Global Educational Research Journal: 2360-7963
Vol. 14(9) September, Pp. 153-164, 2026
DOI: https://doi.org/10.54978/GERJ
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Knowledge and Practices of Parents towards Sexuality Education among Adolescents in Eziudo Community Ezinihitte Mbaise Local Government Area, Imo State, Nigeria

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Abstract

Sexuality education which is learning that equips the youths with scientifically accurate, age – appropriate information to help them make healthy relationships, understand bodily anatomy and make informed choices about their sexual and reproductive health is very vital in the life of every adolescent which this work sought to investigate. However, it remains a contentious issue in many societies with parental knowledge and practices significantly influencing adolescents' access to comprehensive information. This study investigated parental knowledge and practice regarding sexuality education for adolescents in the Eziudo Community of Ezinihitte Mbaise Local Government Area, Imo State, Nigeria. A cross-sectional descriptive design was employed, involving 384 parents of adolescents aged 10 – 19 years, selected through multistage sampling. Data were collected using a structured questionnaire and analyzed using Epi Info version 7. Results showed that 46.09% of parents rated their knowledge of adolescent sexuality as good or excellent while 18.23% reported poor knowledge. Most parents recognized abstinence (57.55%), puberty (51.30%), and sexually transmitted infections (46.35%) as key topics in sexuality education. Regarding practices, 38.80% of parents discussed sex-related topics occasionally, while 13.80% never discussed these topics. Mothers were primarily responsible for sex education in 52.34% of households. Personal comfort level (36.20%) knowledge about sexuality education (30.99%) and religious beliefs (27.86%) were the main factors influencing parental engagement in sexuality education. The majority of parents (61.72%) believed schools should provide sexuality education in partnership with parents. Parents identified increased risk of unintended pregnancies (50.26%) and higher rates of sexually transmitted infection (43.49%) as major consequences of limited sexuality education. This study concludes that while parental knowledge and practice towards sexuality education are generally positive, there is a need for more consistent and comprehensive discussions. Recommendations include developing targeted sexuality education programmes for parents, creating accessible resources, encouraging proactive involvement of both parents and forming collaborative partnerships between parents, schools, and health professionals to deliver comprehensive, evidence-based sexuality education programmes.

Keywords: Sexuality, Adolescent, Informed-choices, Abstinence, Anatomy.

Accepted 22/8/2026 Published 22/9/2026

INTRODUCTION

Background to the Study

Sexuality education as an issue continues to be a major global health concern, particularly in a developing country like Nigeria. The adolescents (10–19 years), a period marked by significant developmental changes and increasing curiosity about sex and relationships, are the worst affected (WHO, 2021). Comprehensive sexuality education (CSE) for adolescents aims to equip them with the knowledge, skills, and attitudes necessary to make informed decisions about their sexual and reproductive health (Haberland and Rogow, 2015). UNESCO (2018)

opines that comprehensive sexuality education has been shown to delay the initiation of sexual intercourse, increase condom and contraceptive use, and reduce risky sexual behaviors among young people.

In Nigeria, where adolescents constitute a significant portion of the population, the need for effective sexuality education is particularly pressing. Researchers also reported that 19% of women aged 15 to 19 had begun childbearing, indicating the urgent need for comprehensive sexuality education to address teenage pregnancies and associated health risks (National Population Commission Nigeria and ICF, 2019).

Parents play a crucial role in providing sexuality education to their adolescent children, complementing and reinforcing formal education received in schools or other settings (Vanwesenbeeck et al., 2016). The American Academy of Pediatrics (AAP) emphasizes that parents are the primary sexuality educators for their children and should provide ongoing, age-appropriate information from early childhood through adolescence (AAP, 2016). In Nigeria, however, cultural and religious factors often hinder open discussions about sex between parents and children. A study conducted in Anambra State, Nigeria, found that only 20% of parents had ever discussed sexuality-related topics with their adolescent children (Emelumadu et al., 2014). This reluctance can leave adolescents vulnerable to misinformation and risky behaviors. The United Nations Population Fund (UNFPA) advocated for parental involvement in sexuality education, stating that when parents and caregivers are involved in their children's sexuality education, young people are more likely to delay sexual debut and practice safer sex when they do become sexually active (FCHE and UNEPA, 2020).

With growing access to media and outside influences, Nigerian youths need adequate information and structured guidance about sexuality and relationships. Comprehensive culturally adapted sex education programs are essential, but parents have the greatest potential for providing values-based sexuality education and ongoing mentoring. More efforts should focus on equipping parents to discuss sexuality comfortably and effectively while respecting adolescent rights as well as developing their decision-making capacities. Through open communication and collaborative partnerships between educators, adolescents can gain the knowledge, skills, and support needed to make informed choices and enjoy healthy relationships. With these objectives in mind, the study aimed to investigate parents' knowledge and practices regarding sexuality education for adolescents in the Eziudo community of the Ezinihitte Mbaise Local Government Area, Imo State, Nigeria.

Statement of the Problem

The inadequate provision of comprehensive sexuality education to the adolescents has continued to be a major obstacle to their sexual and reproductive health. Despite the crucial role parents play in shaping their children's understanding of sexuality, many fail to engage in open and informative discussions on the subject. This reluctance often stems from cultural taboos, religious beliefs, and personal discomfort, leaving adolescents vulnerable to misinformation and risky behaviors. The lack of accurate and timely sexuality education from parents can lead to a host of problems for adolescents. These include early sexual debut, unintended pregnancies, sexually transmitted infections, and poor decision-making regarding relationships and sexual health. Moreover, without proper guidance from parents, adolescents may turn to unreliable sources such as peers or the internet for information, potentially exposing them to inaccurate or harmful content.

The consequences of inadequate sexuality education extend beyond individual health risks. Societal issues such as high rates of teenage pregnancies, school dropouts, rapes, and the perpetuation of harmful gender stereotypes can be partly attributed to the lack of comprehensive sexuality education at home. Additionally, the absence of open parent-child communication about sex and relationships can strain family dynamics and hinder the development of trust between adolescents and their parents. Given the critical importance of comprehensive sexuality education in promoting adolescent health and well-being, there is a clear need to address the knowledge and practice gaps among parents regarding sexuality education for their adolescent children, especially in localized contexts. Therefore, this study aims to investigate the knowledge and practice of parents regarding sexuality education among adolescents in Eziudo, Mbaise L.G.A., Imo State, to better understand and address this crucial issue in the region.

Objective of the study

The main purpose of the study was to investigate the knowledge and practice of parents regarding sexuality education among adolescents in the Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State. Specifically, the study sought to

1. To document the socio-demographic characteristics among parents of adolescents in Eziudo Community, Ezinihitte Mbaise L.G.A., Imo State, Nigeria.
2. To assess parental knowledge regarding sexuality education among adolescents in the Eziudo Community, Ezinihitte, Mbaise Local Government Area, Imo State.
3. To document parental practices concerning discussions on sexuality education among adolescents in the Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State.
4. To identify factors influencing parental knowledge and practice towards sexuality education among adolescents in the Eziudo community, Ezinihitte Mbaise Local Government Area of Imo State.
5. To examine the consequences of limited sexuality education among adolescents in the Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State.

Research Questions

1. What are the socio-demographic characteristics among parents of adolescents in Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State?
2. What is the level of parental knowledge regarding sexuality education among parents of adolescents in the Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State?
3. What are the existing parental practices concerning discussions in sexuality education among parents of adolescents in the Eziudo community, Ezinihitte, Mbaise Local Government Area of Imo State?
4. What factors influence parental knowledge and practice toward sexuality education among parents of adolescents in the Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State?
5. What are the consequences of limited sexuality education among parents of adolescents in the Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State?

METHODOLOGY

The study utilized a cross-sectional descriptive design. The area of study, Eziudo Ezinihitte Community, is in the Mbaise Local Government Area of Imo State. Eziudo is an autonomous community located in Ezinihitte, Mbaise Local Government Area in Imo State, Nigeria.

Mbaise is located in the southeastern part of Nigeria. We limited the study to parents of adolescents aged 10 to 19 years residing in the Eziudo Community of Ezinihitte, Mbaise L.G.A., Imo State.

The study's population consisted of all parents of adolescents aged 10 – 19 years residing in the Eziudo community of Ezinihitte, Mbaise L.G.A., Imo State. The study used a researcher-structured questionnaire for data collection. The researchers divided the questionnaire into four sections: Section A contains the respondents' socio-demographic information; Section B included questions about parental knowledge of sexuality education; Section C consisted of questions about parental practices concerning sexuality education, and Section D was made up of questions about factors influencing parental knowledge and practices in the Eziudo community of Ezinihitte, Mbaise L.G.A. of Imo State. The researchers administered a pretested questionnaire to collect the data. The researchers cleaned, coded, and entered the data into *Epi Info version* 7 software for analysis. Epi Info 7 is an open-source statistical software developed by the Centers for Disease Control and Prevention (CDC) for epidemiological and public health research. We used a frequency table and percentages to analyze the research questions.

Analysis of Data

Research Question One: What are the socio-demographic characteristics among parents of adolescents in the Eziudo community, Ezinihitte, Mbaise Local Government Area of Imo State?

Table 1: Socio-demographic characteristics of respondents

Characteristics **Age Range**	**Frequency** **Frequency**	**Percentage** **Percentage**
	(n = 384)	(%)
25 – 34 years	73	19.01%
35 – 44	139	36.20%
45 – 54	107	27.86%
55 – 64	51	13.28%
65 years and above	14	3.65%
Total	**384**	**100%**
Characteristics **Gender**	**Frequency** **Frequency**	**Percentage** **Percentage**
Male	163	42.45%
Female	221	57.55%
Total	**384**	**100%**
Educational Level	**Frequency**	**Percentage**
No formal education	27	7.03%
Primary education	59	15.36%
Secondary education	137	35.68%
Tertiary education	122	31.77%
Postgraduate education	39	10.16%
Total	**384**	**100%**

Marital Status	Frequency	Percentage
Single	43	11.20%
Married	297	77.34%
Divorced	19	4.95%
Widowed	17	4.43%
Separated	08	2.08%
Total	**384**	**100%**

Religious affiliation	Frequency	Percentage
Christianity	361	94.01%
Islam	11	2.86%
Traditional religion	12	3.12%
Total	**384**	**100%**

Occupation	Frequency	Percentage
Farmer	63	16.41%
Trader	117	30.47%
Civil servant	89	23.18%
Self-employed	71	18.49%
Unemployed	44	11.46%
Total	**384**	**100%**

Number of adolescents (10 – 19yrs) You have	Frequency Frequency	Percentage Percentage
1	97	25.26%
2	163	42.45%
3	81	21.09%
4	29	7.55%
5 or more	14	3.65%
Total	**384**	**100%**

Table 1 presents the socio-demographic data, which reveals several notable trends among the respondents. A significant majority of the participants (64.06%) fall within the age range of 35 to 54 years, with the 35–44 years age group representing the largest segment at 36.20%. The gender distribution shows a slight majority of female respondents (57.55%) compared to males (42.45%). Regarding educational attainment, an overwhelming majority (77.61%) of the respondents have at least secondary education, with 31.77% holding tertiary degrees and 10.16% possessing postgraduate qualifications. Only a minority (7.03%) reported having no formal education. The marital status of the participants is predominantly married (77.34%), with smaller proportions being single (11.20%), divorced (4.95%), widowed (4.43%), or separated (2.08%). Christianity is the most prevalent religious affiliation among the respondents, with an overwhelming majority (94.01%) identifying as Christians, while Islam (2.86%) and traditional religion (3.12%) constitute a small minority. Occupationally, traders (30.47%) and civil servants (23.18%) are the largest groups, followed by self-employed individuals (18.41%) and the unemployed (11.46%). A significant proportion of the respondents (42.45%) have two adolescent children aged 10 – 19, while 25.20% have one, 21.09% have three, 7.55% have four, and a minority (3.65%) have five or more adolescent children.

Research Question Two:

What is the level of parental knowledge regarding sexuality education among parents of adolescents in Eziudo Community, Ezinihitte, Mbaise, L.G.A of Imo State, Nigeria?

Table 2: Respondents Knowledge on Sexuality Education

Variables	Options	Frequency(n = 384)	Percentage(%)
How would you rate your overall knowledge of adolescent sexually and reproductive health?	Very poor	19	19
	Poor	51	51
	Fair	137	137
	Good	149	149
	Excellent	28	28
	Total	**384**	**384**
Which of the following Topics do you consider Part of comprehensive Sexuality education (Select all that apply)	- Puberty and Physical development	197	51.30
	- Reproductive anatomy and Physiology	123	32.03
	- Sexually Transmitted Infection (STI_s)	178	46.35
	- Contraception and family Planning	154	40.10
	- Healthy relationships and Consent	139	36.20
	- Sexual orientation and Gender identity	83	21.61
	- Abstinence	221	57.55
	- All of the above	69	17.97
At what age do you think sexuality education should begin?	- Before 10 years old	23	5.99
	- 10 – 12 years old	117	30.47
	- 13 – 15 years old	163	42.45
	- 16 – 18 years old	71	18.49
	- After 18 years old	10	2.60
	Total	**384**	**100.00%**
Which of the following statements about contraception is true?	- Contraception is only for married couples	47	12.24
	- All contraceptive methods are 100% effective	31	8.07
	- Condoms can help prevent both pregnancy and STIs	259	67.45
	- Adolescents should not have access to contraception	47	12.24
	Total	**384**	**100.00%**
What are the potential consequences of unprotected sexual activity among adolescents (Select and apply)	- Unintended pregnancy	213	55.47
	- Sexuality transmitted infections	191	49.74
	- Emotional distress	137	35.68
	- Academic disruption	119	30.99
	- All of the above	97	25.26
What did you primarily obtain your knowledge about sexuality education? (Select the most applicable)	- Personal experience	73	19.01
	- School education	113	29.43
	- Books and magazines	47	12.24
	- Internet and social media	83	21.61
	- Healthcare professionals	31	8.07
	- Religious Institutions	14	3.65
	- Friends or family members	59	15.36
	- Television or radio programs	17	4.43
	Total	**384**	**100.00%**

Table 2 sought to reveal varying levels of parental knowledge regarding sexuality education. A significant proportion of parents (46.09%) rate their overall knowledge of adolescent sexuality and reproductive health as either good or excellent, while 35.68% consider their knowledge to be fair. However, a notable minority (18.23%) admit to having poor or very poor knowledge in this area. When asked about topics they consider part of

comprehensive sexuality education, a majority of parents selected abstinence (57.55%), puberty and physical development (51.30%), and sexually transmitted infections (46.35%). Other topics that parents considered important included contraception and family planning (40.10%), healthy relationships and consent (36.20%), reproductive anatomy and physiology (32.03%), and sexual orientation and gender identity (21.61%). A notable minority also acknowledged emotional distress (35.68%) and academic disruption (30.99%), chosen by a smaller but still significant proportion of respondents. Only 17.97% of parents recognized all the listed topics as components of comprehensive sexuality education. Regarding the appropriate age for initiating sexuality education, a significant majority (42.45%) believe it should begin between 13 and 15 years old, while 30.47% uphold that it should start earlier at 10 – 12 years old. A minority of parents believe sexuality education should commence before 10 years old (5.99%), between 16 and 18 years old (18.49%), or after 18 years old (2.60%). When asked about the accuracy of statements related to contraception, an overwhelming majority (67.45%) correctly identified that condoms can help prevent both pregnancy and sexually transmitted infections. However, a notable minority of parents held that contraception should be only for married couples (12.24%), all contraceptive methods being 100% effective (8.07%), and adolescents not needing access to contraception (12.24%). Regarding the potential consequences of unprotected sexual activity among adolescents, a significant proportion of parents recognized unintended pregnancy (55.47%) and sexually transmitted infections (49.74%) as risks. Emotional distress (35.68%) and academic disruption (30.99%) A notable minority of parents also acknowledged emotional distress (35.68%) and academic disruption (30.99%). also acknowledged by a notable minority of parents. A notable minority of parents acknowledged emotional distress (35.68%) and academic disruption (30.99%), while 25.26% identified all the listed consequences. Parents primarily obtained their knowledge about sexuality education from school education (29.43%), the internet and social media (21.61%), personal experience (19.01%), and friends or family members (15.36%). A smaller but still significant proportion relied on books and magazines (12.24%), healthcare professionals (80.7%), television or radio programs (4.43%), and religious institutions (3.65%).

Research Question Three:

What are the existing parental practices concerning discussions on sexuality education among parents of adolescents in Eziudo Community, Ezinihitte, Mbaisie L.G.A of Imo State, Nigeria?

Table 3: Parental Practices Concerning Sexuality Education Discussions

Variables	Options	Frequency(n = 384)	Percentage(%)
How often do you discuss Sex-related topics with your adolescent children	- Never	53	13.80
	- Rarely (Once a year or less)	107	27.86
	- Occasionally (A few times a year)	149	38.80
	- Frequently (Monthly)	61	15.89
	-Very frequently (Weekly or more)	14	3.65
	Total	**384**	**100.00%**
Which of the following Topics have you discussed With your adolescent Children? (Select all that apply)	- Puberty and Physical changes	223	58.07
	- Sex abstinence	197	51.30
	- Contraception and safe sex practices	131	34.11
	- Sexually transmitted infections	157	40.89
	- Healthy relationships and consent	119	30.99
	- Sexual orientation and Gender identity	37	9.64
	- None of the above	29	7.55
	Total	**384**	**100.00%**
How comfortable do you feel discuss sexual related topics with your adolescent children?	- Very uncomfortable	67	17.45
	- Somewhat uncomfortable	113	29.43
	- Neutral	97	25.26
	Somewhat comfortable	83	21.61
	- Very comfortable	24	6.25
	Total	**384**	**100.00%**

What approach do typically use when discussing sexuality education with your adolescent children?	– Lecture style	93	24.22
	- Question and answer session	71	18.49
	- Open discussions encouraging their input	137	35.68
	- Using educational materials	59	15.36
	- I don't discuss these topics with my children	24	6.25
	Total	**384**	**100.00%**
Who in your household Is primarily responsible for discussing sexually education with your adolescent children?	**-** Mother	201	52.34
	- Father	73	19.01
	- Both parents equally	89	23.18
	- Older siblings	12	3.12
	- Other family members	6	1.56
	- No one takes this responsibility	3	0.78
	Total	**384**	**100.00%**

Table 3 seeks information on parental practices concerning sexuality education discussions with their adolescent children. A significant proportion of parents (38.80%) report occasionally discussing sex-related topics with their children (a few times a year), while 27.80% engage in such conversations rarely (once a year or less). A minority (15.89%) discusses these topics frequently (monthly), while only a small percentage (3.65%) does so very frequently (weekly or more). However, 13.80% of parents admit to never discussing sex-related topics with their adolescent children. When asked about specific topics discussed, a majority of parents reported covering puberty and physical changes (58.07%), sexual abstinence (51.30%), and sexually transmitted infections (40.89%). Other topics, such as contraception and safe sex practices (34.11%), healthy relationships and consent (30.99%), and sexual orientation and gender identity (9.64%), were discussed by a smaller but still significant proportion of parents. A minority (7.55%) reported not discussing these topics with their children.

Regarding comfort levels in discussing sex-related topics, a significant proportion of parents expressed discomfort, with 17.45% feeling very uncomfortable and 29.43% somewhat uncomfortable. A quarter of the respondents (25.26%) reported neutral feelings, while a smaller but never-discussing-these-topics-with-their-childrenable proportion felt somewhat comfortable (21.61%) or very comfortable (6.25%). When asked about the approach used in sexuality education discussions, a significant proportion of parents (35.68%) reported engaging in open discussions and encouraging their children's input. Other approaches included lecture-style presentations (24.22%), question-and-answer sessions (18.49%), and using educational materials (15.36%). A small minority (6.25%) admitted to never discussing these topics with their children discussing these topics with their children at all. Regarding the primary responsibility for sexuality education discussions within the household, a majority of parents (52.34%) identified the mother as the main communicator. A notable proportion (23.18%) reported that both parents equally shared this responsibility, while 19.01% stated that the father took the lead. In a minority of cases, older siblings (3.12%), other family members (1.56%), or no one (0.78%) assumed this role.

Research Question Four:

What factors influence parental knowledge and practice towards sexuality education among parents of adolescents in Eziudo Community, Ezinihitte, Mbaise L.G.A of Imo State, Nigeria.

Table 4: Responses on Factors Influencing Parental Knowledge and Practice

Variables	Options	Frequency(n = 384)	Percentage (%)
What factors influence your decision to discuss sexuality education with your adolescent children? (Select all that apply)	- Personal Comfort level	139	36.20%
	- Religious beliefs	107	27.86
	- Cultural norms	83	21.01
	- Level of knowledge about sexuality education	119	30.99
	-Time constraints	71	18.49
	-Fear of encouraging sexual activity	51	13.28
	-Belief that school should handle sexuality education	63	16.41
	-Follow the same approach my parents used	97	25.26
How has your upbringing Influenced your approach to sexuality education with your children?	-Take a more open approach than my parents did	163	42.45
	- Take a more conservative approach than my parents did	47	12.45
	- My upbringing has not influenced my approach	77	20.05
	Total	**384**	**100.00%**
What resources have you used to educate yourself about adolescent Sexuality education (Select all that apply)	- Books or educational materials	131	34.11
	- Internet resources	157	40.89
	-Workshops or Seminars	59	15.36
	- Discussions with healthcare professionals	89	23.18
	- Conversations with other parents	113	29.43
	- None of the above	19	4.95
How do you perceive the role of schools in providing sexuality education to adolescents	- Schools should be solely responsible for sexuality education	43	11.20
	- Schools should provide sexuality education in partnership with parents	237	61.72
	- Schools should not be involved in sexuality education at all	71	18.49
	- Undecided	33	8.59
	Total	**384**	**100.00%**

Table 4 aimed to identify the factors that influence parental knowledge and practices concerning sexuality education. When asked about the factors influencing their decision to discuss or not discuss sexuality education with their adolescent children, a significant proportion of parents cited personal comfort level (36.20%), level of knowledge about sexuality education (30.99%), and religious beliefs (27.86%) as key considerations. Other factors, such as cultural norms (21.61%), time constraints (18.49%), the belief that schools should handle sexuality education (16.41%), and fear of encouraging sexual activity (13.28%), were also mentioned by a notable minority of respondents. Regarding the influence of upbringing on their approach to sexuality education, a significant proportion of parents (42.45%) reported taking a more open approach compared to their parents, while 25.26% followed the same approach their parents used. A smaller but notable proportion (12.24%) adopted a more conservative approach than their parents, and 20.05% thought that their upbringing had not influenced their approach. When asked about the resources used to educate themselves about adolescent sexuality education, a significant proportion of parents relied on internet resources (40.89%), books or educational

materials (34.11%), and conversations with other parents (29.43%). A smaller but still notable proportion of respondents utilized additional resources, including discussions with healthcare professionals (23.18%) and workshops or seminars (15.36%). This finding was reported by a smaller but still notable proportion of respondents. A minority (4.95%) reported not using any of the listed resources. Regarding the perceived role of schools in providing sexuality education to adolescents, an overwhelming majority of parents (61.72%) believe that schools should provide sexuality education in partnership with parents. A notable minority (18.49%) think that schools should not be involved in sexuality education at all, while 11.20% believe schools should be solely responsible for it. A small proportion (8.59%) of parents remain undecided on this matter.

Research Question Five:

What are the consequences of limited sexuality education among parents of adolescents in Eziudo Community, Ezinihitte, Mbaise L.G.A of Imo State, Nigeria?

Table 5: Consequences of Limited Sexuality Education

Variables	Options	Frequency(n = 384)	Percentage (%)
In your opinion, what are the potential consequences o limited sexuality education? (Select all that apply)	- Increased risk of unintended pregnancies	193	50.26
	- Higher rates of sexually Transmitted Infections	167	43.49
	- Lack of understanding about healthy relationships	149	38.80
	- Increased vulnerability to sexual abuse or exploitation	113	29.43
	-Poor decision-making regarding sexual behaviour	131	34.11
	- All of the above	89	23.18
How do you think limited sexuality education affects Adolescents' mental and emotional well-being?	-It has no significant impact	31	8.07
	-It may lead to anxiety or confusion about sexual topic	157	40.89
	- It could result in low self-esteem or body image issues	107	27.86
	- It might cause relationship difficulties	83	21.61
	- All of the above	71	18.49
	Total	**384**	**100.00%**
What impact do you believe comprehensive sexuality education can have on adolescent sexual behaviour	- It encourages earlier sexual activity	47	12.24
	- It promotes safer sexual practices	201	52.34
	- It has not significant impact on sexual behaviour	59	15.36
	- It delays the onset of sexual activity	73	19.01
	- Unsure	51	13.28
	Total	**384**	**100.00%**

How do you think limited sexuality education affects gender equality in relationships	- It has not impact on gender equality	37	9.6
	- It may reinforce harmful gender stereotypes	143	37.24
	- It could lead to unequal power dynamics in relationships	119	30.99
	- It might contribute to gender discrimination or violence	97	25.26
	- All of the above	73	19.01
	Total	**384**	**100.00%**

Table 5 sorts to identify the consequences of limited sexuality education among parents of adolescents in the Eziudo Community, Ezinihitte, Mbaise L.G.A., Imo State. When asked about the potential consequences, a significant majority of parents identified increased risk of unintended pregnancies (50.26%) and higher rates of sexually transmitted infections (43.49%) as major concerns. Other consequences, such as a lack of understanding about healthy relationships (38.80%), poor decision-making regarding sexual behavior (34.11%), and increased vulnerability to sexual abuse or exploitation (29.43%), were also recognized by a notable proportion of respondents. Nearly a quarter of parents (23.18%) acknowledged all the listed consequences as potential outcomes of limited sexuality education. Regarding the impact of limited sexuality education on adolescents' mental and emotional well-being, a significant proportion of parents believe it may lead to anxiety or confusion about sexual topics (40.89%), low self-esteem or body image issues (27.86%), and relationship difficulties (21.61%). A notable minority (18.49%) recognized all the mentioned effects, while a small percentage (8.07%) thought it had a significant impact on sexual behavior (15.36%), or a small percentage (8.07%) thought it had no significant impact on sexual behavior (15.36%), or were unsure about its effects (13.28%). A smaller number of parents (12.24%) believe that limited sexuality education encourages earlier sexual activity. Regarding its effects on gender equality and respect in relationships, a significant number (12.24%) believe it encourages earlier sexual activity; concerning the effects of limited sexuality education on gender equality and respect in relationships, a significant proportion of parents think it may reinforce harmful gender stereotypes (37.24%), lead to unequal power dynamics in relationships (30.99%), and contribute to gender-based discrimination or violence (25.26%). A notable minority (19.01%) acknowledged all the listed effects, while a small percentage (9.64%) denied any impact on gender equality.

DISCUSSION OF FINDINGS

The sociodemographic data in Table One reveals several notable trends among the respondents: 64.06% fall within the age range of 35 to 54 years, with the 35–44 years representing the largest segment at 36.20%. The importance of educational attainment for adolescents in the Eziudo community, Ezinihitte, Mbaise Local Government Area of Imo State: We cannot overemphasize the importance of educational attainment for adolescents in the Eziudo community, Ezinihitte, Mbaise Local Government Area of Imo State. The majority of respondents (77.61%) have at least secondary education, with 31.77% holding tertiary degrees and 10.16% possessing postgraduate qualifications. The data implies that the majority of the study participants were well-educated, enabling them to exercise sound judgement and understanding regarding the items in the questionnaire. This finding further implies the participants' responses to the study's questions. The data further indicates that the participants had a solid understanding of the study's questions. on a solid understanding. Therefore, we can rely on the findings derived from the analysis of their responses. The marital status of the participant showed that they were predominantly married (77.34%), with smaller proportions being single (11.20%), divorced (4.95%), widowed (4.43%), or separated (2.08%). Christianity is the most prevalent religious affiliation among the respondents, with an overwhelming majority (94.01%) identifying as Christians, while Islam (2.86%) and traditional religion (3.12%) constitute a small minority. Occupationally, traders (30.47%) and civil servants (23.18%) form the largest groups, followed by self-employed individuals (18.49%), farmers (16.41%), and the unemployed (11.46%). A significant proportion of the respondents (42.45%) have two adolescent children aged 10 to 19, while 25.26% have one, 21.09% have three, 7.55% have four, and a minority (3.65%) have five or more adolescent children.

The survey results also indicate that a significant proportion of parents (46.09%) in the Eziudo community rate their overall knowledge of adolescent sexuality and reproductive health as either good or excellent. This finding is consistent with a study by Adetokumbo et al. (2022) in Ekiti State, Nigeria, which found that parental knowledge of adolescent sexuality education (ASE) was generally high, particularly in urban areas. However, the

present study also reveals that a notable minority (18.23%) of parents admit to having poor or destitute knowledge in this area, suggesting room for improvement.

The study discovered that a significant proportion of parents (38.80%) in the Eziudo community discuss sex-related topics with their children occasionally (a few times a year), while 27.86% rarely engage in such conversations. This finding is consistent with the study by Olusanya and Jegede (2022) in Ondo State, Nigeria, which found that sexual conversations between parents and children were generally occasional. However, the present study also reveals that 13.80% of parents never discuss sex-related topics with their adolescent children, highlighting a communication gap that needs to be addressed.

Findings on factors influencing parental knowledge and practices towards sexuality education in the Eziudo community indicate that personal comfort level (36.201%), level of knowledge about sexuality education (30.99%), and religious beliefs (27.86%) are the key factors influencing parents' decisions to discuss or not discuss sexuality education with their adolescent children. This finding is consistent with the study by Bose et al. (2019) in Lagos, Nigeria, which found a significant relationship between religion and parents' perception of sexuality education.

The study also revealed that parents in the Eziudo community perceived an increased risk of unintended pregnancies (50.26%), higher rates of sexually transmitted infections (43.49%), lack of understanding about healthy relationships (38.80%), poor decision-making regarding sexual behavior (34.11%), and increased vulnerability to sexual abuse or exploitation (29.43%) as major consequences of limited sexuality education for adolescents. These findings are consistent with the global evidence and the negative impacts of inadequate sexuality education, as highlighted by UNESCO (2018) and the World Health Organization (WHO, 2021). The study also found that parents in the Eziudo community perceive limited sexuality education as potentially reinforcing harmful gender stereotypes (37.24%), leading to unequal power dynamics in relationships (30.99%), and contributing to gender-based discrimination or violence (25.26%). This aligns with the findings of Iyakaremye and Mukagatare (2016), who emphasized the role of comprehensive sexuality education in promoting gender equality and reducing sexual violence among adolescents.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The findings of this study have established that the importance of comprehensive sexuality education for parents of the adolescents in Eziudo Community, Ezinihitte, Mbaise Local Government Area of Imo State, cannot be overemphasized. Even though parents generally have adequate knowledge and practices when it comes to sex education, there needs to be more regular and thorough conversations about a wide range of topics, such as contraception, healthy relationships, and gender equality. Efforts should be made to enhance parental knowledge and skills in providing sexuality education, promote shared responsibility between mothers and fathers, and foster partnerships between parents and schools in delivering comprehensive sexuality education. Addressing the barriers to effective parent-child communication about sexual matters, such as cultural norms, time constraints, and personal discomfort, is critical to guarantee that adolescents receive accurate and age-appropriate information to make informed decisions about their sexual and reproductive health. The findings of this study have important implications for policy and practice, emphasizing the necessity of interventions and programs that support parents in their role as sexuality educators and promote the sexual and reproductive health and rights of adolescents in the Eziudo community and beyond.

Recommendations

Based on the findings and discussion, the following recommendations are made: The study's findings and discussion lead to the following recommendations: The study's findings and discussion lead to the following recommendations: The findings and discussion of the study lead to the following recommendations.

1. Parents in the community should develop targeted education programs to enhance parental knowledge about comprehensive sexuality education topics.
2. Parents should increase comfort levels in discussing these issues and provide guidance on age-appropriate communication strategies.
3. The government should create accessible resource materials like booklets, websites, and workshops covering various sexuality education topics.
4. Communities should promote shared responsibility and discussions between parents through community engagement strategies.
5. Parents, schools, and health professionals should form collaborative partnerships to deliver comprehensive evidence-based sexuality education programs complementing home and classroom learning.

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