

KNOWLEDGE AND ATTITUDE OF PARENTS TOWARDS SEX EDUCATION FOR ADOLESCENTS (12-18 YEARS) IN THE ST. JOSEPH CATHOLIC CHURCH NIGERIA, DIOCESES OF ORLU

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Abstract

This research study is aimed at finding out the knowledge and attitude of parents towards sex education for adolescents (12-18 years) in the St. Joseph Catholic Church Nigeria, Dioceses of Orlu. Descriptive design is used; the sampling technique is convenient sampling because of irregularity of some parents to church services. Instrument of data collection is questionnaire made up of structured question from the research question, were distributed to the parents present at the time of the research study. The target population is 200, 100 questionnaires were distributed and the data collected were analyzed using simple percentage table. From the analysis of data, the researcher discovered that parents in St. Joseph Catholic Church Nigeria, Dioceses of Orlu, have the knowledge of sex education and a good attitude towards sex education. The study made some recommendations which if implemented would improve and equip parents the more in providing sex education.

Keywords: *Knowledge, attitude, parents, sex education, adolescents, 12-18 years, catholic church*

Introduction

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Sexuality is intrinsic to our being a basic human need and an aspect of humanness that cannot be divorced from life events. It influences our thought, actions and interactions, and is involved in aspects of physical and mental health. As a basic need, it is one of the essential focuses of health care (Fay and Yanoff, 2010).

Adolescence is a crucial phase of life in which an individual develops from a child into an adult. It is a stressful period in which the adolescent tries to adjust to his/her makes up, but the problem is who to address these questions, since in certain society's people still hold myths and misconceptions about sex and sexuality. The adolescent cannot freely approach his/her parents for guidance. Also those who try to seek guidance from parents are not satisfied because some parents try to evade discussion or are not able to give satisfactory answers. A few adolescents try to gather information through books, films and internet but majority do not have access to such information (Pluhar and Kuriloff ,2011).

The family which constitute the parents and children is one of the agents of socialization and it is the duty of the parents to give their adolescents the right education about sex and sexuality but unfortunately, too often most parents have inadequate knowledge and understanding about sex education, some others think that by educating the child, they are spoiling the child, they term sex to be dirty, shameful, and should not be talked about. The parents are the prime agents in developing, promoting or repressing the sexual attitude of the child. There is convincing evidence that the child's early experience have lasting influence on the conduct of later sexual life. Certainly development of gender identity and role behaviour is related to parent's belief that the child is either a male or a female and subsequent behaviour towards the child (Obeagu and Obeagu, 2019; Okoroiwu *et al.*, 2021)

.Globally, it has been observed that there is an escalating rate of unwanted pregnancies, unsafe abortions, sexually transmitted diseases, HIV and AIDS, prostitution etc with adolescents being victims of this ugly menace. In a survey of, nearly 3000 youths in Senegal, only one third of those aged 15-19 years could identify the fertile time in their menstrual cycle (Priceton, 2015).

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A survey around the major cities of Nigeria has shown an increase in school drop-outs, teenage pregnancies, prostitution, criminal abortions etc. quite appalling is the increased rate of homosexuality, lesbianism and rape in our secondary schools and universities. Worthy of note is the number of Adolescents attending the ART (antiretroviral therapy) clinic of some hospital, it's quite apologetic. Out of every 10 cases, 7 cases are issues of criminal abortions and STI (s).

Research Methodology

The research methodology will be discussed under the following headings: Research design, Area of Study, Population of study, Sample and sampling technique, Instrument for data collection, Validity/Reliability of test instruments, Method of data analysis, Ethical consideration.

Research Design

The descriptive design was used because it is concerned with obtaining data from samples regarding the purpose of describing the knowledge and attitude of parents towards sex education.

Area of Study

This research was carried out at St. Joseph Catholic Church Nigeria, Dioceses of Orlu, at No.8 Ezearo Street by Umuna Road, Orlu LGA Imo State.

Population of Study

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Population of study was 200 parents based on the number of married men and women in St. Joseph Catholic Church Nigeria, Dioceses of Orlu, comprised of men 88, women 122. The imbalance in the number of men to women is because the husbands of most women do not attend church services.

Sample and Sampling Technique

This research used convenient sample i.e. the number of parents available in the church at the time of the research study because of the irregularities of some parents at church and a total of 100 sample was gotten out of a total population of 200 parents.

$$\begin{aligned}
 \text{Men} & \qquad \qquad \qquad 88 \times 100 = 44 \\
 & \qquad \qquad \qquad \frac{200}{\text{---}} \\
 \text{Women} & \qquad \qquad \qquad = 112 \times 100 = 56 \\
 & \qquad \qquad \qquad \frac{200}{\text{---}} \\
 & \qquad \qquad \qquad 44 + 56 = 100 \\
 \text{Total Sample} & \qquad \qquad = 100
 \end{aligned}$$

Instrument for Data Collection

The researcher used questionnaire as an instrument for data collection. This tool was considered appropriate for the study because it has options from which the respondents will pick the ones they consider most appropriate and will also give the respondents the opportunity to express their views without being limited to the researcher's ideas.

Validity of Test Instrument

Validity of an instrument is the ability for an instrument to¹ measure what it is designed to measure. In this work, the questionnaire was presented to the supervisor who critically reviewed the items and also showed it to two other lecturers in the department who made their own input. After the corrections the final copy of the instrument was produced.

This is to ensure that they are good enough and can measure what they are intended to measure.

Reliability of Test Instrument

Fifteen copies of the questionnaire were distributed to parents in St. Mary's Catholic Church of Nigeria, Amaifeke, Orlu who are not to take part in the study. This is to review, the reliability of the instrument when used in the actual study. After collection, the response showed that the items are reliable.

Method of Data Collection

The researcher personally distributed the questionnaire to the respondents and with the aid of a trained assistant. Instructions on how to complete the questionnaires were sent out and all of them were returned. A total of one hundred questionnaires were printed, sent out and returned. It took the respondents ten minutes to fill the questionnaires.

Method of Data Analysis

Data collected were analyzed using simple percentage table.

Ethical Consideration

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The researcher ensured that the respondents were fully informed about the research work and its purpose. No name was mentioned in the write up and every information gotten was kept in confidence.

The participant was not forced to participate in the research work but their voluntary consent was obtained, the participant wishes were respected and maintained, the precaution to protect the participant from physical and mental harm were maintained, there was no falsification of data, plagiarism was equally avoided, adequate time and money were assigned to the research work for efficiency.

Results

Table 1: the level of parent's knowledge on sex education

S/N	QUESTIONS	SA	A	UD	SD	D	TOTAL
1.	Sex education experimenting sex?	3	10	2	50	35	100
2.	Sex education is the process of acquiring information and forming right attitude about sex and sexuality?	50	30	6	4	10	100
3.	Sex education is guiding	60	20	7	3	10	100

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youths to learn about

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	sex?					
4.	Sex education is teaching youths to abstain from sex?	57	35	-	3	5 100
	Total	170	95	15	60	60
	Mean	42	23	3	15	15,
	TOTAL IN %		65%	3%	30%	

From table 1, 65% of the respondents strongly agreed that Sex education is the process of acquiring information and forming right attitude about sex and sexuality, 65% of the respondent also agreed that Sex education is the process of acquiring information and forming right attitude about sex and sexuality. 3% of the respondent were undecided. 30% of the respondents strongly disagreed that Sex education is the process of acquiring information and forming right attitude about sex and sexuality. 30% of the respondent also disagreed that Sex education is the process of acquiring information and forming right attitude about sex and sexuality.

Table 2: the attitude of parents towards sex education

S/N	QUESTIONS	SA	A	UD	SD	D	TOTAL
1.	Sex education should take place at home, school and hospitals and should be given by teachers, parents, doctors and nurses?	42	50	-	5	3	100
2.	Sex education should take place at home, and should be given by parents only?	55	32	2	7	4	100
3.	Sex education should take place at school and should be given by teachers	35	25	3	12	25	100
4.	Sex education should take place at hospitals,	57	35	-	3	5	100

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and should be given by

doctors and nurses only?

Total	162	147	10	39	42
Mean	40	36	2	9	10
TOTAL IN %	76%		2%	19%	

From table 2, 76% of the respondents strongly agreed that Sex education should take place at home, school and hospitals and should be given by teachers, parents, doctors and nurses. 76% of the respondent also agreed that Sex education should take place at home, school and hospitals and should be given by teachers, parents, doctors and nurses. 2% of 'the respondent were undecided, 19% of the respondents strongly disagreed that Sex education should take place at home, school and hospitals and should be given by teachers, parents, doctors and nurses. 19% also disagreed that sex education should take place at home, school and hospitals and should be given by teachers, parents, doctors and nurses.

Table 3: factors that influence the attitude of parents towards sex education

S/N	QUESTIONS	SA	A	UD	SD	D	TOTAL
1.	Lack of knowledge and adequate information.	55	25	2	13	5	100
2.	Fear of sex experimentation and lack of authentic materials.	60	15	6	4	15	100
3.	Poor parent-child relationship.	36	54	-	7	3	100
4.	Time factor and shyness.	4	11	3	52	30	100
5	Religion and cultural belief.	10	3	5	22	60	100
	Total	165	108	16	98	113	
	Mean	41	27	4	24	28	
	TOTAL IN %	68%		4%	52%		

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From table 3, 68% of the respondents strongly agreed that lack of knowledge and adequate information influence the attitude of parents towards sex education. 68% of the respondent also agreed that lack of knowledge and adequate information influence the attitude of parents towards sex education. 4% of the respondent were undecided, 52% of the respondents strongly disagreed that lack of knowledge and adequate information influence the attitude of parents towards sex education. 52% also disagreed that lack of knowledge and adequate information influence the attitude of parents towards sex education.

Table 4: the various methods of sex education

S/N	QUESTIONS	SA	A	UD	SD	D	TOTAL
1	The right time to start sex education is at the primary school level.	40	35	5	15	5	100

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2.	The right time to start sex education is at the Secondary school level.	50	25	3	7	15	100
3.	The right time to start sex education is at the tertiary level.	55	38	-	4	3	100
4.	The right time to start sex education is when married.	60	11	2	20	8	100
	Total	205	109	9	46	31	
	Mean	52	27	5	11	7	
	TOTAL IN %	79%		2%	18%		

From table 4, 79% of the respondents strongly agreed that the right time to start sex education is at the primary school level. 79% of the respondent also agreed that the right time to start sex education is at the secondary school level. 2% of the respondent were undecided. While 18% of the respondents strongly disagreed that the right time to start sex education is at the primary school level. 18% of the 'respondent also disagreed that the right time to start sex education is at the primary school level.

Discussion

Emeonye, O.P., Obeagu, e.i., Nwatu M.S. and Felix, C.J. (2022). KNOWLEDGE AND ATTITUDE OF PARENTS TOWARDS SEX EDUCATION FOR ADOLESCENTS (12-18 YEARS) IN THE ST. JOSEPH CATHOLIC CHURCH NIGERIA, DIOCESES OF ORLU. Madonna University Journal of Medicine and Health Sciences. 2(2): 75-90

From the result of the analysis of data, the following findings were made in Table 1, the result revealed that 65% of the respondent strongly agreed that sex education is the process of acquiring information and forming right attitude about sex and sexuality.

In support of this Fay and Yanoff (2010) argued that providing sex education will help to meet the young people's right to information about matters that affect them, their rights to have their needs met and to help them enjoy their sexuality and the relationship they form.

This is in line with Langille *et al.* (2012) who states that previous research has consistently shown that a strong majority of parents have heard about sex education.

In table 2, the result of the finding showed that 76% of the respondent strongly agreed that sex education should take place at home, school, and hospitals and should be given by teachers, parents, doctors and nurses.

To support this, Burt (2011) in his own opinion said that sex education is a continuing process that begins soon after infancy and does not end until late adolescence; hence it should start at home and extend through all level of school progressively and should even include religious leaders.

In the same vein, Agbakwuru (2010) stated that teaching adolescents about sex is the combined effort of parents, teachers, ordained people of God, Nurses, Doctors, social scientist, Psychologist, guidance and counselor.

Table 3 proved that lack of knowledge and adequate information influence the attitude of parents towards sex education as 68% of the respondent strongly agreed to this fact.

Princeton (2015) also stressed that most parents and young people are ignorant and feel reluctant about issues like changes that take place during adolescence, conception, family planning and a feeling of embarrassment to discuss these issues. These hinder communication between parents and adolescence.

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In Table 4, 79% of the respondent strongly agreed that the right time to start sex education is at the primary school level.

Conclusion

The study showed low level of sex education among the subjects which may be disastrous and may lead to high level of unwanted pregnancies and increased drop out in school among school girls thereby frustrating their future.

Working with families and particularly adolescents may necessitate addressing sexuality both formally and informally. This shows that the nurse has a major role to play, being a health professional and an educationalist, knowing the health implication of neglecting sex education.

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