

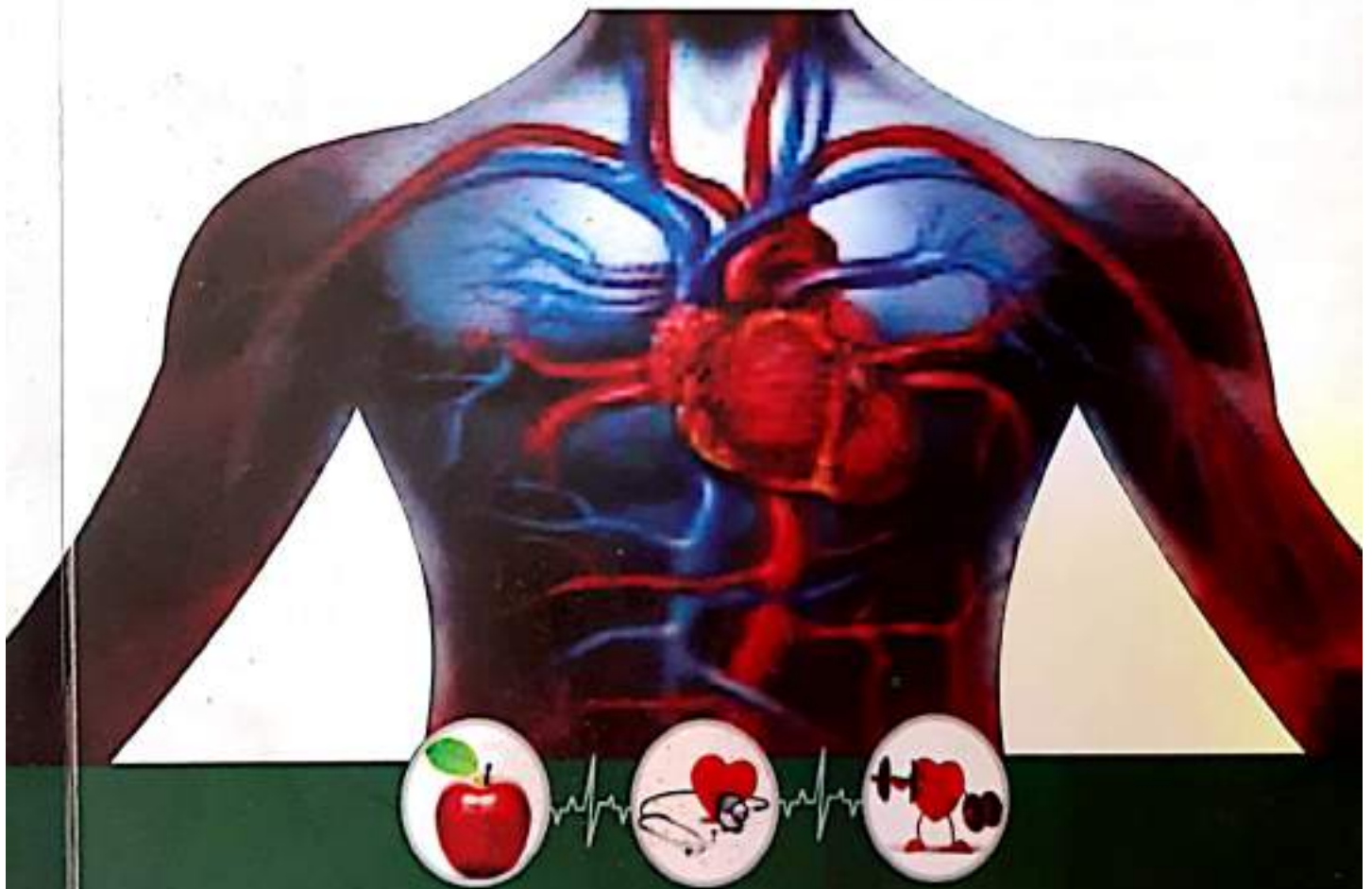


GJHRR



GLOBAL JOURNAL OF HEALTH RELATED RESEARCHES

VOLUME 2, No. 2 June/August 2020



Publication of Department of Human Kinetics and Health Education
Faculty of Education
Ahmadu Bello University, Zaria, Nigeria

**GLOBAL JOURNAL OF HEALTH RELATED
RESEARCHES**
ISSN: 978-978-57083-6-3
VOLUME 2, No. 2 June/August, 2020

<http://kubanni.abu.edu.ng/handle/123456789/12276>

Global Journal of Health Related Researches, Vol.2, No. 2, June/August, 2020

EDITORIAL TEAM

Editor-in-Chief

Professor M. A. Suleiman, Head of Department, Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria

Managing Editor

Akorede Seun Nurudeen (Ph.D), Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria

Internal Editorial Board Member

Prof. T.N Ogbu Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria

Prof V. Dashe Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria

Prof Umaru Musa Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria

Dr. Aliyu M. Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria

Associate Editors

Prof. M.G. Yakasai

Prof. R.A. Shehu

Prof. Oladipupo Okorie B.

Dr. Arif Mohammad

Dr. Ngozi Ani Rita

Dr. Abdullah Abdulsalam

Dr. Levi Akah

Bayero University Kano

University of Ilorin

Lagos State University

Faculty of Education, Jamia Millia Islamia,
New Delhi, INDIA.

Enugu State University of Technology

University of Maiduguri

University of Calabar

Aisha Kasham Hirse, Prof. A.I Kabido, Prof. M.G. Yakasai & Mohammed Usman Sani (PhD).	Influence of Facilities & Equipment on the Participation of Staffs and Students in Recreational Sport Programs of Tertiary Institutions in Plateau State.	80
Adams David, Adeola, Moses Folusayo Ph.D, ABU, Sunday.	Implications of Fasting Practices on Health and Athletic Performance of Undergraduate Students of Kogi State University, Anyigba.	86
K.O. Laro, S.O. Oyebanji, E.A Makinde & N. Saka	Sanitation Facilities and Diseases Occurrence: A Case Study of Malaria and Diarrhea in Ile-Ife, Osun State, Nigeria	93
Oluwatobi D. Nofiu (Ph.D) Uzo Osuji, Fatima M. Rasheed, Saba Mohammed, & Samuel Olugbenga Eseyin.	knowledge of solid Waste Management among Household Heads in Imo State, Nigeria.	107
Jidda, Kafayah Adeola	Socio-Demographic Factors affecting Teaching of Sex Education Among Junior Secondary Schools in Pakata Community, Kwara State, Nigeria	114
Moses Folusayo ADEOLA & Ahmed Sani GETSO	Demographic Predictors of Premarital Sexual Behaviours among Senior Secondary Schools in Kogi State, Nigeria	124
Bulus, Donatus Akut Yakubu Bobai & And Manasseh, Simon Loms	Fuelwood Utilization and Its Effects on Educational Development in Metropolitan Zaria	131
Aminu Umar Ningi; Abubakar Ibrahim Hassan Ph.D. & Abdullahi Mohammed Isyaku Ph.D	Practice of Food Safety among Food Handlers In Boarding Secondary Schools in Bauchi State, Nigeria	140
Olaoye, A.K., Ikwuka, F. N., Dauda-Olajide, R. O. & Aina, M. G.	Influence of Sports Betting on the Integrity of Sports among Professional Football Clubs in Kwara State	150
Bolu-Steve, F. N., Oladele A. A., Durosaro, I. A	Communication as Correlates of Marital Satisfaction among Couples in Oyo State: Implication for Counselling Practice	159

SOCIO-DEMOGRAPHIC FACTORS AFFECTING TEACHING OF SEX EDUCATION AMONG JUNIOR SECONDARY SCHOOLS IN PAKATA COMMUNITY, KWARA STATE, NIGERIA

Jidda, Kafayah Adeola

Department of Health Promotion and Environmental Health Education

University of Ilorin

+2347035136532

Abstract

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices and relationships. The study investigated (i) religion (ii) culture (iii) economic status and (iv) age difference as socio demographic factors affecting the teaching of sex education among junior secondary school in Pakata Community, Kwara State, Nigeria. A descriptive survey method was used. The population consisted of teachers in all six schools Pakata Community, Kwara State. A simple random sampling technique was used to select 128 respondents for the study. The researcher's designed questionnaire which was validated by three experts from the Department of Health Promotion and Environmental Health Education, University of Ilorin. A correlation co-efficient 'r' of 0.76 was obtained through test re-test method using Pearson Product Moment Correlation on respondents outside the study sample. Data collection was conducted by the researchers and two trained research assistants. The two postulated null hypotheses were tested using the inferential statistics of chi-square @0.05 alpha level. The findings from the study revealed that: i. religion and economic status were perceived as socio-demographic factors affecting the teaching of sex education among Junior Secondary Schools with the calc. χ^2 value of 46.219 > table χ^2 value of 97.469 @ 0.05 alpha level and ii. culture and Age differences were perceived as a socio-demographic factor affecting the teaching of sex education among Junior Secondary Schools with the calc. χ^2 value of 76.953 > table χ^2 value of 21.03 and the calc. χ^2 value of 71.219 > table χ^2 value of 21.03 respectively at the freedom df 12 @ 0.05 alpha level. Based on the findings, the researcher concluded that religion, culture, economic status and age differences were perceived as socio-demographic factors affecting the teaching of sex education among junior secondary schools in Pakata Community, Kwara State, Nigeria. It was recommended among others that government should incorporate sex education into the curriculum and create awareness on sex education for junior secondary school students and sensitize them based on religion affiliation, cultural practices, economic statuses and age differences.

Keywords: Perception, Socio-demographic, Factor, Teaching, Sex, Education and Community.

Introduction

The need for sexuality education in schools has become indispensable in today's contemporary society. While many societies and cultures around the world are yet to consent to the introduction of sex education in schools mostly because of their socio-cultural background, belief system, political system, religion, etc, some countries see sex education as a gateway to deal with issues related to reproductive health and sexual preference among teenagers. Sexual health is one of five core aspects of the World Health Organization Global Reproductive health strategy approved by the World Health Assembly in 2004 (WHO, 2004).

According to WHO (2006), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices and relationships. While sexuality can include all of these dimensions not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, ethical, legal, historical, religious and spiritual factors (WHO, 2006). Akerele (2004) wrote that sex is something you do sexuality is something you are. This way of understanding sex highlights the difference between the act of sex and the individual experience of sexuality, which is an intrinsic part of whom we are and that cannot be separated out of ourselves more than our ethnicity, religion or spiritual beliefs.

According to Sexuality Information and Education Council of the United States (SIECUS) Report, Sexuality education also referred to as sex education or family life education which is a lifelong process of acquiring information and forming attitudes, beliefs and values. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles (SIECUS Report, 2001). United Nations Educational Scientific and Cultural Organization (UNESCO) defines sexuality education as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. UNESCO, pointed out that sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality (UNESCO, 2006).

According to Berger (2008), sexuality education seeks both to reduce the risks of potentially negative outcomes from sexual behaviour like unwanted or unplanned pregnancies and infection with sexually transmitted diseases and to enhance the quality of relationships. It is also about developing young people's ability to make decisions over their entire lifetime. Sex education is the education that is given to individuals on sexuality behaviour. It is the process of acquiring information, attitude and belief about sex. It is education for awareness especially

adolescents about sex related issues. Sex education does not encourage early initiation of intercourse but instead can delay first intercourse and lead to more consistent and understanding what the concept is all about. It is the process of acquiring information and forming attitudes and beliefs about sex, sex identity relationship and intimacy. It involves developing young people's skills so that they make informed choices about their behaviour. It is widely accepted that young people have right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies and Sexually Transmitted Disease (STDs) so as to understand their body mechanism in general (Nwahizu, 2006).

Collins (2008) argued that sexuality education encompasses education about all aspects of sexuality including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods. Sex education is also a means by which young people can protect themselves from abuse, exploitation, unintended pregnancies, sexually transmitted diseases (HIV and AIDS). The skills which young people develop through sex education are those that would enable them to communicate, listen, negotiate with others, ask for help and identify the sources of help and advice. These skills also help to improve their ability to make and take the right decision and to be assertive. They will thus be able to recognize pressures from other people and be able to resist them. They will be able to deal with challenge prejudice as well as to seek help from others. They also will be able to differentiate between accurate and inaccurate information. (Madunagu, Mahajan, & Sharma, 2005; Avert 2011).

However, if taught appropriately, curriculum-based sexuality education can also help young people to develop communication skills, as well as enhancing their self-esteem and capacities in making health related decisions. It can also help them to forge positive and equitable relationships (Gordon, 2007). Sexuality education also acts at a broader social level with the potential to change social norms by influencing adults (for example, teachers and parents), the social environment and subsequent generations of young people (Gordon, 2007). Sexuality education is often discussed and evaluated in terms of its role in reducing adolescent pregnancy and sexually transmitted diseases (STDs) rates (Asekun-Olarinmoye, Fawole, Dairo, & Amusan, 2007). Asekun-Olarinmoye et al (2007) pointed out that the primary goal of sexuality education is much broader-to give young people the opportunity to receive information, to examine their values and to learn relationship skills that will enable them to resist the becoming of sexually active before they are ready, to prevent unprotected intercourse and to help young people become responsible sexually active adults.

Statement of Problem

Early sexual activity among teenagers is on increase in many societies of the world today including Nigeria. This may be as a result of ignorance, lack of appropriate guidance and counseling, faster biological development, indiscipline and lack of moral education, inadequate parental care, bad role model of parents, adolescent rebellious attitude, child abuse, certain cultural influences and practice and the likes (Akande & Akande, 2007). However, there is growing concern in the Nigeria society about increase in moral laxity, promiscuity, unwanted pregnancies and cases of abortion among youths. The incidence of these problems has been attributed to ignorance of youths about sex and sexuality issues. Parents and guardians should be the primary sexuality educator of their children (Sieswerda & Blekkenhorst, 2006). It has been emphasized that parents may need support, resources and expertise from schools and other organizations and it is important that young people received sexual health information and develop practical skills that are appropriate with their age (Ogunjimi, 1989; Planned Parenthood Federation of America, 2004; Avert, 2011). It has been observed and reported that many educators feel anxious or tentative in tackling the topics of sex, sexuality and sexual health. They may also feel overwhelmed about where to start or confused about what to teach and when to teach it (Avert, 2011).

Some teachers do not approve the inclusion of sex education in the school curriculum for fear that it would lead to promiscuity, while there are some who are not willing to offer sex education to adolescents under their care (Akintayo, 1991; Iyoke & OnahOnowasigwe, 2006; Oladepo & Aniebue, 2007). Most parents are ignorant of their children's needs of sexual matters. It also seems that parents do not actually know the areas or topics that will be included but only assumes that it would be all about issues that will expose their children to sexually experimentation. However, it is most likely that if topics that are not acceptable to parents are included in the curriculum, it would lead to resistance from the parents. This is evident in the document posted on a site where the author claimed that the sex education that was proposed to be added to the curriculum of both primary and secondary schools is no more than poor perception and that it was an obvious sign of collapse in moral principles in the society (Toscan Academy, 2012).

Research Questions

The following questions are raised to guide this study:

1. will religion be perceived as a factor affecting the teaching of sex education among Junior Secondary Schools in Pakata Community Ilorin West LGA, Kwara State?
2. will economic status be perceived as a factor affecting the teaching of sex education among Junior Secondary Schools in Pakata Community West LGA, Kwara State?

Research Hypotheses

- Ho₁.** Religion will not be perceived as a factor affecting the teaching of sex education among junior secondary school in Pakata Community West LGA, Kwara State.
- Ho₂.** Economic status will not be perceived as a factor affecting the teaching of sex education among junior secondary school in Pakata Community West LGA, Kwara State.

Methodology

The research design that was used for this study is descriptive research design of survey type because it is suitable for gathering data from relatively large number of cases at a particular time. Colorado State University (CSU, 2014) described survey research as a chosen method of data collection among educationists. CUS (2014) contends that the popularity of survey research and its consistency is due to its efficiency and versatility. The population of this study comprised of all teachers in junior secondary schools in Pakata Community. According to the Kwara State Universal Education Board, Pakata community has a total number of six junior secondary school and 252 teachers. A simple random technique was used for this study. Teachers were randomly selected from all the government junior secondary schools in Pakata Community using 50% of the total in each school population. The instrument that was used for this study is a well-structured questionnaire designed by the researcher to elicit responses from the respondents concerning the perceived socio-demographic factors affecting the teaching of sex education in junior secondary schools in Pakata community, Ilorin. The questionnaire consists of two sections A and B. Section A measured the demographic variables of the respondents, while section B measured perceived socio-demographic factors affecting the teaching of sex education in junior secondary schools in Pakata community. A four point Likert scale with alternatives of Strongly Agree (SA) = 4 points, Agree (A) = 3 points, Disagree (D) = 2 points and Strongly Disagree (SD) = 1 point was used. The drafted questionnaire was given to three experts in Department of Health Promotion and Environmental Health Education, University of Ilorin, the comments and suggestions made by the experts were carefully studied and used to improve the quality of the instrument before the reliability of the instrument was carried out and this was used for final administration to the respondents. The reliability was carried out on the respondents. Twenty questionnaires were administered to respondents outside the research area but similar to the study. The results were collected after two week interval on the same set of subjects used, the questionnaires was collected and correlated on the two results. The collected data was analysed using Pearson Product Moment Correlation (PPMC) to determine the consistency of the instrument. A coefficient of 0.76r was obtained which shows that the instrument is reliable for the study. The rights and dignity of participants and privacy were considered. The researchers administered the instruments to the respondents, the copies of administered questionnaire were collected back immediately from the respondents. This was done in order to ensure high rate of return and to enable correct responses to the questionnaire

items and for further clarification if there is any on any item of the questionnaire. Data collected, coded and analyzed using both descriptive and inferential statistics. Descriptive statistics of frequency count and percentage was used to analyze demographic information and the research questions while inferential statistics of chi-square(χ^2) was used to test the null hypothesis formulated for the study at 0.05 alpha level.

Results

Hypothesis One

Religion will not be perceived as a factor affecting the teaching of sex education among junior secondary school in Pakata Community Ilorin West LGA, Kwara State.

Table 1: Chi-square Analysis Showing Religion as Perceived Factor Affecting the Teaching of Sex Education.

S/N	ITEMS	SA	A	D	SD	ROW TOTAL	df	CAL. VAL.	TABLE VAL.	REMARK
1	My religion teaches sex education.	94 (73.4%)	28 (21.9%)	4 (3.1%)	2 (1.6%)	128				
2	Religion leaders see sex education as a subject to be discuss privately.	30 (23.4%)	41 (32.0%)	34 (26.6%)	23 (18.0%)	128				
3	Religious parents or teachers tend to be conservative when discussing sex related matters.	43 (33.6%)	69 (53.9%)	12 (9.4%)	4 (3.1%)	128	12	46.21 9	21.03	Ho Reject ed
4	Religion leaders encourage the teaching of sex education.	48 (37.5%)	67 (52.3%)	10 (7.8%)	3 (2.3%)	128				
5	My religion belief that it is a sin to teach adolescence about sexuality.	19 (14.8%)	18 (14.1%)	42 (32.8%)	49 (38.3%)	128				
	Column Total	234	223	102	81					

P < 0.05 alpha level

Table 1 indicates that calculated Chi-square value of 46.219 and the table value of 21.03 with the degree of freedom of 12 at 0.05 alpha level. Since the calculated value is greater than the table value, the hypothesis 1 is rejected. This implies that religion is perceived as socio demographic factor affecting the teaching of sex education among junior secondary schools in Pakata Community Ilorin West LGA, Kwara State.

Hypothesis Two

Economic status will not be perceived as a factor affecting the teaching of sex education among junior secondary school in Pakata Community Ilorin West LGA, Kwara State.

Table 2 : Chi-square Analysis Showing Economic Status as Perceived Factor Affecting the Teaching of Sex Education

S/N	ITEMS	SA	A	D	SD	ROW TOTAL	df	CAL. VAL	TABLE VAL	REMARK
1	Place of residence can affect the teaching of sex education.	47 (36.7%)	60 (46.9%)	5 (11.7%)	6 (4.7%)	128				
2	Educated parents tend to be open minded when teaching sex education.	60 (46.9%)	59 (46.1%)	6 (4.7%)	3 (2.3%)	128				
3	Less or uneducated parent tend to be conservative when discussing issues related to sex.	32 (25.0%)	73 (57.0%)	17 (13.3%)	6 (4.7%)	128	12	97.469	21.03	Ho Rejected
4	Level of income of parents or teachers can affect the teaching of sex education	27 (21.1%)	35 (27.3%)	40 (31.3%)	26 (20.3%)	128				
5	Parents occupation can affect the teaching of sex education.	18 (14.1%)	48 (37.5%)	39 (30.5%)	23 (18.0%)	128				
	Column Total	184	275	107	64					

$P < 0.05$ alpha level

Table 2 indicates that calculated Chi-square value of 97.469 and the table value of 21.03 with the degree of freedom of 12 at 0.05 alpha level. Since the calculated value is greater than the table value, the hypothesis 2 is rejected. This implies that economic status is perceived as socio demographic factor affecting the teaching of sex education among junior secondary schools in Pakata Community Ilorin West LGA, Kwara State.

Discussion of Findings

There were two findings in this study based on the hypotheses formulated for the study. The findings were discussed one after the other in this section according to the hypotheses formulated and tested at 0.05 alpha level.

Hypothesis 1: Religion will not be perceived as a factor affecting the teaching of sex education among junior secondary school in Pakata Community Ilorin West LGA, Kwara State. The calculated chi square value of 46.219 is greater than critical table value of 21.03 at the degree of freedom of 12 and alpha level of 0.05. The result of hypothesis one implies that religion is a socio demographic factor affecting the teaching of sex education among junior secondary schools in Pakata Community Ilorin West LGA, Kwara State. This finding is in agreement with Yousefzadeh, Holmakani and Nameni (2017) study that indicated religious beliefs could influence sexual relations. In some studies, religious teachings are cited as a barrier to sex

education that is why sex education is deemed unsuitable in Iran and some other countries. Smerecnik (2010) in his study claimed that since through online survey, they found that sex education among Muslims is unsuccessful and the respondents believed that religion has previously expressed the main orders. Therefore, Muslims think that it is not necessary to consider sex education.

Ahmadi, Fathi and Arab (2006) and Danesh and Kermani (2011) in their studies demonstrated that the correlation between religious commitment and sex is low and lack of religious information regarding sex is considered as a reason. They believed that if information in this regard is transferred properly based on cultural norms of the community, sex education can be effective. Studies by other researchers have found religion to have an impact on sexual behaviour among adolescents in Africa (Omoteso 2006; Sadgrove 2007; Sambisa, Curtis & Stokes 2010). The Islam injunction believes that both the Islamic moral philosophy and the social system of Islam have adequately taken care of sex education. It is strongly believed that religious knowledge, be it Islam or Christianity helps children to cultivate religious attitude towards life and orientate them towards self-purification, self-actualization and socialization (Adunola, 2005).

Hypothesis 2: Economic status will not be perceived as a factor affecting the teaching of sex education among junior secondary school in Pakata Community Ilorin West LGA, Kwara State. The calculated chi square value of 97.469 is greater than critical table value of 21.03 at the degree of freedom of 12 and alpha level of 0.05. The result of hypothesis three implies that religion is a socio demographic factor affecting the teaching of sex education among junior secondary schools in Pakata Community Ilorin West LGA, Kwara State. The finding is supported by Kim and Ward (2007) that Parents have a unique position when it comes to sex education because parents are the earliest socialisation agents in children's lives. Many parents actually want to teach and talk to their children about sex but they often doubt their skills and competency to impart that knowledge.

It is important to note that though parents can influence their children's beliefs and attitudes about sex, they may not necessarily pass specific messages related to sex. There are certain positive benefits to parents opening up communication with their children about sex. There are indirect effects on the sexual health of adolescents, such as prompting them to have more open talks with their partners and increasing their knowledge of HIV and even reduce the chances of sexually risky behaviour. However, parents' communication is usually centralised on a few topics, such as health, risks and safety issues, rather than on pleasure, orgasm, etc. This is contrasted from findings based on existing studies of family sex communication, which preventative measures are rarely talked about. The focus of parental communication is on negative consequences of having sex or is heteronormative (Kim & Ward, 2007).

Conclusion

Based on the findings of this study, the following conclusion was drawn that

1. Religion was perceived as a socio demographic factor affecting the teaching of sex education among junior secondary schools in Pakata Community Ilorin West LGA, Kwara State.
2. Economic status was perceived as a socio demographic factor affecting the teaching of sex education among junior secondary schools in Pakata Community Ilorin West LGA, Kwara State.

Recommendations

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

1. Professionals like counseling psychologists, psychologists and doctors to carry out health promotion programme to empower teachers, parents, students and the society at large irrespective of their religion on sexuality education.
2. Government should incorporate sex education into the curriculum and create awareness on sex education, and non-governmental organisation should support the creation of awareness so as to reach every nook and cranny of the society irrespective of the economic status.

References

- Adunola, A. A. (2005). *National Conference on Adolescent Reproductive Health*. Abuja, Nigeria.
- Akande, A. A., & Akande, T. M. (2007). Knowledge and Perception of Sexuality Education among Students of a rural secondary school in Kwara State Nigeria. *Nigerian Medical Practitioner*, 52 (3) 55-59.
- Akerele. (2004). *Sexual risks and practices in Nigeria: Multi-disciplinary approach to Human Kinetics and Health Education*, Codat Publications, Ibadan pg 81-100
- Avert. (2011). *Sex education that works*: Retrieved on 2nd February 2014 from <http://www.avert.org/sex-education-works.htm>.
- Berger Bernard, S., Kahzami, S., Selmaoui, S. & Carvalho, G. (2008). *Sex education: Teachers' and future teachers' conceptions and social representations. What Relevance for Teachers' Training*. XIII. IOSTE Symposium, *The Use of Science and Technology Education for Peace and Sustainable Development*. September 21-26, 2008, Kuşadası / Turkey.
- Collins, L. (2008). *A model middle school sex education programme*; Retrieved from (<http://economics.txstate.edu/arp/285>).
- Gordon, P. (2007). *Review of Sex, Relationships and HIV Education in Schools Prepared for the first meeting of UNESCO's Global Advisory Group meeting 13-14*. Paris: UNESCO. (Available at <http://unesdoc.unesco.org/images/0016/001629/162989e.pdf>)
- Grace, I. O. (2016). Perception of secondary school students on factor militating against the teaching of sex education. *Journal* (6).

- Iyoke, C. A., Onah, H. E. & Onowasigwe, C. N. (2006). Teachers' attitude is not an impediment to adolescent sexuality education in Enugu, Nigeria. *African Journal of Reproductive Health* 10(1) 81-90.
- Madunagu, B. E. (2005). Empowering youths through sexuality education: The challenges and opportunities understanding human sexuality. *Seminar Series 3. Africa Regional Sexuality Resource Centre*.
- Nwalizu, A. A. (2006). *Sexuality knowledge and behaviour towards transmitted diseases*. Department of PHE, A.B.U. Zaria.
- Ogunjimi, L. O. (1989). *The evaluation of the need for sex education in Oyo State*. Unpublished Master's thesis. ObafemiAwolowo University.
- Oladebo, O. & Akintayo, T. (1991). Secondary school teachers' viewpoint on sex education. *J.R. Social Health* 111 (6) 216-220. Retrieved on 12 February 2014 from <http://www.ncbi.nlm.nih.gov/m/pubmed/1791594/?i=6&from=/16999198/related>.
- Sieswerda, L. E., & Blekkenhorst, P. (2006). *Parental attitudes towards sex education in the Home*. Thunder Bay District Health Unit, Canada.
- Smerecnik, C., Schaalma, H., Gerjo, K., Meijer, S. & Poelman, J. (2010). An exploratory study of Muslim adolescents' views on sexuality: Implications for sex education and prevention. *BMC Public Health*. 10(1):533.
- World Health Organisation (WHO). 2004. *Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets*. Global strategy adopted by the 57th World Health Assembly. Geneva (http://whqlibdoc.who.int/hq/2004/WHO_RHR_04.8.pdf)
- World Health Organisation (WHO). 2006. *Defining sexual health. Report of a technical consultation on sexual health, 28-31 January 2002*. Geneva (<http://www.who.int/reproductivehealth/topics/gender/-rights/defining-sexual-health.pdf>)
- Yousefzadeh, S., Golmakani, N. & Nameni, F. (2017). The comparison of sex education with and without religious thoughts in sexual function of married women. *Journal of Midwifery and Reproductive Health*. 5(2): 904-910. DOI: 10.22038/jmrh.2017.8384.