexual health information from their peers. There is a significant relationship between religion and perception of parents towards sex education. The finding is in support with the findings of Eko (2013) in a study conducted in Kano state in Northern Nigeria which revealed that parents have a negative perception of sexuality education. This may be because of their religious beliefs influence the way one view things.

**Conclusion**

The study revealed that there is a significant influence of perception and attitude of parents towards providing sex education for adolescents. Adequate care and support programs on sex education is important from all stakeholders in the education and health institutions in order to create a positive attitude for parents towards providing sex education to their adolescents. There is also a need for parents to be educated on the contents of sex education and how to address the issues of discomfort or embarrassment when providing sex education to adolescents. These findings suggest the need for research and educational programs for parents in order to promote sex education amongst adolescents and reduce the prevalence of unwanted pregnancies, unsafe sexual
practices, HIV/STIs, school drop outs, sexual promiscuity etc.

References


