

KNOWLEDGE, ATTITUDE AND PERCEPTION OF SEX EDUCATION AMONG SENIOR SECONDARY SCHOOL STUDENTS IN IDIA GIRLS COLLEGE, BENIN CITY, EDO STATE.

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ABSTRACT

A lot of sex-related problems facing the adolescents today is undoubtedly linked with lack of sex education in schools which breeds a lot of social ills, death, unwanted pregnancies, sexually transmitted diseases and even infertility. This cross-section descriptive study assessed knowledge, attitude, perception of sex education among 220 senior secondary school students at Idia Girl's College, Oredo Local Government, Benin City, Edo State. The instrument for data collection was structured questionnaire. The findings revealed that 130(59.1%) of the respondents were within 17-19years age while 90(40.9%) were within 13-16years bracket. The mean $\pm$ SD age was 17.16 ± 2.198 . Respondents from SS1 class were more 81(36.8%) followed by SS2 73(33.2%) and SS3 66(30.0%). 194(88.2%) were Christian while 22(10.0%) and 4(1.8%) were Muslims and African Traditional practitioners. 110(50.0%) of the respondents had good knowledge of sex education while 79(35.9%) and 31(14.1%) had moderate and poor knowledge respectively. 138(62.7%) respondents demonstrated positive attitude towards sex education while 82(37.3%) demonstrated negative attitude. 110(50.0%) demonstrated positive perception on sex education while 110(50.0%) demonstrated negative perception. The study showed moderate knowledge and high positive perception towards sex education. However, misconceptions regarding sex education in school abound. Therefore, there is need to develop appropriate evidence-based sexual health education as part of a comprehensive school health education program and be accessible to all students.

Keywords: Attitude, Knowledge, Perception, Sex Education, Students

INTRODUCTION

Sex education amongst adolescence has been a subject of pressures and debates (UNICEF, 2017) due to their access that is sternly negotiated coupled with limited time devoted to this topic, content dissemination, how it is taught, and whom (Robinson et al., 2017). The lack of sex education in schools contributes to rising social issues among adolescents, such as unintended pregnancies, STIs, unsafe abortions, and school dropouts (Shin et al., 2019; Odii et al., 2020). Tinuola (2006) reported that though home socialization about sex is low, the television, video films, and others are all sources of information on illicit sex and that most of the social media platforms have exposed them to sexual activities at lower age. Adolescence is a highly self-motivated phase of life characterized by rapid growth and development. Sex education should be an integral part of the learning process beginning in childhood and continuing into adult life because it is a lifelong process (Kumar et al., 2017). Sex education to adolescents will help them learn how to protect themselves from HIV/STDs and premature pregnancies (Srahbzu & Tirfeneh, 2020).

According to the 2018 National Demographic Health Survey, the median age at first sexual intercourse among women in Nigeria is 17.2 years, and 19% of women initiate sexual intercourse by age 15 and 57% by age 18 (National Population Commission (NPC) [Nigeria] and ICF International, 2018).). Owing to cultural and traditional beliefs, adolescents are not allowed access to sexual information with a discussion of such issues being considered as taboo. Such instructions as were given were traditionally left to a child's parents, and often this was put aside until just before marriage (Shin et al., 2019).

The Federal Ministry of Education in Nigeria incorporated family life and HIV education (FLHE) into the school curriculum to provide sexuality education to school-aged children. This was however an abstinence-only curriculum that included topics like puberty, sexually transmitted infections, HIV/AIDS, friendship, love, relationships, and gender roles (Nigerian Educational Research & Development Council, 2003). However, it omits discussion of contentious topics such as contraception, masturbation, abortion, and sexual diversity (Wood & Rogow, 2015). Evidence suggests that comprehensive sexuality education positively influences reproductive health outcomes, while abstinence-only programs have a minimal positive influence on sexual outcomes in some settings and no influence in others (Haberland, 2015; Santelli et al. 2017).

However, sex education is not taught as a full course as part of the curriculum in many secondary schools rather it is partially taught as only one unit within a more comprehensive school subject such as Biology, Home economics, Health Science or Physical and health education in Nigeria. This, in no small extent, has an impact on the sexuality knowledge of in-school adolescents (Musa, 2020). Sex education helps in preparing adolescents to have responsible attitudes and behaviour towards sex for a harmonious sexual life. It is against this background that it became essential to ascertain the knowledge, attitude and perception of sex education among in-school adolescents in Benin City.

Research Questions

- i. What is the level of knowledge of sex education among senior secondary school students of Idia Girls College, Benin City?
- ii. What is the attitude towards sex education among senior secondary school students of Idia Girls College, Benin City?

- iii. What is the perception on sex education among senior secondary school students of Idia Girls College, Benin City?

Research Objectives

- i. To assess the knowledge of sex education among senior secondary school students of Idia Girls College, Benin City
- ii. To examine the attitude towards sex education among senior secondary school students of Idia Girls College, Benin City
- iii. To determine the perception on sex education among senior secondary school students of Idia Girls College, Benin City.

METHODS

Study Design and Population

This study was utilized a non-experimental descriptive research design to assess the knowledge, attitude and perception of senior secondary school students towards sex education. The research work was conducted in Idia Girls College among Senior Secondary Students in Benin City. The target population for this research made up of 400 students of the senior secondary division (SSS 1 - SS3) of Idia Girls College secondary school, Benin city.

Samples Size Determination

The sample size for thus study was determined by using the Taro Yamane method as shown below. The Formula is given as follows:

$$n = \frac{n}{1 + N(e)^2}$$

n = is the sample size

N = population size

e = margin of error (0.05)

n is unknown

Therefore

$$n = \frac{400}{1 + 400(0.05)^2}$$

$$n = \frac{400}{2}$$

$$n = 200$$

The sample size (n) is 200

10% of the calculated sample size was added to account for possible attrition among the study participants = 200 +20 = 220 participants

Sampling Techniques

Since the participants belong to different classes, simple random sampling technique was used to select the sample from each class level

Inclusion Criteria

A female student within (SS1-SSS3) of the Idia College, Benin City who was present duration data collection and gave her consent to participate in the study

Exclusion Criteria

Female Students in junior classes and those in senior classes who did not give their consent to be part of the study.

Validity and Reliability of Instrument

Data were collected using structured, self-administered questionnaires with open- and close-ended questions divided into four sections: socio-demographic data, knowledge, attitudes, and perceptions of sex education. The instrument underwent face and content validation by an expert to ensure alignment with the study's objectives. Reliability was confirmed using the Test-Retest method, yielding a Pearson's Correlation Coefficient of 0.811, indicating a high level of reliability.

Method of Data Collection and Analysis

Data were collected face-to-face after explaining the study's purpose to respondents. With permission from the school principal and class teachers,

questionnaires were distributed and retrieved immediately upon completion. Data were analyzed using tables and percentages.

Ethical Approval and Consent

Ethical approval was obtained from the Edo State Ministry of Education and all participants signed the consent forms willingly after the study was explained to them.

RESULTS

Table 1: Socio-demographic characteristics of the respondents (n = 220)

Variables	Frequency	Percent
Age		
13-16years	90	40.9
17-19years	130	59.1
Mean + SD = 17.16± 2.198		
Class level		
SS1	81	36.8
SS2	73	33.2
SS3	66	30
Religion		
Christianity	194	88.2
Islam	22	10
African religion	4	1.8

Source: Author's Survey, 2026

Table 1 shows the socio-demographic characteristics of the respondents. It revealed that 130(59.1%) of the respondents were within 17-19years age bracket while the others 90(40.9%) were within 13-16years bracket. The mean ± SD age was 17.16 ± 2.198. Respondents from SS1 class were more 81(36.8%) followed by

those from SS2 73(33.2%) and those from SS3 66(30.0%). Many 194 (88.2%) were Christianity while 22(10.0%) and 4(1.8%) were Islamic and African Traditional practitioners.

Table 2: Exposure to and perceived relevance of sex education among respondents (n = 220)

Items	Response	Yes F (%)	No F (%)
Have you had any orientation on sex education before?		(90.9)	20 (9.1)
If yes, where? (n = 200)			
Home		17 (8.5)	183 (91.5)
School		49 (24.5)	151 (75.5)
Internet		128 (64.0)	72 (36.0)
Neighbourhood		6 (3.0)	194 (97.0)
One of the reasons for teaching sex education is for proper sexual orientation and practice		154 (70.0)	66 (30.0)
Knowledge of sex education assists young people to develop communication, refusal and negotiation skills regarding sexuality		160 (72.7)	60 (27.3)

Source: Author's Survey, 2026

Table 2 shows that the vast majority of the respondents indicated that they had been exposed to sex education: 200 (90.9%) indicated they had received some sort of sex education in the past. Of those who had had sex education (n = 200), the most common sources of sex education were the Internet (64.0%), School (24.5%), Home (8.5%) and Neighbourhood (3.0%). Furthermore, 154 (70.0%) respondents indicated that sexuality education is important for fostering appropriate sexual orientation and practice, and 160 (72.7%) respondents agreed that sexuality education is important for developing communication, refusal and negotiation skills

regarding sexuality. These results suggest that all respondents were exposed to a lot of sex education and generally had a positive perception of its perceived relevance.

Table 3 shows the extent to which respondents knew some concepts related to sexual and reproductive health. There was good knowledge in certain areas such as pubic hair growth as a sign of puberty in boys (85.5%) and breast growth as a sign of puberty in girls (90.0%). The information on menstruation and contraception, however, was less uniform and consistent as were the facts on sexually transmitted infections. 63.6% correctly stated that menstruation happens every 28 days or so, but only 50.0% identified that menstruation is due to hormonal changes. Likewise, 56.4% were familiar with contraceptives and 48.2% with the use of breastfeeding as a method of family planning. There was also a lack of understanding about HPV as a sexually transmitted infection, with only 40.0% answering correctly and 55.5% acknowledging that complications of sexually transmitted infections can lead to sterility. Moreover, 70.0% wrongly agreed that condoms are 100% effective against pregnancy and STDs, highlighting an important misconception about condoms, and their efficacy and limitations. Overall, the results indicate that while respondents reported high levels of exposure to sex education, their knowledge about puberty and other sexually related issues was significant, but there were still gaps in knowledge about menstruation, contraception and sexually transmitted infections.

Table 3: Knowledge of sexual and reproductive health among respondents (n = 220)

Items	Response	Yes	
		F (%)	No F (%)
Breast is not one of the reproductive organs in females*		76 (34.5)	144 (65.5)

Enlargement of the breast is a sign of puberty in females	198 (90.0)	22 (10.0)
Growth of pubic hair is a sign of puberty in males	188 (85.5)	32 (14.5)
The female menstrual cycle occurs once every 28 days	140 (63.6)	80 (36.4)
Menstruation is caused by hormonal changes	110 (50.0)	110 (50.0)
I am familiar with contraceptives	124 (56.4)	96 (43.6)
Contraceptives are used to prevent pregnancies only*	66 (30.0)	154 (70.0)
Breastfeeding is a method of family planning	106 (48.2)	114 (51.8)
Human papillomavirus (HPV) is an example of a sexually transmitted infection (STI)	88 (40.0)	132 (60.0)
Complications of STIs could result in infertility	122 (55.5)	98 (44.5)
Condoms are the only contraceptive method proven to provide 100% protection against pregnancy or STIs*	154 (70.0)	66 (30.0)

Source: Author's Survey, 2026

Table 4 shows the knowledge of sex education amongst the respondents. 110 (50.0%) respondents demonstrated good knowledge of sex education while 79(35.9%) and 31(14.1%) demonstrated moderate and poor knowledge respectively.

Table 4: Composite knowledge of sex education among the respondents (n = 220)

Level of knowledge	Score value	Frequency	Percent
Good	≥ 70.0	110	50
Moderate	50-69.9	79	35.9
Poor	< 50.0	31	14.1
Total		220	100

Source: Author's Survey, 2026

Table 5 shows that generally, the attitude towards sex education among the respondents is high (grand mean > 3.0). The positive responses include not disliking teaching of sex education in school (3.35 ± 1.434), sex education lessons have really helped me (3.19 ± 1.384), not feeling shy discussing sex related issues with friends (3.50 ± 1.531), teaching of sex education in schools not against their religious teaching/doctrine (3.44 ± 1.279), and discussion of sexual related issues not

prohibited in various houses (3.45±1.345). Negative responses include feeling shy discussing sex related issues with any of their parent (2.63±1.177), feeling shy discussing sex related issues with teachers (2.80±1.138), and always feeling comfortable discussing sexual issue with member of the opposite sex (2.95±1.125)

Table 5: Attitude towards sex education among the respondents (n = 220)

Items	Response					Mean	SD
	SA (%)	A (%)	U (%)	D (%)	SD (%)		
I dislike teaching of sex education in school.	35 15.9	35 15.9	28 12.7	62 28.2	60 27.3	3.35	1.434
Sex education lessons have really helped me.	49 22.3	55 25	36 16.4	48 21.8	32 14.5	3.19	1.384
I feel shy discussing sex related issues with any of my parent	36 16.4	79 35.9	55 25	30 13.6	20 9.1	2.63*	1.177
I feel shy discussing sex related issues with my teacher	27 12.3	65 29.5	77 35	28 12.7	23 10.5	2.80*	1.138
I feel shy discussing sex related issues with my friends	20 9.1	19 8.6	13 5.9	77 35	91 41.4	3.5	1.531
I always feel comfortable discussing sexual issue with member of the opposite sex	26 11.8	33 15	86 39.1	53 24.1	22 10	2.95*	1.125
Teaching of sex education in schools is against my religious teaching/doctrine	18 8.2	43 19.5	38 17.3	66 30	55 25	3.44	1.279

Discussion of sexual related issues is prohibited in our house

23 43 26 69 59 3.45 1.345
10.5 19.5 11.8 31.4 26.8

Grand mean 3.14 1.302

Source: Author's Survey, 2026

Table 6 shows that 138(62.7%) of the respondents demonstrated positive attitude towards sex education while 82(37.3%) demonstrated negative attitude towards sex education

Table 6: Composite attitude towards sex education among the respondents (n = 220)

Attitude	Decision criteria	Frequency	Percent
Positive	Mean $\geq$ 3.0	138	62.7
Negative	Mean $<$ 3.0	82	37.3
Total		220	100.0

Table 7 shows that generally, the perception on sex education among the respondents is poor (grand mean $<$ 3.0). Items with positive responses includes education in secondary schools curriculum is unnecessary (3.35, $\pm$ 1.434), one-on-one sexual counselling is better than classroom sex education (3.19 $\pm$, 1.384), education about puberty and associated changes is essential for adolescent girls (3.50, $\pm$ 1.531), sex education should be taught in every school (3.15, $\pm$ 1.366), parents should teach their children about sex (3.19 $\pm$ 1.384), and sex education helps young people to have good behaviour and attitude later in life (3.21, $\pm$ 1.380). On the other hand, negative responses includes sex education in school promotes sexual activities among students (2.75, $\pm$ 1.344), teaching of sex education should be carryout by only female teachers (2.48, $\pm$ 1.266), teaching of sex education should be carryout by only male teachers (2.71, $\pm$ 1.245), teaching of sex education should be carryout by only parents at home (2.80, $\pm$ 1.138), sex education should only be

taught at the tertiary institution level (2.66, ± 1.137), and sex education teaches young people bad things and should be avoided (2.57 ± 1.239)

Table 7: Perception on sex education among the respondents (n = 220)

S/N	Items	A F(%)	D F(%)	U F(%)	Mean	SD
1	Sex education in school promotes sexual activities among students	109 (49.5)	82 (37.3)	29 (13.2)	2.75*	1.344
2	Teaching of sex education should be carried out by only female teachers	135 (61.4)	60 (27.3)	25 (11.4)	2.48*	1.266
3	Teaching of sex education should be carried out by only male teachers	115 (52.3)	54 (24.5)	51 (23.2)	2.71*	1.245
4	Teaching of sex education should be carried out by only parents at home	51 (23.2)	92 (41.8)	77 (35.0)	2.80*	1.138
5	Sex education should only be taught at the tertiary institution level	110 (50.0)	42 (19.1)	68 (30.9)	2.66*	1.137
6	Sex education in secondary school curriculum is unnecessary	70 (31.8)	122 (55.5)	28 (12.7)	3.35	1.434
7	One-on-one sexual counselling is better than classroom sex education	104 (47.3)	80 (36.4)	36 (16.4)	3.19	1.384
8	Education about puberty and associated changes is essential for adolescent girls	168 (76.4)	39 (17.7)	13 (5.9)	3.5	1.531
9	Sex education should be taught in every school	115 (52.3)	86 (39.1)	19 (8.6)	3.15	1.366
10	Parents should teach their children about sex	104 (47.3)	80 (36.4)	36 (16.4)	3.19	1.384
11	Sex education helps young people to have good behaviour and attitude later in life	121 (55.0)	78 (35.5)	21 (9.5)	3.21	1.38
12	Sex education teaches young people bad things and should be avoided	126 (57.3)	47 (21.4)	47 (21.4)	2.57*	1.239
	Grand Mean				2.96	1.321

Source: Author's Survey 2026

Table 8 shows that 110(50.0%) of the respondents demonstrated positive perception on sex education while 110(50.0%) demonstrated negative perception

Table 8: Composite perception on sex education among the respondents (n = 220)

Perception	Decision criteria	Frequency	Percent
Positive	Mean ≥ 3.0	110	50
Negative	Mean < 3.0	110	50
Total		220	100

Source: Author's Survey, 2026

DISCUSSIONS

Sex education is an ongoing process of learning about sexuality, values and attitudes, reproductive health and sexual intimacy, interpersonal relationships, body image and gender roles (UNESCO, 2018). Adolescents make up about 10% of the Nigerian population, and they are a highly vulnerable segment of the population, as they experience imminent physical, psychological and social changes which affects sexual decision-making (NPC & ICF, 2018). Secondary school students between the ages of 13 and 18 were targeted in this study, as this is the typical age of secondary school students in Nigeria from the 2018 Nigeria Demographic and Health Survey (NPC & ICF, 2018). The mean age of the participants (17.16 ± 2.20 years) was however higher than 14.9 ± 1.3 years reported among secondary school students in Benin City, Nigeria (Isara & Nwaogwugwu, 2022) and 15.96 ± 1.61

years reported among school-going adolescents in Haryana, India (Kumar et al., 2017).

This gap is likely due to late enrolment in school, grade repetition, or disruption of schooling as a result of socioeconomic barriers, which are widespread issues in many low- and middle-income countries (LMICs) (Kabay, 2021). In addition, Senior Secondary School (SS) one students accounted for the bulk of the respondents (36.8%) that is similar to the findings of Nneka (2019) who reported 35.4% for SS1 students in Rivers State, indicating that this class level is often over-represented in school based adolescent health surveys.

The awareness of sex education was high (90.9%) among the participants which is quite similar to the 90.5% reported among adolescents in Port Harcourt by Opara et al. (2012). The consistency of the responses to the questions reflects that there has been a considerable improvement in awareness of sex education among Nigeria adolescents over the last 10 years, possibly due to more exposure to sex education in the schools, digital media, and public health education campaigns. The Internet, however, was the main source, while parents and the home environment were among the least-mentioned sources. These are also observed in Nigeria and other low- and middle-income countries where cultural norms, religious beliefs, parental discomfort and, reduced communication skills, often hinder open discussion about sexuality within the household (Gabriel-Job & Okagua, 2019; Shin et al., 2019).

Despite the significant role digital platforms have played in enhancing the availability of sexual health information to adolescents, they also provide access to misinformation and unverified information and can reinforce misconceptions and harmful sexual behaviours. The results emphasize the need for improving

communication between parents and adolescents, as well as for giving parents the knowledge and self-confidence to engage in appropriate and accurate sexuality education with their adolescents.

Despite the high awareness only half of the respondents showed good knowledge of sex-education with the mean knowledge score being 2.79. This is significantly higher than 19.1% reported by Isara and Nwaogwugwu (2022) for adolescent learners in Benin City, but much lower than 82.1% reported by Ademuyiwa et al. (2023). Some differences between studies might be due to distinctiveness in the content and quality of SE programmes, sociocultural contexts, research tools, or state and school policies on SE. However, having knowledge does not automatically equate to having accurate knowledge, especially if the knowledge comes mostly from informal sources (peers, social media, etc.) rather than structured educational programs. Moreover, there was great lack of knowledge about sexually transmitted infections, as only 40 per cent of the participants correctly identified human papillomavirus (HPV) as a sexually transmitted infection. This lack of knowledge can hinder youth capabilities in taking preventive measures against HPV infection, such as vaccination or safer sexual practices, and expose them to risk of sexually transmitted infections and other poor outcomes of reproductive health.

Female students showed less knowledge in sex education as compared to male students. The results are similar to those found in Nigeria and other sub-Saharan Africa nations where various studies have noted that girls' access to comprehensive sexual and reproductive health information is limited due to the gender norms, cultural norms, and limitations around sexuality that surround them (Abiodun et al., 2016; Bergström et al., 2018; Fubam et al., 2022).

Sexuality discussions with girls in many African contexts are often confined to issues of abstinence and moral obligation, and do not include full information about reproductive health or sexual rights, leaving girls without adequate information about contraception, sexually transmitted infections, and reproductive rights. This is especially alarming, as adolescent girls are disproportionately affected by early pregnancy, unsafe abortion, sexually transmitted infections and gender-based violence (Haider, 2024).

It is therefore essential to have comprehensive sexuality education programmes that include the specific information needs and vulnerabilities of adolescent girls, and to make sure that sexual and reproductive health information is accessible in an equitable way. In fact, a study by Tinuola (2009) stressed that lack of comprehensive sexual education has resulted in lower age first intercourse and reported that age at first sexual intercourse continued to dwindle. Slightly more than two-thirds (62.7%) had a positive attitude towards sex education. This proportion is good, but lower than the 93.2% reported in Benin City (Isara & Nwaogwugwu, 2022) and the 88.3% recorded in secondary school students in Ogbomoso, Southwestern Nigeria (Fehintola et al., 2018). The relatively negative attitude found in the present study could be attributed to the continued sociocultural and religious concerns about sexuality education especially in northern Nigeria where sexual education is still a sensitive topic in the region. The existing evidence suggests that parental attitudes, community norms, religious texts and exposure to accurate and adequate information about reproduction have a strong impact on adolescents' attitudes towards sexual education (Santosa et al., 2016). However, most participants had positive attitudes towards sex education, indicating a growing acceptance among the young people. Positive attitudes are

crucial since they are consistently linked to delaying sexual debut, using contraceptive services more, accessing reproductive health services and low risk of sexually transmitted infections (STIs) (Santosa et al., 2016; UNESCO, 2018).

A lack of understanding of sex education is still prevalent as only half of respondents showed positive perception. Interestingly, many of the participants felt that sex education within the school setting leads to a sexualisation of young people. Ameh (2015) reported similar misconceptions in secondary school students of Kogi State, Nigeria and in other countries in Africa and Asia where sexuality education is not accepted. This perception is, however, not supported by strong evidence from around the world, which shows that comprehensive sexuality education does not promote sexual activity and promiscuity. Instead, it postpones sexual initiation, lowers sexual risk behaviors, increases contraceptive adoption and decreases the rates of STIs and unintended pregnancies (UNESCO, 2018). The continued existence of this misconception may reflect a lack of knowledge about the goals and evidence for comprehensive sexuality education among the adolescent, parent, and community. Thus, tackling these misconceptions with school-based programmes, parent involvement and community mobilization is crucial in order to enhance acceptance and maximize the public health benefits of comprehensive sexuality education.

CONCLUSION

The study revealed that awareness of sex education among secondary school students was high but this was not reflected in their knowledge, attitudes and outlook. There was a significant lack of understanding, especially on matters of sexually transmitted infections (STIs) like human papillomavirus (HPV) and misconceptions about the role of school-based sex education in sexual activity

persisted. There was also a gender gap in the knowledge of female students, with lower knowledge levels among females compared to males.

The findings call for the need to invest in secondary schools to reinforce comprehensive sexuality education that is evidence-based, age-appropriate, and is culturally sensitive. To enhance adolescents' knowledge, correct misconceptions and build positive attitudes towards sexual reproductive health, parents, healthcare workers, religious leaders and community stakeholders should be engaged in a collaborative effort by schools. In addition, there is a need to encourage parent-adolescent communication and using trusted digital platforms to provide accurate information as the internet is a key source of sexual health information.

Enhancing the knowledge and perceptions of adolescents on sex education could help to encourage safer sexual behaviors, postpone first sexual experience and curb risky sexual behaviors among adolescents, thereby improving their sexual health outcomes in Nigeria. Future research needs to investigate factors that influence adolescent sexual health knowledge using longitudinal designs and the effectiveness of school- and community-based sexuality education interventions using mixed methods.

RECOMMENDATIONS

Following the outcomes of the study, the considerations and implications drawn from it, the following recommendations were made;

- i. There is need to develop appropriate evidence-based sexual health education as part of a comprehensive school health education program and be accessible to all students.

- ii. There is need for collaboration among parents, religious leaders, community stakeholder and teachers to address this pertain of behaviour
- iii. There is need for proper parental socio-media censoring especially among the adolescent who are internet user.

REFERENCES

Abiodun, O., Olu-Abiodun, O., Ani, F., & Sotunsa, O. (2016). Sexual and Reproductive Health Knowledge and Service Utilization among In-school Rural Adolescents in Nigeria. *Journal of AIDS and Clinical Research*, 7:1-8

Ademuyiwa, I.Y., Ayamolowo, S.J., Oshinyemi, , T.E., & Oyeku, K.J. (2023). Knowledge and attitude of sex education among secondary school students in south-western Nigeria: A cross-sectional study. *Dialogues in Health*, 2 (2023) 100085

Ameh, O. (2015). A survey of the perception of students on the study of sex education in secondary school social studies in Dekina Local Government Area of Kogi State. *International Journal of Education Learning and Development*, 3(1): .67-74,

Bergström, A.S., Ugarte Guevara, W.J., Eustachio Colombo, P., & Källestal, C. (2018). Knowledge about Sexual and Reproductive Health among School Enrolled Adolescents in Tololar, Nicaragua, A Cross-Sectional Study. *Journal of Public Health International*, 1(2):27-38.

Fehintola, F., Fehintola, A., Olumuyiwa, O., & Ogundele, O.A. (2018). Prevalence and Predictors of Early Sexual Debut among Adolescents in Ogbomoso, Nigeria. *American Journal of Public Health Research*. 6(3):148-154. DOI: 10.12691/ajphr-6-3-4.

Fubam, R. M., Tendongfor, N., Olayemi, O., & Odukogbe, A. A. (2022). Sexual and reproductive health knowledge of secondary school adolescents in Fako, Cameroon. *The Pan African medical journal*, 41, 340. <https://doi.org/10.11604/pamj.2022.41.340.31686>

Gabriel-Job, N., & Okagua, J. (2019). Adolescent sex education: Prevalence, sources and perspective among senior secondary school students in Obio/Akpor Local Government Area of Rivers State. *Port Harcourt Medical Journal* 13:47-52

Haberland, N. (2015). The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies," *International Perspectives on Sexual and Reproductive Health*, 41(1): 31- 42.

Haider, H. (2024). Adolescent girls in LMICs: evidence on development outcomes, approaches, opportunities and challenges.

Isara, A.R., & Nwaogwugwu, J.C., (2022). Sexual and Reproductive Health Knowledge, Attitude and Behaviours of in-School Adolescents in Benin City, Nigeria. *African Journal of Biomedical Research*, 25 (2): 121- 127

Kabay, S. (2021). *Access, quality, and the global learning crisis: Insights from Ugandan primary education*. Oxford University Press.

Kumar, R., Goyal, A., Singh, P., Bhardwaj, A., Mittal, A., & Yadav, S.S. (2017). Knowledge attitude and perception of sex education among school going adolescents in Ambala District, Haryana, India: A cross-sectional study. *Journal of Clinical Diagnosis and Research*, 11(3): LC01-LC04.

Musa, A. (2020). Sex education in Nigeria: attitude of secondary school adolescents and the role of parents and stakeholders. *Open Journal of Educational Development (ISSN: 2734-2050)*, 1(1), 1-30.

National Population Commission (NPC) [Nigeria] and ICF International. (2018). *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, MD

Nigerian Educational Research and Development Council. (2003). *National Family Life and HIV Education Curriculum for junior secondary school in Nigeria*. Abuja

Nneka, G.J. (2019). Adolescent sex education: Prevalence, sources and perspective among senior secondary school students in Obio/Akpor Local Government Area of Rivers State. *Port Harcourt Medical Journal*, 13:47-52.

Odii, A., Atama, C.S., Igwe, I., Idemili-Aronu, N.J., & Onyeneho, N.G. (2020). Risky sexual behaviours among adolescent undergraduate students in Nigeria: Does social context of early adolescence matter?. *Pan African Medical Journal*. 37:188. <https://doi.org/10.11604/pamj.2020.37.188.22968>

Opara, P. I., Eke, G. K., & Tabansi, P.N. (2012). Perception of sexuality education amongst secondary school students in Port Harcourt, Nigeria. *West African Journal Medicine*, 31(2):109-13.

Robinson, K. H., Smith, E., & Davies, C. (2017). Responsibilities, tensions and ways forward: parents' perspectives on children's sexuality education. *Sex Education*, 333-347. <https://doi.org/10.1080/14681811.2017.1301904>

Santelli, J.S., Kantor, L.M., Grilo, S.A., Speizer, I.S., Lindberg, L.D., & Heitel, J.(2017). " Abstinence-only-until-marriage: An updated review of U.S. policies and programs and their impact," *Journal of Adolescent Health* 61(3): 273- 280

Santosa, M.J., Ferreirab, E., & Ferreirac, M. (2016). Knowledge of and attitudes toward sexual and reproductive health among college students. *Atención Primaria*, 48:188-194

Shin, H., Lee, J.M., & Min, J.Y. (2019). Sexual knowledge, sexual attitudes, and perceptions and actualities of sex education among elementary school parents. *Child Health Nursing Research*, 25(3): 312-323.<https://doi.org/10.4094/chnr.2019.25.3.312>

Srahbzu, M., & Tirfeneh, E. (2020). Risky sexual behavior and associated factors among adolescents aged 15-19 years at governmental high schools in Aksum Town, Tigray, Ethiopia, 2019: an institution-based, cross-sectional study. *Biomed Research International*,3719845.

Tinuola, F.R (2006) Analysis of some key sexual behaviour Indicators among younger women in Ekiti Southwest Nigeria in *The Social Sciences* 1 (3) 172 - 177

Tinuola, F.R and James Adeola Olaogun (2009) When does sex become violent? Conceptualizing sexual violence in the context of rural young Igala Women in Nigeria in *International Journal of Sociology and Anthropology* 1 (1) 6 - 11.

UNICEF. (2017). Children and AIDs: Statistical update. Retrieved 19/06/2023 from: <https://data.unicef.org/wp-content/uploads/2017/11/hivaids-statistical-update-2017.pdf>

UNESCO. (2018b). Review of the evidence on sexuality education. Report to inform the update of the UNESCO international technical guidance on sexuality education. (prepared by Paul Montgomery and Wendy Knerr; University of Oxford Centre for Evidence-Based Intervention, Ed.). Paris: UNESCO.

Wood, S.Y., & Rogow, D. (2015). *Can sexuality education advance gender equality and strengthen education overall? Learning from Nigeria's Family Life and HIV Education Program*. New York: International Women's Health Coalition.