

**FACTORS INFLUENCING THE ATTITUDE OF TEACHERS TOWARDS  
SEXUALITY EDUCATION FOR NURSERY AND PRIMARY SCHOOL  
PUPILS IN IBADAN SOUTH EAST LOCAL GOVERNMENT,  
OYO STATE**

**BY**

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## ABSTRACT

Implementing sexuality education for primary school children in Nigeria has been challenging because of the cultural and religious sensitivity of the country to such issues. The focus of sexuality education has been on secondary school students. This makes it difficult for primary school teachers to adopt sexuality education as part of the curriculum. There is need to investigate attitude of teachers towards sexuality education especially in the study area where there is dearth of information regarding the subject matter. This study investigated the factors influencing the attitude of teachers towards sexuality education among primary school pupils in Ibadan South East Local Government Area, Ibadan Oyo state.

This study is a descriptive cross-sectional design. A multistage sampling technique was employed and a sample of two hundred (200) teachers of primary school from Nursery one to Primary six participated in the study. A validated semi-structured questionnaire was used for data collection. Knowledge was measured on a 12-point scale; score of  $< 4$  was classified as poor, 4-8 as fair and  $> 8$  as good. Perception score was scaled 13-point scale;  $\geq 7$  for positive perception and  $< 7$  for negative perception. Attitude score was scaled between 13-point scale;  $\geq 6$  was assigned "positive attitude" and  $< 6$  as negative perception. The data was analyzed using descriptive and inferential statistics test at  $p \leq 0.05$ .

Respondents' mean age was  $36.3 \pm 11.5$  years, majority (77.6%) of the respondents were female, majority (71.2%) were Christians and 72.7% were married. Mean knowledge score was  $8.7 \pm 2.0$ . Respondent with poor, fair and good knowledge on sexuality education were 2.0%, 42.5% and 55.5% respectively. Majority (75.3%) correctly said sexuality education does not teach children on how to have sex. The mean perception score was  $6.6 \pm 2.0$ ; 30.5% of the respondent had a positive perception towards sexuality education among primary school pupils. Almost all (91.4%) of the respondents (91.4%) agreed with the statement that teaching sexuality education reduces the rate of child sexual abuse. The mean attitudinal score was  $9.1 \pm 2.4$ ; 87.0% of the respondents had a positive attitude towards sexuality education among primary school pupils. Some 43.0% said that they do not have the training required to teach sexuality education, Most (81.2%) said there was no reward for any teacher that teaches sexuality education for primary school pupils. Some 42.4% said sexuality education is not part of the curriculum. The ethnic

group and the years of teaching practice of the respondents were found to be significantly associated with the respondents' attitude of sexuality education to primary school pupils. The association between the knowledge and attitude scores of the respondents were found to be statistically significant ( $P=0.05$ ).

Lack of training, non- inclusion in the curriculum, and lack of reward were major factors influencing the attitude of teachers in teaching sexuality education for primary school pupils. Hence, there is a need to review the existing curriculum, organise training and provide specialised incentives for teachers in order to address the different factors influencing teachers' attitude towards sexuality education to primary school children.

**Keywords:** Perception, Knowledge, Attitude, Teachers, Sexuality education

Total words: 492

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## **DEDICATION**

This work is dedicated to the Almighty God for His Grace and Mercy towards me and for enabling me to start and complete this programme successfully.

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## CERTIFICATION

I certify that this research work was carried out by POPOOLA Ibukunayo Mary in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Oyo state, Nigeria.

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## GLOSSARY OF ABBREVIATIONS

AIDS – Acquired Immunodeficiency Syndrome

AVERT – Antivirus Emergency Response

CDC – Center for Disease Control

FLE – Family Life Education

HIV- Human Immune-deficiency Virus

ICT – Information Communication Technology

IPPF – International Planned Parenthood Federation

NARHS – National Auto Racing Historical Society

NCI – National Cancer Institute

NPC – National Population Commission

SE – Sexuality Education

SRH – Sexual and Reproductive Health

STD – Sexually Transmitted Disease

TV - Television

UNESCO – United Nations Children’s Fund

UNICEF – United Nations Educational, Scientific and Cultural Organization

WHO – World Health Organization

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the study

Sex education is a comprehensive and systematic development program extending from infancy to maturity (Akande and Akande, 2007). Sexuality education (SE) is one of the major tools in preventing child sexual abuse, teenage pregnancy, emotional issue (e.g low self-esteem, depression, anxiety etc. Sexuality education is a comprehensive and systematic development program extending from infancy to maturity (Akande et al., 2007). The need for sexuality education in schools has become indispensable in today's contemporary society. ((Eko, Abeshi, Osonwa, Uwanede, and Offiong, 2013). There is danger in not empowering children on sex education during their impressionable years. This is because the strength of a sex predator is the ignorance of a child. But once the child is adequately equipped with the right appropriate knowledge about sex, it would then be impossible for a predator to molest that child (Fowowe, Punch Newspaper 2016). If the teachers, parents or public health professional are to make an impact on children and young people before they become sexually active, comprehensive sexuality education must become part of the formal school curriculum, delivered by well-trained and supported teachers.

Teachers remain trusted sources of knowledge and skills in all education systems and they are a highly valued resource in the education sector (UNESCO, 2009). The Nigerian population policy stated that programs will be developed to meet the needs of youth, taking into account the dominance of youth in the population, and that population and family life education will be incorporated into formal and vocational training to assist young people prepare themselves for responsible parenthood. The National population policy also stated that priority would be given to the training of specialists and teachers in population education, who in turn will disseminate such relevant population education issues to the majority of the population (Federal Republic of Nigeria, 1988). It is therefore obvious that teachers have a major part to play in the implementation of the population policy (Olukoya, Oyedeji and Johnson 2012). Research highlighted that teachers do have concerns about various factors that affect their willingness to teach sexual health education which makes them less willing to teach sexual health education. Various concerns were also revealed in the literature. These include personal discomfort, conflict with personal beliefs,



availability of resources and lack of training and pedagogical knowledge (Cohen, Byers & Sears; 2012, Sambucharan; 2013).

It was found out from psychologist that some children start having immature sexual feeling from a young age. We have a choice to make: leave children to find their own way through the clouds of partial information, misinformation and outright exploitation that they will find from media, the Internet, peers and the unscrupulous, or instead face up to the challenge of providing clear, well informed, and scientifically-grounded sexuality education based in the universal values of respect and human rights (UNESCO, 2009). They might get the wrong information from this source; some of them can even get sexually violated from this source (peers, internets, uncles/aunties, house maids, driver).

Meanwhile child sexual abuse is a major problem that can transcend into other greater problem in adulthood. Since most of the cases of child sexual abuse doesn't get to disclose what happen to them early enough. It is preferable to prevent it than trying to rehabilitate them after occurrence and that is for children that are open about it. The young people are becoming more promiscuous because of foreign influence, the media, and the internet (Lim and Kui, 2006). In a survey, boys as young as nine years old said they have experience of having sex (Lim and Kui, 2006). A study conducted by Microsoft in 2003 has shown that children rarely receive adequate information on sexual matters from their parents (Microsoft Corporation, 2003). Consequently, the schools have been laden with this responsibility but the challenge is, are teachers well equipped to take up this responsibility. Therefore the goal of this research is to investigate the factors influencing the attitude of teachers towards sexuality education for primary school children in Ibadan South east

## **1.2 Statement of the problem:**

Nigeria's projected population for 2016 is slightly above 190 million. Fifty percent of this population are children below 18 years. Negative and irresponsible attitude to sex have resulted in abortion, child abuse, child neglect, child abandonment, sexually transmitted infections, illegitimacy and unhappy family life. Others include school dropout, teenage pregnancy and armed robbery. This is not only sad but dangerous to modern life. Tradition imposes sanctions in the form of taboos among other restrictions which inhibit or regulate sex and sexuality to the anguish of the youth and curious adults. Modern science and technology have over-exposed children to the experiences of sex and sexuality and many children "mate out of season" (Esuabana, 2017).

Nowadays, children are exposed to a lot more of sexual content and information since their environment is constantly being bombarded by it. In today's society, children receive messages about sexuality from many different sources including their parents and other family members, their peers, the media and teachers (Savitri, 2015). Sadly, sex education is yet to attract required attention to education policy makers and curriculum planners and its introduction to primary school is yet to be accorded priority (Esuabana, 2017). The importance of understanding the need for sex education in the primary schools is especially relevant now as our children are quite vulnerable to various forms of sexual abuse. Child sexual abuse is a universally problem with grave life- long outcomes. The World Health Organization has estimated that 73 million boys and 150 million girls had experienced various form of sexual violence in their life time. (WHO, 2014). Highest prevalence (34.4%) of child sexual abuse in Africa (Wihbey et al, 2013). Girl Child Marriage is a social problem in Nigeria and it is predominantly practiced in the northern part of the country. Nineteen percent of girls are married at 15 and Forty three percent by the age of 18 (NARHS,2003). If sexuality education is delayed till adolescent most of this children that get married early may get to know about sexuality only through practice which may be dangerous to their health.

Teachers play a vital role in ensuring that students develop skills to assist them in making informed choices and to help them to protect themselves from sexual abuse, unintended pregnancies and sexually transmitted diseases such as HIV and AIDS (Emmanuel, 2015). The effectiveness of school based sexuality education depends on, among other factors, the skill and performance of teachers who implement it (Araoye, 2004). Furthermore, studies have shown that the extent to which teachers implement the school-based Sexuality education curriculum is to a large extent dependent upon their perception and is influenced by their attitude towards it (Aniebue, 2007). Indeed one of the cardinal features of an effective Sexuality education programme is the degree to which teachers are willing to show positive attitude towards teaching it (Oladepo, 1991).

There is an urgent need of sex-education through proper organization of educational system. There is much importance of sex-education as a means of developing healthy attitudes among children. The scenario is quite changed now today where children are much more intelligent, alert, curious and conscious of the fact that their parents and elders talk some secret behind them. They want to know the secret. If the secret is concealed from them they may take some wrong approach and

develop undesirable habits. School teachers are so much traditional and orthodox in their outlook that they do not see imparting sex-education as a noble work. Sometimes children satisfy their instincts and get mythical information about sex from sources such as servants, friends, relatives, and T.V. programs etc., this information may be incorrect and could have spurious effect on them (Esuabana,2017). Furthermore, studies have shown that the extent to which teachers implement the school-based SE curriculum is to a large extent dependent upon their perception and is influenced by their attitude towards it (Aniebue, 2007).

As teachers are a vital resource for providing sexuality and sexual health education. The paucity of information on the factors influencing their attitude as regards sexuality education for primary school pupils leaves an important gap in our understanding of the features and factors which are most favourable to the effective delivery of sexuality and sexual health education to primary school pupils. With the exception of research related to the implementation of sexuality education among secondary school student (adolescent), It was found out that there are limited published research focused on factors influencing the attitude of teachers as they relate to the teaching of sexuality and sexual health topics within the primary school system and even less so in the South eastern part of Ibadan, Nigeria.

### **1.3 Justification**

In Nigeria, a confluence of cultural, religious and geographical factors creates a sensitive environment where issues of sexual and reproductive health have remained highly a taboo for decades (Mack, 2011). Although, Family Life and HIV/AIDS Education has been introduced into school curriculum in Nigeria, a study claimed that sex education to the curriculum of both primary and secondary schools created a split opinion and was poorly perceived by as an obvious sign of collapse in moral principles in the society (Tuscany, 2012). It is a fact that in present scenario it is much required to teach children about healthy and positive sexual situations as well as life skills because children are exposed a lot more sexual content and information since their environment is constantly being bombarded by it. In today's society, children receive messages about sexuality from many different sources including their parents and other family members, their peers, the media and teachers. Literature widely acknowledges that teachers do play a critical role in this process since they are perceived to be credible and trustworthy sources of information about sexual health (Savitri, 2015). Meanwhile various research has been conducted on teachers attitude towards sexuality education for secondary school in Nigeria (Adegbenro,Adeniyi & Oladepo,

2006) and little research has been published on the subject of sexuality education for primary school teacher. Based on this my study population was primary school teacher

The importance of understanding the need for sex education in the primary schools is especially relevant now as our children are quite vulnerable to various forms of sexual abuse. Teachers play a vital role in ensuring that students develop skills to assist them in making informed choices and to help them to protect themselves from sexual abuse, unintended pregnancies and sexually transmitted diseases such as HIV and AIDS ( Savitri, 2015). Before taking any step towards sex education, it is most essential to study the factors influencing the attitude of teachers towards sexuality education. This is important because successful introduction of school-based sexuality education requires commitment on the part of school authorities, parental support, adequate resources and teachers' proficiency (Savitri, 2015). In view of all these considerations present study will highlight the factors influencing the attitude of teachers towards sex education for primary school pupils which will help Government and Non-Government organization to know the strategies to use in encouraging the implementation of sexuality education for primary school pupils.

#### **1.4 Research Questions**

1. What is the knowledge of teachers about sexuality education?
2. What are the perceptions of teachers towards teaching sexuality education to primary school children?
3. What is the attitude of teachers towards teaching sexuality education to children?
4. What are the factors influencing the attitude of teachers towards teaching sexuality education in primary school

#### **1.5 Objective of the study**

##### **1.5.1 Broad Objective**

To investigate the factors influencing the attitude of teachers towards sexuality education for primary school children in Ibadan South East Local Government, Ibadan Oyo state.

##### **1.5.2 Specific Objectives are to:**

1. Assess the level of knowledge of parents and teachers about sexuality education
2. Determine the perception of teachers towards teaching primary school pupils about sexuality education

3. Examine the attitude of teachers towards teaching primary school pupils about sexuality education.
4. Identify the factors influencing attitude of teachers towards teaching children sexuality education

### **1.6 Hypotheses**

There is no significant difference between the socio-demographic characteristics of teachers and their attitude towards sexuality education for primary school pupils in Ibadan south east

There is no significant difference between the knowledge of teachers and their attitude towards sexuality education for primary school pupils

There is no difference between the perception of teachers and their attitude towards sexuality education for primary school pupils

### **1.7 Variables of the study**

Independent Variables for this study

Socio Demographic Factors

Although Knowledge and perception of teachers are dependent variables but for this study they are independent variables.

Dependent Variable for this study

Attitude of teachers

## CHAPTER TWO LITERATURE REVIEW

### 2.1 Overview of sex education

Sex education is generally believed to be as old as man and it exists in various forms in our various cultures and sub-cultures (Esuabana, 2017). It is defined as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sex education provides opportunities to explore one’s own values and attitudes and to build decision- making, communication and risk reduction skills about many aspects of sex” (UNESCO, 2009).

The sex education is also defined as education which provides the learner an opportunity to have an access to authentic information and knowledge about the growth development and related physiological processes of male and female sex organ separately thus providing a strong sexual information and forming attitudes beliefs and values about identity relationship and intimacy” (Vashistha & Rajshree. 2012).

Kearney (2008) also defined sex education as: “involving a comprehensive 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 constitution.”

#### 2.1.1 Conceptual clarification on Sex education

Sex education may also be described as sexuality education which means that it encompasses education about all aspects of sexuality including information about family planning reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted diseases, how to avoid them and birth control methods (Collins, 2008). Sex education is a vital aspect of health education curriculum. It provides factual knowledge to assist parents and teachers, children and adolescents to avoid sex related problems. The knowledge also includes ways of helping children develop self-respect, sexual understanding, define the values of interpersonal relationships and strengthen communication skills in sex and education. This promotes a wholesome and stable sex life (Sule et al, 2015). There exists sound evidence on the benefits of child sex education as it contributes to improved knowledge and attitudes about sexual and reproductive health (SRH) and when used in combination with other actions, it can contribute to preventing early and unprotected sexual activity; (IPPF, 2009; UNESCO, 2009). Sex education is instruction on issues relating to human sexuality, including

emotional relations and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, safe sex, birth control and sexual abstinence. Sex education that covers all of these aspects is known as comprehensive sex education. Common avenues for sex education are parents or caregivers, formal school programs, and public health campaigns. 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). Sex education must start early before young people reach puberty and before they have developed courtship behaviors and established partners (Sule et al, 2015)

Primary school is a school in which children receive primary or elementary education from the age of about five to twelve, coming after preschool and before secondary school. Children under 15 years of age account for about 45% of Nigeria's population. According to current data, 30% of pupils drop out of primary school and only 54% transit to Junior secondary schools (UNICEF, 2005). This makes it dangerous to delay sexuality education to junior secondary school because some pupils could not proceed into secondary school because of early marriage. Especially in the Northern part of the country. Children are one of the vulnerable population of the country and they also have a right to know about their sexuality.

Formal education takes place in primary school, secondary school and at the tertiary level. Secondary schools usually offer general, technical, and vocational or university preparatory curricula (Meriam-Webster, 2013)

Potentially, schools provide a suitable, replicable and sustainable vehicle for the delivery of such education. Given their number and proximity to students, teachers can be best placed to deliver this education. Suitably trained and supervised peer educators can also provide useful support (UNESCO, 2007).

It is also essential to acknowledge that in some places attending school may, in itself, constitute risk behaviour, particularly, but not only, for girls who may be especially vulnerable to harassment, exploitation and abuse (including by teachers) both on the way to and at school. Addressing this kind of vulnerability demands commitment and resources that go beyond the scope of what is usually possible within classroom-based sexuality education programs. Nonetheless, interesting innovations have been undertaken and are described below. As well as having to compete in an already full curriculum, sexuality education does not have the same status as other academic



subjects, either for students or teachers. In part, this is because it is usually non-examinable. This lower status of sexuality education in schools is also a consequence of the potentially sensitive nature of its content (despite its importance to students' well-being). This is reflected in a lack of advanced training or associated career development for sexuality educators that may exist for teachers of other subjects. In the worst scenarios, teachers are simply expected to deliver sexuality education despite lack of training, experience or personal aptitude (Gordon, 2015)

### **2.1.2 Global overview of sexuality education**

Studies have shown that sex education help overcome social issues such as unintended pregnancies, prevention of STIs through education on contraceptive use. According to Steinberg (1996), sex education aims to reduce risks of potentially negative outcomes from sexual behavior and equips learners with life skills. It provides knowledge on how to prevent transmission of diseases such as HIV/ AIDS and other health problems. This, according to Forrester (2009), sexual education is a means by which they are being helped to protect themselves against abuse, exploitation, unintended pregnancies and sexually transmitted diseases. Adolescents have the right to access adequate information essential for their health, development and for their ability to participate meaningfully in society. Therefore, sex education has to be provided to the young people. As Briggs (2005), states that educational authorities that didn't provide sex education, such as New York, had the highest rates of teenage pregnancy. (Nyarko, Adentwi, Asumeng & Ahulu, 2014), studied on the parental attitude on sex education in Ghana and found out that more than half of the respondents are in favor of sex education. However, the result of this study cannot be generalized as they have small sample size.

Developing a healthy sexuality is a key developmental milestone for all children and adolescents that depends on acquiring information and forming attitudes, beliefs, and values about consent, sexual orientation, gender identity, relationship and intimacy. (Swartzendruber, 2010)

Toor (2012), states that sexuality education is required for adolescents to provide them positive direction, right information, which would avoid unnecessary worries and tensions. Toor's study about the attitude towards sex education found out that people with higher educational qualification favors such programs and the income of the household has less or no effect on the preferences over sex education. Similarly, Orji and Esimai (2003) mention that a majority of parents, teachers and students supported that sex education should be introduced in school



curriculum and it will help prevent unwanted pregnancies, parental transmission of HIV/AIDS infections and enhance healthy relationship between opposite sex. It will also provide the knowledge of sex interactions, consequences and responsibilities. In addition, it was also found that School and College children are positively inclined to accept formal AIDS education as a part of classroom teaching (Bhalwar&Jayaram,2003).

What is more shocking being that most sexual encounters among the youth are unsafe, with no protection against STDs and unwanted pregnancy (World Health Organization, 2007) Therefore, it is a fact that young people are at greater risk of acquiring STDs, particularly HIV/AIDS, than other age groups (Wong et al. 2008). The young people are becoming more unrestrained because of foreign influence, the media, and the internet (Lim and Kui, 2006). In a survey, boys as young as nine years old said they have experience of having sex (Lim and Kui, 2006). In addition, the absence of comprehensive sex education for youth enhances both the dangers that they will have unsafe sex and the possibility that they will have premarital sex without being sufficiently informed of the likely consequences (Bennett,2007).

Therefore, in reality of the present situation, the implementation of sex education in schools must be speeded up to tackle the problems related to promiscuity and unwanted pregnancies among young people (Lim and Kui, 2006). Although parents have the primary responsibility of educating their children, the public schools, supported by government policy and funds, have a substantial responsibility in providing information that addresses the physical, social, and emotional needs of our youths (Finer & Henshaw,2006).Likewise, Forrester(2009)suggests that it is now widely accepted that young people have a right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

In most of the community sex education programs are developed with the support of the community and without opposition. However, in a few communities, sex education is very controversial and becomes the source of considerable community conflict. It was also found that parents were generally uncomfortable in talking to their children about human sex and mothers were reluctant to talk about sex education to their daughter as they found it embarrassing to discuss the issues (Reis, 1989; Shetty, 1997; Mahajan,2005).

Studies have shown that adults in the Ghanaian Society have usually refrained from discussing sexual matters with the young. Traditionally, children are brought up with strict discipline and fear

and they are punished for questioning their parents, especially the girls (Brocato & Aboagye, 2007). Consequently, young people are afraid to ask questions relating to sexual issues, as they would be seen as disrespectful and disobedient. Sexual issues are seen as topics to be discussed only by adults. Sexuality, rather than morality, has become the custom and children are not excluded from this exposure undeniably, the issue of sex education in schools has been very controversial with respect to the stage at which it should begin. In his essay, "Sex Education in Ghanaian Society: The Skeleton in the Cupboard," Osei (2009) illustrates how his mother lost her teaching job in 2004 for teaching her class one (1) pupils the parts of the body. According to him, the Ghanaian government's attitude toward sex education is best described as ambivalent because though the subject is officially part of the school curricula, it is not "effectively taught" in practice.

In a qualitative study carried out in Ethiopia, almost all parents said that the content of the school sex education should include abstinence -only and abstinence - plus based on the mental maturity of the students. That means at early age (Primary school) the content of school sex education is abstinence-only and at later age (secondary school) the content of school sex education should be added abstinence-plus (Fentahun et al, 2012)

Despite the traditional and religious belief that refrain adult from teaching children about sex, it is unfortunate that children still have access to wrong information about sex through mass media and social media. Brown, Keller, and Stern (2009) argue that traditional media (television, radio, movies), as well as new digital media (the internet, social networking sites such as Facebook, Myspace), play an important role in children's sexuality and sexual behaviors. Brown and L'Engle (2009), for example, found that exposure to pornography predicted sexual uncertainty, less contraception use, and earlier sexual debut.

Research has also shown that most parent prefer abstinence-only sex education for young people. Broken & Cardinal (2008) defined the ideology of abstinence sex education as based on the idea of abstinence as being the most effective measure to prevent unwanted pregnancy and the transmission of HIV among young people. It developed in oppositions to school sex education which was generally regarded as encouraging irresponsible sexual behaviour (Halstead & Reiss, 2003). There is also another noticeable confusion within this approach, which is its close similarity with abstinence (-only) sex education, in that both aim to deliver certain values. It is apparent that abstinence (-only) sex education is to deliver certain moral values, but these values are restricted to the values of postponing sexual intercourse. On the other hand, the morality approach of sex

education focuses on a broader variety of moral values. It is not to be restricted to values regarding postponing sexual intercourse, although it could be in certain contexts. (Liang, 2010). For example, in the work of Fincham (2007), he identified the limited values among Catholic schools in England (e.g. sex before marriage was often mentioned as a taboo in sex education). The feedback from pupils in this study showed their perceptions regarding sex education were negative due to the limited information provided. Overall, the morality approach offers a broader view of sex education in comparison with the abstinence (-only) sex education approach.

Researchers have studied about impact of sex education in many countries and resulted with positive outcomes. Some studies also indicate that sex education program can increase not only factual knowledge, but also understanding of self. For example, Klein (1982) found that about a year after completing a course, student claimed that they had a better understanding of their emotional needs, their long-term goals, their sexual feelings, and their bodies. Shipley (1974) examined the effects of a four-week college unit on sex roles, relationships, and contraception. His sample size was sufficient (N=1199), and he measured both pretest and posttest scores. Between the pretests and posttests, knowledge about contraception increased 33%, while the number of students using ineffective or no contraception decreased 57%. Clearly, these are dramatic figures for such a short course. Moreover, these behavioral changes occurred despite the fact that attitudes toward contraception did not change. Researchers studied the National Survey of Family Growth to determine the impact of sexuality education on youth sexual risk taking for young people ages 15-19, and found that teens who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only education. (Kohler et al)

Cavazos- Rehg et al, 2012 in a research on the association between teenage pregnancy and sex education. The findings revealed that sexuality education was not associated with teen birth rates once religiosity measures and abortion policy were included in the analysis. Therefore, the provision of sex education did not independently explain the considerable variations in adolescent birth rates.

It has been demonstrated that sexuality education interventions can prevent or reduce the risk of adolescent pregnancy HIV, and STIs for children and adolescents with and without chronic health conditions and disabilities in the United States. (Chin et al 2012)

A review of 12 studies on parental communication about sex revealed that parents who received training on this topic had better communication with their adolescents about sexuality compared with those who did not. (Wight and Fullerton, 2013)

Monk (2001) argued that there were two conflicts underlying the provision of sex education. Firstly, he suggested there were tensions relating to control and content of sex education. He further argued that the guidelines did not resolve any of the problems, but, instead attempted to reconcile them.

Some researchers also notice the relationship between gender differences and sex education. Many attempts had been made to discuss the possibility of conducting sex education in single gender groups (Strange et al., 2003). It was believed that there were benefits for this format. For example, it was supported by female pupils as a means to eliminate the disruption from boys' behavior which was perceived negatively (Pretengast, 1996; Measor, 2004) Many researchers suggested that pupils of different gender prefer different topics in sex education (e.g. Woodcock et al., 1992; Buston & Wight, 2004; Strange et al., 2003).

### **2.1.3 Overview of sexuality education in Nigeria**

In Nigeria, a confluence of cultural, religious and geographical factors creates a sensitive environment where issues of sexual and reproductive health have remained highly a taboo for decades (Mack, 2011). The access to sexuality education is not yet universal in Nigeria. (Ajuwon,2005)Traditionally, children are brought up with strict discipline and fear and are punished for questioning their parents, especially the girls (Brocato & Dwamena-Aboagye, 2007). Since Nigeria law is not yet against child marriage then children should be well trained on sex education. It can help to prevent physical, psychological, marital and social problems related to sex. With increasing numbers of children attending primary school, it is sensible to introduce sexuality education at this level rather than waiting until secondary school, by which time many will have dropped out (Gordon, 2015). According to current data, thirty percent of pupils drop out of primary school and only 54% transit to secondary schools (UNICEF, 2015). Sex is traditionally a very private subject in Nigeria and the discussion of sex with children is often seen as inappropriate, it is equally evident that some groups particularly religious and cultural leaders have acted as a barrier to previous attempt to provide sex education to young people in Nigeria (Odotola, 2006). In 2009, only 23 percent of schools were providing life-skills based HIV education (Federal

Republic of Nigeria, 2012) while 25 percent of men and women between ages 15-24 correctly identified ways to prevent sexual transmission of HIV, in 2010. Although several curricular are now available for implementing sexuality education programmes for young person in Nigeria, comprehensive sexuality education is still not accessible to the majority of young person who need it. The bulk of sexuality education programmes implemented in schools still use extracurricular methods because sexuality education is not included in the curricula in many states of the country. (Ajuwon,2005)

## **2.2 Teacher's knowledge on sexuality education**

Knowledge can be defined as fact, information acquired through experience or education (Meriam-Webster, 2013). Sexual knowledge however refers to the knowledge about sexuality, myths and misconception. (Dutt & Manjuana, 2017) A study conducted by Jo westwood and Barbara Mullan shows that teachers have insufficient knowledge on sexual health (Westwood& Mullan, 2007). Many teachers are expected to teach primary school pupils on sexuality education at a time when they do not have sufficient knowledge to provide young people with adequate sexual health education. Another study conducted in rural schools Ile-ife shows that training increased the knowledge of secondary teachers towards sexual education.(Adegbenro, Adeniyi & Oladepo, 2006) The study also suggests that sexuality education should be included in all training programme for all teachers in Nigeria. Meanwhile the knowledge of sex education could provide the necessary foundation for teachers to have positive attitude towards sexuality education. A study conducted by Adogu and Nwafulume in Nnewi Anambra state showed that both general and specific knowledge of a school-based sexuality education programme among secondary teachers were poor as knowledge of more than one component of SE was low (25.0%)

## **2.3 Teacher's perception on sexuality education**

A research conducted in secondary school in Cross River State, Nigeria by Akpama (2013) shows that Parental perception of the teaching of sex education to adolescent in secondary schools in significantly negative that is, parents, irrespective of their gender nor education status view introductory sex education to youths as a bad, moral issues that should not be encouraged. Similarly, a recent study carried out in Kano state in Northern Nigeria revealed that parents have

a negative perception of sex education in schools probably because of their religious belief and socio-cultural norms and values (Ayyuba, 2011). Nevertheless, several studies in Nigeria have validated the introduction of sex education in schools. Such as a cross-sectional study carried out in kwara state, Nigeria reported that 78% of the respondents suggested that sex education should be made compulsory in schools (Akande and Akande,2007). Majority of teachers had poor perception of sexuality education according to a study conducted in Nigeria by Eko, Abeshi, Osonwa, Uwanede, Offiong (2013) furthermore studies have demonstrated that most African culture perceives sexuality education as not being in the best interest of adolescents and children and that it could promote promiscuity (Asekun-Olarinmoye, Fawole, Dairo, Magbagbeola and Amusan, 2007)

#### **2.4 Teacher's attitude towards teaching of sex education**

Attitudes are positive or negative feelings that an individual hold about objects, person or ideas. They are generally regarded as enduring through modifiable by experience, persuasion and as predispositions to action. Vashistha, K. C. &Rajshree. (2012). In psychology, an attitude refers to a set emotion, beliefs and behaviors towards a particular object, person, thing, or event. Attitudes are often the result of experience or upbringing, and they have a powerful influence over behavior. While attitudes are enduring, they can also change (Cherry, 2018). A person's behavior can be predicted by using the strength and consistency of his or her attitude (Calebs, 2017). In this regards, any intervention that is aimed at changing the behavior of an individual must first of all have enough information about his or her attitudes and then employ methods that will help change these attitudes (Hilton, Patterson, Smith, Bedford and Hunt, 2014). Toor's study about the attitude towards sex education found out that people with higher educational qualification favors such programs and the income of the household has less or no effect on the preferences over sex education

The need and the goals of society and the beliefs and attitudes of adults influence the education (Vashistha, 2016). Talking about sex education to children is considered a taboo in many African communities, yet sex education is probably the most cost-effective intervention by which young people can protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted infections(STI) and HIV/AIDS (Calebs, 2017). A survey of 700 teachers in secondary schools in Nigeria showed that most of them are favorably disposed to the idea of Family Life Education (FLE) in secondary schools, and some would support contraceptive services to secondary school pupils (Olukoya, Oyedeji and Johnson, 2012). A study was carried among

teachers in Nnewi, Nigeria to assess Knowledge, attitude and willingness to teach sexuality education in secondary schools. One hundred and fifty teachers were randomly selected. the study found that although the knowledge of teachers on sexuality education was poor (25%), majority (90%) of them have shown positive attitude towards the subject. They were eager to learn the correct contents of SE for necessary impartation on the students under their care. Major identified barriers to SE were “low awareness” 62 (41.3%), “lack of skill” 40 (26.7%), and “cultural barrier” 32 (21.3%) (Adogu and Nwafulume, 2015).

In a research conducted in Portugal among primary school teachers. The study shows that teachers are more favourable to sex education for secondary school and elementary school than in primary and nursery schools (Anastacio, Carvalho and Clement, 2004)

## **2.5 Factors influencing teacher’s attitude towards sexuality education**

Attitude towards sex education differs from one group to another depending on many factors like dominant perceptions, social belief systems, religious factors, family socialization and cultural set up within which learners grow up (Gallagher & Gallagher, 1996). In a research done among secondary school teachers in Nigeria the result shows that Positive attitudes to FLE include factors linked with female sex, single marital status, Christian religion, and working in co-educational schools (Olukoya, Oyedeji and Johnson, 2012)

Research on Humanities and Social Sciences found out that those that marry at a younger age have less knowledge about STD/HIV/AIDS than single women, and are more likely to believe they have low risk for becoming infected. Polygamy and Widow Inheritance The cultural practice of polygamy and widow inheritance Nigeria particularly with the Igbo’s as well as men having concubines play a crucial role in increasing the vulnerability of people to STIs, this particularly affects STDs campaign in these areas (Ezuma,2003) .It was noted that this cultural practices that promotes the system of keeping concubines helps to promote multiple sex partners and double standard of morality which condoles male promiscuity. However, successful delivery of sex education to young people is reliant on increasing participation of the country leaders in the planning and implementation of such programs (Hanlon & Stanley, 2012).



### **2.5.1 Benefits of effective sexuality education**

According to UNESCO (2009), the primary goal of sexuality education is to equip children and young people with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV. In addition to learning about the risks of pregnancy and sexually transmitted infections (including HIV), children and young people also need to learn about the risk of sexual exploitation and abuse in order to recognize these when they occur, to protect themselves as far as possible and to identify and access available sources of support. Sensitizing children, parents, teachers, police and local communities to the nature and extent of sexual violence, and giving permission to discuss it, are essential steps in tackling it. Sexuality education can provide an appropriate framework and context for educating students about sexual abuse.

Sex education in schools can help children understand the impact of sex in their lives. It dispels myths related to sex and broadens their horizon. It can also answer all the questions that they have regarding their changing body and hormonal surges.

Children are often inquisitive about the other gender. Sex education in school can help them understand the differences and keep the desire to explore things for themselves in check. It is much better to teach children about sexual health in school rather letting the muse other resources, such as pornographic material and the internet. This is important because avenues, such as the internet have a huge store of information that might be misleading.

With problems, such as teenage pregnancies and transmission of STDs on the rise, it is only appropriate that sex education is made accessible in schools so that the most number of children can be made aware. It transforms children into responsible adults. It is a known fact that teenagers today turn sexually active, therefore, sex education can help them understand the benefit of abstinence in the early years or it can at least teach them how to be responsible sexually active people.

### **2.5.2 Who teaches sexuality education**

According to Esuabanai opinions are divided as to who will teach sex education, parents highly believe that sex education should be an inalienable responsibility of the school. Teacher on the other hand feels that parent owes their children the traditional responsibility of inculcating sexual value and positive living. Many parents are increasingly becoming nonchalant on the view that sex



and moral education is to be given by the church. Another area or major concentration or concern is the methodology which sex education is supposed to take. This has encouraged the haphazard discharge of sex education curriculum without any sense of consciousness. This situation has logically led to the dis-inclusion of sex education in the school curriculum especially at the primary school level. This regrettable development has created tremendous social, psychological, educational and health related problem which demands urgent attention. In the real sense teaching sex education is both the responsibility of teachers and parents

### **Parents**

Nowadays, with rapid growth of information, sex information is everywhere. Children are curious about sex. Therefore, parents need to instill correct concepts of sex to their children as early as possible before they are misled by indecent magazines and irresponsible media. When children grow up, they need to learn and adapt to the physiological and psychological changes in different stages of development. The learning objectives of sex education vary with the age of children and the environment. They need appropriate and continuous counseling and guidance. Parents are the core people who accompany their children as they grow up, so, parents are also the most appropriate person to give their children sex education. The earlier sex education is given at home, the earlier the children are able to establish correct concepts on sex, and the easier the parents can handle the situation. A lot of people consider mother as the most ideal person to give sex education; but in fact, father's participation is equally important. A son can learn from his father the suitable role as a man, while a daughter can learn from her father the responsibilities of a man in his family and the society. She will also understand the expectations others have upon a woman. Children will greatly benefit from all these, and when they grow up, they will know how to interact with other people.

Student Health Service Department of Health (2010).

### **Well trained sex education teachers**

Research shows that comfort with and commitment to sexuality education has a direct impact on teaching ability. Well prepared teachers need to first and foremost appreciate the value of sexuality education and believe it is important for young people to have access to the information and skills they need to make healthy decisions. Research demonstrates that it is imperative that teachers

demonstrate comfort with, commitment to and self-efficacy in teaching sexuality education. Teachers without these qualities should not teach this topic.

(Future of Sex Education Initiative. National Sexuality Education Standards: Core Content and Skills, K-12. [A special publication of the Journal of School Health.]

## **2.6 Conceptual Framework**

A conceptual framework is a systematic way of understanding events and situations. It is a set of concept, definitions, and proportions that explains or predicts these events by illustrating the relationship between variables (NCI, 2015).

**PRECEDE MODEL:** This is one of the frequently used model in health promotion and education (Moshki and Kharazmi, 2015). It is a planning model and not a theory. The PRECEDE model has been developed by Green and Kreuter as a theoretical model to identify the needs of educational programs and health promotion. The model provides a framework which clarifies the factors affecting the behavior such as the predisposing factors (Which include knowledge, attitudes, perception, cultural beliefs, values, norms etc.), enabling factors (which include available resources i.e time and skills), reinforcing factors (which include social support, praise etc.). PRECEDE is an acronym of Predisposing, Reinforcing, Enabling, Constructs in Educational Diagnosis and Evaluation. It emphasizes the importance of careful preparation before any intervention program is launched, and comprises a diagnostic approach for deciding what any intervention is likely to be useful in altering behavior, and then for assessing its likely impact.

**PROCEED** was added to the model in the 1980s based on L. Green's experience with Marshall Krueter in various positions with the federal government and Kaiser Family Foundation. **PROCEED** stands for Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development. The purpose of PRECEDE/PROCEED model is to initial attention to outcomes rather than inputs.

### **PRECEDE- the first 5 phases**

The first five steps are diagnostic, addressing both educational and environmental issues. These include: (1) social assessment, (2) epidemiological assessment, (3) behavioral and environmental assessment, (4) educational and ecological assessment, and (5) administrative and policy assessment.

*Phase 1- Social Diagnosis:* This focus of this phase is to identify and evaluate the social problem which impact the quality of life. To conduct *social assessment*, the practitioner may use multiple data collection activities (e.g., key informant interviews, focus groups, participant observation, surveys) to understand the community's perceived needs.

*Phase 2- Epidemiological assessment:* This phase helps to determine health issues associated with the quality of life. It may include secondary data analysis or original data collection to prioritize the community's health needs and establish program goals and objectives.

*Phase 3- Behavioral and Environmental Assessment* identifies factors, both internal and external to the individual, that affect a health problem. This phase focuses on the systematic identification of health practices and other factors which seem to be linked to health problems defined in Phase 2. This includes non – behavioural causes (personal and environmental factors) that can contribute to health problems, but are not controlled by behaviour

*Phase 4- Educational Diagnosis and Organizational Diagnosis:* This phase assess the causes of health behaviours which were identified in Phase 3. Three kinds of causes are identified – predisposing factors, enabling factors, and reinforcing factors. The element of this phase is the selection of the factors which if modified, will be most likely to result in behavior change.

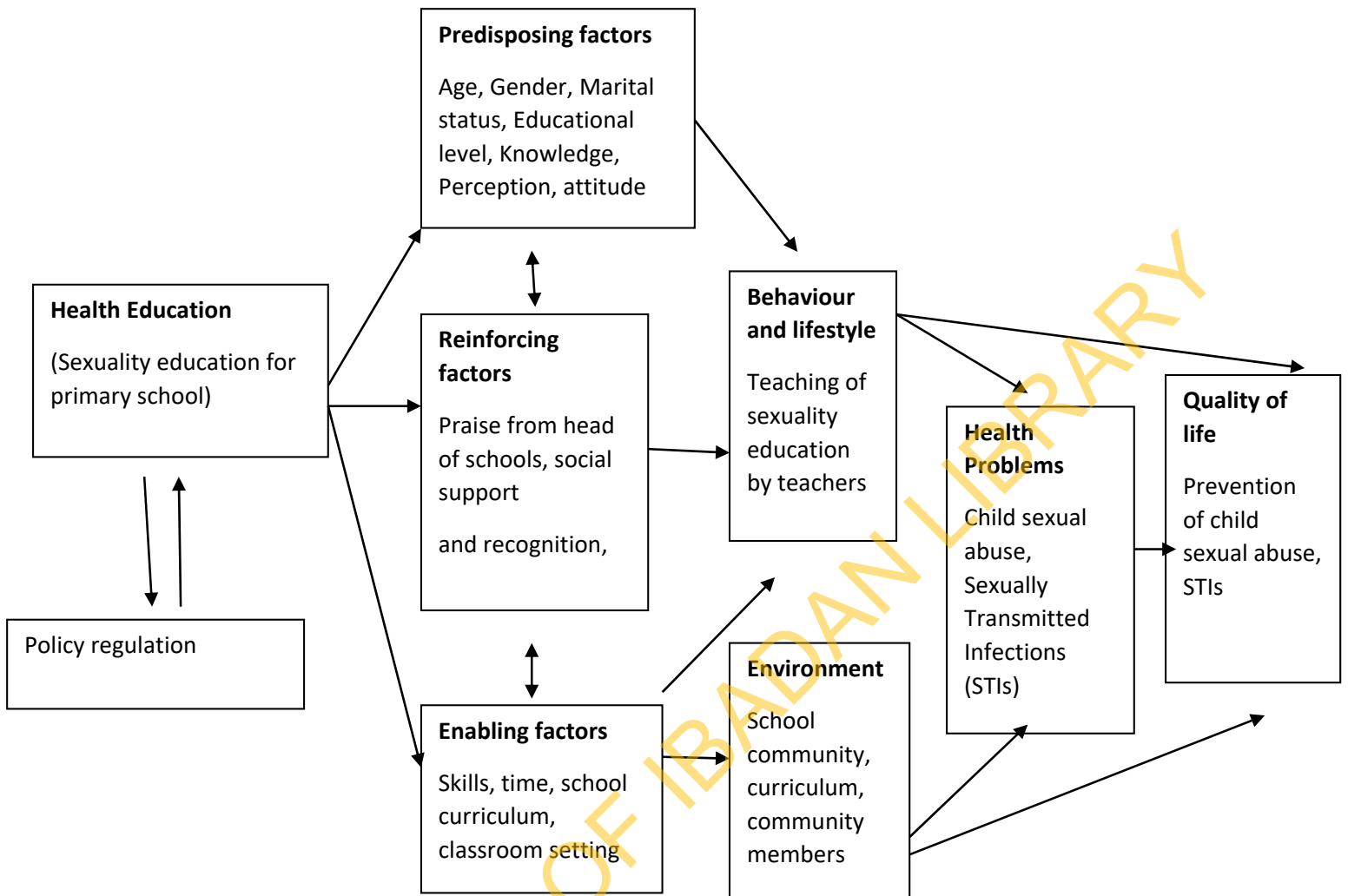
Predisposing factors, which motivate or provide a reason for behavior; they include knowledge, attitudes, cultural beliefs, norms, values, perceptions and readiness to change.

Enabling factors, which enable persons to act on their predispositions; these factors include available resources (time, money, skills etc) supportive policies, assistance, and services.

Reinforcing factors, which come into play after a behavior has been initiated; they encourage repetition or persistence of behaviors by providing continuing rewards or incentives. Social support, praise, *reassurance*, and symptom relief might all be considered reinforcing factors.

Phase 5- Administrative & Policy Diagnosis: This phase focuses on administrative and organizational concerns which must be addressed prior to program implementation. This includes assessment of resources, budget and allocation, development of implementation timetable, organization of personnel within programs, and coordination of the programme with all other departments, and institutional organizations and the community

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**Application of precede model to factors affecting influencing teacher’s attitude to sexuality education for primary school pupils in Ibadan South East Local Government Area. Adapted from (Green and Kreuter, 2005)**

### **2.6.1 Linkages between Precede model and the variables in the questionnaire**

The set of variables of this study were categorized based on the conceptual framework of precede model. For this reason, the questionnaire was designed to suit the followings factors.

#### **Predisposing factors**

Predisposing factors included variables such as Knowledge, perception, attitude and some of the demographic variables. Examples of questions that are relevant to this factors are questions: 1,2,3,5,6,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36, 37,38,39,40,41,42,43,44,45,46,47,48,49,50,51.

#### **Reinforcing factors**

Reinforcing factors included variables such as praise from head of schools, recognition, and social support. Examples of questions that are relevant to this factor are: 54, 58, 59, 67, and 68.

#### **Enabling factors**

Enabling factors included variables such as skills, time, classroom/school settings, and school curriculum. Examples of questions that are relevant to this factor are: 4, 52, 53, 56, 57, and 60.

## CHAPTER THREE METHODOLOGY

### 3.1 Study Design

The study is a descriptive cross sectional survey. It explores the attitude of teachers on teaching sexuality education for primary school children.

### 3.2 Description of Study Area

The study was carried out in Ibadan South East Local Government Area was created on 27<sup>th</sup> August, 1991 by the Federal Ministry Government. It was carved out of the defunct Ibadan Municipal Government. The Local Government covers an area of about 80.537 hectares of land. It has a population of 331,444 as at 2018. The population of children (0-14years) is 103,232 (census population, 2006). The Local Government comprise of twelve wards. It shares boundaries with Ibadan South West and North East Local Government. Oluyole Local Government also bound it to the south. The local government area is dominated by the Yoruba's and other tribes who engaged in different type of economic activities. It is observed that there are numerous educational institutions in Ibadan South East Local Government Area.

### 3.3 Study Population:

The study population consisted of teachers of both public and private primary schools in Ibadan South East Local Government Area, Ibadan, Oyo state

### 3.4 Inclusion Criteria

Teachers of nursery and primary schools located in Ibadan South – East Local Government Area, who agreed to participate in the study and gave their consent.

### 3.5 Exclusion Criteria

Any teacher of nursery and primary school in Ibadan south east that did not consent to take part in the research.

### 3.6 Sample size Determination

Using the sample size formula for cross sectional studies:

$$N = Z^2pq/d^2 \text{ Araoye's (2004) Formula}$$

Where  $z = 1.96$  (level of significance of 5%)

$P = 90\%$  (Olukoya et al, 2012)

$q = 1 - p = 1 - 90\% = 10\% = 0.10$

$d = 5\%$  (Difference)

$n =$  minimum sample size

$$n = \frac{1.96^2 \times 0.90 \times 0.10}{0.05^2} = 138.30$$

Attrition rate of 10% of the study size was added, therefore,  $0.1 \times 138 = 13.8$

Which is,  $13.8 + 138 = 151.8$

The sample size was approximated to 200 respondents

### 3.7 Sampling Procedure

A multi stage random sampling was adopted for this study. The stages followed were:

#### Stage 1

The number of schools within Ibadan- South East Local Government Area was first identified and stratified into public and private schools. There are one hundred and ten (110) approved private schools and fifty- two (52) public primary schools in Ibadan.

#### Stage 2

This group of schools (public and private) were subjected to simple random sampling by balloting for both school types. Since the population of private schools were more than public schools. The ratio of public schools and private schools will be selected was 1:2. Therefore, 8 public schools and 16 private schools

#### Stage 3

From the randomly selected schools, proportionate allocation was utilized of which, the total number of respondents per school will be selected for the study

Proportionate sampling =  $\frac{\text{number of teachers in the selected school}}{\text{Total number of teachers in all the schools in the study}} \times \text{Sample size}$

Total number of teachers in all the schools in the study



## **Stage 4**

Simple random sampling was used to select the respondent in each school, but only those who gave consent will be recruited

### **3.8 Instrument for Data Collection**

The instrument that was used for data collection is semi structured questionnaire that consist of different sections. The questionnaire was divided into six (6) sections

Section A consisted of socio demographic information about the respondent

Section B consisted of the knowledge of teachers about sex education for nursery and primary school

Section C consisted of the perception of teachers towards teaching sex education in nursery and primary school

Section D consisted of attitude of teachers at nursery and primary classes.

Section E consisted of the factors influencing the attitude of teachers towards teaching sex education in nursery and primary classes

Section F consisted of Sexuality education implementation in Primary school

### **3.9 Validity of Instrument**

The content validity of the instrument was established through judgment of experts and lecturers in the Faculty of Public Health, the instrument was given to them to justify the validity of the content in terms of clarity, appropriateness of the language and ability to elicit the accurate information for the attainment of the stated objective. The results were also being modified based on the inputs

### **3.10 Reliability of the Instrument:**

The reliability of the instrument was determined by pre-testing the instrument among Nursery and Primary School Teachers in Ibadan North east local government area, Oyo State Nigeria, a similar study population. Copies of the study instrument will be administered to sixteen (16) respondents. After the pre-test, the data gathered was checked for errors and completeness. Each questionnaire was numbered for easy recall and a coding guide was prepared to facilitate entry of the data into the computer software. The data was then being subjected to descriptive statistics which was

basically frequencies and charts. The reliability coefficient which is also called the Cronbach Alpha was calculated and a value of 0.6 was gotten.

Following the pre-test, the instrument was reviewed and ambiguous questions was removed. Also, questions considered by the respondents as not clear was revised.

### **3.11 Data Collection Procedure**

For this study, serially numbered self-administered questionnaire were used. The data were collected by the researcher with the assistance of two research assistance who were trained prior to administration as research assistants. This was after the study had been accurately explained to them clearly. The teachers were met in their various classes and the researcher will provide correct and understandable information to them about the research. This was necessary in order to obtain informed consent from every participant. The informed consent forms (attached to the questionnaires) was distributed to the potential participants after they have known about the study. After the questionnaires had been filled, the researcher checked for completeness and errors before leaving the location of data collection.

### **3.12 Data Management Analysis**

Serial numbers were written on the copies of the questionnaire for easy entry and recall. A coding guide was developed along with the data collection tool in order to facilitate its analysis. Statistical Package for Social Sciences (SPSS) version 21 was used to analyse the data obtained from the questionnaire. Using the coding guide, the data collected was carefully entered into the statistical software and analyzed using descriptive statistics such as frequency, mean, linear regression and chi square were used to measure significant difference among different variables of interest. The results obtained from the SPSS analysis was summarized and presented in tables and charts

A coding guide was developed to facilitate data entry. A correct answer earn one (1) mark while a wrong answer or a non-response earns a zero mark.

A 12-point scale knowledge scale was used with the scales rated as: less than 4 was categorized as poor knowledge, greater than/equal to 4 to less than 8 was categorized as Fair Knowledge, greater than/equal to 8 as good knowledge. A 13-point scale was used for the perception scale with the following representation format: A score of  $<7$  negative perception, while a score of  $\geq 8$  as positive

perception score. Furthermore, a 13-point scale was used for the attitude scale with a score of < 6 as Negative attitude, ≥6 as Positive attitude on sexuality education(N=200).

### **3.13 Limitations of the Study**

The major limitation of this research was time; this is because the participants are to be met in school which is their working place. My aim is to work within the stipulated time for school and ensure that their daily activities are not disrupted while I keep to the timeframe of the research deadline. This challenge was overcome by collecting my data early enough before school go on vacation so that there can be full participation of the teachers and meet up with the stipulated time frame for the research

### **3.14 Ethical Considerations:**

Ethical approval was obtained from the ethical research committee of the Oyo state ministry of health. The study will follow the ethical principles guiding the handling of human participant in research:

**Informed Consent/Confidentiality:** A valid Informed consent was obtained from the study participants through appended signature on the informed consent form after adequate provision of information. All identifiers were removed from the questionnaire and confidentiality will be ensured through protection of data collected from participants.

**Voluntariness:** Participants were accorded the right to or not to participate in the study without any consequence. It was made clear to participants that they are under no obligation to participate in the study.

**Beneficence:** There is no direct benefit from this study but the findings would be of great value in the design of interventions at promoting sexuality education for primary school pupils

**Non-maleficence:** The study did not involve any risk as it does not involve utilization of any invasive material. No harm came to respondents who chose to participate in the study. Only the time needed to respond to the questionnaires would be required of the participants.

**Dissemination of Findings:** the information gathered from this study will be made available to the Ministry of Health and Ministry of Education in Oyo State so that favorable policies

underscoring the need for sexuality education among primary school pupils will be given necessary attention.

**Translation of protocol to the local language:** Participants are teachers of primary school pupils of Ibadan South- East Local Government Area Ibadan and they are literate in English language. The research instrument will not be translated into any local language.

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## CHAPTER FOUR RESULTS

### 4.1 Demographic characteristics of the respondents

The study was a descriptive cross-sectional quantitative study conducted among two hundred teachers in both public and private primary schools in Ibadan South East Local Government Area, Ibadan, Oyo state using the aid of questionnaire

Majority of the participants in this study were female (77.6%) compared to males (22.4%). The age of the respondents was between the age of 15-66 years with a mean age =  $36.3 \pm 11.5$  years and a range of 25-66 years. A little above one third (37.5%) of the respondents were between the age of 45-66 years. (See table 4.1 for details)

More than half (59.6%) of the respondents had NCE/OND qualification and majority, (56.6%) of the respondents were from private primary schools. Almost half (48.7%) of the respondents had practiced for 1-5 years. Almost all, (96.0%) of the respondents were of the Yoruba ethnic group, and majority, (72.7%) of the respondent were married. Majority (71.2%) of the respondents were of the Christian faith compared to few, (28.8%) of the respondents who were of the Islamic faith. (See table 4.1 for details)

A little above one third (39.5%) of the respondent had less than 2 years working experience.

Almost all (90.4%) of the respondents reported that No' they do not engage in any other assignment apart from their teaching profession while an equal proportion of 3.0% and 3.0% reported acting as a school representative and head teacher respectively (See table 4.2 for details)

**Table 4.1 Demographic Profile of Respondents**

<b>Demographic Profile</b>	<b>No</b>	<b>%</b>
<b>Sex(N=196)</b>		
Male	44	22.4
Female	152	77.6
<b>Age(N=200)</b>		
15-24 Years	30	15.0
25-34 Years	58	29
35-44 Years	37	18.5
45-66 Years	75	37.5
<b>Level of education (N=193)</b>		
O' level	23	11.9
NCE/OND	115	59.6
B.Sc./HND	46	23.8
M.Sc./PGD	8	4.1
PhD	1	0.5
<b>School Type(N=196)</b>		
Private	111	56.6
Public	85	43.4
<b>Year of Practice(N=193)</b>		
0-9 Months	14	7.3
1-5 Years	94	48.7
6-10 Years	56	29.0
11-33 Years	29	15.0
<b>Ethnicity (N=199)</b>		
Yoruba	191	96.0
Hausa	4	2.0
Igbo	4	2.0
<b>Marital status (N=198)</b>		
Single	50	25.3
Married	144	72.7
Divorced	1	.5
Widow	3	1.5
<b>Religion(N=198)</b>		
Christianity	141	71.2
Islam	57	28.8

\***Mean age** = 36.3±11.5, Median = 34 years, Minimum= 15, Maximum= 66years

Table 4.1b Demographic profile Private Nursery and primary school

<b>Demographic Profile</b>	<b>No</b>	<b>%</b>
<b>Sex(N=111)</b>		
Male	23	20.7
Female	88	79.3
<b>Age(N=111)</b>		
15-24 Years	25	22.5
25-34 Years	43	38.7
35-44 Years	15	13.5
45-66 Years	28	25.2
<b>Level of education (N=108)</b>		
O' level	20	18.5
NCE/OND	65	60.2
B.Sc./HND	17	15.7
M.Sc./PGD	5	4.6
PhD	1	0.9
<b>Year of Practice(N=109)</b>		
0-9 Months	10	9.2
1-5 Years	56	51.4
6-10 Years	33	30.3
11-33 Years	10	9.2
<b>Ethnicity (N=111)</b>		
Yoruba	105	94.6
Hausa	2	1.8
Igbo	4	3.6
<b>Marital status (N=111)</b>		
Single	41	36.9
Married	69	62.2
Divorced	0	0.0
Widow	1	1.2
<b>Religion(N=111)</b>		
Christianity	75	67.6
Islam	36	32.4

<b>Table 4.1c Demographic profile for public schools</b>		
<b>Demographic Profile</b>	<b>No</b>	<b>%</b>
<b>Sex(N=83)</b>		
Male	20	24.1
Female	63	75.9
<b>Age(N=85)</b>		
15-24 Years	5	5.9
25-34 Years	14	16.5
35-44 Years	21	13.5
45-66 Years	45	52.9
<b>Level of education (N=85)</b>		
O' level	2	2.4
NCE/OND	49	59.0
B.Sc./HND	29	34.9
M.Sc./PGD	3	3.6
PhD	0	0
<b>Year of Practice(N=109)</b>		
0-9 Months	4	4.9
1-5 Years	37	45.7
6-10 Years	21	25.9
11-33 Years	19	23.5
<b>Ethnicity (N=111)</b>		
Yoruba	84	94.6
Hausa	2	1.8
Igbo	0	0.0
<b>Marital status (N=83)</b>		
Single	8	9.5
Married	73	86.9
Divorced	1	1.2
Widow	2	2.4
<b>Religion(N=111)</b>		
Christianity	64	72.6
Islam	20	23.8



**Table 4.2 Respondents years of practice and Engagement with other professional assignment apart from teaching**

<b>Years of practice(N=200)</b>	<b>N</b>	<b>%</b>
Less than 1 years	31	15.9
Less than 2 years	77	39.5
Less than 10 years	56	28.7
Greater than 10 years	31	15.9
<b>Other Assignment apart from teaching (N=198)</b>		
No	179	90.4
School Representative	3	1.5
Head Teacher	3	1.5
Game master	2	1.0
Bursar	2	1.0
Literary and Debate group	1	0.5
Administrative work (Endwell scheme, Head of Academic, Supervisor, School social secretary, Literacy and Debate society, Rental services	7	3.5
Health officer	1	0.5

## 4.2 Knowledge of Sexuality Education

Assessment of the sexuality education among the respondent, the following responses were elicited from the respondents. Majority (66.2%) of the respondents reported “Yes” that Sexuality education are taught in primary schools in Nigeria. When asked on whether Sexuality education involves teaching about abstinence alone, majority (67.9%) correctly said No. On the question “Sexuality education include the study of private part of the body” majority said “Yes”.

When asked whether sexuality education is an important aspect of one’s life and it helps overcome those social issues, almost all (94.4%) of the respondent said “Yes”. When asked whether sexuality educations have the tendency of reducing child sex abuse almost all, (94.8%) said Yes.

Almost all (91.9%) of the respondent said Yes, sexuality education help learner make informed decision about sexual behaviour. Majority, (73.8%) reported Yes’ that HIV/AIDS and HIV infection are taught as content of sexuality education in their school. More than four-fifth, (81.8%) reported Yes’ Personal skills such as self-esteem, communication and values taught in the school.

When asked whether sexuality education teach children on how to have sex, majority (75.3%) correctly said No. When asked whether one of the goals of Family Life Education implementation is to delay the initiation of sexual intercourse, more than half, (52.9%) correctly said Yes.

When ask whether relationships, society and culture taught as contents of sexuality education in your school, more than two-third (65.8%) of the respondents correctly said Yes’. When asked whether the broad goal of Family Life Education is the prevention against HIV/AIDS through awareness and education, more than four-fifth (87.0%) correctly said Yes.

When asked whether sexuality education should be introduced into the school curricula at the primary and secondary level as well as in teacher training institutions, almost all, (94.0%) said Yes’ (See table 4.3 for details)

On the reported topics taught on sexuality education. More, (15.0%) reported that HIV/AIDS is the most topic discussed while few, 1(0.7%) reported that Civil Education id the least taught in sexuality education to children. (See table 4.4 for details)

On the importance of sexuality Education taught in primary schools. More, (12.5%) of the respondents reported that sexual abuse and prevention is the most taught while the least topic is premarital relationship (0.2%) of the respondents. (See table 4.4 for details)

The overall knowledge categorization of the respondents shows that more than half (55.5%) had good knowledge of sexuality education while a little above one third, (42.5.0%) had fair knowledge and few, (2.0%) had poor knowledge. The mean knowledge score was  $8.7 \pm 2.0$ . with a range of 1-12(See table 4.6 for details)

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**Table 4.3 Respondents Knowledge on Sexuality Education**

Respondents Knowledge	Yes(%)	No(%)	Don't know(%)
Sexuality education are taught in primary schools in Nigeria(N=198)	131(66.2)*	59(28.9)	8(4.0)
Sexuality education involves teaching about abstinence alone (N=193)	52(26.9)	131(67.9)*	10(5.2)
Sexuality education include the study of private part of the body(N=192)	131(68.2)*	54(28.1)	7(3.6)
Sexuality education is an important aspect of one's life and it helps overcome those social issues (N=198)	187(94.4)*	8(4.0)	3(1.5)
Sexuality educations have the tendency of reducing child sex abuse (N=192)	182(94.8)*	8(4.2)	2(1.0)
Sexuality education help learner make informed decision about sexual behavior (N=198)	182(91.9)*	11(5.5)	5(2.5)
HIV/AIDS and HIV infection are taught as content of sexuality education in the school (N=195)	144(73.8)*	37(19.0)	14(7.2)
Personal skills such as self-esteem, communication and values are taught in the school (N=198)	162(81.8)*	27(13.6)	9(4.5)
Does Sexuality education teach children on how to have sex (N=198)	40(20.2)	149(75.3)*	9(4.5)
One of the goals of Family Life Education implementation is to delay the initiation of sexual intercourse (N=191)	101(52.9)*	53(27.7)	37(19.4)
Relationships, society and culture taught as contents of sexuality education in the school (N=196)	129(65.8)	54(27.6)	13(6.6)
The broad goal of Family Life Education is the prevention against HIV/AIDS through awareness and education (N=193)	168(87.0)*	13(6.7)	12(6.2)
Should sexuality education be introduced into the school curricula at the primary and secondary level as well as in teacher training institutions (N=200)	188(94.0)*	8(4.0)	4(2.0)

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**\*Correct answers**

**Table 4.4 Reported topics taught on sexuality education**

Topics taught in sexuality education	N	%
HIV/AIDs	22	15.0
Sexual abuse	21	14.3
Reproductive organs	19	12.9
Premarital relationship	15	10.2
Signs of puberty	13	8.8
Proper names of all part of the body	10	6.8
Responsible parenthood, Traditional and modern marriage	6	4.1
Not taught in my school	6	4.1
Marriage	4	2.7
How to prevent rape	3	2.0
Prevention of STD and dangers of early sex	3	2.0
Personal hygiene, sexually transmitted diseases	3	2.0
Drug abuse	3	2.0
Sex Education	2	1.4
Family living	3	2.0
Human growth and development	2	1.4
Prevention of child abuse	2	1.4
Healthy relationship	2	1.4
Rape it consequences and how to avoid it	1	0.7
Menstruation	1	0.7
Health issues	1	0.7
Ways to delay the initiation of sexual intercourse	1	0.7
Risky sexual behavior	1	0.7
Communicable diseases	1	0.7
Civic Education	1	0.7

**Table 4.5 Reported Importance of sexuality education in primary schools**

<b>Importance of sexuality(Multiple response)</b>	<b>N</b>	<b>%</b>
*Sexual abuse and prevention	139	12.5
*Rape and how to avoid it	137	12.3
*Puberty characteristics/ changes in the body	122	10.9
*How to avoid sexual coercion	100	9.0
*Healthy relationship	99	8.9
*Proper names of body parts	93	8.3
*Function of sexual organ in the body	83	7.4
*Reporting sexual advances/aggression	79	7.1
*Abortion and its consequences	79	7.1
*Pregnancy/human reproduction	49	4.4
*Refusals	40	3.6
*Birth control method and effectiveness	35	3.1
*Masturbation	34	3.0
*The use of condom	25	2.2
*Premarital relationship	2	0.2
	<b>1116</b>	<b>100.0</b>

**Table 4.6a Respondents Knowledge Categorisation**

<b>Knowledge Categorisation</b>	<b>N</b>	<b>%</b>
Poor Knowledge	4	2.0
Fair Knowledge	85	42.5
Good Knowledge	111	55.5
<b>Total</b>	<b>200</b>	<b>100.0</b>

**Scale:** less than or equal to 4=Poor knowledge,  $4 \leq$  Fair Knowledge  $\leq 8$ , Good knowledge  $\geq 8$

Mean=8.7 $\pm$ 2.0; Median=9.0; Minimum=1; Maximum=12.

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### **4.3 The categorization of the respondents by knowledge and sociodemographic characteristics.**

More, (78.4) of the Female respondents had good knowledge of sexuality education compared to few, (2.6%) of the male respondents who had good knowledge on sexuality education. The association between the sex and knowledge scores of the respondents was not statistically significant ( $X^2=1.43$ ,  $df=2$ ,  $p\text{-value}=0.316$ ).

More, (60.2%) of the respondents with NCE/OND qualification had good knowledge on sexuality education compared to few, (0.9%) of the respondents with PhD qualification. The association between the educational qualification and knowledge scores of the respondents was not statistically significant ( $X^2=8.839$ ,  $df=8$ ,  $p\text{-value}=0.663$ ).

More, (11.9%) of the respondents who teach primary 2 had good on sexuality education compared to few, (0.9%) who teach Nursery 1. The association between the class taught by respondents and knowledge scores of the respondents was statistically significant ( $X^2=24.866$ ,  $df=16$ ,  $p\text{-value}=0.064$ ).

More, (75.7%) of the respondents who were Christians had good knowledge compared to few (24.3%) who were of the Islamic faith. The association between the religion of the respondents and knowledge scores of the respondents was not statistically significant ( $X^2=2.639$ ,  $df=2$ ,  $p\text{-value}=0.27$ ).

More, (73.9%) of the respondents who were married had good knowledge compared to few, (33.3%) who are widowed and had fair knowledge. The association between the marital status of the respondents and knowledge scores of the respondents was not statistically significant ( $X^2=2.873$ ,  $df=6$ ,  $p\text{-value}=0.795$ ).

More (56.0%) of the respondents who were of the Yoruba ethnic group had good knowledge compared to few, (25.0%) who are of the Igbo ethnic group who had fair knowledge. The association between the ethnicity of the respondents and knowledge scores of the respondents was not statistically significant ( $X^2=2.418$ ,  $df=4$ ,  $p\text{-value}=0.629$ ).

More, (51.1%) of the respondents who had practiced for 1-5 years had good knowledge compared to few, (37.9%) of the respondents who had 11-33 years of experience who had fair knowledge. The association between the years of practice of the respondents and knowledge scores of the respondents was not statistically significant ( $X^2=7.398$ ,  $df=6$ ,  $p\text{-value}=0.286$ ).



More, (55.5%) of the respondents who are between the age of 45-66 Years had good knowledge compared to few, (10.8%) who are between the age of 15-24 Years. The association between the age of the respondents and knowledge scores of the respondents was not statistically significant ( $\chi^2=13.265$ ,  $df=6$ ,  $p\text{-value}=0.023$ ). See table 4.6b

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**Table 4.6b Categorisation of respondent's knowledge by socio-demographic characteristics**

Variable	Knowledge Categorisation		Good	Total	X <sup>2</sup>	df	Pvalue			
	Poor	Fair								
<b>Gender</b>										
Male	0(0.0)	20(24.7)	24(21.6)	44(22.4)	1.435	2	0.316			
Female	4(2.6)	61(75.3)	87(78.4)	152(77.6)						
<b>Educational Level</b>										
O'level	0(0.0)	12(14.6)	11(10.2)	23(11.9)	8.839	8	0.663			
NCE/OND	1(33.3)	49(59.8)	65(60.2)	115(59.6)						
HND	1(33.3)	18(22.0)	27(25.0)	46(23.8)						
MSC/PGD	1(33.3)	3(3.7)	4(3.7)	8(4.1)						
PhD	0(0.0)	0(0.0)	1(0.9)	1(0.5)						
<b>Class Taught</b>										
Primary 1	0(0.0)	10(12.8)	14(12.8)	24(12.6)	24.866	16	0.064			
Primary 2	1(25.0)	13(16.7)	13(11.9)	27(14.1)						
Primary 3	1(25.0)	5(6.4)	17(15.6)	23(12.0)						
Primary 4	0(0.0)	8(10.3)	12(11.0)	20(10.5)						
Primary 5	0(0.0)	10(12.8)	24(22.0)	34(17.8)						
Primary 6	0(0.0)	9(11.5)	14(12.8)	23(12.0)						
Nursery 3	0(0.0)	5(6.4)	8(7.3)	13(6.8)						
Nursery 2	2(50.0)	13(16.7)	6(5.5)	21(11.0)						
Nursery 1	0(0.0)	5(6.4)	1(0.9)	6(3.1)						
<b>Religion</b>										
Christianity	3(75.0)	54(65.1)	84(75.7)	141(71.2)				2.639	2	0.270
Islam	1(25.0)	29(34.9)	27(24.3)	57(28.8)						
<b>Marital status</b>										
Single	2(50.0)	21(25.3)	27(24.3)	50(25.3)	2.873	6	0.795			
Married	2(50.0)	60(72.3)	82(73.9)	144(72.7)						
Divorced	0(0.0)	1(1.2)	0(0.0)	0(0.0)						
Widowed	0(0.0)	1(33.3)	2(66.7)	3(1.5)						
<b>Ethnicity</b>										
Yoruba	4(2.1)	80(41.9)	107(56.0)	191(100.0)	2.418	4	0.629			
Hausa	0(0.0)	3(75.0)	1(25.0)	4(100.0)						
Igbo	0(0.0)	1(25.0)	3(75.0)	4(100.0)						
<b>Year of Practice</b>										
0-9 Moths	1(33.3)	7(8.5)	6(5.6)	14(100.0)	7.398	6	0.286			
1-5 Years	2(2.1)	44(46.8)	48(51.1)	94(100.0)						
6-10 Years	0(0.0)	20(35.7)	36(64.3)	55(100.0)						
11-33 Years	0(0.0)	11(37.9)	18(62.1)	18(62.1)						
<b>Age</b>										
15-24 Years	1(25.0)	17(20.0)	12(10.8)	30(15.0)	13.265	6	0.023			
25-34 Years	3(75.0)	22(11.8)	27(24.3)	37(18.5)						
35-44 Years	0(0.0)	10(11.8)	27(24.3)	37(18.5)						
45-66 Years	4(2.0)	85(42.5)	111(55.5)	200(100.0)						

\*Significant at (p=0.05) chi-square test statistics was used.

### 4.3.1 Test of Hypothesis 1

Chi-square test statistics set at  $p\text{-value} < 0.05$  was used to ascertain the true association of all the variables being considered in the knowledge and perception towards sexuality education for primary school pupils. More than half (56.1%) of the respondents who had good knowledge had a negative perception while more than half (54.1%) who had good knowledge had positive perception. There is no statistically significant difference between the knowledge of teachers and their perception towards sexuality education for primary school pupils with  $p = 0.708$ . The results of the findings are shown in table 4.7b. Therefore, we fail to reject the null hypothesis.

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**Relationship between the knowledge of teachers and their perception towards sexuality education for primary school pupils**

**Table 4.6c Relationship between knowledge and attitude of the respondents**

<b>Demographic variables</b>	<b>Negative Perception</b>	<b>Positive Perception</b>	<b>Total</b>	<b>*X<sup>2</sup></b>	<b>D.f</b>	<b>P. value</b>	<b>Null hypothesis</b>
<b>Sex</b>							
Poor knowledge	2(1.4)	2(3.3)	4(2.0)	0.749	2	0.708	Fail to reject
Fair knowledge	59(42.4)	26(42.6)	85(42.5)				
Good knowledge	78(56.1)	33(54.1)	111(55.5)				
Total	139(100.0)	51(100.0)	200(100.0)				

\*\*\* Not significant at P=0.05

Chi-square test statistics was used

#### **4.4 Perception of respondents on sex education for Primary School Children**

More than half (57.8%) of the respondents agreed that sexuality education should be taught at all classes in primary school. A split opinion of the respondents 44.0% and 40.9%

Respectively agreed and disagreed with the statement that Sex Education should be incorporated into nursery rhymes. More than four fifth (81.2%) of the respondents agreed that Parents should be in best position to teach sex related issues to their children.

Majority (68.0%) of the respondents disagreed with the statement that It is too early to teach sexuality education to primary school children. Majority (68.0%) also Agreed' that It is the responsibility of the school to teach sexuality education to the pupil.

More than one third (43.1%) Agreed' that, they did not have sexuality education when I was young and this did not affect me, isn't it best to let children pick up what they need to know in their own time. Majority (62.1%) disagreed that teaching sexuality education exposes children to sex the more.

Majority (72.6%) Agreed' with the statement that there should be specialized trained teachers who teach sexuality education. Majority (74.0%) disagreed that sexuality education should be taught secretly.

Majority (75.9%) agreed that, sexuality education should be included among relevant subject. More than half (56.6%) agreed that female teachers should teach sexuality education for females only. Also, more than half (53.8%) agreed with the statement that male teachers should teach sexuality education for males only.

Almost all (91.4%) of the respondents agreed with the statement that, teaching of sexuality education reduces the rate of child sexual abuse. More than four fifth (89.4%) agreed with the statement that sexuality education should be taught in schools (See table 4.8 for details)

The overall perception of the respondent showed that Majority (69.5%) had negative perception while few (30.5%) had positive perception on sexuality education with a mean of  $6.6 \pm 2.0$  and a range of 1-13. (See table 4.9 for details)

**Table 4.7 Teachers Perception on sex education for Primary School Children**

<b>Respondents Perception</b>	<b>Agree(%)</b>	<b>Undecided(%)</b>	<b>Disagree (%)</b>
Sexuality education should be taught at all classes in primary school (N=199)	115(57.8)	27(13.6)	57(28.6)*
Sex Education should be incorporated into nursery rhymes (N=193)	85(44.0)	29(15.0)	79(40.9)*
Parents should be in best position to teach sex related issues to their children (N=197)	160(81.2)	7(3.6)	30(15.2)*
It is too early to teach sexuality education to primary school children (N=197)	35(17.8)*	28(14.2)	134(68.0)
It is the responsibility of the school to teach sexuality education to the pupil (N=196)	126(64.3)	25(12.8)	45(23.0)*
I did not have sexuality education when I was young and this did not affect me, isn't it best to let children pick up what they need to know in their own time(N=197)	85(43.1)*	29(14.7)	83(42.1)
Teaching sexuality education exposes children to sex the more (N=198)	41(20.7)*	34(17.2)	123(62.1)
There should be specialized trained teachers who teach sexuality education(N=197)	143(72.6)	22(11.2)	32(16.2)
Sexuality education should be taught secretly (N=196)	17(8.7)*	34(17.3)	145(74.0)
Sexuality education should be included among relevant subject(N=195)	148(75.9)	26(13.3)	21(10.8)
Female teachers should teach sexuality education for females only (N=198)	112(56.6) *	28(14.1)	58(29.3)
Male teachers should teach sexuality education for males only (N=197)	106(53.8) *	33(16.8)	58(29.4)
Teaching of sexuality education reduces the rate of child sexual abuse (N=197)	180(91.4)	7(3.6)	10(5.1)*
Sexuality education should be taught in schools (N=199)	178(89.4)	12(6.0)	9(4.5)*

Negative perception\*

**Table 4.8 Respondents Perception categorisation**

Perception category	N	%
Negative Perception	139	69.5
Positive Perception	61	30.5
<b>Total</b>	<b>200</b>	<b>100.0</b>

Scale: < Negative perception, ≥8 Positive perception.

Mean=6.6±2.0; Median=6.5; minimum=1 maximum=13

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#### **4.5 The categorization of the respondents by perception and sociodemographic characteristics.**

More (78.3%) of the Female respondents had positive perception of sexuality education compared to few (21.7%) of the male respondents who had positive perception on sexuality education. The association between the sex and perception scores of the respondents was not statistically significant ( $X^2=0.003$ ,  $df=1$ ,  $p\text{-value}=1.000$ ).

More (51.8%) of the respondents with NCE/OND qualification had positive perception on sexuality education compared to few (5.4%) of the respondents with MSC/PGD qualification. The association between the educational qualification and perception scores of the respondents was not statistically significant ( $X^2=5.458$ ,  $df=4$ ,  $p\text{-value}=0.249$ ).

More (13.6%) of the respondents who teach primary 2 had positive perception on sexuality education compared to few (1.7%) who teach Baby class. The association between the class taught by respondents and perception scores of the respondents was not statistically significant ( $X^2=4.408$ ,  $df=9$ ,  $p\text{-value}=0.883$ ).

More (64.4%) of the respondents who were Christians had positive perception compared to few (35.6%) who were of the Islamic faith. The association between the religion of the respondents and perception scores of the respondents was not statistically significant ( $X^2=1.899$   $df=1$ ,  $p\text{-value}=0.174$ ).

More (67.8%) of the respondents who were married had positive perception compared to few, (1.7%) who are widowed. The association between the marital status of the respondents and perception scores of the respondents was not statistically significant ( $X^2=1.643$ ,  $df=3$ ,  $p\text{-value}=0.594$ ).

More (95.0%) of the respondents who were of the Yoruba ethnic group had positive perception compared to few, (3.3%) who are of the Igbo ethnic group. The association between the ethnicity of the respondents and perception scores of the respondents was not statistically significant ( $X^2=1.643$ ,  $df=2$ ,  $p\text{-value}=0.594$ ).

More (65.5%) of the respondents who had practiced for 1-5 years had good knowledge compared to few (5.2%) of the respondents who 11-33 years of experience. The association between the years of practice of the respondents and perception scores of the respondents was statistically significant ( $X^2=12.111$ ,  $df=3$ ,  $p\text{-value}=0.004$ ).



More (31.1%) of the respondents who are between the ages of 45-66 Years had positive perception compared to few, (18.0%) who are between the age of 15-24 Years and 35-44 years respectively. The association between the age of the respondents and perception scores of the respondents was not statistically significant ( $\chi^2=1.208$ ,  $df=3$ ,  $p\text{-value}=0.753$ ). Table 4.9a

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**Table 4.9a Categorisation of respondent's perception by sociodemographic characteristics**

Variable	Perception Categorisation		Total	X <sup>2s</sup>	Df	Pvalue
	Negative	Positive				
<b>Gender</b>						
Male	31(22.8)	13(21.7)	44(22.4)	0.030	1	1.000
Female	105(77.2)	47(78.3)	152(77.6)			
<b>Educational Level</b>						
O'level	12(8.8)	11(19.6)	23(11.9)	5.458	4	0.249
NCE/OND	86(62.8)	29(51.8)	115(59.6)			
HND	33(24.1)	13(23.2)	46(23.8)			
MSC/PGD	5(3.6)	3(5.4)	8(4.1)			
PhD	1(0.7)	0(0.0)	1(0.5)			
<b>Class Taught</b>						
Primary 1	17(12.8)	7(12.1)	24(12.6)	2.156	8	0.979
Primary 2	19(14.3)	8(13.8)	27(14.1)			
Primary 3	17(12.8)	6(10.3)	23(12.0)			
Primary 4	14(10.5)	5(10.3)	20(10.5)			
Primary 5	25(18.8)	9(15.5)	34(17.8)			
Primary 6	16(12.0)	7(12.1)	23(12.0)			
Nursery 3	9(6.8)	4(6.9)	13(6.8)			
Nursery 2	13(9.8)	8(13.8)	21(11.0)			
Nursery 1	3(2.3)	3(5.2)	6(3.1)			
<b>Religion</b>						
Christianity	103(74.1)	38(64.4)	141(71.2)	1.899	1	0.174
Islam	36(25.9)	21(35.6)	57(28.8)			
<b>Marital status</b>						
Single	32(23.0)	18(30.5)	18(30.5)	1.643	3	0.594
Married	14.804(7)	40(67.8)	144(72.7)			
Divorced	1(0.7)	0(0.0)	1(0.5)			
Widowed	2(1.4)	1(1.7)	3(1.5)			
<b>Ethnicity</b>						
Yoruba	134(96.4)	57(95.0)	191(96.0)	807	2	0.688
Hausa	3(2.2)	1(1.7)	4(2.0)			
Igbo	2(1.4)	2(3.3)	4(2.0)			

\*Chisquare test statistics was used

**Table 4. 9b** Categorisation of respondent's perception by sociodemographic characteristics

**Year of Practice**

0-9 Moths	12(8.9)	2(3.4)	14(7.3)	12.110	3	0.004
1-5 Years	56(41.5)	38(65.5)	94(48.7)			
6-10 Years	41(30.4)	15(25.9)	56(29.0)			
11-33 Years	26(19.3)	3(5.2)	29(15.0)			

**Age**

15-24 Years	19(13.7)	11(18.0)	30(15.0)	1.208	3	0.753
25-34 Years	39(28.1)	19(31.1)	58(29.0)			
35-44 Years	26(18.7)	11(18.0)	37(18.5)			
45-66 Years	55(39.6)	20(32.8)	75(37.5)			

**\*Significant at (p=0.05) Chi-square test statistics was used**

#### **4.6 Attitude towards sexuality education for Primary School children**

Majority (88.4) of the respondent disagreed when asked whether they do not like sexuality education because it was against their religion. Majority (78.8%) disagreed they are not against teachers that tell children the exact name of the sexual organ of the body.

Majority (88.4) disagreed when asked whether a child should be shunned when He or she ask question related to sex. Majority (77.0%) disagreed They are not against inclusion of sex education into Nursery and Primary School curriculum.

Majority (66.0%) disagreed they are not indifferent to the teaching of sexuality education to primary school children.

Majority (64.5%) disagreed when asked whether the exposure of pupils to sexuality education will lead to experimentation.

More than four fifth (69.5%) said agreed Sexuality education should teach abstinence from sex.

More than four fifth (87.8%) said disagreed when asked whether the Teaching of sexuality education should be discouraged. More than two third, (72.9%) disagreed when asked whether sexuality education promotes immoral behavior.

Majority (82.7%) said agreed Teaching of sexuality education is good because it gives opportunity to correct misconception about the subject matter. More than four fifth, (90.4%) Agreed Sexuality education will reduce the transmission of HIV/IDS among children.

Majority (69.9%) said Agreed Teaching of sexuality education will be acceptable e if female teachers can teach female pupils while almost all, (91.3%) reported that teaching sexuality education will reduce the rate of teenage pregnancy in children. (See table 4.11 for details)

The overall attitude score of the respondents showed that majority (87.0%) has positive attitude while few, (13.0%) had negative attitude. The mean perception score was  $9.1 \pm 2.4$  and a range of 0-13. (See table 4.12 for details)

#### 4.7 Categorisation of respondents' attitude by socio demographic characteristics.

More (79.4%) of the Female respondents had good attitude of sexuality education compared to few (20.6%) of the male respondents who had good attitude on sexuality education. The association between the sex and attitude scores of the respondents was not statistically significant ( $X^2=2.549$ ,  $df=1$ ,  $p\text{-value}=0.131$ ).

More (58.1) of the respondents with NCE/OND qualification had good attitude on sexuality education compared to few (0.1%) of the respondents with PhD qualification. The association between the educational qualification and attitude scores of the respondents was not statistically significant ( $X^2=3.447$ ,  $df=4$ ,  $p\text{-value}=0.2$ ).

More (19.6%) of the respondents who teach primary 5 had good perception on sexuality education compared to few (1.7%) who teach Baby class. The association between the class taught by respondents and attitude scores of the respondents was no statistically significant ( $X^2=47.218$ ,  $df=9$ ,  $p\text{-value}=0.563$ ).

More (72.7%) of the respondents who were Christians had attitude compared to few (27.3%) who were of the Islamic faith. The association between the religion of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=1.366$   $df=1$ ,  $p\text{-value}=0.252$ ).

More (67.8%) of the respondent who were married had good attitude compared to few (2.3%) who are widowed. The association between the marital status of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=7.152$ ,  $df=3$ ,  $p\text{-value}=0.067$ ).

More (96.0%) of the respondents who were of the Yoruba ethnic group had good attitude compared to few (3.3%) who are of the Igbo ethnic group. The association between the ethnicity of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=1.103$ ,  $df=2$ ,  $p\text{-value}=0.576$ ).

More (45.2%) of the respondents who had practiced for 6-10 years had good attitude compared to few (16.7%) of the respondents who 11-33 years of experience. The association between the years of practice of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=6.747$   $df=3$ ,  $p\text{-value}=0.080$ ).

More (38.5%) of the respondents who are between the age of 45-66 Years had good attitude compared to few (13.8%) who are between the age of 15-24 Years and 35-44 years respectively.

The association between the age of the respondents and attitude scores of the respondents was not statistically significant ( $\chi^2=2.769$ ,  $df=3$ ,  $p\text{-value}=0.429$ ). See table 4.12

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**Table 4. 10 Attitude towards sexuality education for Primary School children.**

Attitudinal statement	Agreed (%)	Undecided (%)	Disagreed (%)
I don't like sexuality education because it is against my religion (N=198)	16(8.1)	7(3.5)	175(88.4)*
I'm against teachers that tell children the exact name of the sexual organ of the body (N=198)	34(17.2)	8(4.0)	156(78.8)*
A child should be shunned when He/she ask question related to sex (N=198)	21(10.6)	2(1.0)	175(88.4)*
I'm against inclusion of sex education into Nursery and Primary School curriculum (N=196)	33(16.8)	12(6.1)	151(77.0)*
I'm indifferent to the teaching of sexuality education to primary school children (N=191)	47(24.6)	18(9.4)	126(66.0)*
Exposure of pupils to sexuality education will lead to experimentation (N=197)	50(25.4)	20(10.2)	127(64.5)*
Sexuality education should teach abstinence from sex (N=190)	132(69.5)*	13(6.8)	45(23.7)
Teaching of sexuality education should be discouraged (N=197)	17(8.6)	7(3.6)	173(87.8)*
It promotes immoral behavior (N=192)	41(21.4)	11(5.7)	140(72.9)*
Teaching of sexuality education is good because it gives opportunity to correct misconception about the subject matter (N=196)	162(82.7)*	11(5.6)	23(11.7)
Sexuality education will reduce the transmission of HIV/IDS among children(N=197)	178(90.4)*	7(3.6)	12(6.1)
Teaching of sexuality education will be acceptable by me if female teachers can teach female pupils(N=196)	137(69.9)	15(7.7)	44(22.4)*
Teaching sexuality education will reduce the rate of teenage pregnancy	179(91.3)*	6(3.1)	11(5.6)

---

 Positive attitude\*

**Table 4.11** Categorisation of respondent's attitude scores

<b>Attitude Categorisation</b>	<b>N</b>	<b>%</b>
Negative Attitude	26	13.0
Positive Attitude	174	87.0
<b>Total</b>	<b>200</b>	<b>100.0</b>

**Scale:** <6 Negative attitude, ≥6 Positive attitude

**Mean**=9.1±2.4, median=10.0; minimum=0, maximum=13

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#### **4.8 Categorisation of respondent's attitude by socio demographic characteristics.**

More (79.4%) of the Female respondents had positive attitude of sexuality education compared to few (20.6%) of the male respondents who had positive attitude on sexuality education. The association between the sex and attitude scores of the respondents was not statistically significant ( $X^2=2.549$ ,  $df=1$ ,  $p\text{-value}=0.131$ ). See table 4.12.

More (58.1) of the respondents with NCE/OND qualification had positive perception on sexuality education compared to few (0.1%) of the respondents with PhD qualification. The association between the educational qualification and perception scores of the respondents was not statistically significant ( $X^2=3.447$ ,  $df=4$ ,  $p\text{-value}=0.2$ ).

More (19.6%) of the respondents who teach primary 5 had positive perception on sexuality education compared to few (1.7%) who teach Baby class. The association between the class taught by respondents and attitude scores of the respondents was no statistically significant ( $X^2=47.218$ ,  $df=9$ ,  $p\text{-value}=0.563$ ).

More (72.7%) of the respondents who were Christians had positive attitude compared to few (27.3%) who were of the Islamic faith. The association between the religion of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=1.366$   $df=1$ ,  $p\text{-value}=0.252$ ).

More (67.8%) of the respondent who were married had positive attitude compared to few, (2.3%) who are widowed. The association between the marital status of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=7.152$ ,  $df=3$ ,  $p\text{-value}=0.067$ ).

More (96.0%) of the respondents who were of the Yoruba ethnic group had positive attitude compared to few, (3.3%) who are of the Igbo ethnic group. The association between the ethnicity of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=1.103$ ,  $df=2$ ,  $p\text{-value}=0.576$ ).

More (45.2%) of the respondents who had practiced for 6-10 years had positive attitude compared to few (16.7%) of the respondents who 11-33 years of experience. The association between the years of practice of the respondents and attitude scores of the respondents was not statistically significant ( $X^2=6.747$   $df=3$ ,  $p\text{-value}=0.080$ ).

More (38.5%) of the respondents who are between the age of 45-66 Years had positive attitude compared to few, (13.8%) who are between the age of 15-24 Years and 35-44 years respectively.

The association between the age of the respondents and attitude scores of the respondents was not statistically significant ( $\chi^2=2.769$ ,  $df=3$ ,  $p\text{-value}=0.429$ ).

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**Table 4.12 Categorisation of respondents Attitude by sociodemographic characteristics**

Variable	Attitudinal Categorisation		Total	X <sup>2</sup>	df	Pvalue	Null Hypothesis				
	Negative	Positive									
<b>Gender</b>											
Male	9(34.6)	35(20.6)	44(22.4)	2.549	1	0.131	Fail to reject				
Female	17(65.4)	135(79.4)	152(77.6)								
<b>Educational Level</b>											
O'level	3(11.5)	20(12.0)	23(11.9)	3.447	4	0.435					
NCE/OND	18(69.2)	97(58.1)	115(59.6)								
HND	3(11.5)	43(25.7)	46(23.8)								
MSC/PGD	2(7.7)	6(3.6)	8(4.1)								
PhD	0(0.0)	1(0.6)	1(0.5)								
<b>Class Taught</b>											
Primary 1	3(12.5)	21(12.5)	24(12.5)					7.218	9	0.563	
Primary 2	4(16.7)	23(13.7)	27(14.1)								
Primary 3	4(16.7)	19(11.3)	23(12.0)								
Primary 4	2(8.3)	18(10.7)	20(10.4)								
Primary 5	1(4.2)	33(19.6)	34(17.7)								
Primary 6	3(12.5)	20(11.9)	23(12.0)								
Nursery 3	1(4.2)	12(7.1)	13(6.8)								
Nursery 2	4(16.7)	17(10.1)	21(10.9)								
Nursery 1	2(8.3)	4(2.4)	6(3.1)								
Baby Class	0(0.0)	1(0.6)	1(0.5)								
<b>Religion</b>											
Christianity	16(61.5)	125(72.7)	141(71.2)	1.366	1	0.252					
Islam	10(38.5)	47(27.3)	57(28.8)								
<b>Marital status</b>											
Single	7(26.9)	43(25.0)	50(25.3)	7.152	3	0.067					
Married	18(69.2)	126(73.3)	144(72.7)								
Divorced	1(3.8)	0(0.0)	1(0.5)								
Widowed	0(0.0)	3(1.7)	3(1.5)								
<b>Ethnicity</b>											
Yoruba	25(96.2)	166(96.0)	191(96.0)	1.103	2	0.576					
Hausa	1(3.8)	3(.7)	4(2.4)								
Igbo	0(0.0)	4(2.3)	4(2.0)								
<b>Year of Practice</b>											
0-9 Moths	1(4.0)	13(7.7)	14(7.3)	6.747	3	0.080					
1-5 Years	18(72.0)	76(45.2)	94(48.7)								
6-10 Years	5(20.0)	51(30.4)	56(29.0)								
11-33 Years	1(4.0)	26(16.7)	29(15.0)								
<b>Age</b>											
15-24 Years	6(23.1)	24(13.8)	30(15.0)	2.769	3	0.429					
25-34 Years	9(34.6)	49(28.2)	8(29.0)								
35-44 Years	3(11.5)	34(19.5)	37(18.5)								
45-66 Years	8(30.8)	67(38.5)	75(37.5)								

**\*\*Not- Significant at P=0.05      \*\*Chi-square test statistics was used**

#### **4.9 Factors influencing respondents' attitude towards sexuality education**

Table 4.14 shows the factors influencing respondents' attitude towards sexuality education.

Majority (67.0%) reported Yes' There is no time to teach children sexuality education. Majority (69.7%) said No' when asked whether they do not have the skills required in teaching sexuality education. Majority (73.5%) said No' when asked whether People around them will not be comfortable with them teaching children sexuality education.

Almost all (90.2%) said No' when asked whether their religious belief does not support me to teach children sexuality education. More than half (57.6%) said No when asked whether sexuality education is not part of the primary school curriculum. Also, more than one third (43.0%) said Yes' when asked whether they do not have the training required in teaching sexuality education.

More than one third (37.9%) said Yes' when asked whether the parents may not be comfortable with me teaching their children sexuality education. More than four fifth (81.2%) of the respondents said No' when asked whether there is a reward for any teacher that teaches his pupils sexuality by the Head master/mistress/parent. More than two third (72.8%) of the respondent said No' when asked whether the classroom setting does not give room for teaching sexuality education

#### **Test of associations**

Linear regression was used in testing if there is an association between attitude and factors influencing their attitude towards sexuality education for primary school students. It was found that there is no statistical association between respondent's attitude and factors influencing their attitude towards sexuality education for primary school students with R Square = 0.085 and P = 0.071. We therefore fail to reject the null hypothesis (See table 4.14).

**Table 4.13 Factors influencing respondents' attitude towards sexuality education**

<b>STATEMENTS</b>	<b>YES(%)</b>	<b>NO(%)</b>
There is no time to teach children sexuality education (N=197)	65(33.0)	132(67.0)
I don't have the skills required in teaching sexuality education(N=)	59(30.3)	136(69.7)
People around me will not be comfortable with me teaching children sexuality education (N=196)	52(26.5)	144(73.5)
My religious belief does not support me to teach children sexuality education (N=194)	19(9.8)	175(90.2)
Sexuality education is not part of the primary school curriculum (N=191)	81(42.4)	110(57.6)
I don't have the training required in teaching sexuality education (N=193)	83(43.0)	110(57.0)
The parents may not be comfortable with me teaching their children sexuality education(N=195)	74(37.9)	121(62.1)
There is a reward for any teacher that teaches his pupils sexuality by the Head master/mistress/parent (N=191)	36(18.8)	155(81.2)
The classroom setting does not give room for teaching sexuality education (N=191)	52(27.2)	139(72.8)

**Table 4.14a Relationship between respondents' Attitude and factors influencing their attitude towards sexuality education for primary school students**

Model		Sum of Squares	Df	Mean Square	Sig.	R Square	Null hypothesis
1	Regression	3.345	9	0.372	0.071	0.085	Fail to reject
	Residual	36.093	175	0.206			
	Total	39.438	184				
Model				Unstandardized Coefficients		Standardized Coefficients	
				B	Std. Error	Beta	
No time to teach children sexuality education				.010	.081	.010	
Don't have the skills required Teaching skills in teaching sexuality education				-.028	.098	-.027	
People around me will not be comfortable with me teaching children sexuality education				.002	.093	.002	
My religious belief does not support me to teach children sexuality education				.252	.133	.153	
Sexuality education is not part of the primary school curriculum				.027	.073	.029	
Don't have the training required in teaching sexuality education				-.110	.096	-.117	
parents may not be comfortable with me teaching their children sexuality education				-.028	.080	-.029	
Reward for any teacher that teaches his pupils sexuality by the Head master/mistress/parent				-.282	.089	-.237	
Classroom setting does not give room for teaching sexuality education				-.057	.085	-.055	

\*\*\*Linear regression analysis was used

\*\*Not Significant at (p<0.05)

#### 4.9.1 Test of Hypothesis -2

The second hypothesis stated that there is no statistically significant difference between the knowledge of teachers and their attitude towards sexuality education for primary school pupils. Chi-square test statistics set at p-value < 0.05 was used to ascertain the true association of all the variables being considered in the knowledge and attitude towards sexuality education for primary school pupils.

Majority (92.8%) of the respondents had good knowledge had a good attitude while less than half (40.2%) of the respondents who had fair knowledge also had good attitude towards sexuality education for primary school pupils. Therefore, the association between the knowledge and attitude scores of the respondents was found to be statistically significant ( $X^2=5.122$ ,  $df=1$ ,  $p\text{-value}=0.001$ ). Therefore, we reject the null hypothesis(See Table 4.14c for details)

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**Table 4.14b Test of Hypothesis -2**  
**Relationship between the knowledge of teachers and their attitude towards sexuality education for primary school pupils**

**Table 4.14b Relationship between knowledge and attitude of the respondents**

Demographic variables	Negative Attitude	Positive Attitude	Total	*X <sup>2</sup>	D. f	P. value	Null hypothesis
<b>Sex</b>							
Poor knowledge	3(11.5)	19(0.6)	4(2.0)	18.51	2	0.001	Rejected
Fair Knowledge	15(17.6)	70(40.2)	85(42.5)				
Good knowledge	8(30.8)	103(92.8)	111(55.5)				
Total	26(100.0)	174(100.0)	200(100.0)				

- Significant at P=0.05

Chi-square test statistics was used



#### **4.9.2 Relationship between respondents' sociodemographic and their attitude towards sexuality education for primary school students**

##### **The third Hypothesis-3**

Linear regression was used in testing if there is an association between respondents' socio-demographic and their attitude towards sexuality education for primary school students. It was found that there is a statistical association between respondent's socio-demographic characteristics and their attitude towards sexuality education for primary school students with R Square = 0.824 and P = 0.024. This means that the socio-demographic characteristics of the respondents have 82.4% influences on their attitude towards sexuality education for primary school students. The ethnic group contributed the most ( $\beta = 0.40$ ) to their attitude towards sexuality education for primary school students. The null hypothesis is hereby rejected (See Table 4.15).

Linear regression was used in testing if there is an association between respondents' years of teaching practice and their attitude towards sexuality education for primary school students. It was found that there is a statistical association between respondent's socio-demographic characteristics and their attitude towards sexuality education for primary school students with R Square = 0.022 and P = 0.03. This means that the years of teaching practice of the respondents have 22.0% influences on their attitude towards sexuality education for primary school students. The null hypothesis is hereby rejected (See Table 4.16).

**Table 4.15 Relationship between respondents' sociodemographic and their attitude towards sexuality education for primary school students**

Model		Sum of Squares	Df	Mean Square	Sig.	R Square	Null hypothesis
1	Regression	0.925	8	0.116	0.824	0.024	Rejected
	Residual	37.811	177	0.214			
	Total	38.737	185				
Model				Unstandardized Coefficients		Standardized Coefficients	
				B	Std. Error	Beta	
Age				-.004	.034	-.010	
Gender				.002	.082	.002	
Religion				.067	.076	.066	
Marital status				-.004	.054	-.005	
Ethnic group				.059	.110	.040	
Educational qualification				-.034	.051	-.054	

\*\*\*Linear regression analysis was used

\*\*Not Significant at (p<0.05)

**Table 4.16 Relationship between respondents' year of teaching practice and factors influencing their attitude towards sexuality education for primary school students**

Model		Sum of Squares	Df	Mean Square	Sig.	R Square	Null hypothesis
1	Regression	0.910	1	0.910	0.038	0.022	Fail to reject
	Residual	39.660	191	0.459			
	Total	40.570	192				
Model				Unstandardized Coefficients		Standardized Coefficients	
				B	Std. Error	Beta	
Constant				-1.508	0.104		
Year of teaching practice				-0.082	0.039	-0.150	

\*\*\*Linear regression analysis was used

\* Significant at (p<0.05)

#### **4.10 Aspect of sexuality education taught in primary school curriculum**

On the aspect of sexuality education taught in primary schools, the following responses were elicited. The topics taught were reported to be healthy relationships, (38.9%), pregnancy or human reproduction (25.8%), Puberty characteristics changes in the body (17.4%), how to avoid sexual coercion (7.4%), Sexual abuse and prevention (2.6%), Rape and how to avoid it (2.6%), Function of sexual organ in the body (2.1%), Birth control method and effectiveness (1.1%), proper names of body parts (1.6%) and Abortion and its consequences (0.5%). (See table 4.17 for details)

Majority of the respondents reported that the class teacher should teach sexuality education while few said it should be the school nurse and very few (0.5%) said it is not necessary in schools (See table 4.18 for details)

When asked at what age sexuality education should be taught to children, there was a split of opinion more, (17.7%) recommended age of 10 years while others recommended 5 years (14.0%), 6 years (12.8%) while very few recommended 10 years and above. See table 4.19 for details)

When asked at what class sexuality education should be taught, more, (22.8%) reported that it should be taught at primary 1. Others reported that it should be taught at primary 4(11.6%) and primary 5 (11.6%) hence a split of opinion on the subject matter. (See table 4.20 for details)

When asked whether they have ever discussed the issue of sexuality education with children, more than half, (59.7%) said Yes' while few, (40.3%) said No. (See figure 1 for details)

Sexuality education issues discussed in schools is shown in table 4.21. More, (20.9%) of the respondents reported that Puberty and reproductive organs while few reported discussing menstruation (0.9%), how to control sexual urge (0.9%), not allowing anybody to touch their private part (0.9%), reporting sexual advances (0.9%), birth control (0.9%) and child up bringing (0.9%) respectively. (See table 4.21 for details)

Reasons for non-teaching of sexuality education in classes shows that more than one third, (35.7%) reported that they did not teach sexuality education because the children are still young. Other key reason is; It is not in the curriculum (22.9%), no time for that (7.1%), It's not permitted (7.1%), not necessary (4.3%), being a new teacher (4.3%) not having the skills required (2.9%), not aware on sexuality education (2.9%) and because parents may dislike teaching sexuality education (1.4%) (See table 4.22 for details)

More, (40.5%) of the respondents cited culture and belief as a barrier while few, (0.6%) cited pupils and age factor as a barrier to teaching sexuality education in primary schools. (See figure 4.2 for details)

Reported Sexuality education delivered to teachers as a young student. More, (22.1%) reported been taught on Puberty and function of sexual organs while few, (1.0%) reported been taught on how to turn down advances from opposite sex (See Table 4.23 for details)

Reasons why the teachers were not taught on sexuality education. Almost one third, (33.3%) reported not knowing why sexuality were not taught to teachers while young and other reason are; not included in curriculum (11.7%), not an issue then (8.3%), not necessary (6.7%), It was not culturally acceptable during our time (5.0%), Age factor (5.0%) and few, (1.7%) went to a school owned by a deeper life member. (See Table 4.24 for details)

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**Table 4.17 Reported Aspect of sexuality education taught in primary school curriculum**

<b>Aspect taught in the school (N=190)</b>	<b>N</b>	<b>%</b>
Healthy relationship	74	38.9
Pregnancy/human reproduction	49	25.8
Puberty characteristics/ changes in the body	33	17.4
How to avoid sexual coercion	14	7.4
Sexual abuse and prevention	5	2.6
Rape and how to avoid it	5	2.6
Function of sexual organ in the body	4	2.1
Proper names of body parts	3	1.6
Birth control method and effectiveness	2	1.1
Abortion and its consequences	1	0.5
Total	190	100.0

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**Table 4.18 Who should teach sexuality education in primary school**

<b>Who should teach sexuality education in schools</b>	<b>N</b>	<b>(%)</b>
Class teacher	90	47.9
Health professional/ trained expert	72	38.3
Guidance and counselor teacher	19	10.1
Invited teacher	4	2.1
School nurse	2	1.1
Not necessary in schools	1	0.5
<b>Total</b>	<b>188</b>	<b>100.0</b>

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**Table 4.19 At what age should sexuality education be taught to children**

<b>Recommended Age of Children</b>	<b>N</b>	<b>%</b>
10 years	29	17.7
5 years	23	14.0
6 years	21	12.8
8 years	18	11.0
12 years	17	10.4
4 years	15	9.1
3 years	11	6.7
7 years	11	6.7
9 years	9	5.5
2 years	5	3.0
11 years	4	2.4
10 Years and above	1	0.6
<b>Total</b>	<b>164</b>	<b>100.0</b>

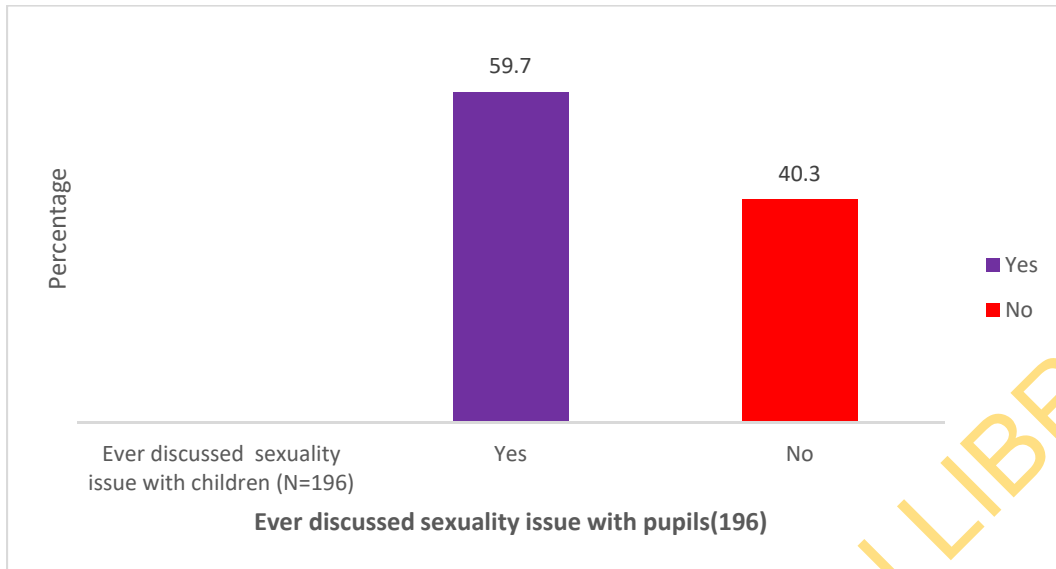
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**Table 4.20 At what class should sexuality education be introduced in primary schools**

<b>Class at which sexuality education should be taught (N=189)</b>	<b>N</b>	<b>%</b>
Nursery 1	9	4.8
Nursery 2	10	5.3
Nursery 3	24	12.7
Primary 1	43	22.8
Primary 2	11	5.8
Primary 3	16	8.5
Primary 4	22	11.6
Primary 5	22	11.6
Primary 6	32	16.9
<b>Total</b>	<b>189</b>	<b>100.0</b>

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**Figure 1: Ever discussed sexuality issue with pupils (196)**

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**Table 4.21 Sexuality education issues discussed in schools**

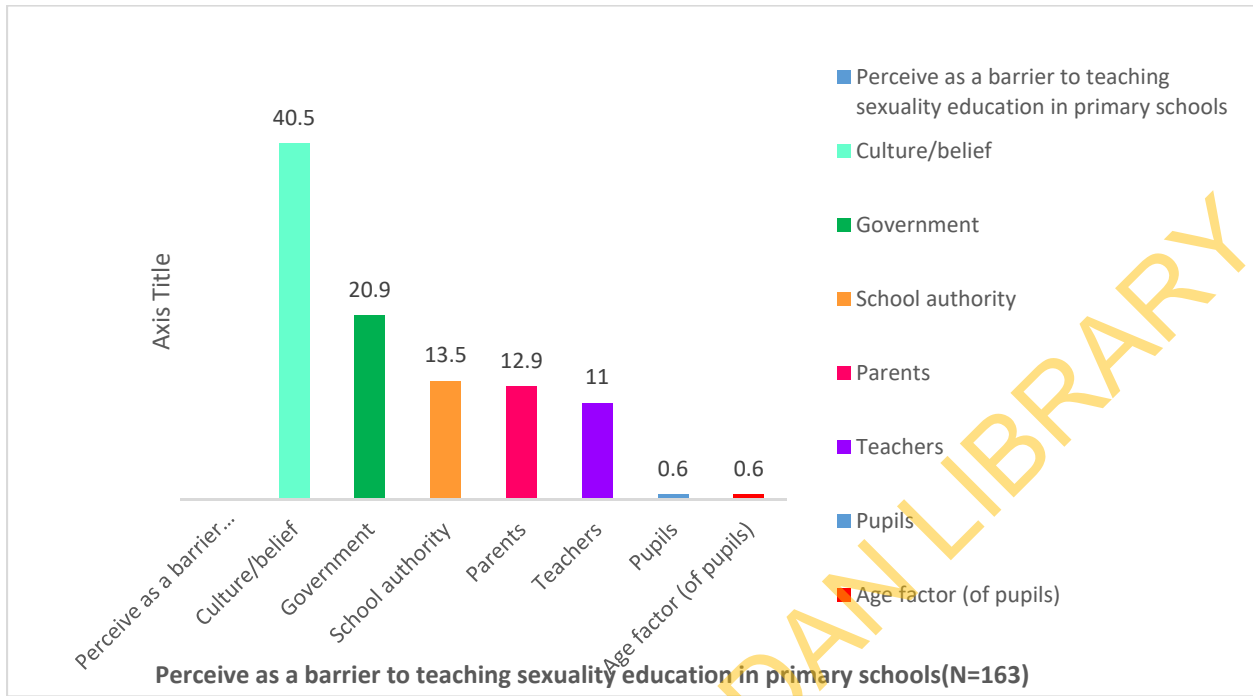
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Sexuality educational issues discussed in schools (N=110)	N	%
Puberty and reproductive organs	23	20.9
Premarital sex education	15	13.6
They should not go to secret places with opposite sex	15	13.6
Discussed on parts of the body	13	11.8
HIV prevention	11	10.0
About rape	7	6.4
Function of sexual organ	5	4.5
Consequences of sexual behaviours	5	4.5
Decent dressing and to avoid intimacy with the opposite sex	4	3.6
Rape, unwanted pregnancy	2	1.8
Ways to prevent being abused sexually	4	3.6
Menstruation	1	0.9
How to control sexual urge	1	0.9
I told them that they should not allow anybody to touch their private part	1	0.9
Reporting sexual advances	1	0.9
Birth control	1	0.9
Child up bringing	1	0.9
Total	110	100.0

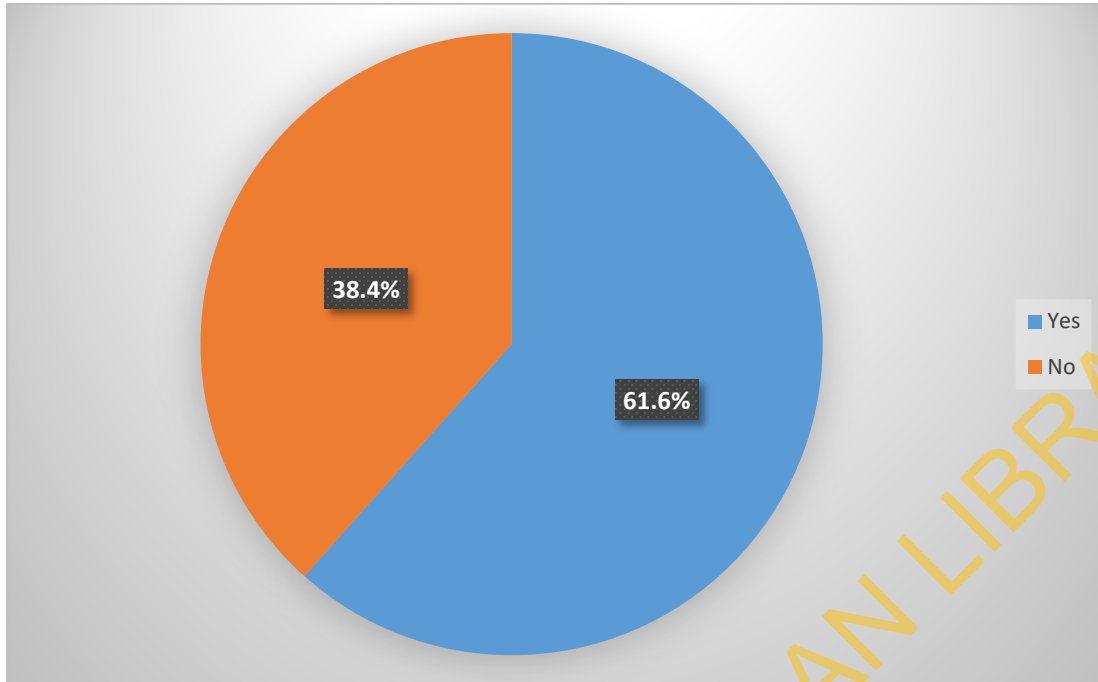
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**Table 4.22 Reasons for non-teaching of sexuality education in classes**

Reasons (N=70)	N	%
Because they are still young	25	35.7
It is not in the curriculum	16	22.9
There is no time for that	5	7.1
It's not permitted	5	7.1
I am a new teacher	3	4.3
It is not necessary	3	4.3
I don't know how to go about it	2	2.9
I don't have the skills required for that	2	2.9
Because is teach English	1	1.4
Because I teach lower class	1	1.4
The topics are limited to puberty characteristics	1	1.4
It is not in the curriculum	1	1.4
Nothing	1	1.4
Because it is not my duty	1	1.4
Because parents may dislike the act	1	1.4
It tends to change children attitude	1	1.4
To curb the rate of sexual abuse	1	1.4
<b>Total</b>	<b>70</b>	<b>100.0</b>



**Figure 2: Perceive as a barrier to teaching sexuality education in primary schools(N=163)**



**Figure 4.3 Teachers been taught on at any point discuss sex related issues as a pupil**

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**Table 4.23 Reported Sexuality education delivered to teachers as a young student**

<b>What was taught</b>	<b>N</b>	<b>%</b>
Puberty and function of sexual organs	23	22.1
Sex, Rape, Pregnancy and consequences of abortion	19	18.3
We should not go to secret places with opposite sex	13	12.5
Consequences of unsafe sex and sexual behaviour	7	6.7
Reproduction system	8	7.7
Menstruation	7	6.7
Prevention of early marriage	4	3.8
Decent dressing and to avoid intimacy with opposite sex	3	2.9
Proper names of part of the body	4	3.8
Use of Condom and contraceptives	5	4.8
Consequences of early marriage	2	1.9
Life planning education (abstinence from sex)	1	1.0
Premarital relationship	4	3.8
Abstinence	3	2.9
How to turn down advances from opposite sex	1	1.0
Total	104	100.0

**Table 4.24 Reasons why the teachers were not taught on sexuality education (N=60)**

<b>Reasons why sexuality education were not taught to teachers while young</b>	<b>N</b>	<b>%</b>
I don't know why	20	33.3
It was not included in our curriculum	7	11.7
It wasn't much an issue then	5	8.3
It was not necessary	4	6.7
It was not culturally acceptable during our time	3	5.0
It was a taboo	3	5.0
Age factor	3	5.0
Rape cases is not common during our time and people have the fear of God	3	5.0
Due to uncivilization	2	3.3
No teacher was ready to talk about it	2	3.3
It might be they were not informed	2	3.3
Because most of my teachers are women	1	1.7
Lack of self-confidence on the part of the teacher	1	1.7
It may be as a result of religious belief	2	3.3
Because I studied in the village	1	1.7
I went to a school owned by a deeper life member	1	1.7
<b>Total</b>	<b>60</b>	<b>100.0</b>



## CHAPTER FIVE DISCUSSION, CONCLUSION AND RECOMMENDATIONS.

### 5.0

This study was conducted to investigate the factors influencing the attitude of teachers as regards sexuality education for primary school children in Ibadan South East Local Government, Ibadan Oyo state. This chapter would address the following; socio-demographic information; knowledge level of knowledge of parents and teachers about sexuality education, the perception, attitude and factors influencing attitude of teachers towards teaching children sex-education among the respondents. Other sub-sections are the implication of the findings to health promotion and education, conclusion and recommendations.

Majority of the respondent in this current study are female with a mean age for the study is  $36.3 \pm 11.5$  years and a range of age of 15-66 years which is similar to that of a study conducted by Kuponiyi, Amoran, and Kuponiyi, (2016).

The findings from this study also revealed that Majority of the respondents are of the Christian faith this findings is similar to that of the study conducted by Eko , Abeshi, Osonwa Uwanede, Offiong, (2013) More than half, had NCE/OND qualification a findings contrary to that of the study conducted by Aniebue, (2007) where majority of the teacher had postgraduate qualification(Aniebue, 2007) More than half, were from private primary schools a findings similar to that of a study conducted by Kuponiyi, Amoran and Kuponiyi, (2016). Almost all, of the respondents were of the Yoruba ethnic group. This may be attributed to the fact that this study was conducted at the southwestern region with a significant Yoruba population. Majority of the respondents were being married a findings similar to that of the study conducted bu Eko , Abeshi, Osonwa Uwanede, Offiong, (2013).

### **5.1 Knowledge of sexuality education**

More than half of the respondents had good knowledge of sexuality education this could be attributed to the year of experience and their advanced level of education. This finding is similar to that of the study conducted by Kajang, Jatau, Kolawole, (2015) and Davou, (2010). Findings of the study showed that almost one third, (32.1%) of the respondents wrongly asserted that sexuality education involves the teaching about abstinence alone may point to a lack of understanding attributed to absence of a clear protocol for sexuality education content, approaches, rules and

regulation for educational training in schools (Kumar, Goyal, Singh, Bhardwaj, Mittal, and Yadav, 2017).

The study revealed that when asked whether sexuality education teach children on how to have sex, majority, correctly said No which could be attributed to the increase in the level of awareness on sexuality education

More, of the respondents reported that sexual abuse and prevention is the most taught while the least topic is premarital relationship this finding may be attributed to increase in the trend of juvenile sex abuse in the nation prompting the increase in acceptance of sexuality education in the society. This finding is contrary to that of the study conducted by Oshi and Nakalema (2005) where majority of the teachers were reluctant to teach sexuality education due to socio-cultural and religious factors.

The findings from the study showed that there is significant association between the class taught by respondents and their knowledge on sexuality education was statistically significant this finding is consistent with that of the study conducted by Asekun-Olarinmoye, Fawole, Dairo, Magbagbeola and Amusan, (2007)

## **5.2 Perception on of respondents on sex education for Primary School Children**

Majority, had poor perception of sexuality education this finding is similar to that of the study conducted in Nigeria by Eko, Abeshi, Osonwa, Uwanede, Offiong (2013) furthermore studies have demonstrated that most African culture perceives sexuality education as not being in the best interest of adolescents and children and that it could promote promiscuity (Asekun-Olarinmoye, Fawole, Dairo, Magbagbeola and Amusan, 2007; Herman, Ovuga, Mshilla, Ojara, Kimbugwe, G., Adrawa, Mahuro, 2013).

The findings of this study showed a significant relationship( $p=0.004$ ) between the years of practice of the respondents and their perception of sexuality education. This finding is divergent to that of the study conducted in Tanzania by Mkumbo (2012). Where there was no association between the teachers' sociodemographic and their perception of sexuality education

### **5.3 Attitude towards sexuality education for Primary School children**

Overall attitude score of the respondents showed that majority (87.0%) has positive attitude. The findings of this study also indicated that there is a significant association ( $p=0.05$ ) between the knowledge and attitude of the respondents towards sexuality education. The findings are similar to that of the study conducted by Kitila Mkumbo, (2012) in Tanzania.

The findings from this study indicates that more than one third of the respondents reported that they are indifferent to the teaching of sexuality education to primary school children. Furthermore, the findings of this study also showed that majority (69.9%) and of the respondent reported that teaching of sexuality education will be acceptable if female teachers can teach female pupils only. This finding could point to the underlying of the cultural and religious inclinations towards sexuality education especially in an African setting like Nigeria.

### **5.4 Factors influencing attitude towards sexuality education**

The finding from this study showed that number of barriers to teaching sexuality education; time (67.0%), lack of required skill (30.3%), religious belief (9.8%), low level of awareness on the content of the primary school sexuality education curriculum (42.4%), inadequate skill set (43.0%), parental comfort or complains (37.9%), lack of appropriate reward, (18.8%), lack of enabling class room environment to teach sexuality education. The findings is similar to that of the study conducted by Kitila Mkumbo, (2012); Ajuwon and Brieger, (2007). Hence the need to encourage continuous training of teachers to improve their skill and confidence, foster collaboration with parents through the parent teacher's association and enlighten the public to address the barriers to full implementation of sexuality education in primary schools.

The findings from this study using linear regression model showed that there is a statistical association ( $P = 0.024$ ); between respondent's sociodemographic characteristics and their attitude towards sexuality education for primary school students with the ethnicity contributing the most ( $\beta = 0.40$ ) to their attitude towards sexuality education for primary school students. Furthermore, years of teaching practice was found to be statistically significant ( $P = 0.03$ ;) This could be attributed the settings where the study was conducted which is south western Nigeria this finding is contrary to that of the findings from a study conducted by SubburajManoj (2012) where there was no statistical significance between the respondents sociodemographic and their attitude towards sexuality education .

### **5.5 Aspect of sexuality education taught in primary school curriculum**

The findings of this study revealed that for the teachers that teaches sexuality education almost all the important areas of the sexuality education were taught. The topics taught includes; healthy relationships, (38.9%), pregnancy or human reproduction (25.8%), Puberty characteristics changes in the body (17.4%), how to avoid sexual coercion, (7.4%), Sexual abuse and prevention (2.6%), Rape and how to avoid it (2.6%), Function of sexual organ in the body (2.1%), Birth control method and effectiveness (%), proper names of body parts (1.6%) and Abortion and its consequences (0.5%). This finding is in line requirements of the FLHE of Nigeria which is a requirement for improving the knowledge of youths and adolescents in Nigeria. (Nwaorgu; Onyeneho, Onyegebu, Okolo, Ebele, Ugochukwu, Mbaekwe, 2009.)

### **5.6 Barriers to Sexuality education in primary schools**

Reasons for non-teaching of sexuality education in this study were; children being young (35.7%), non-inclusion in the curriculum (22.9%), time factor (7.1%), not being permitted in schools (7.1%), FLHE not necessary (4.3%), being a new teacher (4.3%) not having the skills required (2.9%), not aware on sexuality education (2.9%) fear of parental disapproval, culture and belief barriers (0.6%) among other identified barrier to teaching sexuality education in primary schools. This finding are consistent with that of the findings of the study conducted by

### **5.7 Implication for Health Promotion and Education**

Based on the findings of this study, there was a high level of knowledge on sexuality education but the fact that that almost one third, (32.1%) of the respondents wrongly asserted that sexuality education involves the teaching about abstinence alone. Furthermore, majority, (69.5%) had poor perception which is a significant negative on the teachers who would impart their knowledge in the young primary school children. Hence these findings from this study has a significant health promotion and education implication and thereby the need for multiple approach for tackling the identified gaps.

**5.7.1 Awareness and health education:** There is a need for more awareness programme on the importance of sexuality education in primary school and continuous training of teachers on the benefits and importance of sexuality education to address the poor levels of perception among teachers

Public Enlightenment programs including campaign and awareness has been shown to reach a large number of people and can also influence their knowledge, perception, attitude and FLHE full integration in primary school settings.

**5.7.2 Training:** The study findings revealed numerous challenges to sexuality education in primary schools. These challenges include: non-inclusion in the curriculum, time factor, not being permitted in schools, FLHE not necessary, being a new teacher not having the skills required, not aware on sexuality education fear of parental disapproval, culture and belief barriers among other identifies. Training and institutional support should be provided to teacher in order to achieve the stated objectives of the FLHE.

**5.7.3 Advocacy-** There is a need to advocate for a change in the school policy to become more friendly to the teachings of Family Life and HIV Education Programme in Nigeria and address the challenges of lack of enabling environment in the schools. The study also showed that many of the teachers were weary of the non-availability or lack of basic supportive resources for adequate sexuality education policy implementation. There is a need for collaboration between all stakeholders (teachers, parent, governments) to successfully implement the FLHE program in Nigeria.

## **5.8 Conclusion**

The findings of this study revealed that lack of training, non- inclusion in the curriculum, fear of parental disapproval and lack of reward as major factors influencing the attitude of primary school teachers. Hence, there is a need for coordinated effort using different approach to address the diverse barriers to imparting sexuality education to primary school children and empower them with skillsets to prevent sexual risks.

## **5.9 Recommendations**

Based on the finding from this study,

The following recommendations were made;

1. I recommend that the existing sexuality education curricula be reviewed to adequately address the concerns of the parents, teachers by engaging them in a discussion to further give credibility and support for the program.

2. There is a need to organize a refresher training either through routine workshops or conferences in order to enhance the competence of all teachers in primary school to effectively deliver FLHE sexuality education in schools.
3. I recommend that all the government parastatals involved be engaged in the production, distribution and monitoring the implementation of the Family Life and HIV Education Programme in Nigeria (FLHE)
4. Professional organisations such as the health educators, institutions, should help pilot innovative educational strategies on sexuality education in order to address the negative perception, increase the understanding about the benefits of sex education among teachers, parents and community at large.
5. There is a need for specialized incentives for teachers in order to encourage them on teaching sexuality education to primary school children.

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**APPENDIX I**  
**INFORMED CONSENT FORM**

This study is being conducted by Ibukunayo Popoola of the Department of Health Promotion and Education, College of Medicine, University of Ibadan, Oyo state, Nigeria. The purpose of this study is to investigate the factors influencing the attitude of teachers towards sexuality education for primary school children in Ibadan South- East Local Government Area.

Multistage Sampling will be used for this study to select 156 primary school teachers in Ibadan South- East Local Government Area. This study will employ quantitative method of data collection. Information will be collected from the respondent using self administered structured questionnaire. The research does not require collection of invasive materials. Therefore safety of the participant is guaranteed. However teachers who feel uncomfortable with any of the question asked may leave such question unanswered.

Although there are no direct and immediate benefits to participants, however the information gathered from this study will be made available to the Ministry of Health and Ministry of Education in Oyo State so that favorable policies underscoring the need for sexuality education among primary school pupils will be given necessary attention. I will ensure the trust of the participants by assuring them that there would be no means of identification on the forms. I will ensure that the information gotten from them is stored properly with limited access to anyone but authorized personnel and an agreement form would be signed by the researcher

Statement of person obtaining informed consent:

I have fully explained this research to.....and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE:..... SIGNATURE.....

NAME.....

**APPENDIX II**  
**QUESTIONNAIRE**

**INTRODUCTION:** Greetings, I am POPOOLA, Ibukunayo Mary a Masters student of Public Health in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan. I am conducting a research titled “FACTORS INFLUENCING THE ATTITUDE OF TEACHERS TOWARDS SEXUALITY FOR PRIMARY SCHOOL PUPILS IN IBADAN SOUTH EAST LOCAL GOVERNMENT AREA” as part of the requirement for the award of the degree. I intend to gather information from you on the topic and will be very grateful if you spare some minutes to participate in the study by completing the questionnaire. the data collected will solely be you for the research finding purpose.

No name is required and utmost confidentiality of your identity, response and opinions will be ensured. You are requested to produce honest response as much as possible.

Thank you

**SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS**

Instruction: Please tick [ / ] in the boxes provided (as appropriate)

1. Gender      1. Male [  ]      2. Female [  ]
2. Age at last birthday? \_\_\_\_\_ (in years)
3. Educational Qualification: (1) O’level [  ] (2) NCE/OND [  ] (3) B Sc/HND [  ]  
(4) M Sc/PGD [  ] (5) Others [  ]
4. Type of School: (1) Private [  ] (2) Public [  ]
5. What class are you teaching? \_\_\_\_\_
6. How many years have you been teaching in your present school? \_\_\_\_\_
7. Any other school assignment? \_\_\_\_\_
8. Religion: 1. Christianity [  ] 2. Islam [  ] 3. Traditional religion [  ] Other [  ]
9. Marital status (1) Single [  ] (2) Married [  ] (3) Divorced [  ] (4) Separated [  ]



(5)Widower            (6) Widow [ ]

10.. Ethnic group: 1. Yoruba [ ] 2. Hausa [ ] 3. Igbo [ ] 4. Others (specify) \_\_\_\_\_

### SECTION B: Teachers Knowledge on sexuality education

Kindly tick(√) for each, if Yes (Y), No (N), I don't know(IDK)

S/N	Question	Yes	No	I don't know
11	Sexuality education are taught in primary schools in Nigeria			
12.	Sexuality education involves teaching about abstinence alone			
13.	Sexuality education include the study of private part of the body			
14.	Sexuality education is an important aspect of one's life and it helps overcome those social issues.			
15.	Sexuality educations have the tendency of reducing child sex abuse.			
16.	Sexuality education help learner make informed decision about sexual behavior			
17	Are HIV/AIDS and HIV infection taught as content of sexuality education in your school?			
18	Are personal skills such as self esteem, communication and values taught in your school?			
19	Does Sexuality education teach children on how to have sex?			
20	One of the goals of Family Life Education implementation is to delay the initiation of sexual intercourse?			
21	Are relationships, society and culture taught as contents of sexuality education in your school?			
22	The broad goal of Family Life Education is the prevention against HIV/AIDS through awareness and education?			
23	Should sexuality education be introduced into the school curricula at the primary and secondary level as well as in teacher training institutions			

24. Mention three importance of sexuality education to children

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Section C: Teachers Perception on sex education for Primary School Children

Kindly tick(√) for each, if Agree (A), Undecided (U), Disagree (D)

Question	Agree	Undecided	Disagree
25. Sexuality education should be taught at all classes in primary school			
26. Sex Education should be incorporated into nursery rhymes			
27. Parents should be in best position to teach sex related issues to their children			
28. It is too early to teach sexuality education to primary school children			
29. It is the responsibility of the school to teach sexuality education to the pupil			
30. I did not have sexuality education when I was young and this did not affect me, isn't it best to let children pick up what they need to know in their own time.			
31. Teaching sexuality education exposes children to sex the more			
32. There should be specialized trained teachers who teach sexuality education			
33. Sexuality education should be taught secretly			
34. Sexuality education should be included among relevant subject			
35. Female teachers should teach sexuality education for females only			
36. Male teachers should teach sexuality education for males only			

- 37 Teaching of sexuality education reduces the rate of child sexual abuse
- 38 Sexuality education should be taught in schools

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SECTION D: Attitude of teachers on sexuality education for Primary School children.

Kindly tick(√) for each, if Yes (Y), No (N), I don't know(IDK)

	Question	Yes	No	I don't know
39.	I don't like sexuality education because it is against my religion.			
40.	I'm against teachers that tell children the exact name of the sexual organ of the body.			
41.	A child should be shunned when He/she ask question related to sex			
42.	I'm against inclusion of sex education into Nursery and Primary School curriculum			
43.	I'm indifferent to the teaching of sexuality education to primary school children			
44.	Exposure of pupils to sexuality education will lead to experimentation			
45	Sexuality education should teach abstinence from sex			
46	Teaching of sexuality education should be discouraged			
47	It promotes immoral behavior			
48	Teaching of sexuality education is good because it gives opportunity to correct misconception about the subject matter			
49	Sexuality education will reduce the transmission of HIV/IDS among children			
50	Teaching of sexuality education will be acceptable by me if female teachers can teach female pupils			
51	Teaching sexuality education will reduce the rate of teenage pregnancy			

SECTION E: Factors influencing the attitude of parents and teachers towards sex education for primary school children

Please tick (✓) any of the responses that apply to you in the options provided or complete the blank spaces provided as applicable.

S/N	STATEMENTS	YES	NO
52	There is no time to teach children sexuality education		
53	I don't have the skills required in teaching sexuality education		
54	People around me will not be comfortable with me teaching children sexuality education		
55	My religious belief does not support me to teach children sexuality education		
56	Sexuality education is not part of the primary school curriculum		
57	I don't have the training required in teaching sexuality education		
58	The parents may not be comfortable with me teaching their children sexuality education		
59	There is a reward for any teacher that teaches his pupils sexuality by the Head master/mistress/parent		
60	The classroom setting does not give room for teaching sexuality education		

SECTION F: Sexuality education implementation in school

61. What aspect of sexuality education do you want to be included in primary school curriculum

(circle as many as possible)

1. Pregnancy/human reproduction
2. Healthy relationship
3. Birth control method and effectiveness
4. Puberty characteristics/ changes in the body

5. How to avoid sexual coercion
6. Sexual abuse and prevention
7. Reporting sexual advances/aggression
8. Function of sexual organ in the body
9. Rape and how to avoid it
10. Abortion and its consequences
11. Masturbation
12. The use of condom
13. Refusals
14. Proper names of body parts
15. Others (Please specify)

62. Who should teach sexuality education in primary schools?

1. Class teacher
2. Health professional/trained expert
3. School nurse
4. Invited teacher
5. Guidance and counselor teacher
6. Not necessary in schools

63. At what age should sexuality education be taught to children (2-12 years)?

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64. At what class should sexuality education be introduced in primary schools

1. Nursery 1
2. Nursery 2
3. Nursery 3
4. Primary 1
5. Primary 2
6. Primary 3
7. Primary 4

8. Primary 5

9. Primary 6

65. Have you ever discussed sexually related issues with your pupils

1. Yes [ ] 2. No [ ]

65b. If Yes, what were the things discussed

-----

66c. If No, why

-----

67. What do you perceive as a barrier to teaching sexuality education in primary schools

1. Government [ ]

2. School authority [ ]

3. Teachers [ ]

4. Culture/belief [ ]

5. Parents [ ]

6. Others (specify) -----

68. When you were in school, Did your teacher at any point discuss sex related issues with you?

1. Yes [ ] 2. No [ ]

69b. If No (why)

.....

70c. If yes, what were the things discussed?

.....

Adapted from Parents Perception and Attitude regarding Sexuality education for In- school Adolescents in Ibadan South- East Local government area, Ibadan, Oyo state (Caleb, 2017)

**APPENDIX III**

**(INSERT ETHICAL APPROVAL PICTURE)**

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