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RESEARCH ARTICLE

KNOWLEDGE OF PARENTS ON SEX EDUCATION OF THEIR ADOLESCENT CHILDREN RESIDING IN URBAN AND RURAL AREAS OF SIKKIM

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ABSTRACT

Introduction: Parents are the most consistent influence in children's lives and are in unique position to influence young people's health and personal development during their transition to sexual life. Sex education should be an integral part of the learning process that should begin in childhood and continued to adult life, because it is lifelong process. In India, due to various cultural and religious beliefs parents are generally not interested to talk about sex-education though they are the first socializing agent of the children. So it is necessary to investigate the knowledge of parents on sex education of their adolescent children. **Materials and Methods:** A descriptive comparative study design was used to study the knowledge of parents on sex education of their adolescent children from randomly selected urban and rural areas of Sikkim. A total of 120 parents (60 from each area) whose adolescent children fall in the age group of 10-19 years were selected through purposive sampling technique, and a structured questionnaire was used to assess the knowledge of parents for which validity and reliability was ensured through panel of experts. **Results:** Results of the study revealed that majority of the parents were reluctant to talk about sex education to their adolescent children as they found it embarrassing to discuss these issues. Majority of the parents (77%-father, 67 %-mother in urban & 43%-father, 63 %-mother in rural) reported that they never provided sex education to their children. The knowledge regarding sex education was found to be inadequate among the 67% parents in urban area and 87% parents in rural area. The unpaired t-test shows a significant difference in knowledge area of human sexuality ($P < 0.05$), anatomy and physiology of human sexuality ($P < 0.05$), concept and changes occurring during puberty ($P < 0.05$) and concept of sex education and STDs ($P < 0.05$) between parents who reside in urban areas and those who dwell in rural areas. There was no significant difference noted between fathers' and mothers' knowledge on sex education of their adolescent children in urban area ($t = 1.26$, $P > 0.05$) and rural area ($t = 0.47$, $P > 0.05$). **Conclusion:** There were substantial gap in knowledge about human sexuality, changes occur during puberty and sexual health among parents of adolescent children in both urban and rural areas. The study shows that residency is not a determinant of sex education and parental gender does not work as a function of sex education between parents who reside in urban areas and those who dwell in rural areas. The organization of community based programme would help parents know the rudiments of sex education and acquire requisite skills needed.

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INTRODUCTION

The origin of the concept of sexuality education can be traced back to our ancestors who laid much emphasis on the care of self and the act of procreation. However, sex education came into being in different countries at different times.

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The importance of sexuality education becomes more pronounced among the adolescents, as it is the transitional period characterized by drastic physiological changes (<http://www.teezed.com.ng/index.php/ethics/160-guidance-and-counseling/334-attitude-of-parents-towards-sex-education-in-secondary-schools-in-isoko-south-local-government-area-of-delta-state>). Growth accelerates in the first half of puberty and stops at the completion of puberty. Before puberty, body differences between boys and girls are almost entirely restricted to the genitalia. During puberty, major differences of size, shape, composition, and function develop in many body structures and systems (URL:<http://www.searo.who.int/>)

entity/child_adolescent/documents/adolescent_criticalphase/e). The most obvious of these are referred to as secondary sex characteristics. The changes are so marked that adolescents if not pre-informed about these aspects may find themselves in emotional turmoil trying to understand and accept these changes (Kotecha *et al.*, 2009). Adolescents establish patterns of behavior and make life style choices that affect both their current and future health. During this period they have more confusions and conflict among them. In this situation, it is necessary for parents to prepare their adolescent children to cope with this changing situation, as it can lead to risky behavior among them including problems related to sexuality (Esere, 2008). Studies showed that adolescents having sexual intercourse before 16 years of age are more likely to take risks. They have more sexual partners during their lifetime and more partners per year and they start sexual activity earlier in new relationships than those who become sexually active after age 16 (Adegoke, 2003). Sex education is the acquisition of knowledge that deals with human sexuality. It consists of instructions on the development of an understanding of the physical, mental, emotional, social, economic and psychological phases of human relations as they are affected by sex. In other words, sex education involves providing children with knowledge and concept that will enable them to make informed and responsible decisions about sexual behaviors at all stages of their lives (Remafedi, 1999). The aims of sex education, according to British Medical Association Foundation for AIDS are ambitious relating to the lifelong quality of relationships and personal behavior. It should be age appropriate and available to everyone through a variety of forms and informal settings (www.googlebook.com).

Need for study: Adolescence is a period of many transitions for both teens and their families. To ensure that teens and adults navigate these transitions successfully, it is important for both to understand what is happening to the teen physically, cognitively, and socially; how these transitions affect teens; what adults can do; and what support resources are available (WHO, 2009). Eaton, Richman, Dilorio, Rivero, Maibach (Hockenberry-Eaton Marilyn *et al.*, 1991) conducted a study regarding mother and adolescent knowledge of sexual development in terms of the effects of gender, age, and sexual experience. The sample consisted of 90 adolescents and 73 mothers of adolescents from Boys and Girls clubs of Atlanta. The results revealed that adolescents' understanding of sexual issues is inadequate, indicating either that students never acquired basic information about sexual development or that the information was not retained outside the classroom setting and suggest that mothers may be ill-prepared to teach their children about sex or reinforce information they learn in school. Considering the Indian scenario, most of the schools offer no sex education since it remains to be a highly controversial issue especially with respect to the right age at which the children should receive such kind of information and also the methods in which such information is passed to them.¹⁶ India pioneered the use and application of sex education through art and literature although it has not been formally applied by the government in the academic curriculum of a majority of educational institutions and has also been objected by the parents of teenagers in the past. Attempts by state governments to introduce sex education as a compulsory part of the curriculum have often been met with harsh criticism by political parties, who claim that sex education "is against Indian culture" and would mislead

children (Nagpal *et al.*, 2015). Sheron *et al.*, 2016 found that basic knowledge regarding anatomy and functions was obtained primarily through friends and books and rarely from parents. These studies confirm that communication is limited and highlights a range of obstacles that may inhibit parents' ability or skill in communicating with their children on the physical changes associated with puberty. For example, village-level studies have identified parents' own lack of awareness and their perception that their children were not at risk of HIV as key factors limiting communication whereas other studies have noted parental discomfort and perceptions that informing their children about sexual matters would lead them to engage in sex. The majority of research communication on sexual subjects has been found to come from the mother and boys feel that the content is mainly steered towards the experience of girls. Consequently, boys use other sources to educate themselves about sexual issues. Even though parents want to talk to their children about topics related to sexual behaviors, they feel embarrassed, uncomfortable and have neither the skills nor the knowledge to do so (Kane *et al.*, 1993). Adolescence is a period of many transitions for both teens and their families. To ensure that teens and adults navigate these transitions successfully, it is important for both to understand what is happening to the teen physically, cognitively, and socially; how these transitions affect teens; what adults can do; and what support resources are available (Runganga, 1998).

Problem statement: Knowledge of parents on sex education of their adolescent children residing in Urban and Rural areas of Sikkim.

Objectives

- Assess the parents knowledge on sex education of their adolescent children in urban and rural areas
- Compare the difference in knowledge of mothers and fathers on sex education of their adolescent children in urban and rural areas
- Identify association between parent's knowledge on sex education of their adolescent children with the socio-demographic variables in urban and rural areas.

Operational definitions

- **Parents:** It refers to mother and father whose children are in the age group of 10-19 years and residing in the urban and rural areas of Sikkim.
- **Knowledge:** It refers to the correct response of parents regarding the development of anatomy and physiology of reproductive organs, concept of puberty and changes occurring during puberty, secondary sexual characteristics, concept of sex education and sexually transmitted diseases, advantages of sex education, provision of services to adolescents and emotional changes as assessed by structured knowledge questionnaire.
- **Sex-education:** In this study, it refers to parent's engagement in giving authentic information and knowledge about the growth, development and related physiological processes of male and female sex organ separately to their adolescent children.

Hypothesis

H₁: There is a significant difference between knowledge of mothers and fathers on sex education of their adolescent

children residing in urban and rural area at 0.05 level of significance.

H₂: There is significant association between parent's knowledge on sex education of their adolescent children with the socio-demographic variables in urban and rural area

MATERIALS AND METHODS

Non experimental survey approach with descriptive comparative research design was used to quantify the parent's knowledge on sex education of their adolescent children. The research was conducted in randomly selected urban and rural area which comes under East, West, North and South districts of Sikkim. Purposive sampling technique was used where 120 parents whose adolescent children (60 mothers and 60 fathers) falls in the age group of 10-19 years were selected, explained about the study and the related purposes and their informed consents were obtained. Mentally challenged parents staying with their adolescent children and parents not willing to participate in the study were excluded from the study.

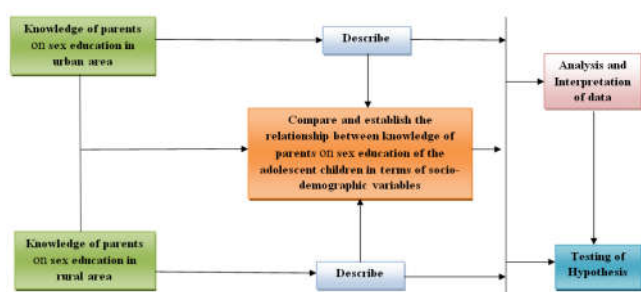


Figure 1. Schematic representation of descriptive comparative research design

Instrument: The data was collected through structured interview schedule on knowledge on sex education among parents. Ethical consideration was taken from concerned authority, the Institutional Review Committee of Sikkim Manipal University. Written consent was taken from the respondent prior to the administration of the questionnaire. The finding was presented for both descriptive and inferential statistics. The study was carried out by using a structured interview schedule on knowledge questionnaire that consisted of two sections, Section I, Part A and Part B and Section II.

Section-I, Part A: This part dealt with socio demographic data such as age, gender, marital status, education, occupation, number of children, type of family and family income

Part B: This comprised of questions on parent's personal data in relation to appropriate age to begin sexuality education for children from parents, receive sex education in pre-pubertal age.

Section-II: This section consisted of questions on knowledge areas of human sexuality, anatomy and physiology of human sexuality, concept of puberty and pubertal changes, concept of sex education and sexually transmitted diseases, safe sex practices, birth control measures and sexual abstinence. The content validity of interview schedule on knowledge questionnaire regarding sex education among parents was done by 7 experts from the field of Obstetrics and Gynecology, Pediatric and Faculty members of Sikkim Manipal College of

Nursing. The experts were chosen based on their clinical experience, expertise and interest in the problem area. The reliability of the pretested structured questionnaire was tested by split half method, for which the value was found 0.89 and socio demographic profile and personal profile by intra-rater method.

Section I: Findings related to demographic data of parents of adolescent children in urban and rural area

The data in table 1 indicates that majority (40%) of parents in urban area falls under the age group of 21-30years, whereas in rural area 47% of them falls under the age group of 31-40years. The data also highlighted that there is consistency in terms of gender in both urban and rural area i.e 50% each. The data from parents in urban and rural area reveals that most of them were married As per the educational qualification 33% of urban parents were educated upto graduate level whereas 32% of rural parents had high school certificate. The data reveals that the majority i.e. 72% of parents has 1-2 children and 25% of them has 3-4 children in urban area whereas in rural area majority of them i.e. 77% have 1-2 children, few i.e. 20% of parents has 3-4 children and 3% has more than 5 children. In terms of the occupational status of the parents in urban area, majority of them i.e. 96.7% are employed and 3.3% are unemployed. In rural area, 84% of parents are employed and 16% are unemployed. In urban area 86.7% belong to nuclear family and 13.3% belongs to joint family where as in rural area 80% are from nuclear family and 20% from joint family. The data presented in figure 4 reveals that in urban area majority of parents i.e. 18% had income in between 11000-20000 per month, 13% had 1000-10000 and 12% had 21000-30000 whereas in rural area, majority of them i.e. 33% had income of 1000-10000 per month, 15% had 11000-20000 per month and 8% had 31000-40000 per month.

Section II: Findings related to parents personal profile related to sex education of their adolescent children in urban and rural area

Data presented in table 5 indicates that in urban area 44% of mothers and 20% of fathers believe that age to begin sexuality education is between 13-15years, whereas in rural area, 37% of mothers believe that 13-15years is the appropriate age to begin sex education and 44% of fathers believe that 13-15 years appropriate age to begin sex education. In urban area 27% of mother had received sex education in pre pubertal age and only few i.e.13% of father had received sex education in pre pubertal age and majority i.e 87% of father had not received and 73% of mother had not received, whereas in rural area 27% of mother and 40% of father had received and 73% of mother and 60% of father had not received sex education in pre pubertal age.

Section III: Findings related to difference in parents knowledge on sex education of their adolescent children in urban and rural area in terms of

The data presented in figure 7 show that the knowledge regarding sex education was found to be inadequate among the 67% parents in urban area and 87% parents in rural area. In table 2 , it was found that parents residing in urban area scored higher in most of the different dimensions of sex education as compared to parents residing in rural area. The unpaired t-test shows that there is a significant difference in knowledge area of human sexuality ($P < 0.05$), anatomy and physiology of

Table 1. Frequency and percentage distribution of the parents in term of their demographic variables

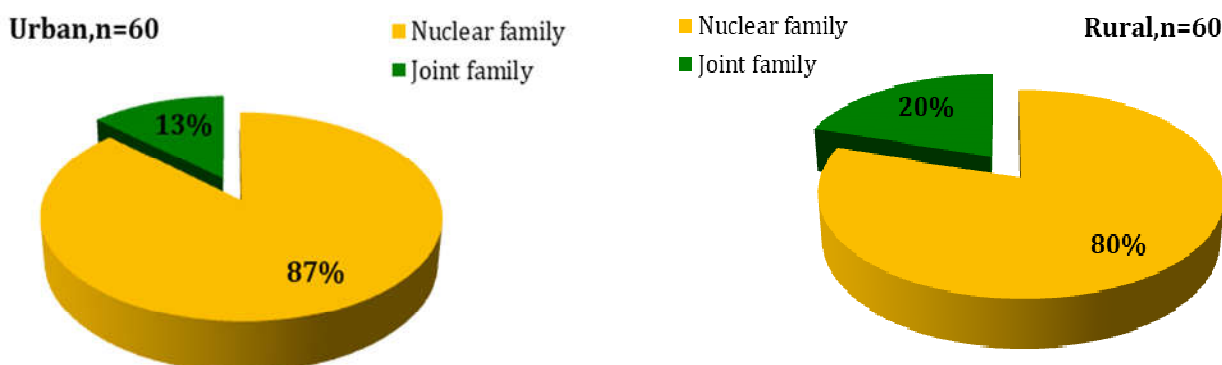
Sl.No	Demographic variables	Urban Area, n=60		Rural Area, n=60	
		f	%	f	%
1	Age in years:-				
1.1	21-30	24	40%	9	15%
1.2	31-40	18	30%	28	47%
1.3	41-50	17	28%	17	28%
1.4	51-60	1	2%	6	10%
2	Gender				
2.1	Male	30	50%	30	50%
2.2	Female	30	50%	30	50%
3	Marital status				
3.1	Married	60	100%	57	95%
3.2	Divorced	0	-	0	-
3.3	Widow/widower	0	-	3	5%
3.4	If any other please specify	0	-	0	-
4	Education				
4.1	Post graduate	8	13%	2	3%
4.2	Graduate	20	33%	9	15%
4.3	Post high school certificate	13	22%	9	15%
4.4	High school certificate	13	22%	19	32%
4.5	Middle school certificate	4	7%	12	20%
4.6	Primary school certificate	3	3%	6	10%
4.7	No formal education	0	-	3	5%
5	No of children				
5.1	1-2	43	72%	46	77%
5.2	3-4	15	25%	12	20%
5.3	5-6	2	3%	2	3%

N=120



N=120

Figure 2. Distribution of parents of adolescent children based on their occupation



N=120

Figure 3. Distribution of parents of adolescent children in terms of their type of family

human sexuality ($P < 0.05$), concept and changes occurring during puberty ($P < 0.05$) and concept of sex education and STDs ($P < 0.05$) between parents who reside in urban areas and those who dwell in rural areas. The table above (table 3) shows that there is no significant difference found between fathers' knowledge and mothers' knowledge on sex education of their adolescent children ($P > 0.05$) who dwell in urban and rural areas.

This indicates that parental gender does not work as a function of sex education between parents who reside in urban areas and those who dwell in rural areas.

Section IV: Findings related to association between levels of knowledge on sex education with the selected demographic variable: There is an association found between parental knowledge with family income and appropriate age to

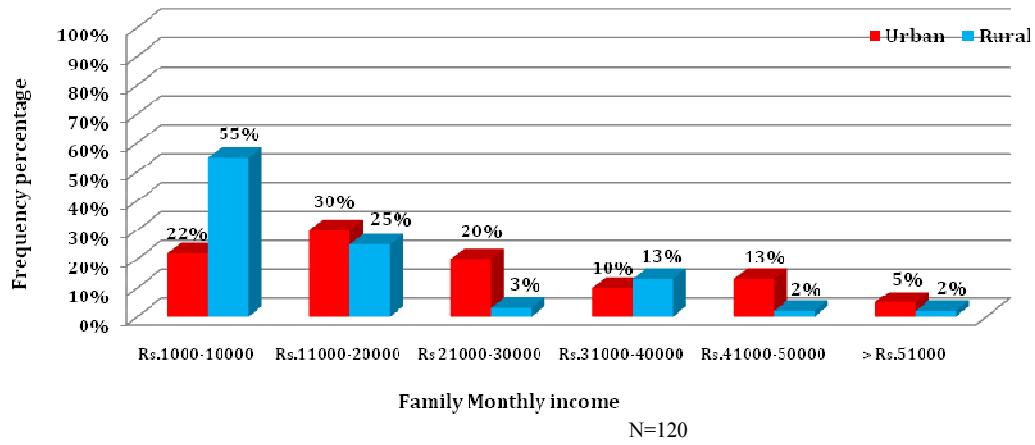


Figure 4. Distribution of parents of adolescent children in terms of their monthly income

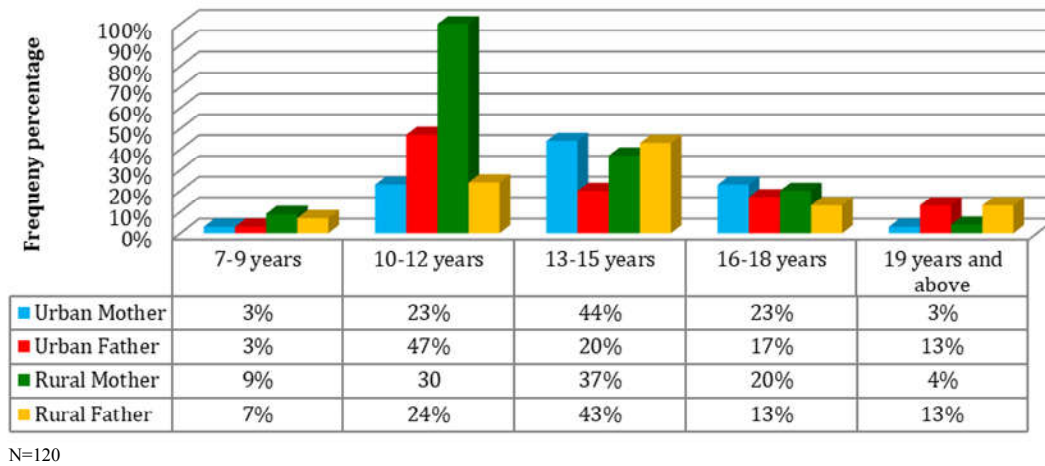


Figure 5. Distribution of parents in terms of their knowledge on correct information regarding appropriate age to begin sex education for children

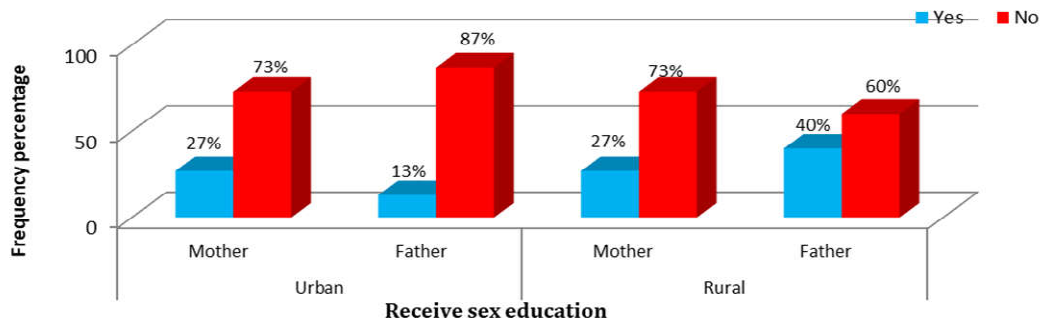


Figure 6. Distribution of parents in terms of their history of any sex education received during pre-pubertal age

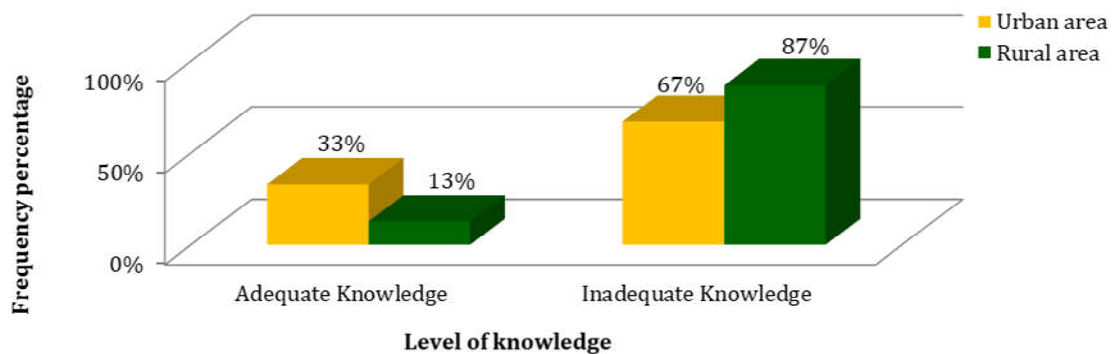


Figure 7. Knowledge level towards sex education among parents in urban and rural area

Table 2: Difference in Area wise mean parents knowledge score with different dimensions of sex education in urban and rural area

N=120

Area of knowledge on sex education	Parents knowledge score				't' test
	Urban , n=6		Rural , n=6		
	Mean \pm SD	Mean %	Mean \pm SD	Mean %	
1. Human sexuality	0.55 \pm 0.50	55%	0.43 \pm 0.50	43.3%	9.17(P<0.05)
2. Anatomy and physiology of human sexuality	0.65 \pm 0.48	64.79%	0.59 \pm 0.49	59.58%	2.77(P<0.05)
3. Concept and changes occurring during puberty	0.57 \pm 0.495	57.14%	0.48 \pm 0.5	48.81%	5.72(P<0.05)
4. Concept of sex education and STD's	0.78 \pm 0.5%	78.06%	0.7 \pm 0.46	70.83%	2.63(P<0.05)
5. Safe Sex practices and birth control measures	0.72 \pm 0.45	71.67%	0.73 \pm 0.45	73.3%	1.55(P>0.05)
6. Sexual Abstinence	0.5 \pm 0.5	50%	0.53 \pm 0.50	53.3%	1.26(P>0.05)

df(118)=1.98,P<0.05

Table 3. Compare the difference in knowledge of mothers and fathers towards sex education of their adolescent children in urban and rural area

N=120

Distribution of parents in terms of area (n=60)	Knowledge on sex education				't' test
	Mother, n=30		Father ,n=30		
	Mean \pm SD	Mean%	Mean \pm SD	Mean%	
Urban area, n=60	17.23 \pm 4.47	72%	15.76 \pm 4.62	66%	1.26(p>0.05)
Rural area, n=60	13.87 \pm 3.83	58%	14.3 \pm 1.327	60%	0.47(p>0.05)

df (118)= 1.98

Table 4. Association between parent's knowledge score towards sex education with demographic variables in Urban and rural area

N=120

Sl. No	Demographic data	Parents knowledge score					
		df	Urban χ^2	P-value	df	Rural χ^2	P-value
1	Age(in years)						
1.1	<40years	1	1.93	P>0.05	1	0.456	P>0.05
1.2	\geq 40 years						
2	Gender						
2.1	Male	1	0.63	P>0.05	1	0.26	P>0.05
2.2	Female						
3	Marital status						
3.1	Married	1	0	P>0.05	1	0.225	P>0.05
3.2	Unmarried						
4	Education						
4.1	Above high school certificate	3	1.85	P>0.05	3	9.105	P<0.05
4.2	Middle school certificate						
4.3	Primary school certificate						
4.4	No formal education						
5	Occupation						
5.1	professional	3	3.1297	P>0.05	3	7.7506	P>0.05
5.2	Non professional						
5.3	Self employed						
5.4	Unemployed						
6	No of children	1	2.884	P>0.05	1	8.9	P<0.05
6.1	<2						
6.2	\geq 2						
7	Type of family						
7.1	Nuclear	1	0.73	P>0.05	1	0.05	P>0.05
7.2	Joint						
8	Family income(monthly)						
8.1	<10,000	1	31.15	P<0.05	1	5.63	P<0.05
8.2	\geq 10,000						
9	Appropriate age to begin sexuality education for children from parents						
9.1	7-9yrs	4	9.708	P<0.05	4	3.9995	P>0.05
9.2	10-12yrs						
9.3	13-15yrs						
9.4	16-18yrs						
9.5	19 and above						
10	Receive any sex education in your pre -pubertal age		0.0045	P>0.05	1	5.5	P<0.05
10.1	Yes	1					
10.2	No						

begin sexuality education for children among urban parents whereas parental education, number of children, family income and receive any sex education in your pre -pubertal age which shows that this variables influence the knowledge of parents regarding sex education of their adolescent children in urban area.

DISCUSSION

The present study showed that in rural area half of parents believed that 13-15 yrs was the appropriate age to begin sexuality education and many even thought that 10-12yrs was appropriate whereas, in urban area majority of the parents believed that 10-12yrs was the appropriate age to begin sexuality education and equal majority thought that 13-15yrs was appropriate. In urban area maximum parents had not received sex education (73.33% mother and 86.66% father) themselves. In rural area majority of parents, both mother and father did not receive sex education. In urban area, all the mothers received sex education from their mother and majority of father received sex education from both the parents. Whereas in rural area, majority of the mothers received sex education from their fathers and all the fathers received sex education from their mothers. In urban area, majority of fathers and mothers agreed that they do not provide sex education to their children, and they stated that child will learn about sex education by their own. In rural area, majority of mothers do not provide sex education to their children, but majority of father agreed that they provide sex education to their children. They stated that hesitation is the reason for not providing sex education. Majority of parents from both urban and rural areas are not aware of services provided to adolescents for sexual and reproductive health. The findings is consistent with the findings of the study conducted by Martina (Fatiregun Olubayo, 2012) on the parental attitude towards adolescent sexual behavior in akoko-edo and astako- west local government areas, edo state, Nigeria where it was reported that majority of parents (41.6%) do not know about the services provided to adolescent for sexual and reproductive health. Okanlawon and Ojinni (2009) reports that few parents who have interest in discussing sexual matter with their children, still find it difficult and intimidating to talk about this sensitive issues.

The maximum mean percentage of knowledge is from urban area that is 65.1% than that of rural area that is 58.9%. Present study found that majority (rural 87%; urban 67%) of parents had inadequate knowledge regarding sex education. The finding of the study indicate that majority of the parents residing in rural area i.e 73.3% and urban area that is 71.6% are knowledgeable about safe sex practices and birth control measures and concept of sex education (70.83% in rural and 75.83% in urban area) and they have an average knowledge regarding sexual abstinence that is 50% in urban and 53.3% in rural and human sexuality (55% in urban area and 43.3% in rural area).The result of the study present that, the overall knowledge score of urban is 938 that is, 65.13% with mean of 15.63 and 848 of rural that is ,58.88% with mean of 14.1.which indicate there is no significant difference knowledge on sex education of the adolescent children residing in urban and rural area. The findings are consistent with the findings of the study conducted by Sodziwa *et al.* (2016) on Parental Knowledge, Attitude and Perception towards adolescent sexual reproductive health in Bulawayo supports

the findings. They reported that majority of parents (75%) were not having adequate knowledge regarding adolescent sexual health.

Recommendation

- Similar study can be conducted in larger sample size.
- Parents should not shy away from discussing issues of sexuality with their children.
- Policy makers and legislatures should enact bills that will make sex education mandatory and taught in all schools.
- Teachers should objectively pass on knowledge to children about sex education devoid of any religious or cultural coloration and harassment to the children.
- Seminars, workshops and conferences should be organized from time to time to keep adolescents abreast about their sexuality.

Conclusion

The findings of the study highlights that majority of the parents has low knowledge in sex education. Sex education can be included as a part of continuing nursing education. Nurses should have adequate knowledge on the subject so that they can educate others. In school health programme, the community health nurse can educate school teachers regarding the importance of sex education. The teacher is in a position to facilitate the enrichment of the positive traits and alleviate the effect of negative ones, myths and misconceptions through aids The implication is that parents should teach their adolescent children sex education and guide them not to engage in risky sexual behavior by constantly discussing and communicating the true position of sex with them – this is necessary because children tend to listen and imitate their significant others (parents and teachers).

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Declarations

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