

## Factors affecting parental attitude towards sex education as perceived by married adults in Lagos State, Nigeria

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### ABSTRACT

*This study investigated factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria used a descriptive survey research design. A sample of 400 married adults participated in this study. A questionnaire tagged “Factors Affecting Parental Attitude towards Sex Education Questionnaire” (FAPSEQ) with a reliability of 0.72 was used to collect the data for this study. The data collected were analysed using mean and ranking order to answer the research question while t-test and ANOVA statistical methods were used to test the formulated hypotheses at 0.05 alpha level. The findings of the study revealed that married adults in Lagos State perceived that discussing sex with children encouraged children to engage in sexual activity; they felt uncomfortable discussing sexual topics with their children; and discussing sex with children damaged parents-relationship as some of the factors affecting parental attitude towards sex education. Also, findings revealed that there were no significant differences in the factors affecting parental attitude towards sex education based on gender and age but significant differences were found based on occupation ( $F=3.05$ ,  $p<0.05$ ) and tribe ( $F=12.38$ ,  $p<0.05$ ). Based on the findings, it was recommended that counsellors provide married adults with appropriate resources, guidance, or support systems that could equip them with the knowledge and skills necessary to have open and productive conversations about sex with their children or traditional and religious roles could be in play.*

### KEYWORDS

*Factors, parental attitude, sex education, married adults*

### RÉSUMÉ

*Cette étude a examiné les facteurs affectant l'attitude des parents à l'égard de l'éducation sexuelle telle qu'elle est perçue par les adultes mariés dans l'État de Lagos, au Nigeria, à l'aide d'une enquête descriptive. Un échantillon de 400 adultes mariés a participé à cette étude. Un questionnaire étiqueté “Factors Affecting Parental Attitude towards Sex Education Questionnaire” (FAPSEQ) avec une fiabilité de 0,72 a été utilisé pour collecter les données de cette étude. Les données collectées ont été analysées en utilisant la moyenne et l'ordre de*

*classement pour répondre à la question de recherche, tandis que les méthodes statistiques t-test et ANOVA ont été utilisées pour tester les hypothèses formulées au niveau alpha de 0,05. Les résultats de l'étude ont révélé que les adultes mariés de l'État de Lagos considéraient que le fait de parler de sexualité avec les enfants encourageait ces derniers à se livrer à des activités sexuelles, qu'ils se sentaient mal à l'aise lorsqu'ils discutaient de sujets sexuels avec leurs enfants et que le fait de parler de sexualité avec les enfants nuisait à la relation parentale, ce qui constituait certains des facteurs affectant l'attitude des parents à l'égard de l'éducation sexuelle. Les résultats ont également révélé qu'il n'y avait pas de différences significatives dans les facteurs affectant l'attitude des parents à l'égard de l'éducation sexuelle en fonction du sexe et de l'âge, mais des différences significatives ont été constatées en fonction de la profession ( $F=3,05$ ,  $p<0,05$ ) et de la tribu ( $F=12,38$ ,  $p<0,05$ ). Sur la base des résultats, il a été recommandé que les conseillers fournissent aux adultes mariés des ressources appropriées, des conseils ou des systèmes de soutien susceptibles de les doter des connaissances et des compétences nécessaires pour avoir des conversations ouvertes et productives sur la sexualité avec leurs enfants, ou que les rôles traditionnels et religieux soient en jeu..*

## **MOTS CLÉS**

*Factors, parental attitude, sex education, married adults*

## **INTRODUCTION**

Getting the right information and developing the right attitudes, ideas, and values regarding one's own identity, relationships, and intimacy is a lifetime process that begins with sex education and continues throughout a person's life. Toor (2012) defined sex education as a comprehensive subject within health education that encompasses knowledge about human sexual anatomy, reproductive health and rights, emotional relationships, responsibilities, abstinence, contraception, and other facets of human sexual behaviour. According to Frimpong (2010), sex education is a deliberate effort to enhance an individual's understanding and knowledge about their sexual development, functioning, behaviour, and attitudes through direct instruction.

One of the primary objectives of sex education is to provide accurate and age appropriate information to young people. According to the Centers for Disease Control and Prevention, comprehensive sex education can lead to delayed initiation of sexual activity, increased use of contraceptives, and a reduced risk of unintended pregnancy and STIs (Centers for Disease Control and Prevention, 2021). By demystifying and destigmatising topics surrounding sexuality, sex education empowers individuals to make informed choices that prioritise their physical and emotional well-being. Moreover, sex education fosters open and honest communication about relationships, consent, and respect. It teaches individuals to recognize and dismantle harmful gender norms, stereotypes, and power dynamics that can contribute to sexual violence and coercion (UNESCO, 2018). By promoting healthy relationships and emphasizing the importance of mutual respect and consent, sex education plays a crucial role in preventing sexual abuse and promoting gender equality.

Furthermore, comprehensive sex education addresses the diverse experiences and identities within the LGBTQ+ community, promoting inclusivity and acceptance. It challenges heteronormative assumptions and ensures that individuals of all sexual orientations and gender identities receive accurate and relevant information (World Health Organization, 2022). This inclusive approach not only enhances understanding and empathy but also contributes to the well-being and acceptance of marginalised communities. It also aims to cultivate critical thinking skills and decision-making abilities. By encouraging open dialogue and providing a

safe space for discussion, sex education equips individuals with the tools to navigate complex situations, communicate their boundaries, and make choices that align with their values and aspirations (Planned Parenthood, 2020).

Despite the importance of sex education on individuals, however, in Nigeria, cultural norms and traditions have long held a significant influence over societal attitudes and practices. Many communities adhere to long-standing beliefs that view open discussions about sexuality as a violation of cultural norms and a threat to the moral fabric of society. For instance, the cultural beliefs and practices that view sexuality as a sacred and private matter have hindered the acceptance and implementation of sex education in Nigeria (Aransiola et al., 2013). According to Aransiola et al. (2013), religious beliefs were found to play a significant role in shaping parental attitudes towards sex education in Nigeria. Many religious denominations in the country, such as Islam and Christianity, hold conservative views on sexuality and may perceive sex education as promoting promiscuity or undermining religious teachings. As noted in a study by Ogunbameru and Ogunbameru (2012), religious beliefs and doctrines that emphasize abstinence and discourage open discussions about sexuality have contributed to the resistance towards sex education in Nigeria.

The perception of sexuality as a taboo subject is deeply rooted in Nigerian society, where discussions about sexual matters are often considered inappropriate, especially when it comes to addressing young individuals. As described by Izugbara (2018), In Nigeria, sexuality is shrouded in secrecy, and open discussions about sexual matters, particularly with young people, are often considered a breach of cultural norms and societal expectations. This cultural and religious influence on parental attitudes towards sex education is further compounded by the lack of comprehensive sex education curricula and resources in many Nigerian schools and communities. As noted by the United Nations Population Fund Nigeria (2021), the absence of a standardized, culturally sensitive curriculum and the lack of trained teachers to deliver sex education have hindered its widespread acceptance and implementation in Nigeria.

Additionally, some parents harbour concerns that exposing their children to sex education may encourage promiscuity or undermine their moral values. This fear, though unfounded, can lead to a reluctance to engage in open discussions about sexuality, relationships, and personal well-being. Anyanwu et al. (2017) found that a significant proportion of parents believed that sex education would promote promiscuity and immorality among their children. This belief stems from the deeply rooted cultural and religious values that emphasize abstinence and view discussions about sexuality as taboo. Similarly, Aransiola et al. (2019) revealed that some parents expressed concerns that exposing their children to sex education would lead to increased sexual experimentation and a breakdown of moral values. This fear is often rooted in misconceptions and a lack of understanding about the objectives and content of comprehensive sex education programs.

The Nigerian Urban Reproductive Health Initiative (NURHI) conducted a study in 2018 that highlighted the prevalence of this concern among parents. The study found that “many parents believed that providing their children with information about sexuality and contraception would encourage them to engage in premarital sexual activities, which is culturally and religiously unacceptable” (NURHI, 2018). These concerns are further exacerbated by the lack of standardized, age-appropriate, and culturally sensitive sex education curricula in many Nigerian schools and communities. As noted by Adeomi et al. (2021), “the absence of a well-structured and comprehensive sex education program has contributed to misconceptions among parents, leading to the belief that such programs promote immorality”.

Despite the cultural and religious challenges surrounding sex education in Nigeria, there is a growing recognition of its importance, particularly in addressing the alarming rates of adolescent pregnancy, sexually transmitted infections, and gender-based violence plaguing the country. This recognition stems from the realization that comprehensive sexuality education

can equip young people with the knowledge and skills necessary to navigate their sexual and reproductive lives responsibly and make informed decisions.

Factors affecting parental attitude towards sex education are a pressing international concern, influencing the sexual health and well-being of youth globally. Research indicates that cultural and religious values, societal norms, and personal experiences shape parental attitudes, with studies showing that conservative cultures like India (Kumar et al., 2019) and Africa (Mmari et al., 2017) often exhibit more restrictive views. Furthermore, parental education level and communication styles significantly impact attitudes, as seen in studies from the United States (Wilson et al., 2015) and Australia (Mitchell et al., 2018). These factors contribute to varying levels of support for comprehensive sex education, highlighting the need for culturally sensitive and evidence-based approaches to promote healthy adolescent development worldwide.

According to a report by the World Health Organization (WHO) in 2020, Nigeria has one of the highest rates of adolescent pregnancy in the world, with approximately 19% of girls between 15 and 19 years old having begun childbearing. Furthermore, the prevalence of sexually transmitted infections (STIs) among Nigerian youth is a major concern. A study by the Nigerian Institute of Medical Research in 2018 revealed that nearly 25% of young people aged 15-24 were living with an STI, emphasizing the need for education on safe sexual practices and disease prevention. Gender-based violence is another pressing issue that has brought attention to the importance of sex education in Nigeria. According to a report by the United Nations Children's Fund (UNICEF, 2016) in Lagos State, one in four girls and one in ten boys in Nigeria have experienced sexual violence before the age of 18. Several studies were carried out on sex education (Ademuyiwa et al., 2022; Elizabeth & Kajang, 2020; Mailoushi et al., 2010; Musa, 2020) in different parts of Nigeria except Lagos State despite widespread sexual violence, STI, highest rates of adolescent pregnancy and so on in the State this study therefore investigated factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria. The study also examined the influence of moderating variables of gender, age, occupation and tribe on the respondents' responses.

### ***Research Question***

What are the factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria?

### ***Research Hypotheses***

There are significant differences in the factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria based on gender, age, occupation and tribe.

## **METHODOLOGY**

A descriptive survey research design was used for this study. This design is chosen because it allows for a systematic collection of data from a sample to describe the existing conditions and attitudes towards sex education. The population consisted of married adults in Lagos State, Nigeria. A sample of 400 married adults were selected for this study. A purposive sampling technique was used to select participants who are particularly knowledgeable about or experienced with the topic of sex education. These participants were selected from schools, markets, Churches, Mosques, business organizations etc.

Table 1 revealed that female participated more than male by 53.0% (N=212). Also, respondents who were between 20-25 years of age participated more in this study (54.5%,

N=218) than those who were between 36-50 years (33.0%, N=132). A total of 142 (35.5%) were self-employed, 140 (35.0%) were working in public organization, 108 (27.0%) were working in private organization while 2.5% (N=10) of the respondents were retirees. Most of these participants were from the Yoruba tribe (56.5%, N=226).

**TABLE 1**  
*Distribution of the respondents' demographic data*

Variable		Frequency	Percentage
Gender	Male	188	47.0
	Female	212	53.0
	Total	400	100
Age	20-35 years	218	54.5
	36-50 years	132	33.0
	51 years and above	50	12.5
	Total	400	100
Occupation	Self-employed	142	35.5
	Public organization	140	35.0
	Private organization	108	27.0
	Retiree	10	2.5
	Total	400	100
Tribe	Igbo	100	25.0
	Yoruba	226	56.5
	Hausa	74	18.5
	Total	400	100

The instrument used for this study was a researcher-designed questionnaire tagged “Factors Affecting Parental Attitude towards Sex Education Questionnaire” (FAPSEQ). The instrument comprised of two sections (A & B). Section ‘A’ consisted of respondents’ demographic information, such as gender, age, occupation and tribe while section ‘B’ consisted of 15 items on the factors affecting parental attitude towards sex education. For section B, the responses from the participants are patterned after the Four-Point Likert-type format with options of Strongly Agree (SA) - 4 points; Agree (A) - 3 points; Disagree (D) - 2 points; Strongly Disagree (SD) - 1 point.

The instrument was validated by 5 lecturers in the Department of Counsellor Education, Faculty of Education, University of Ilorin. The reliability of this study was established through the test re-test method. Analysis of the data revealed that the instrument has reliability of 0.72. Data collected were analysed using percentages for demographic data of the respondents while mean and ranking were used to answer the research question. Analysis of Variance (ANOVA) and t-test statistical tools were used to test the hypothesis at 0.05 level of significance.

## RESULTS

### *Answering Research Question*

Table 2 presents the mean and rank order of the respondents’ perceptions on the factors affecting parental attitudes to sex education. The table indicates that all the 15 ranked above 2.50 mean cut-off point which implies that respondents perceived that all the items are the factors affecting parental attitude towards sex education. Therefore, the three top-ranked were items 15, 3 and 1 which ranked 1st, 2nd and 3rd with the mean scores of 3.67, 3.55 and 3.44 respectively. This implies that respondents perceived that discussing sex with children will encourage them to engage in sexual activity; parents feel uncomfortable discussing sexual

topics with their children; and discussing sex with children will damage parents-relationship were some of the factors affecting parental attitude towards sex education.

**TABLE 2**

*Mean and rank order analysis of the respondents' perceptions on the factors affecting parental attitude Sex Education*

Item No	As far as I am concerned, I perceived that:	Mean	Rank
15	discussing sex with children will encourage them to engage in sexual activity	3.67	1 <sup>st</sup>
3	parents feel uncomfortable discussing sexual topics with their children	3.55	2 <sup>nd</sup>
1	discussing sex with children will damage parents-relationship	3.44	3 <sup>rd</sup>
4	talking about sex will lead to curiosity and experimentation among children	3.41	4 <sup>th</sup>
7	discussing sex is unnecessary because children will learn about it elsewhere	3.39	5 <sup>th</sup>
5	providing sex education will encourage promiscuity among children	3.34	6 <sup>th</sup>
6	discussing sex with children violates the cultural or religious beliefs	3.31	7 <sup>th</sup>
8	discussing sex with my children lead to embarrassment for both parents and children	3.24	8 <sup>th</sup>
14	discussing sex with children is inappropriate at their age	3.15	9 <sup>th</sup>
9	parents fear that discussing sex will make their children lose respect for them	3.12	10 <sup>th</sup>
10	parents feel discussing sex will make their children view them differently	3.09	10 <sup>th</sup>
12	parents worry discussing sex will encourage rebellion among their children	3.08	12 <sup>th</sup>
11	parents fear discussing sex will make their children more likely to engage in risky behaviours	3.03	13 <sup>th</sup>
13	parents believe that sex education should solely be the responsibility of healthcare professionals	3.01	14 <sup>th</sup>
2	parents think that sex education should solely be taught by schools and not by parents	2.99	15 <sup>th</sup>

### **Hypotheses Testing**

**TABLE 3**

*Summary of t-test and ANOVA showing differences in the factors affecting respondents' attitude towards Sex Education*

Variable	Calc. t-value/ F-ration	p-value	Remark
Gender	1.81	.071	Accepted
Age	1.64	.194	Accepted
Occupation	3.05*	.028	Rejected
Tribe	12.38*	.000	Rejected

\*Significant,  $p < 0.05$

Table 3 shows the summary of the t-test and ANOVA analysis showing differences in the perceived factors affecting respondents' attitudes towards sex education across gender, age, occupation and tribe. The finding revealed that there were no significant differences in the factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria based on gender ( $t=1.81$ ,  $p>0.05$ ) and age ( $F=1.64$ ,  $p>0.05$ ) but significant

differences were found based on occupation, ( $F=3.05$ ,  $p<0.05$ ) and tribe ( $F=12.38$ ,  $p<0.05$ ). In order to ascertain where the significant difference lies in the occupation and tribe of the respondents, Scheffe Post-Hoc was carried out and the output is shown in Table 4.

**TABLE 4**  
*Scheffe post-hoc where the significant difference lies based on Occupation and Tribe*

Occupation	N	Subset for Alpha = 0.05	
		1	2
Retiree	10	59.60	
Self-employed	142	61.38	
Public organization	140		64.49*
Private organization	108		64.52*
Sig.		.318	1.000
<b>Tribe</b>			
Yoruba	226	61.02	
Igbo	100		66.06*
Hausa	74		66.38*
Sig.		1.000	.975

\*Contribute to the significant difference

Table 4 shows that respondents who were working in public and private organisations have the highest mean scores of 64.49 and 64.52 (in subset 2) and based on tribe, those who were from Igbo and Hausa tribes also have the highest mean scores of 66.06 and 66.38 (in subset 2) and thus contribute to the significant difference.

## DISCUSSION

The finding of the study revealed that married adults in Lagos State perceived that discussing sex with children encouraged children to engage in sexual activity; they felt uncomfortable discussing sexual topics with their children; and discussing sex with children would damage parents-relationship as some of the factors affecting parental attitude towards sex education. The finding aligns with the findings of Mbugua (2007) found that some parents in Kenya believed that discussing sex with their children would encourage them to engage in sexual activities. Jacobs and Ghoston's (2017) study revealed that many parents felt uncomfortable and ill-equipped to discuss sexual matters with their children, echoing the discomfort reported by parents in Lagos State. Similarly, Pohan and Hinduan (2019) identified parents' concerns that discussing sex with their children could damage the parent-child relationship. The reason could be that parents may lack access to appropriate resources, guidance, or support systems that could equip them with the knowledge and skills necessary to have open and productive conversations about sex with their children or traditional and religious roles could be in play.

The study revealed that there was no significant difference in the factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria based on gender. This implies that the perceptions of male and female respondents were no different. The finding supports the findings of Dienye and Idaka (2016) and Dyck et al. (2021) who found no significant differences between fathers and mothers in their comfort levels with

sexual health education for their children. Likewise, Nambambi and Mufune (2011) also reported that both fathers and mothers shared similar concerns and attitudes towards discussing sex with their children. The reason could be that both men and women may share similar roles in discussing and imparting sex education to their children, leading to comparable attitudes.

The finding also revealed that there was no significant difference in the factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria based on age. This means that respondents across age ranges have similar opinions on the factors affecting parental attitudes towards sex education. The finding is consistent with the study of Aransiola et al. (2013) who reported that parental attitudes towards discussing sex with their children were similar across different age groups. The reason could be that married adults across different age groups might share similar socioeconomic backgrounds and thus have similar attitudes towards sex education.

There was significant difference in the factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria based on occupation. This implies that respondents were different in their perceptions on the factors influencing parental attitude towards sex education. The result of Scheffe post-hoc revealed that respondents who were working in public and private organization contributed to the significant difference. The finding supports the study of Yeo and Lee (2020) who found significant difference based on occupation. Yeo and Lee (2020) also explained that parents in certain occupations might have more exposure to information about sexual health, leading to a more positive attitude towards sex education. For instance, healthcare professionals might be more supportive of comprehensive sex education due to their understanding of the consequences of inadequate sexual health knowledge.

The finding showed that there was a significant difference in the factors affecting parental attitude towards sex education as perceived by married adults in Lagos state, Nigeria-based tribe which implies that respondents based on tribe have different perceptions. Scheffe's post-hoc showed that respondents who were from the Igbo and Hausa tribes contributed to the significant difference.

This finding is in tandem with the study of Ogunbameru and Ogunbameru (2012) who reported that parental attitudes towards sex education differed across various ethnic groups, with some tribes being more receptive to the idea, while others were more resistant due to traditional beliefs and practices. This could be because parents from different Igbo and Hausa tribes have cultural and religious beliefs that do not allow sex education.

## CONCLUSION

Based on the findings of the study, it can be concluded that married adults in Lagos State, Nigeria, hold several concerns and negative perceptions regarding discussing sex education with their children. The belief that such discussions would encourage sexual activity among children, the discomfort in broaching sexual topics, and the fear of damaging the parent-child relationship were identified as significant factors affecting parental attitudes towards sex education. Interestingly, the study found no significant differences in these factors based on gender or age among the married adults surveyed. This suggests that the concerns and perceptions related to sex education may be shared across genders and age groups within the Lagos State context. However, the study revealed significant differences in the factors affecting parental attitudes towards sex education based on occupation and tribe. Parents from different occupational backgrounds and tribal affiliations exhibited varying levels of concerns and perceptions regarding sex education for their children. These findings highlight the influence of socioeconomic status and cultural backgrounds on shaping parental attitudes towards this



sensitive topic. Overall, the study underscores the need to address the concerns and perceptions of parents in Lagos State, particularly those related to the potential consequences of discussing sex education with children. Tailored interventions and educational programs that consider occupational and tribal diversity within the community may be necessary to promote more positive attitudes and open communication about sexual health between parents and their children.

## **IMPLICATIONS FOR COUNSELLING**

Counsellors can provide married adults with appropriate resources, guidance, or support systems that could equip them with the knowledge and skills necessary to have open and productive conversations about sex with their children or traditional and religious roles could be in play. Counselling interventions should focus on addressing the prevalent misconceptions and fears among parents, such as the belief that discussing sex with children will encourage sexual activity or damage the parent-child relationship. Counsellors can provide evidence-based information and facilitate open dialogues to challenge these misconceptions and alleviate parents' concerns.

Given the significant differences in parental attitudes based on occupation and tribe, counselling interventions should be tailored to address the specific cultural and socioeconomic contexts of different groups. Counsellors can collaborate with community leaders, religious authorities, and occupational groups to develop culturally sensitive and relevant approaches. Counsellors can engage in advocacy efforts and community outreach programs to raise awareness about the importance of sex education and the benefits of open parent-child communication. This can help shift societal norms and create a more supportive environment for sex education initiatives.

## **RECOMMENDATIONS**

Based on the findings of the study, it was recommended that:

1. Counsellors should provide married adults with appropriate resources, guidance, or support systems that could equip them with the knowledge and skills necessary to have open and productive conversations about sex with their children or traditional and religious roles could be in play.
2. Counsellors and social workers should develop and implement targeted education and awareness campaigns to dispel misconceptions and myths about discussing sex with children.
3. There is a need to engage community leaders and organizations to promote the importance of sex education and encourage open dialogue within neighbourhoods and tribal communities. Foster partnerships with local institutions, such as schools, religious organizations, and health centres, to provide comprehensive sex education resources and support services.
4. Government, health workers and counsellors should collaborate with employers and occupational associations to integrate sex education initiatives into workplace wellness programmes. Provide resources and support for employees to address sexual health and family communication within the context of their occupations.
5. There is a need for the government, health workers and counsellors to tailor sex education initiatives to align with cultural values while still promoting accurate information and open dialogue.

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