Developing strategy to improve the implementation of Comprehensive Sexuality Education Policy in Oyo State Secondary Schools in Nigeria

PhD Candidate MAKINDE OLUFEMI YINYINOLA

Student number: 3569289

A thesis submitted in fulfilment of the requirements for the degree of PhD in Nursing

in the School of Nursing, University of the Western Cape

University of the Western Cape

Supervisor: Prof M. Bimerew

Co-supervisor: Prof D.R. Phetlhu

JUNE 2022

DECLARATION

I declare that **Developing Strategy to Improve the Implementation of Comprehensive Sexuality Education Policy in Oyo State Secondary Schools in Nigeria** is my own original work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Full name: Olufemi Yinyinola Makinde

Signature:

Date: JUNE **2022**

DEDICATION

This project is dedicated to God Almighty – the essence of my existence; to the loving memory of my father, Pa Timothy Olawuyi Ayelaagbe, who motivated me even in death to finish the PhD programme, and to my loving mother who assisted me in taking care of my children; to my husband Morakinyo Okunlola Makinde, and to all my children who supported me throughout the programme.

ACKNOWLEDGEMENTS

I am grateful to God Almighty for His grace, mercy and guidance in helping me to complete this work successfully. I could not have even started without Him. He has seen me through the thick and thin. I am forever grateful, O Lord.

My profound gratitude and appreciation go to my supervisor Prof. Million Bimerew, for consenting to be my supervisor, without any preconditions. I thank him for his time, expertise, advice, comments, encouragement, constructive criticism and suggestions in spite of his engagements and heavy workload, to ensure that this work is completed in time. May God Almighty bless you richly and increase your wisdom in Jesus' name. I am equally grateful to Professor D.R. Phetlhu to whom I owe an intellectual debt of gratitude as my co-supervisor, for her guidance, comments and immense contribution to this work. I also sincerely appreciate Miss Nicolette Johannes, who is always ready to help. Thank you. My special thanks go to all Professors, Deans, Lecturers and my colleagues in Ladoke Akintola University of Technology (LAUTECH) Ogbomoso in Nigeria. I am grateful to the Tertiary Education Trust Fund (TETFund) of Nigeria, in conjunction with all the Principal Management of Ladoke Akintola University of Technology, Ogbomoso, Oyo State, Nigeria for sponsoring me for this PhD programme at the University of Western Cape, South Africa. I appreciate the editor and analyst of this thesis who gave constructive suggestions to make this project a reality. God bless you all. Finally, my sincere appreciation extended to my loving husband Morakinyo Okunlola Makinde and my children Ibukun, Yemi, Eniola, Wumi and Ronke who always provide words of encouragement and motivation throughout this process. I appreciate all the principals, studen ts and participants in the secondary schools in the three LGAs Oyo State. Thank you all.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSE	Comprehensive Sexuality Education
EC	Emergency Contraception
FLHE	Family Life and HIV Education
FMOH	Federal Ministry of Health
FP	Family Planning
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
LGAs	Local Government Areas
NDHS	Nigeria Demographic and Health Survey
O&G	Obstetrics and Gynaecology
RH	Reproductive Health
SIECUS	Sexuality Information and Education Council of the United States
SMOH	State Ministry of Health
SRHS	Sexual and Reproductive Health Services
STDs/ STIs	Sexually Transmitted Diseases/ Sexually Transmitted Infections
TP	Teenage Pregnancy.
UBEC	Universal Basic Education Commission
UNAIDS/WHO	United Nations Programme on HIV/AIDS/World Health Organization
UNESCO	United Nation Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YFS	Youth-Friendly Services

ABSTRACT

Sexuality education is a globally emerging social issue leading to discourse among stakeholders in the school system and public health arena. Comprehensive sexuality education (CSE) has emerged as an effective method of preventing teenage pregnancy. However, attempts to implement CSE policy in Nigeria since 2002 have not been successful. Teenage pregnancy is increasing in Oyo State, leading to rising school dropout rates. The aim of this study was to develop strategy to improve implementation of the CSE policy aimed at reducing teenage pregnancy at secondary schools in three LGAs in Oyo State, Nigeria. An explanatory sequential mixed methods design was employed to conduct data collection and analysis in Phase One. Target populations for survey were learners, parents and teachers. A sample of 137 learners, 136 parents, and 60 teachers was drawn from the population, using a random sampling technique. Questionnaires were used to collect survey data. Data generated in assessing the knowledge and attitude of learners, parents, and teachers about the implementation of CSE policy were analysed using the SPSS version 24. While some students learned about CSE from their parents or teachers, the majority found information on Facebook. Of the learners, 79 (57.7%) had high knowledge on sexuality education, while the remaining 58 (42.3%) had low knowledge. Fewer than half, 64 (46.4 %) exhibited a negative attitude toward sexuality issues raised during the survey, while 73 (53.6%) had a positive attitude. Teachers felt that their level of knowledge affected their need for additional training to teach CSE. Some teachers 32(53.3%) had high knowledge of sexuality education, while the remaining 28(46.7%) had low knowledge. Some 33(55%) had negative attitudes towards CSE policy implementation and only a few 11(18.3%) had positive attitudes towards CSE policy implementation. Of the parents, 97 (71.0%) had high knowledge of CSE policy implementation, while 39(29.0%) had low knowledge. Some 74 (54.4%) had negative attitudes towards CSE policy implementation while 62 (45.6%) had positive attitudes. A qualitative study was conducted to explore and describe perceived barriers to implementing CSE at three secondary schools in three LGAs in Oyo State. Purposive sampling techniques were used to select twelve teachers (n=4), twelve learners (n=4), and twelve parents of learners (n=4) from three schools in three LGAs. Interview guide questions were used to collect qualitative data, which was gathered until data saturation was achieved. Data were analysed using thematic content analysis techniques, with ATLAS.ti 7 to assist. Findings of the

qualitative data revealed learners' attitudes towards CSE policy implementation as both negative and positive, and being attentive and inquisitive about teachings of CSE, as well as feeling timid, unhappy, and embarrassed during CSE discussions. The qualitative data revealed teacher-related barriers to CSE policy as 'Misinformation by teachers as a result of a lack of knowledge on CSE training, insufficient teachers /guidance counsellors'. Learner-related barriers are 'Learners' behaviour after school hours, learners' truancy, and peer influence'. Government-related barriers are 'Non-involvement of teachers in CSE policy formulation, lack of incentives and instructional materials'. Solutions to barriers to CSE were developed through the perspectives of teachers, learners, parents and the government. The study also revealed factors influencing parents' involvement in CSE policy implementation as 'parental lack of knowledge of CSE, and parental attitudes toward teenagers' use of contraceptives'. Expected roles and involvement of parents in CSE policy implementation include discussing issues on CSE policy implementation with school management, and attending presentations and programmes organised by professionals about CSE. In conclusion, strategy to promote implementation of the CSE policy was developed using Delphi technique in phase two (2). There were 26 Delphi participants using an open-ended questionnaire, followed by two rounds of closed- ended questionnaire. A 70% and above consensus was reached by the majority of participants in the first and second rounds, using the Delphi survey questionnaire. A strategy was developed to promote implementation of the CSE policy for secondary school learners in Oyo State, Nigeria. Learners should be empowered to access contraceptive services and avoid unwanted pregnancies. Parents should engage with their children on issues of CSE. Teachers should use participatory learning methodology in teaching CSE, promoting the active role of students in the learning process. Government should include CSE in the curriculum of subjects and retrain CSE teachers, rewarding them with incentives to improve implementation of CSE. Training should be provided for teachers to expand their knowledge of CSE and to incorporate its moral/religious importance.

Keywords: Comprehensive sexuality education, strategy, policy implementation, teenage pregnancy, Oyo State, Nigeria

TABLE OF CONTENTS

TABLE OF FIGURES

LIST OF TABLES

CHAPTER ONE

INTRODUCTION AND ORIENTATION TO THE STUDY

The comprehensive sexuality education (CSE) policy in Nigeria was developed by the national guideline task force, which comprised 20 governmental and non-governmental organisations working in the areas of adolescent health, education, and development in the country. The policy was released to the public by the former minister of state for education, Iyabo Anisulowo in 1996 with its foreword written by Olikoye Ransome-Kuti, former minister of health. The CSE policy was developed to fill the wide gap between the information and services that young people ought to receive and what is actually delivered to them. It serves as an important step to help young people acquire accurate knowledge and to develop responsible behaviour that will help to reduce the high rate of unwanted teenage pregnancies, complications from unsafe induced abortions, sexually transmitted diseases and HIV/ AIDS witnessed in Nigeria (Huaynoca et al., 2014). The CSE policy is often perceived as incompatible with prevailing values and norms of traditional societies. in Nigeria, as in most countries, there are many groups, including those who are concerned about the well-being of adolescents, and those who strongly oppose the CSE policy feeling that it is not in the best interest of adolescents. Parents have frequently reported feeling uncomfortable or embarrassed when talking about sex. They also expressed diverse views on the teaching of comprehensive sex education (CSE) in schools. Some supported it while others disapproved of it on the basis of religious reasons (Akwai, 2017). The nationwide coverage rate of CSE policy implementation by schools is not available; however, in Lagos State, more than 300 public secondary schools had implemented the CSE policy by mid-2007 (Ahi, 2010), and in Edo

State, 84 schools had implemented it by 2008 (Arnold et al., 2012). the United Nations Population Fund (UNFPA) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), as well as numerous researchers and practitioners have, as part of promoting CSE, reiterated the call to emphasise social context especially gender rights within the policy (IPPF, 2010). for example, to clarify all the elements that constitute CSE, the international planned parenthood federation (IPPF, 2010) specifies the seven essential components of CSE as follows: gender; sexual and reproductive health and HIV; sexual rights and sexual citizenship; pleasure; violence; diversity, and relationships.

1.1 Background of the Study

There has been great progress in making CSE available around the world. Both Nigeria and other countries like, Mississippi, Benin, Côte d'Ivoire, Senegal, Togo, Ghana and South Africa have passed legislation to implement CSE policies that suggest advances, albeit not without challenges, for sexuality education. The US Department of Human Services provided assistance in Mississippi, but only to school districts that opted for the comprehensive curriculum, which goes beyond abstinence only to include discussions of contraception (SIECUS, 2014). The availability of resources to support the in-service training of teachers which is very expensive, prompted some unlikely school districts to adopt the more comprehensive curriculum. A quality, continuous, in-*service training* programme is needed for CSE implementation (Motta, et al., 2017). The new law also contains implementation requirements that all school districts must follow, such as the separation of girls and boys for CSE classes and the requirement that parents 'opt-in' their child for CSE classes (national campaign to prevent teen and unplanned pregnancy, 2012). In 2013 in eastern and southern Africa, for instance, health and education ministers from 20 countries

committed to increasing access and quality to this CSE policy. Their target is to offer CSE curricula in 90 % of schools by 2020. The Nigerian government approved the inclusion of CSE in school curricula in 1999 owing to a confluence of forces: national concern over the rising aids prevalence; advocacy by domestic non-governmental organisations; the embracing of international norms by these NGOs; international donor support; and differing levels of government and social support and opposition across Nigerian states (Shiffman et al., 2018). In terms of implementation, both areas lack sufficient resources (Shiffman et al., 2018). Nigerian states vary in their ability to implement the programme owing to differential funding by international donor organisations, and the varied capacity of state ministries to coordinate and enact programs (Kunnuji et al., 2017). The Nigerian government approved the implementation of the CSE policy in august 2001; however, an attempt at the implementation of the CSE policy in 2002 by the federal Ministry of Education was denied by parents as they assumed that the implementation of the CSE policy would encourage young persons to become involved in early sexual intercourse (Shiffman et al., 2018). In addition, some teachers and school administrators found that the implementation of the CSE policy was objectionable or they lacked sufficient understanding of the subject and thus were reluctant or refused to go along with the CSE policy implementation (Keogh, 2018). This could have attributed to the low success of the implementation of CSE policy and strategies concerning the sexual and reproductive health of teenagers in Nigeria (Sedgh et al., 2009). The objectives of CSE policy are to teach about abstinence as one of the best method for avoiding STDs and unintended pregnancy, and also to teach about condoms and contraception to reduce the risk of unintended pregnancy and infection with STDs, including HIV (Haberland & Rogow, 2015). It also teaches interpersonal and communication skills and helps young people to explore their own values, goals, and options. Some studies revealed that the CSE curriculum is faced with challenges as it is not easy for the

teachers to teach, and the learners have limited knowledge about CSE (Keogh et al., 2018). Some adolescents have the attitude that contraceptives should be taken by married women, while a study conducted on the knowledge and attitudes of adolescents on contraceptive use revealed that some participants felt that the copper IUD would be a good option as an emergency contraceptive (EC) after reading the information about the efficacy of the copper IUD (Sharma et al., 2021). Teachers feel that CSE is sole responsibility of the parents, while parents want both the school and the church or other religious groups to support the conservative value of teaching CSE at home. Parents have a different view on sexual education. Some believe that sex education should not be thought in school, while others believe that only certain aspect of sex education should be taught. Some think it should be part of the school curriculum (Greensprings School, 2019). It is only through discussion that the complex issues of the content of CSE programmes can be addressed. Most religions promote building healthy and loving relationships free from coercion and abuse, and all religions want young people to be healthy and happy. dialogue can help in finding the balance between what religions teach, what scientific evidence proves, and what the lived reality is for local young people (Wight & Fullerton, 2013, Moles, 2016).

Indeed, implementing the CSE policy remains a challenge in many parts of the world (Heather, 2011). A growing number of teenagers are engaging in sex and suffering its harmful consequences. non-implementation of the CSE policy has led to teenage pregnancy, abortion and a subsequent increase in the maternal and infant mortality rate (Onukwugha et al., 2020). This study is intended to develop a strategy to implement the CSE policy among secondary school learners in three local government areas (LGAs) in Oyo State.

1.1.1 CSE Policy Implementation in Nigeria.

Nigeria is one of only a few countries that report having translated national policies on school-based comprehensive sexuality education (CSE) into near-nationwide implementation (Huaynoca et al., 2014). Analysis of data using the World Health Organization, provides a systematic structure for planning and managing the upscaling of health innovations (Huaynoca et al., 2014). The 2012 UNESCO report and an earlier one (UNESCO 2010) identified five developing countries where such programmes have been upscaled and sustained (Huaynoca et al., 2014). Family Life and HIV Education (FLHE) was a form of CSE programme that was introduced nationwide in Nigeria in 2003. Since then, little has been known about the patterns of its implementation across the states in the six geopolitical zones in Nigeria (Udegbe et al., 2015). Despite the slight implementation of FLHE since 2003, the teenage pregnancy rate has declined slightly from 126 to 106 per 1000 women (Nigeria demographic health survey (NDHS, 2018). The prevalence of teenage pregnancy has been attributed to various factors including early menarche, early marriage, social permissiveness (favouring early exposure to casual sexual activity), the unmet need for contraceptives, maternal deprivation, and pre-existing psychosocial problems in the family (Onwubuariri & Kasso, 2019). The overpowering effect of partners, inadequate parental support, single-parenting factors, lack of education, poor socio-economic background, unemployment and the generally non-functioning family unit could also contribute to increase the prevalence of teenage pregnancy (Onwubuariri & Kasso 2019). Nigeria, with its CSE programme known as the Family Life HIV Education (FLHE) curriculum, is one of the countries that has successfully translated national policies on school-based comprehensive sexuality education (CSE) into near-nationwide implementation (Huaynoca et al., 2014). Poverty and socio-economic inequity are important determinants of health status and access to

health interventions in Nigeria (Huaynoca et al., 2014). Nigeria has a federal structure with defined roles and functions for its national governments and 36 state governments. Nevertheless, communal tendencies have often overtaken state-wide interests (Mcloughlin & Bouchat, 2013). These challenges as well as the rich diversity of the country contribute to the complexity of implementing interventions on a nationwide basis. Nigeria has an estimated population of 170 million (World Bank, 2013) of which approximately 22 % are adolescents (UNICEF, 2013). In Nigeria, 2 % of girls and 1 % of boys aged between 15 and 19 are human immunodeficiency virus (HIV)-infected (NACA, 2012). The problem of teenage pregnancy is considerably worse in Nigeria than in any other developing country. Among developing countries, Nigeria has one of the highest birth rates for women under 20 (WHO, 2020). Approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions (Darroch et al., 2016, UNFPA 2015). At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world (Darroch et al., 2016).

Studies suggest that the problem of teen pregnancy in Nigeria is related to less sex education in schools and the lower availability of birth control services and supplies to adolescents (Beatrice, 2013). Since sex education has found its way into the Nigerian school system, the emphasis has been on impacting moral lessons and social values to secondary school students; although some have voiced that sex education increases sexual activity (Beatrice, 2013). Sex education has not yielded much success in Nigeria since its introduction in the secondary school curriculum since more adolescents get pregnant and drop out of school (Beatrice, 2013). In Nigeria, the findings of the Ministry of Health concerning maternal health have revealed that over 500 000 illegal clandestine induced abortions had occurred in the country (Salami et al., 2014.). While the rate of exposure to contracting HIV and STIs among adolescents may be high as a result of pupils of

both primary and secondary school ages being sexually active, it is accompanied by an equally high rate for teenage abortions (Salami et al., 2014; Ubajaka et al., 2014; Ikeako et al., 2015; Sule et al., 2015).

In a study carried out in Rivers State of Nigeria, the prevalence of teenage pregnancy was 76.7 %, which is rather worrisome when compared with other parts of the state (Stella, 2019). The study establishes that the percentage of teenage pregnancy before 15 was 60 %, of whom 59.6 % had no formal education (Stella, 2019). The research revealed that the mean teenage pregnancy age was 14.78 and that 3.7 % % of the respondents felt that teenage pregnancy had no consequence on education in secondary schools (Stella, 2019).

According to Afolabi (2021), some of the factors influencing teenage pregnancy are peer pressure, absentee parents, glamorisation of pregnancy, lack of knowledge, sexual abuse or rape, and teenage drinking. Alabi and Oni (2017) identified childhood environments, low educational expectations, media influence, foster care, and poverty as factors influencing teenage pregnancy in Oyo East. Furthermore, it was evident from literature that the majority of youths in secondary schools in Oyo State did not use contraceptives during premarital sex, as reported by Gabriel in 2016 whose study focused on Atiba LGA (Gabriel, 2016). In Ibadan it was found that, although over 90% of those classified as either adolescents or youth considered themselves to be informed regarding matters pertaining to reproductive health, only 27 % of adolescents had comprehensive knowledge of the monthly fertility cycle, demonstrating quite clearly that adolescents lack the information needed to mitigate the spread of HIV and AIDS (Salami et al., 2014).

1.2 Motivation for the Study

Evidence has shown that teenage pregnancy in Nigeria not only accounts for the high birth rate for teenagers, but also that statistics regarding the incidence of pregnancy among female teenagers in Nigeria has it that one out of every three teenage girls in the north is pregnant, while in the south, the rate is one in 10 teenage girls (Ojobaro, 2015). About 44.5 million of Nigeria's population is made up of young people (Alimi, 2017). It was projected that by 2015, this number will increase to about 60 million young people, largely as a result of early sexual exposure and pregnancy, coupled with poor healthcare services (Alimi, 2017). The fertility rate among women between 15 and 19 in Nigeria for 2021 is 101 per 1000 women. (geoba.se: gazetteer, 2021). This may be attributed to the low success of government policy and strategy concerning the sexual and reproductive health of teenagers in Nigeria (Sedgh et al., 2009). The Nigeria CSE policy approved that CSE should start from age 12 so that learners can have the knowledge of abstaining from sexual intercourse to avoid teenage pregnancy. The dangerous consequences of teenage pregnancy were supported by the World Bank (2022), that the global problem of teenage pregnancy includes education interruption and maternal mortality. Girls who give birth before adulthood are likely to bear increased health risks, social stigma, and adverse economic impacts for the rest of their lives (World Bank, 2022). Looking at the weaknesses of the strategy used in developing CSE in Nigeria, some gaps are in conflict with the values and norms of other states in Nigeria. In order to close this gap and to prevent the consequences of premarital sex, the researcher is motivated to develop strategy to guide the implementation of the sexuality education policy among secondary school learners in the three LGAS of Oyo, in Oyo State, Nigeria.

1.3 Problem Statement

Over the years, the gap between the CSE policy and goal attainment owing to inadequate implementation of this policy has become a great concern to many people in Nigeria. In spite of the approval of the CSE policy by the Nigerian government and school administrator in introducing CSE into the school curriculum, there seem to be challenges associated with its implementation (Okoroma, 2006). These challenges over time have heightened the risks faced by adolescents of school age in Nigeria (Nwokocha et al., 2015). The major effects of poor CSE policy implementation have contributed to unprotected sex, which has led to teenage pregnancy, and a decrease in school completion rate amongst teenagers (Maemeko et al., 2018). In some studies, there has been a debate as to who is responsible for the implementation of CSE policy. Some literature indicates that parents should be teaching CSE (Esohe & Inyang, 2015), while others have said that it is the responsibility of the teachers (Leung et al., 2019). Schools have an important role in fostering a healthy attitude to sex and sexuality among children and young people, as it is where they spend a majority of their formative years (Bahukhandi, 2017). Teachers feel anxious about tackling the topic of CSE. They are confused about what to teach or when to teach it. 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. 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 (Esohe & Inyang, 2015). This study is interested in identifying the challenges of CSE policy implementation by investigating the knowledge and attitudes of teachers, parents and learners, and by exploring the views of the stakeholders about the barriers of CSE policy

implementation among secondary schools in the selected LGAs of Oyo state, Nigeria. Based on the findings of the study, strategy would be developed for the implementation of the CSE policy.

1.4 Assumptions of the study

The successful implementation of comprehensive sexuality education (CSE) programmes in schools depends on the development and implementation of policy in support of CSE (Nwokocha et al., 2015). Teenage pregnancy is currently one of the problems facing the entire society in Oyo East, West and Atiba Local Government Areas of Oyo State, Nigeria (Nwokocha et al., 2015). It is a social malaise that militates against the overall development of society (Sadiya 2022). The consequences of the teenage pregnancy go beyond the victims themselves down to the entire family and the wider society (Sadiya 2022). Many health hazards arise from it because most of the teens who are exposed to unintended pregnancy taste the bitter pills of some deadly sexually transmitted diseases, acquired immunodeficiency syndrome, Syphilis, Herpes, Chlamydia, Gonorrhea, Human Papillomavirus (Anayochukwu 2022). Sexual education and the prevalence of teenage pregnancy are entirely interwoven so that the level of awareness (education) determines the rate of teenage pregnancy in society (Anayochukwu 2022).

1.5 Aim of the Study

The main aim of the study is the developing of strategy to improve the implementation of the CSE policy aimed at reducing teenage pregnancy at secondary schools in three LGAs in Oyo State, Nigeria.

1.6 Objectives of the Study

The specific objectives of this study are:

1. To determine the knowledge and attitudes of:

    a) Secondary school learners towards implementation of the CSE policy in three LGAs in Oyo State;

    b) Teachers towards the implementation of the CSE policy in three LGAS in Oyo State; parents towards the implementation of CSE policy in three LGAS in Oyo State.

2. To explore and describe the perceived barriers to implementing comprehensive sexuality education among:

    a) Girls at secondary school in three LGAs in Oyo State; and

    b) Teachers at secondary school in three LGAs in Oyo State.

3. To explore and describe parents' attitudes and perceived barriers to the CSE policy implementation in three LGAs in Oyo State.

4. To develop a strategy to guide the implementation of the CSE policy at the secondary schools in three LGAs in Oyo State, Nigeria.

1.7 Concept Definitions

Teenage pregnancy: this refers to the pregnancy of a girl between the ages of 13 and 19 (Segen's Medical Dictionary, 2012).

Operational definition: pregnancy which occurs in adolescent females between the ages of 13 and 19 who have not completed their core secondary school education and are financially dependent upon their parents.

Comprehensive sexuality education (CSE): education on knowledge and understanding about sexual anatomy, reproduction and intercourse and other sexual behaviour (Davis, 2015).

Operational definition: health information programmes that can be given at schools for healthy living such as information on sex education, which includes abstinence, and the use of contraceptives and condoms to avoid the consequence of unprotected sex.

Policy implementation: the interaction between the goals set by policies and how various actions serve to achieve those goals. Policy implementation involves translating the goals and objectives of a policy into an action (Khan, 2016)

Operational definition: the process of enacting the policy of CSE by teaching secondary school students how to prevent teenage pregnancy.

Strategies: plans of action intended to accomplish a specific goal (Collins, 2012).

Operational definition: plans designed for the implementation of the CSE policy at secondary schools to prevent teenage pregnancy.

Knowledge: the act of knowing about something, general understanding or familiarity with a subject, place, situation (Stevenson Oxford Dictionary, 2010).

Operational definition: the act of having general understanding of information on CSE by secondary school students and teachers to prevent teenage pregnancy in secondary schools of the selected LGAs in Oyo State, Nigeria.

Attitude: the position or state of mind of person on a phenomenon (Stevenson Oxford Dictionary, 2010).

Operational definition: the position or state of mind of the students, teachers and parents about the implementation of the CSE policy in preventing teenage pregnancy in secondary schools of selected LGAs in Oyo State, Nigeria.

Barriers: the structures that bar or serve as obstacles or impediments for something to be achieved (Stevenson Oxford Dictionary, 2010).

Operational definition: these are factors or challenges that delay the implementation of the CSE policy among students and teachers, such as religion, culture, norms and peers.

1.8 Significance of the Study

The outcome of this study is expected to be a valuable tool in guiding students on how to prevent teenage pregnancy through the implementation of the CSE policy. The results of the study will provide relevant information to parents and teachers to understand the need to implement the approved CSE policy in the schools. The results of this study will also inform the policymakers through providing a clearer picture of how the CSE policy is implemented. The strategies that will be developed based on the results of this study will further enhance the knowledge and understanding of the teachers and parents about the importance of implementing the policy of CSE. This will facilitate and improve the knowledge and attitudes of adolescents in preventing teenage pregnancies.

1.9 Summary

This chapter has described general background information and the rationale for the researcher's embarking on the scope of this study area. It also gave an overview of the main aim and specific objectives and sought to orientate the reader about the relevant concepts used in the study. The next chapter dealt with literature review of the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

2.1 Introduction

This section presents a comprehensive review of literature related to the implementation of CSE policy. The researcher examined the concepts of comprehensive sexuality education, an overview of the school curriculum, world view, the implementation of the Comprehensive Sexuality Education (CSE) policy in Nigeria, the knowledge and attitude of learners, parents and school teachers about CSE, Nigerian factors that militate against the implementation of CSE polices, the concept of teenage pregnancy, the prevalence of teenage pregnancy in Nigeria, factors influencing teenage pregnancy, and the consequences of teenage pregnancy. The conceptual framework to guide the study and its application to the study are also reviewed.

Six online databases (PubMed, Google Scholar, WorldCatal.Org, EBSCO, Crossref, Web of Science, SAGE Publications, and Springer) were searched using various combinations of the following terms and concepts: Nigeria, adolescents; health knowledge, attitudes, practice; teenage pregnancy; comprehensive sexuality education; school sex education; CSE implementation; and CSE evaluation.

2.2 The Concept of Comprehensive Sexuality Education

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality (UNESCO, 2017). It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to realise their health, well-being, and dignity; develop respectful social

and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives (UNESCO, 2017). Comprehensive sexuality education (CSE) is also a sex education instruction method based on a curriculum that aims to give students the knowledge, attitudes, skills, and values to make appropriate and healthy choices in their sexual lives (UNESCO, 2018). Furthermore, comprehensive sexuality education (CSE) is defined as 'a rights-based approach that seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships' (International Planned Parenthood Federation (IPPF, 2010). It contributes to improved knowledge and attitudes about sexual and reproductive health (SRH) (UNESCO, 2012). CSE used in combination with other actions can contribute to preventing early and unprotected sexual activity, rather than encouraging this, as feared by some (UNESCO, 2012). It can be delivered effectively even in resource-constrained settings (UNFPA, 2016). The intention is that this understanding will prevent students from contracting sexually transmitted infections, such as HIV and HPV. CSE is also designed with the intention of reducing unplanned and unwanted pregnancies, as well as lowering the rates of domestic and sexual violence; thus, contributing to a healthier society, both physically and mentally (Loeber et al., 2010).

2.2.1 Policy Decision-Making for Comprehensive Sexuality Education

Politicians all over the world have stated and restated their commitment to evidence-based policymaking on the implementation of comprehensive sexuality education for young learners in the past years (UNESCO Digital Library, 2019). However, other considerations undermine the reliance on facts and get in the way of decisions that could save lives and improve the well-being

of learners (UNESCO Digital Library, 2019). An example, in much of the world, is the continual hesitation about the goal of rolling out comprehensive sexuality education (UNESCO Digital Library, 2019).

Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality, going beyond the narrower approaches that were more common in the past. For several reasons, it is vital to the achievement of several sustainable development goals (SDGs) (UNESCO Digital Library, 2019). It improves sexual and reproductive health-related outcomes, such as HIV infection and adolescent pregnancy rates which, in turn, helps expand to education opportunities (UNESCO Digital Library, 2019). It disrupts harmful gender norms and promotes gender equality, which helps to reduce or prevent gender-based violence; hence, creating safe and inclusive learning environments (UNESCO Digital Library, 2019).

Comprehensive sexuality education is a key component of good quality education: as an active teaching and learning approach centred on students, it helps to develop skills such as critical thinking, communication and decision-making that empowers students to take responsibility for and control their actions and help them become healthy, responsible, productive citizens (UNESCO Digital Library, 2019). Moreover, comprehensive sexuality education has an essential role to play in preventing the rollback of progress towards achieving good health and gender equality outcomes.

2.2.2 School Curriculum and Sexuality Education

The world in which young school children grow up today differs from that of their parents or grandparents. This may be especially significant in developing countries. Compared with the youth of past generations, young adolescents have many opportunities and challenges. They are likely to be more independent from their parents and to spend more time in school. Adolescents have widespread access to the radio and television and, increasingly, to the internet, and social media platforms like Twitter, Instagram, WhatsApp and Facebook, which are all present on mobile phones (Boonstra, 2011).

A brief review of the history of sex education in the United States (US) is warranted because these issues continue to affect the philosophies used today to address sexuality education policies and practices (Huber & Firmin, 2014). Prior to the 20th century, sex education in the US was not organised in any respect. Most Americans lived in rural settings, and basic sex education consisted of watching animals reproduce (Huber & Firmin, 2014). Many adolescents today begin to have sex at about the same age as in the past: in their middle to late teens (Huber & Firmin, 2014). By their 18th birthday, more than 40 % of women in Latin America and the Caribbean reported having had sex, as do close to 60 % in sub-Saharan Africa (Boonstra, 2011). The age at which young women in the United States typically initiate sex is similar: By age 18, about 52 % of US women have had sex (Guttmacher Institute, 2016). The majority of young men have had sex before marriage; however, premarital sex has also become more common among females, at least in part because of delays in the age of marriage (Boonstra, 2011).

Comprehensive sexuality education (CSE) was implemented in South African (SA) schools in the year 2000 as part of the subject Life Orientation (LO), with the aim of contributing positively

to adolescent sexual health in a holistic manner (Ronel & Wehmeyer 2021).. Continued high rate of teenage pregnancy and HIV infection is an indication; however, that the programme is not entirely successful. To establish why the aims of the programme and the consequences of learners' sexual behaviour do not correspond, a systematic review was carried out by (Ronel & Wehmeyer 2021); which was aimed to determine how CSE contributes to the sexual health of adolescents.. Results indicated that the contribution of the CSE programme was reflected in teachers, learners and the curriculum. Teachers are in need of expert training and learners are neither actively involved in the learning process nor the development of the programme as they need and would like to be.

Despite not adding any new content to the CSE curriculum, there was a sudden public concern and outcry from parents, teachers and other stakeholders (such as religious groups) that was portrayed in the media, late in 2019, in response to the SLP, because of the nature thereof. It led to the creation of a social media hashtag: '#LeaveOurKidsAlone' where, according to an article posted by Kiewit in Mail and Guardian of February (2020), a group of more than 100 000 members have strongly voiced their dissatisfaction with CSE. Some parents wanted their children to be excluded from CSE lessons and some teachers refused to teach CSE because the content was deemed to be inappropriate, age inappropriate, explicit, and they were concerned that it would sexualise children and encourage them to become sexually active.

Speizer, Mandal, Xiong, et al. (2018) explained how SLP could positively assist youth in SA to receive high-quality sexuality and HIV prevention education; and it is a recommendation of this study that SLP should be implemented nationally. In fact, research shows that delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk-taking, increased use of condoms and increased use of contraception have

been reported as a result of exposure to CSE (UNESCO, 2018). A systematic review by Fonner Armstrong, Kennedy, O'Reilly & Sweat (2014) reported that CSE does not increase sexual activity, sexual risk-taking behaviour, or sexually transmitted infections (STI)/HIV infection rates. On the contrary, programmes that promote a one-sided approach, such as abstinence only, have been found to be ineffective in delaying sexual initiation, reducing the frequency of sex, or reducing the number of sexual partners (UNESCO, 2018).

The evidence is strong that sexuality education does not hasten or increase sexual behaviour; instead, it delays or decreases sexual behaviour or increases condom or contraceptive use (UNESCO, 2015). Adolescents who have received comprehensive sex education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education (Stanger-Hall & Hall 2011). The impact of formal sex education on teen sexual health using nationally representative data found that abstinence-only education had no significant effect in delaying the initiation of sexual activity or in reducing the risk for teen pregnancy (Santelli et al., 2017). In contrast, comprehensive sexuality education was significantly associated with a reduced risk of teen pregnancy, whether compared with no sex education or with abstinence-only sex education, and was marginally associated with a decreased likelihood of a teen becoming sexually active compared with no sex education (Browne, 2015). Receiving sex education before first sexual intercourse may help contribute to reaching the Healthy People (UNESCO., 2018, Reis et al, 2011) goals of reducing the number of adolescents who have sexual intercourse, reducing the number of adolescents younger than age 15 years who have sexual intercourse, and increasing the number of adolescents who use contraceptive methods(Reis et al., 2011). Sex education about abstinence and birth control was associated with healthier sexual behaviours and outcomes as compared with no instruction (Kurtz, 2021; Wiley et al., 2020, .Lindbergh &

Maddow-Zimet, 2012). The protective influence of sex education is not limited to if or when to have sex, but extends to issues of contraception, partner selection, and reproductive health outcomes (Lindberg & Maddow-Zimet, 2012).

Herbert argues that personal values and access to a curriculum influences some teachers the most in their teaching of sex education to the learners (Herbert et al., 2014). Furthermore, having a personal interaction with a student who became pregnant was associated with an increased likelihood of incorporating a comprehensive sex education curriculum (Gregory et al., 2011). The other important influences were the availability of a curriculum and previous training in sex education. This finding indicates that the availability of training and resource materials could play an important role in improving sex education (Gregory et al., 2011). Comprehensive risk reduction (CRR) offers benefits both to adolescents who abstain from sex and to those who are sexually active. The overall public health impact for CRR is expected to be greater than that for abstinence education when the intervention effects on sexual activity are similar (Chin et al., 2012).

2.2.3 Implementation of Comprehensive Sexuality Education Policy in Nigeria

According to the Nigerian Educational Research and Development Council, FLHE is a 'planned process of education that fosters the acquisition of factual information, formation of positive attitudes, beliefs and values as well as development of skills to cope with the biological, psychological, sociocultural and spiritual aspects of human living'(Udegbe et al., 2015). It provides a comprehensive approach to HIV prevention education and general sexual health at secondary levels of education. The innovation of FLHE had two clearly articulated components (Huaynoca et al., 2014). First, carrier-subject teachers (i.e., integrated science, social studies and

English language teachers) received pre- and in-service training on the FLHE curriculum and later used the FHLE teacher's manual, a week-by-week instruction scheme, and a student textbook to teach the curriculum to junior and senior secondary school students (Huaynoca et al., 2014). This teaching was integrated into social studies, integrated science and English language, and incorporated into extracurricular activities as well. Second, the carrier-subject teachers attended workshops, based on the manual, to build comfort and expertise in delivering the content and using the interactive teaching methodology (UNESCO, 2012; 2018). However, this conflicted with prevailing values and norms in some quarters and was difficult to implement.

Sexuality education is often perceived as incompatible with prevailing traditional values and norms of societies. In Nigeria, as in most countries, there are many groups including those genuinely concerned about the well-being of adolescents, who strongly oppose sexuality education as not being in the best interests of adolescents (Huaynoca et al., 2014). Evidence on the nationwide coverage rate of CSE by schools is not available, except in two states. In Lagos State more than 300 public secondary schools had implemented the curriculum by mid-2007 (Action Health Incorporation (AHI), 2010) and, in Edo State, about 84 schools had implemented the policy by 2008 (Arnold et al., 2012). A three-year study of the CSE curriculum in Lagos State showed higher levels of sexuality and reproductive health and improved gender equity attitudes among students exposed to the curriculum (AHI, 2010). A study of subsequent implementation in Edo State strengthened and supported the findings collected in Lagos State (Arnold et al., 2012). The UNESCO (2012) report and an earlier one (UNESCO, 2010) identified five developing countries where such programmes have been scaled up and sustained.

Nigeria, with its CSE programme known as the Family Life HIV Education (FLHE) curriculum, is one of those countries. FLHE was relevant to the country. Its content was clear

and was seen as credible. However, it conflicted with prevailing values and norms in some quarters and was difficult to implement. Some states in Nigeria have successfully implemented CSE, and other states have not. In Kano, the sociocultural context impeded implementation, but the persistence of innovative local champions resulted in some success. In Lagos, the cosmopolitan context, effective champions, funding by international donors, and a receptive government bureaucracy led to successful implementation. In Nigeria, with a relatively conservative sociocultural context, state bureaucratic bottlenecks overwhelmed proponents' efforts.

In summary, the interaction of sociocultural context, domestic champions, the adaptive capacity of state bureaucracies, and international funders explains the variable implementation of FLHE. The Nigerian experience highlights the need for sexuality education proponents to anticipate and prepare for local opposition and bureaucratic barriers (Kunnuji et al., 2017).

In a news article by Penangle (2021), Oladeji explains that in Oyo State sex-related vices like rape, sexual assault, and sexual molestation have become prevalent. She said that the lack of sexual education makes sexual offences prevalent among young boys and girls in primary and secondary schools and this added to the poor implementation of the CSE policy. The only female lawmaker in Oyo State House of Assembly also stated that introducing sex education to the school curriculum will go a long way towards helping students to get the necessary knowledge on sex before they become adults. Oladeji expressed the view that the mysterious myths woven around sex are responsible for rampant sexual violence owing to the curiosity and urge of adolescents for experimentation with new things.

Oladeji however, urged the Oyo State government through the State Universal Basic Education Board (SUBEB) and the state Ministry of Education, as a matter of urgency, to

inculcate sex education into the school academic curriculum. Corroborating Oladeji's position, the minority leader of the house, Rt. Honourable Ashimiyu Alarape maintained that effective implementation of existing laws on sexual abuses and harassment would go a long way towards curbing the menace. Alarape urged parents, especially mothers, to make themselves available to their female children in heart-to-heart talks on sex and sexual education. Other lawmakers commended the mover of the motion for her courage in speaking out against rape, sexual abuse, and other sexual offences in the legislative chambers, while some others urged government and private media organisations to design programmes that will promote sex education among young children, especially the girl children.

2.2.4 Knowledge and Attitude of Learners, Parents and School Teachers on Comprehensive Sexuality Education

2.2.4.1 Knowledge and Attitudes of Learners Towards CSE

There are a number of studies that have measured sexual knowledge among school children worldwide. in the sexual health knowledge quizzes carried out by Kontula (2010), it was found that in Finland, of a maximum score obtainable (75), the proportion of correct answers nationally by students on sexual knowledge was 66% (49.6 points) and the average score of sexual knowledge among girls was considerably higher than that amongst boys (55 points vs 48 points). However, a major limitation of the study is that it only covered sexual knowledge of learners. The study did not include information about the attitude of learners, parents or teachers on CSE. Also, parents were not included in the study, and the knowledge of the teachers was not accessed. (Kontula, 2010). It was found that 462 (58% of all schools in Finland) took part with 33,819 students born in 1991. From the total age cohort in Finland, about one-half of both boys

and girls participated in the quiz. This big sample size made the study strong enough to be generalised with other settings. In a systematic review carried out by Kumar, Goyal, Singh, Bhardwaj, Mittal, & Yadav (2017) on knowledge, attitude and perception of sex education among school going adolescents in Ambala District, Haryana, India, 93.5% adolescents favour sex education. An 86.3% said sex education can prevent the occurrence of aids and 91.5% of adolescents prefer doctors should give them sex education followed by 83.0% school/teacher and least preference was parents 37.3%. it was concluded that students felt that sex education is necessary and should be introduced in the school curriculum. there were substantial lacunae in the knowledge of adolescents about reproductive and sexual health.

2.2.5 Knowledge and Attitudes of Parents Towards CSE

A systematic review of parental attitude and preferences towards implementation of sexuality education was carried out by (Yeo & Lee 2020). There were 29 studies with a total of 22,213 parents involved which published in peer-reviewed journals between the year 2000 and 2018 were selected and reviewed systematically. The findings emerged from the review were categorized into three main themes which included parental attitudes, parental preferences towards the implementation of SE and the factors contributed to their attitudes and perceptions. Most studies revealed that parents showed positive attitudes and support the inclusion of SE in school. They preferred age-appropriated SE to be introduced in elementary schools and secondary schools. Some parents supported SE which is aligned with religious teaching and cultural. Demographic factors, parents' sexuality knowledge, religious and cultural factors could affect parental attitudes and perceptions towards SE. This understanding could be useful for

policymakers and educators to encourage collaboration with parents to strengthen the effectiveness of the program and scale up SE to benefit the young generation.

In a study carried out in Nigeria on the practice and content of sex education among adolescents in a family setting in rural southwest Nigeria, these researchers (Asekun-Olarinmoye et al., 2011) confirmed that the main content of parental sex education was HIV/AIDS prevention (51.9%), avoidance of pregnancy (40.9%), abstinence (38.1%), and basic information about reproduction and biology (35.4%). Poor attitude to parental communication on sex was associated with a higher likelihood of premarital sex ($p = 0.001$). According to him, curiosity was the most common major reason for sexual debut. (Asekun-Olarinmoye et al., 2012). The findings also revealed that sexuality education at home was seen as the best place to impart the knowledge (43.7%) rather than at school (38.6%) (Asekun-Olarinmoye et al., 2012) and the findings further revealed that 88.3 % of parents supported sex education, and 75.8% practised it, but 33.0% of those who did not practise it, was owing to a lack of skill (Asekun-Olarinmoye et al., 2012). The researchers here used a semi-structured questionnaire and a sample size of 350 respondents was used for data collection. Data analysis was by SPSS version 11. These findings were strong; the sample size was large and showed that 291 (85.1%) had had sex education between the ages of 10 and 14.

From December 2019 to June 2020, upon commission of UNFPA Ukraine, the Cedos Think Tank conducted a study of the awareness and attitudes of parents to comprehensive sexuality education. The survey used the method of in-person interviews with a paper questionnaire. The sample size in the quantitative component of the study was 500 parents of school-aged children (230 parents with children in 1st to 4th grades, and 270 parents with

children in 5th to 11th grades) (UNFPA/CEDOS, 2020). The sample used in this study was strong for both quantitative and qualitative studies because varieties of instruments were used for data collection. The findings revealed that most parents have a positive attitude to informal comprehensive sexuality education in the family. The study further revealed that families in which a child is brought up must provide sexuality education: this position is supported by 89 % of parents. At the same time, significantly fewer mothers and fathers (48%) have positive views of their child's participation in relevant informal activities outside of school, such as workshops, lectures, online courses; a quarter of them (25%) share a negative attitude towards this. (UNFPA/CEDOS, 2020)

2.2.6 Knowledge and Attitudes of Teachers Towards CSE

Teachers, and their professional learning and development, have been identified as playing an integral role in enabling children and young people's right to comprehensive sexuality education (Brown, 2015). The provision of sexuality education (SE) during initial teacher education (ITE) is upheld internationally, as playing a crucial role in relation to the implementation and quality of school-based SE (Costello, Maunsell, Cullen, & Bourke, 2022). A systematic review reports on empirical studies published in English from 1990 to 2019 revealed that research on SE during ITE is limited and minimal research has focused on student teachers' attitudes on SE and SE provision received is varied and not reflective of comprehensive SE (Costello, Maunsell, Cullen, & Bourke, 2022). In the study revealed by (UNFPA/CEDOS, 2020) from December 2019 to June 2020, the sample size in the quantitative component of the study was 500 teachers working in general secondary education institutions (230 who taught 1st to 4th grades, and 270 who taught at least one of the following subjects: biology, health basics, civic

education, in 5th to 11th grades) (UNFPA/CEDOS, 2020). Owing to restrictions on in-person interviews during the quarantine, 50 interviews with teachers were conducted using the method of telephone interviews. The sample used in this study was strong for both quantitative and qualitative studies because varieties of instruments were used for data collection. The findings revealed that teachers have a positive attitude to informal comprehensive sexuality education during activities outside of school. The study further revealed that families in which a child is brought up must provide sexuality education: this position is supported by 92% of teachers. Individual teachers make their own decisions regarding what and when to teach CSE. This discretion implies holding back information from the learners, teaching abstinence as the only way of preventing pregnancy or cancelling sexuality education sessions altogether. Teachers' choices about the CSE programme were linked to lack of guidance on teaching of the curriculum, especially with regard to how to integrate sexuality education into existing subjects (Zulu et al., 2019).

2.2.7 Barriers to the Implementation of CSE

Most countries do not yet manage to provide effective CSE in schools (UNESCO, 2018). Barriers to implementation have been identified as insufficient teacher training, lack of resources, parental opposition, and the persistence of cultural taboos about sex (Huaynoca et al., 2014**;** Brown, 2015). Evidence suggests that many people who could deliver CSE are not convinced of the need to provide it, or are reluctant to do so (UNESCO, 2018). Educators or service providers may believe that sex education leads to early sex, deprives children of innocence and is against their culture or religion (Brown, 2015). Cultural resistance and the belief that CSE encourages sexual activity are identified as the most significant challenges in

Nigeria (UNESCO, 2018). According to the policy paper developed by UNESCO (2019), social opposition, in the form of resistance or backlash to comprehensive sexuality education, may affect several areas negatively: the diligence of policymakers and civil servants in taking the necessary measures; teachers' attitudes and readiness to deliver the curriculum and create the right classroom conditions for effective teaching and learning; students' motivation; and parents' cooperation. Operational barriers to CSE policy implementation include insufficient training, guidance and support for teachers to deliver the content of comprehensive sexuality education using evidence-based pedagogical approaches, the lack of access to appropriate curricula and training resources covering a comprehensive range of key topics, and insufficient or piecemeal funding to support effective delivery (Panchaud et al., 2019. Some barriers of CSE policy implementation include strong community resistance to comprehensive sexuality education, or even the prospect of such resistance, are a real risk that can prevent the enactment of laws and slow the implementation of policies related to gender equality and sexual and reproductive rights, particularly affecting women and girls (UNESCO, 2019). Resistance may be fuelled by underlying misconceptions about the purpose and scope of comprehensive sexuality education. These misconceptions always include concerns that such education is inappropriate for young children, goes against local cultural or religious values, encourages early sexual initiation or causes 'gender confusion' and may be used to recruit young people into sexual immorality, 'alternative lifestyles' or non-conforming sexual orientation or gender identity. Once there is cooperation among parents and the community concerning the teaching of CSE, all the barriers will be removed and learners will then have improved knowledge, attitudes and perceptions towards making choices e.g., abstinence, and the use of condoms and contraceptive **(Box 5)**

Young people need a clear understanding of the physical and emotional changes they will experience and of how these changes are related to their development and to reproduction before they become adolescents (UNESCO, 2019). Negative social attitudes limit the amount and accuracy of some of the information adolescents receive at home and in school: for example, 48% of girls in the Islamic Republic of Iran believed menstruation was a disease. Likewise, 51% of girls in Afghanistan and 82% in Malawi were unaware of menstruation before they first experienced it (House, et al 2012). It is critical for children and young people to learn about sex and safer sex behaviours before they become sexually active, so that they are adequately prepared for healthy, consensual relationships. Early pregnancy and childbirth can have serious health consequences and constitute the leading cause of death for 15- to 19-year-old girls worldwide. Yet, approximately 16 million girls aged 15 to 19, and 2.5 million girls under 16 give birth each year in developing regions, including Nigeria. About 19 3.9 million girls aged 15 to 19 undergo unsafe abortions (WHO 2020). In addition to health outcomes, early pregnancy can affect girls' education opportunities. Pregnancy can result in their expulsion from school or in their being shamed and stigmatised while at school, affecting their ability to learn (UNESCO, 2017). For instance, longitudinal data from Madagascar confirmed that teenage pregnancy leads to early school leaving (Almanza & Sahn, 2018).

Onongha (2016) reveals lackadaisical and apathetic parental attitudes towards sex education as the main factor that affects the teaching of sex education. In a similar study, Akpama (2013) alleges that parental perception of the teaching of sex education to adolescents in secondary schools is significantly negative; that all parents, irrespective of their gender or educational status, perceive the teaching of introductory sex education to youths as bad, moral issues that should not be encouraged. Similarly, Omo, (2011) notes that parents who are the

primary sex educators do not communicate sex values to their children. Omo (2011) also reports that there is no significant difference in the perception of students from different religious backgrounds on the teaching of sex education in Kaduna State secondary schools in Nigeria.

2.3 The Concept of Teenage Pregnancy

Globally, around one in six people are adolescents aged between 10 and 19 (WHO, 2017a). Adolescent pregnancy is defined as the occurrence of pregnancy in girls aged between 10 and19 (Ganchimeg et al., 2014). Teenage pregnancy includes live births, stillbirths, abortions and ectopic pregnancies of women under the age of twenty. A World Health Organization (WHO) in 2014 report shows that the global adolescent birth rate was 49 per 1000 girls aged 15 to 19 (WHO, 2014).

According to the WHO (2017b), Teenage pregnancy, also known as adolescent pregnancy, is pregnancy in a female under the age of 20, according to the WHO (2017b). Pregnancy can occur with sexual intercourse after the start of ovulation, which can be before the first menstrual period (menarche) but usually occurs after the onset of periods. In well-nourished girls, the first period usually takes place around the age of 12 or 13. Teenage pregnancy refers to female adolescents becoming pregnant between the ages of 13 and 19. These young females have not yet reached adulthood and the causes of teenage pregnancy vary greatly. Teenage pregnancy may be linked to things such as a lack of education or information about reproduction, peer pressure, and early engagement in sexual activity.

Tripathi and Sherchand (2014) note that teenage pregnancy is a common social phenomenon worldwide with public health and medical consequences. Equally, Omole-Ohonsi and Attah (2010) note that teenage pregnancies that are carried on to delivery are usually

regarded as high-risk pregnancies, with increased incidence of complications like preterm labour, low birth weight, intra-uterine growth retardation, increased risk of instrumental delivery, caesarean section and perinatal mortality.

2.3.1 Prevalence of Teenage Pregnancy in Nigeria

According to the National Population Commission (NPC) [Nigeria] & ICF Macro. (2009), adolescent fertility in Nigeria topped other African countries with 121 live births per 1000 births. It stresses that it was relatively high compared with other African countries that have considerably reduced adolescent fertility rates (World Bank, 2015a). Despite the objections to this policy in 2008, out of the fear of teachers and parents of early exposure to sexual activities, studies by World Group Bank revealed an increase in the adolescent fertility rate in Nigeria from 120 in 2010 to 124 in 2011, which later became 112 in 2014 but was still high in comparison with other African countries (World Bank, 2015b). Each year, over 20 million girls (between 15 and 19) in developing countries become pregnant, and an estimated 12 million of them give birth (Darroch et al., 2016).

Adolescent pregnancy and childbearing often leads girls to drop out of school, thereby jeopardising their future education and employment opportunities (WHO, 2020). Nigeria is one of the countries in the world where teenage pregnancy is most common, with more than 100 births per 1000 girls aged between 15 and 19 (World Bank Data, 2016). In Nigeria, an estimated 23% of women aged between 15 and 19 years have begun childbearing, of whom 1 % have had their first child and 5% are pregnant with their first child (Demographic and Health Survey, 2013). Approximately 32% of teenagers in rural areas have begun childbearing, as opposed to 10 % in the urban areas of Nigeria (Demographic and Health Survey, 2013). The report shows

disparities within the geopolitical zones as follows: North-West (36%); North-East (32%); North-Central (19%); South-South (12%); South-East (8%); and South-West (8%) (Demographic and Health Survey, 2013). Aderibigbe et al. (2011) surveyed teenage pregnancy and the prevalence of abortion among in-school adolescents in North Central Nigeria and identified that, of the sexually active female respondents, 66.3% have been pregnant only once, while 33.3% have been pregnant more than once. A study conducted by Amoran (2012a) on the predictors of teenage pregnancy and its prevention in Sagamu local government area of Ogun State, Nigeria reported 48.2% unwanted pregnancy among teenagers when compared with the older age group of 13.6%. Onyeka et al. (2011) investigated unintended pregnancy and termination of studies among students in Anambra State, Nigeria. The study indicated that in 87% of cases of unintended pregnancies among female students, the pregnant students were either suspended, expelled or withdrew by themselves before the schools found out or when the pregnancies were discovered.

Evidence has shown that data on teenage pregnancy in Nigeria not only accounts for a high birth rate for teenagers, but that the incidence of pregnancy among female teenagers in Nigeria is increasing rapidly (Adam & Okafor, 2020). Some girls do not know how to avoid being pregnant as sex education is still rare and elitist in many countries, including Nigeria (Edukugho, 2015). Nigerian girls easily give in to sexual overtures from men, are unable to refuse unwanted sex or to resist coerced sex, which is often unprotected (Edukugho, 2015). The problem of teenage pregnancy is considerably worse in Nigeria than in any other developing country (Edukugho, 2015). This is corroborated in another study by Beatrice in 2013, which revealed that among developing countries, Nigeria has one of the highest birth rates for women under 20, and studies suggest that the problem of teen pregnancy in Nigeria may be related to

less sex education in schools and to lower availability of birth control services and supplies to adolescents (Beatrice, 2013). Sex education has not yielded much success in Nigeria since its introduction in the secondary school curriculum as more adolescents get pregnant and drop out of school. The adolescent fertility rate in Nigeria in 2013 recorded by NDHS was 118 live births per 1 000 women aged between 15 and 19; nearly one in five teenage girls in Nigeria has either given birth, or has become pregnant (NDHS, 2013). The adolescent fertility rate in Nigeria was last measured at 109.30 in 2015, according to the World Bank collection of development indicators and officially recognised sources (World Bank Data Indicator, 2016).

2.3.2 Factors Influencing Teenage Pregnancy

Five different components were considered as factors that were influencing teenage pregnancy: individual factors, interpersonal factors (i.e., family, peers, relationship), community factors, multiple factors and family planning factors (Maravilla et al., 2017).

In a study carried out in Rivers State, Nigeria, 11.8% of respondents perceived that teenage pregnancy was caused by poverty while 68.1% and 20.1%, respectively perceived it to be caused by a lack of education and by drug abuse. Furthermore, about 30% of respondents believed that parents would take responsibility for the child, while 61.2% believed that the teenage girls would be forced to withdraw to meet the financial obligations of being a mother (Stella, 2019). The findings from the study highlight that 49.2% of the respondents perceived negative societal implications for teenage mothers. Furthermore, 65.1% viewed stigmatisation as responsible for the reduction in school enrolment for teenage mothers. (Stella, 2019). Respondents were also asked about the financial implications of a new baby on secondary school enrolment by teenagers and their parents. An estimate of 30.5% of this population perceived that

parents would take the responsibility of the child while 61.2% perceive that the teenage girl would be forced to withdraw to meet the financial obligations of being a mother (Stella, 2019). These perceptions are in agreement with the propositions of Maemeko et al. (2018) who postulated that teenage pregnancy for secondary school students' impact on the lives of the student and their parents as they would be forced to withdraw from school.

The Guttmacher Institute states that between 43% and 62% of teens acknowledge that they were impregnated by an adult male, and two-thirds report that their babies' fathers are as old as 27, while approximately 5% of all teen births are the result of a rape (Afolabi, 2021). Also, substance use, particularly alcohol among adolescents, increases the risk of unplanned pregnancies. Many teens experiment with drugs and alcohol, which lowers their ability to control their impulses, contributing to 75% of pregnancies that occur between the ages of 14 and 21 (Afolabi, 2021). According to Heil et al. (2011), the rates of unintended pregnancies are higher among teenage who use substances, for example, treatment-seeking pregnant teenagers with 86% of pregnancies reported to having been unplanned.

A study conducted by Alabi and Oni (2017) found that adolescents who were more exposed to sexuality in the media were also more likely to engage in sexual activity themselves. It has been argued that teens exposed to the most sexual content on TV are twice as likely as teens watching less of this material to become pregnant before they reach the age of 20. In research carried out in Oyo East local government area by Afolabi (2021), all the respondents (100%) used for the survey agreed that poverty and child abuse and abandonment are major factors causing teenage pregnancy in Oyo East LGA. Besides, a large percentage of the respondents (96%) agreed that early sexual initiation is a major cause of teenage pregnancy.

Others factors as shown include foster care (96.3%), lack of sex education (92.6%), low educational attainment (85%), peer pressure (81.5%), exposure to domestic violence (74.1%), teenage alcoholism (70.4%), media influence (70.4%), absent parents (63%) and sexual abuse (59.3%), respectively (Afolabi, 2021). These findings, to a large extent, tally with that of Odebode & Kolapo (2016), whose findings also reveal that a large proportion (87.7%) of the respondents indicated poor parenting as a major cause of teenage pregnancy; and with that of Amoran, (2012b), Achema et al. (2015), and Izugbara (2015).

A study by Ashimolowo et al. (2017) shows that illiteracy and hawking were the most common factors identified by 77.5% of the respondents. Following illiteracy and hawking as factors influencing teenage pregnancy is the influence of peer pressure, as identified by 75.0% of the respondents. This is an indication that high levels of teenage pregnancy may be as a result of bad friends following the popular adage that 'birds of a feather flock together' (Ashimolowo et al., 2017). An uneducated person a with low level of education will in most cases feel inferior and then tend to do what others want her to do. This conforms with the findings of Okereke (2010) and Nwosu, (2017), and with that of Langham (2015), which states that low self-esteem is among the causes of teenage pregnancy. Langham (2015) also associates ignorance of sex education to unintended pregnancy among teenagers since most of these teenagers are unaware of the biological and emotional aspects of having sex. Furthermore, the Ashimolowo et al. (2017) study reveals that close to two-thirds of the respondents identified childhood environment (65.0%), sexual abuse (65.0%) and lack of parental care (65.0%) as factors influencing teenage pregnancy in the study area (Ashimolowo et al., 2017).

2.3.3 Consequences of Teenage Pregnancy

Studies on the outcomes of teenage pregnancy by Omole-Ohonsi and Attah (2010) in Mumbai and Kano, respectively revealed that spontaneous abortions, abnormal presentation, and prolonged, complicated or difficult labour, premature vaginal delivery, Caesarean section, transverse lie, foetal distress and still birth – fresh and macerated, pregnancy-induced hypertension, gestational diabetes mellitus, anaemia, placenta praevia, postpartum haemorrhage, prematurity, low birth weight, birth asphyxia, birth trauma, neonatal sepsis; congenital abnormality, and perinatal mortality are some of the outcomes of teenage pregnancy.

In addition, the following are the effects of teenage pregnancy as explained by Alabi and Oni (2017), which are that the medical, social and economic costs of unplanned teenage pregnancies can be devastating to mothers and their children. Teen mothers are more likely to have medical complications during pregnancy and prolonged labour, because a teenage girl's body is not as developed as that of an adult woman in term of childbearing. Lack of sexual education causes some teens to get abortions since they realise that they are not ready yet to take responsibility to be a parent at such a young age and they still have many things to pursue in life. The chance of maternal death cannot be ruled out in teenage pregnancy. This was all corroborated by the National Demographic Health Survey, (Nigeria Demographic and Health Survey 2013), which reported that 23% of adolescents aged 15 to 19 in Nigeria, who are supposed to be in school, have dropped out of the school as a result of teenage pregnancy (of the 23%, 17% have had a child and 5% are pregnant with their first child). A larger proportion of teenagers (32 %) in rural areas have begun childbearing in Nigeria than (10%) in urban areas (NDHS, 2013). Ashimolowo et al. (2017) in their study found that the majority (87.5%) of the

respondents had a low level of education because the teenagers tend to drop out of school as a result of teenage pregnancy. Approximately 60% of the respondents found themselves very unhappy when they had their pregnancy in their teen ages; the same proportion also found it difficult to be mothers owing to the inexperience of being young. (Ashimolowo et al., 2017). This indicates the emotional and psychological trauma associated with teenage pregnancy, in support of Melissa's (2012) submission that teenage pregnancy can lead to numerous emotional traumas.

2.4 Implementation of Comprehensive Sexuality Education Policy

An international qualitative review of studies which report on the views of students and experts/professionals working in the field of sexuality education (Pound et al., 2017) provides recommendations for effective sexuality education. Attitudes for sexuality educators which may be explicit or implicit, are understood as a factor pertaining to the influence and guiding of personal behaviour (Costello , Maunsell , Cullen & Bourke 2022). Skills are understood in terms of the abilities educators can acquire which enables them to provide high- quality education (Costello et al 2022). Knowledge is understood as professional knowledge (pedagogical knowledge, content knowledge and pedagogical subject knowledge) in all relevant areas require to deliver high-quality education. A systematic review of qualitative research on teachers'perspectives on sexuality and reproductive health (SRH) education in primary and secondary schools, reported that adequate training (pre-service and inservice) was a facilitator that positively impacted on teachers' confidence to provide school-based SRH education (Walker et al., 2021). These findings highlight the importance of quality teacher professional development, commencing with initial teacher education for the provision of CSE.

Consequently, initial teacher education has increasingly been proposed as key in addressing the global, societal challenge of ensuring the provision of high-quality sexuality education.

2.5 Conceptual Framework

The study used an implementation framework developed by UNESCO (2018). UNESCO provides a framework to develop and implement CSE to ensure that young people have access to evidence-based, medically accurate, and age-appropriate information to make safe and healthy decisions. UNESCO (2018), in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children Fund (UNICEF), and the World Health Organization (WHO), developed a resource to promote gender equality and to prevent unintended pregnancy and sexually transmitted infections (STIs), including HIV. This framework also provides details on the core characteristics of effective programming and how to build support among key stakeholders, such as parents, educators, and community leaders. Figure 2.1 depicts five components and core characteristics of the UNESCO implementation framework, which give good practice in educational institutions;

- **1.** *Implement programmes that include at least twelve or more sessions:* In order to address the needs of young people for information about sexuality, multiple topics need to be covered to improve the knowledge and attitude of learners on consequences of teenage pregnancy.
- **2**. *Include sequential sessions over several years***:** To maximise learning, different topics of CSE need to be covered in an age- appropriate manner over several years to improve

knowledge and attitude of learners and teachers to teach about abstinence, condoms and contraceptive use.

- **3**. *Select capable and motivated teachers to implement CSE.* Teachers who have the interest and ability to communicate with learners and skill in the use of participatory learning methodologies in teaching CSE should be selected. This will remove teachers' perceived barriers to the implementation of CSE policy.
- **4.** *Provide quality training to educators:* Specialised training is important for teachers because delivering CSE often involves new concepts and new learning methods. Quality training will give teachers adequate knowledge and a positive attitude towards the implementation of CSE policy.
- **5.** *Provide ongoing management, supervision and oversight:* This will maintain and sustain CSE implementation, thereby reducing negative attitudes and removing perceived barriers of parents and teachers in preventing teenage pregnancy. Because CSE is not well established in many schools, in Oyo State managers/supervisors should make sure that the curriculum is being implemented as planned, and provide encouragement, guidance and support to teachers involved in delivering CSE.

2.5.1 Application of UNESCO (2018) Implementation Framework to this Study

All of the above five components help to implement the CSE policy **(Box 1).** These components, if well implemented, will lead to improved CSE policy implementation **(Box 2).** This leads to teachers' improved knowledge, attitudes and perceptions towards CSE implementation. The first concept of the implementation framework that says: *Implement programmes that include at least twelve or more sessions* in schools helps to cover more topics

of the CSE programme in a logical sequence, leading to improved knowledge and attitudes of learners. Inclusion of sequential sessions of CSE over several years (the second component of implementation framework) exposes the youth to the curriculum over a longer period of time, which leads to the ability to reinforce key knowledge, attitudes and skills of the learners year after year. *Selection of capable and motivated teachers to implement CSE* (the third concept of implementation framework) assists the government to employ teachers who can utilise participatory teaching methods that involve learners actively and help them to internalise and integrate CSE information. Adequate training for the teachers gives them enough knowledge to teach learners about all the components of CSE. It will change the teachers' attitudes positively and there will be readiness of the teachers to deliver the curriculum and create the right classroom conditions for effective teaching and learning. Students' motivation will occur to gain adequate knowledge of CSE **(Box 3).** This will eventually lead to a reduction in the barriers to CSE policy implementation (**Box 4).** *Provision of quality training to educators* is the fourth component of implementation framework. CSE as a topic is constantly changing, evolving, and being updated. Data and statistics change, as does language and the availability of resources and programmes. It is imperative, therefore, that CSE teachers receive ongoing professional development. Providing continuous professional development opportunities for teachers should include:

- a balance of learning content and skills;
- opportunities to rehearse lessons from the curriculum and receive feedback from peers and supervisors; and
- discussions on troubleshooting potential challenges that might occur in one's community

Sexuality education has more impact when school-based programmes are complemented with community elements, including condom distribution, providing training for health providers to deliver youth-friendly services, and involving parents and teachers. Best practices in sexual health education focus on the importance of the role of teachers and on ensuring that they are well trained. One of the most critical factors that influence the effectiveness of sexual health education programmes is the comfort *and* skill level of the teacher. Teachers need to be well prepared to educate learners about sexuality. This preparation includes a strong and comprehensive teacher pre-service programme, coupled with ongoing professional development that increases knowledge, skills, and comfort level in the following areas:

- scientific and medically accurate information about human sexuality topics;
- comfort with the topic;
- cultural competence and the ability to communicate in an inclusive fashion;
- effective facilitation skills;
- creating a comfortable and safe learning environment for all learners;
- using a variety of engaging teaching methods; and
- modeling universal and specific programme values while not imposing their personal values related to sexuality issues.

Adequate training for teachers improves learners' knowledge, attitude and perceptions towards making choices e.g., abstinence, condoms and contraceptive use as seen **i**n figure 2.1 **(Box5).** The fifth component of the implementation framework deals with *provision of ongoing*

management, supervision and oversight. Evaluation of any programme includes three types of activities:

1. Identifying what needs to happen (formative evaluation);
2. Examining whether and how well educational activities are being carried out (process evaluation); and
3. Demonstrating effectiveness (summative or outcome evaluation).

As a component of comprehensive sexuality education, sexuality education should be evaluated systematically to determine:

- how to design and/or revise the programme to meet the needs of learners and the community;
- how much sexual health education is actually being taught (i.e., how much time is allocated during each grade level);
- whether the programme is being implemented effectively and as planned; and
- how effectively the prescribed learning objectives are being accomplished (i.e., outcomes).

For effective implementation of the CSE policy in Nigeria, monitoring, supervision of teachers and learners and a review of the curriculum must be done. Consequently, if the CSE policy is well implemented, it has many advantages such as a reduction in teenage pregnancy and sexual risk-taking, improved academic achievement, a reduction in school dropout figures, improved socio-economic well-being for the learners, and a reduction in the maternal mortality rate **(Box 6).**

Figure 2.1: Implementation Framework Adapted from UNESCO (2018)

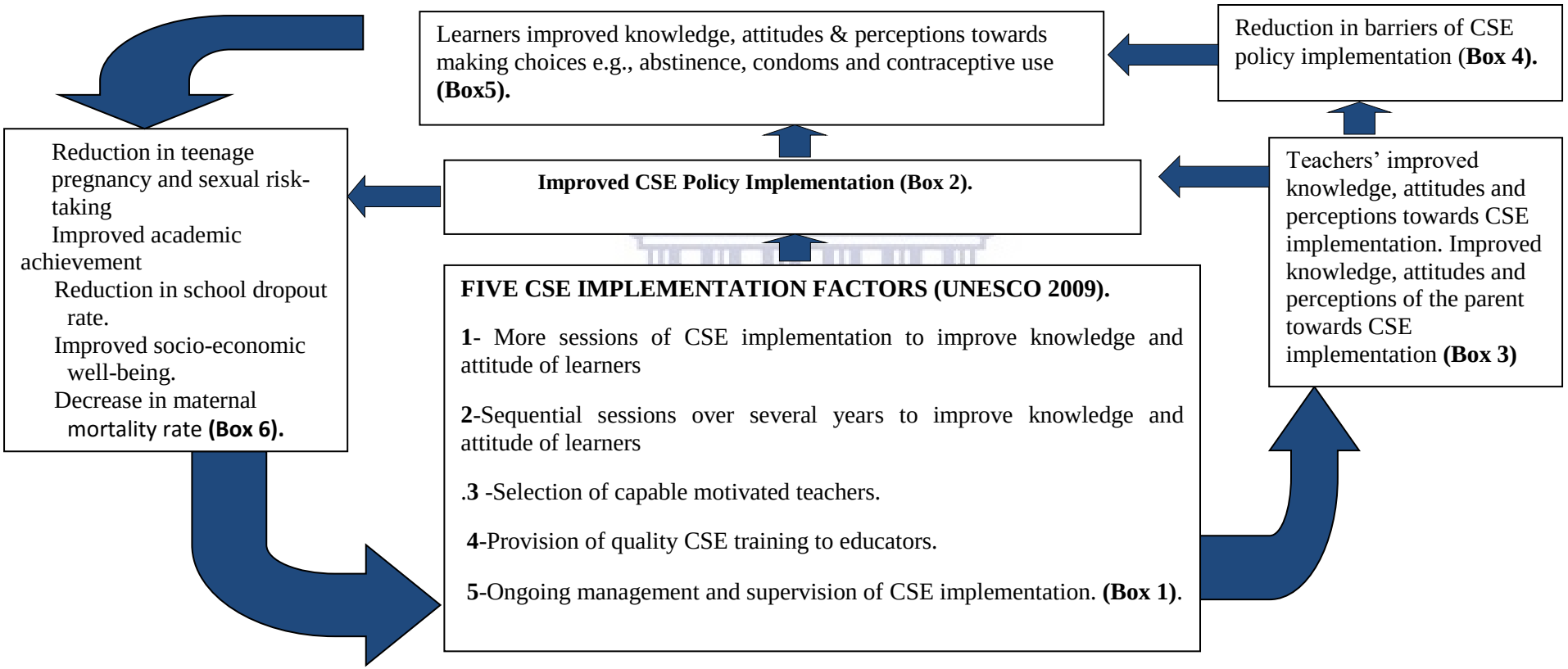


Table 2.1: Application of UNESCO (2018) Implementation Framework to This Study

UNESCO (2018) Components of the CSE Implementation Framework	Character-istics of Effective Programme by UNESCO (2018)	Phase one Step one Quantitative study Objectives	Design /approach	Popu-lation	Setting	Sampling method	Data collection	Sample size	Data analysis
Implement programmes that include at least twelve or more sessions, to improve knowledge and attitude of learners on consequences of teenage pregnancy	Assess the reproduce tive health needs and behaviours of young people Address individual attitudes and peer norms toward condoms and contra-ception.	To determine the knowledge and attitudes of secondary school learners towards the implementatio n of CSE Policy	Quanti-tative approach/d esign	Selected Senior secondary school learners	Second ary schools Oyo Local Govern-ment Areas,	Single simple random sampling	Question naire on knowledge and attitude of learners on CSE implement-ation	137 learners	SPSS Version 24
Provide quality training to educators to give teachers adequate knowledge and positive attitude to implement CSE	Focus on specific risk and protective factors that affect particular	To determine the knowledge and attitudes of secondary school teachers towards the	Quanti-tative approach/d esign	Selected Senior Second ary School Teachers	Second ary schools Oyo Local Govern-ment	Single simple random sampling tech-nique	Question naire on knowledge and attitude of teachers on CSE imple-	60 teachers	SPSS Version 24

UNESCO (2018) Components of the CSE Implementation Framework	Character-istics of Effective Programme by UNESCO (2018)	Phase one Step one Quantitative study Objectives	Design /approach	Popu-lation	Setting	Sampling method	Data collection	Sample size	Data analysis
policy	sexual behaviours and that are amenable to change by the curriculum-based programme (e.g. knowledge, values, social norms, attitudes and skills),	implement-ation of CSE			Areas, Oyo State Nigeria		mentation		
Implement programmes that include at least twelve or more sessions, to improve knowledge and attitude of parents on implementation of	Address personal values and perceptions of family and peer norms about engaging in sexual activity	To determine the knowledge and attitudes of parents towards the implement-ation of CSE policy in three LGAs in Oyo State	Quantita-tive approach/design	Selected Senior Secondary School parents	Houses of parents of secondary school learners in Oyo	Single simple random sampling technique	Question naire on knowledge and attitude of parents on CSE implement-ation	136 Parents	SPSS Version 4

UNESCO (2018) Components of the CSE Implementation Framework	Character-istics of Effective Programme by UNESCO (2018)	Phase one Step one Quantitative study Objectives	Design /approach	Popu-lation	Setting	Sampling method	Data collection	Sample size	Data analysis
CSE policy	and/or having multiple partners				LGAs, Oyo State, Nigeria				
Include sequential sessions over several years, to improve positive perception of teachers and learners towards abstinence, condom use and contraceptive use to prevent teenage pregnancy	Address individual attitudes and peer norms toward condoms and contracept-ion.	**Step Two Qualitative Study** To explore the perceptions of teachers and students regarding teenage pregnancy at secondary schools	Qualita-tive approach/design	Selected Senior Second-ary school learners and teachers.	Senior Second-ary schools in Oyo, LGAs in Oyo State	Purposive sampling technique	In-depth interview guide on perceived barriers of preventing teenage pregnancy	6 teachers 6 students	Thematic content analysis and ATLAS. Ti 7

UNESCO (2018) Components of the CSE Implementation Framework	Character-istics of Effective Programme by UNESCO (2018)	Phase one Step one Quantitative study Objectives	Design /approach	Popu-lation	Setting	Sampling method	Data collection	Sample size	Data analysis
Select capable and motivated educators who have interests and ability to communicate with learners. This will remove teachers' and students' perceived barriers to the implementation of CSE policy	Address personal values and perceptions of teachers in teaching peer norms about preventing sexual activity and/or avoiding multiple partners	To explore barriers of implement-ing CSE among girls and teachers at secondary school in three LGAs in Oyo State	Qualita-tive approach/d esign	Selected secondary school teachers and girl learners	Senior second ary schools in Oyo LGAs in Oyo State	Purpos-ive sampling tech-nique	In-depth interview guide on perceived barriers of preventing teenage pregnancy	6 girls (learners) 6 teachers	Thematic content analysis and ATLAS Ti 7

UNESCO (2018) Components of the CSE Implementation Framework	Character-istics of Effective Programme by UNESCO (2018)	Phase one Step one Quantitative study Objectives	Design /approach	Popu-lation	Setting	Sampling method	Data collection	Sample size	Data analysis
Step-by-Step Framework of Strategy: Identifying the objectives Selection of the Delphi participants Analysis of the Delphi participant data and Development of strategy Adoption and establishing committee for the implementation of developed strategy Validation of the developed strategy.	Involve experts in research on human sexuality and behaviour change related to the develop-ment of strategy. Design strategies that are sensitive to community values, norms and consistent with available resources (e.g., staff time, staff skills, space and supplies). Pilot-test the	**Phase Two Delphi Technique** To develop strategy for the implementa-tion of CSE policy at the secondary schools in three LGAs	Qualita-tive approach/d esign	Selected policy makers from Oyo State Commis-sioner for education, School principals or teachers Key inform ants (Chair man of PTA) from each LGA, SSSs learner represent-atives (male and female) of SSSs lawyer, Christian clergy, Moslem	School Audi-torium in Olivet Baptist High School, Oyo.	Purposive sampling technique	Delphi technique guide In-depth interview guide	6 Teachers 1 Lawyer 2 Policy makers 1Guardian /counselling 1Christian clergy 1Islamic clergy 4.Curricul um developer 1Politician 2 Parents 3Commun -ity leaders 3.Sexuality education specialist 1.Education manage-ment expert Total = 26	Thematic content analysis and ATLAS. T i 7

UNESCO (2018) Components of the CSE Implementation Framework	Character-istics of Effective Programme by UNESCO (2018)	Phase one Step one Quantitative study Objectives	Design /approach	Popu-lation	Setting	Sampling method	Data collection	Sample size	Data analysis
	strategy and obtain ongoing feedback from the learners on how the strategy is meeting their needs			clergy, Curricu-lum developer Educationa l manage-ment, Sexuality education specialist					

2.6 Summary and Findings of the Literature Review

In summary, the findings of this literature review showed that the successful implementation of comprehensive sexuality education (CSE) programmes in schools depends on the development and implementation of strong policy in support of CSE (Panchaud et al., 2019).

The literature review revealed that school-based comprehensive sexuality education (CSE) provides a structured opportunity for students to gain knowledge and practical skills, to explore their attitudes and values, and to practise the skills necessary for making healthy informed choices about their sexual lives and relationships (UNFPA, 2014; UNESCO, 2018). CSE programmes that focus on human rights, gender equality and empowerment have been shown to improve young people's knowledge, self-confidence and self-esteem, to change attitudes and gender and social norms positively, to strengthen decision-making and communication skills, and build self-efficacy (Gallant & Maticka-Tyndale 2004; Haberland, 2012; Fonner et al., 2014; Haberland & Rogow, 2015; UNESCO, 2015).

Much of the available research on effective CSE has focused on characteristics, quality and inadequacies at the programme level (Haberland, 2012; UNESCO, 2015, Panchaud et al., 2019). In addition to establishing young people's right to and need for CSE and catalysing government commitment and action, the policy and legislative context is important in supporting and guiding CSE implementation in schools. However, a gap that has been recognised is that very few studies have examined the policy and institutional environment supporting CSE (Panchaud et al., 2019).

The review further revealed the prevalence of teenage pregnancy, which was 22.9% at Shagamu in Ogun State (Amoran, 2012a). Less than half, 33 (41.1%) of the teenage pregnant

women and 28.6% of the older pregnant women did not know how to use condoms correctly to prevent pregnancy (Amoran, 2012b). Another study examined in the review showed that, globally, young people aged between 15 and 24 years make up 1.2 billion of the world's population and the majority of those live in sub-Saharan Africa and are vulnerable to teenage pregnancies and HIV infection (Amoran, 2012a). Unwanted pregnancies and HIV infection continue to be daunting problems for young people, and studies indicate that HIV-infected youth face the greatest dilemmas. Another gap shown in literature is that, despite the introduction of programmes to curb the prevalence of teenage pregnancy, the rate is still high. This is corroborated by Amoran (2012b), who asserts that, despite the establishment of national teenage pregnancy programmes and strategies, teenage birth rates have increased globally (Amoran, 2012b).

The review also assessed the various factors that influence teenage pregnancy, which include peer pressure, absentee parents, glamorisation of pregnancy, lack of knowledge, sexual abuse or rape, drug abuse, low educational expectations, media influence, foster care, and poverty. It further revealed the consequences of teenage pregnancy, which include high mortality rate, poverty, stigmatisation, and low level of education. The next chapter deals with the methodology of the research study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a detailed description of the research design, population and settings, sample and sampling strategy, data collection methods and data analysis procedures. Aspects pertaining to reliability and validity, including academic rigor and trustworthiness as key principles in a research study using quantitative and qualitative methods, are highlighted in the relevant sections. Key ethical considerations fundamental to nursing research involving participants, as referred to in quantitative studies, and informants in the case of qualitative research, were given the necessary attention.

The objectives of this study were:

1. To determine the knowledge and attitudes of:

a) Secondary school learners towards the implementation of CSE policy in three LGAs in Oyo State, Nigeria;

b) Teachers towards the implementation of CSE policy in three LGAs in Oyo State, Nigeria; and

c) Parents towards the implementation of CSE policy in three LGAs in Oyo State, Nigeria.

2. To explore and describe the perceived barriers of implementing comprehensive sexuality education among:

a) Girls at secondary school in three LGAs in Oyo State, Nigeria; and

b) Teachers at secondary school in three LGAs in Oyo State, Nigeria

3. To explore and describe parents' attitudes and perceived barriers to CSE policy implementation in three LGAs in Oyo State, Nigeria

4. To develop strategy to guide the implementation of CSE policy at the secondary schools in three LGAs in Oyo State, Nigeria.

3.2 Paradigm of the Study

A research paradigm is defined as the general philosophical orientation about the world view and the nature of research that a researcher brings to a study. (Creswell, 2014). Hall (2013). refers to a paradigm as 'a worldview together with the various philosophical assumptions associated with that point of view'. Creswell (2014) asserts that pragmatism arises from actions, situations and consequences rather than from antecedent conditions. The pragmatic worldview aims to emphasise the problem and to use all approaches available to understand the problem and take action. Pragmatists acknowledge that, although the ontological assumption that truth is relative because reality is influenced by the person's perception, the world is not an absolute unity (Burns & Grove, 2009). Four dominant worldviews (paradigms) are identified, namely positivism/post-positivism, constructivism/interpretivism, transformative and pragmatism (Creswell & Plano-Clark, 2017). Positivism/post- positivism is closely identified with quantitative research while constructivism/interpretivism is identified with qualitative research, making neither particularly suitable for mixed methods research (Hall, 2013). The pragmatist worldviews are seen to be compatible with mixed methods research. Notwithstanding that, the researcher's worldview in this study is that of pragmatism.

Pragmatism is oriented 'toward solving practical problems in the 'real world' (Feilzer, 2010) rather than on assumptions about the nature of knowledge. The proponents of pragmatism are 'not committed to any one system of philosophy and reality but advocate the use of 'pluralistic approaches to drive knowledge about the problem' (Creswell 2014; Morgan, 2014a).

It is generally regarded as the philosophical partner for the mixed methods approach. This implies that mixed methods were used by researchers to explore various approaches for gathering and analysing data rather than committing to only one way (Creswell, 2014). The researcher's philosophical belief is grounded in the pragmatist paradigm that leads the researcher to implement multiple research methods approach. This implies that multiple methods and interpretations are acknowledged to explore the phenomena of study from various approaches (Morgan, 2014b). The researcher prefers a mixed method approach as an appropriate method to conduct this study.

3.2.1 The Ontological Assumption

The ontological assumption of the quantitative paradigm is that there is only one truth, an objective reality that exists independent of human perception (UK Essays, 2018). The philosophy of quantitative research is based on ontological assumption of relatively stable reality, reality can be separated from the perceiver and observable knowledge can be defined (UK Essays, 2018). Pragmatist researchers adopt external but multiple views of reality (as opposed to positivist and realist) and choose the best one to answer the research question. For pragmatists, an ideology or reality is true if it works (practically) to solve problems in a particular context. This view of practical reality is also affected by the belief of what works for whom in a specific context, which is not philosophical in nature but has practical value for the study (Morgan, 2014a). Pragmatists believe that there is reality but that it keeps changing with time based on our actions. Pragmatist researchers appreciate all of the objective, subjective and inter-subjective realities and their interrelations Johnson & Christensen, 2014) to work out what is 'best' in a specific context.

Pragmatists are, therefore, interested in finding out what, why and how something, in the case of present research, works in specific contexts.

Ontology attempts to explain how a phenomenon is perceived and analysed subjectively by the researcher, and by participants to extrapolate the universal truth about the phenomenon. Hence, there is no single reality; there are multiple realities constructed by an individual from his / her own perception and interpretation of a given phenomenon (Edmonds & Kennedy, 2013). An individual's ontological position is their answer to the question: What is the nature of reality as perceived by the research participants in various situations? Creswell (2014) holds the point of view that reality is constructed by individuals involved in the research situation. The reality in this study is the experiences of teenagers, teachers and parents about the implementation of the CSE policy. The researcher will use direct quotations from interviews to show the reality of the supporting information. Data that would be gained from observations and interactions during the interviews were divided into sets of themes and summarised in order to provide clear meanings that reflect the implementation of CSE policy by the learners, teachers, parents and other stakeholders. The reality of this study was complex, since it was built on the variety of individual opinions of the study participants about CSE policy implementation.

3.2.2 The Epistemological Assumption

Epistemology is 'a way of understanding and explaining how we know what we know', (Crotty, 2003:3). Epistemological is also 'concerned with providing a philosophical grounding for deciding what kind of knowledge are possible and how we can ensure that they are both adequate and legitimate.' (Crotty 2003:8). Guba and Lincoln (1989) explain that epistemology

asks the question: What is the nature of the relationship between the would-be knower and what can be known (meaning the researcher and the phenomena to be investigated)?

Pragmatists believe that either noticeable phenomena or subjective meanings or both can provide legitimate and acceptable knowledge depending upon the research objective or question of the research (Morgan, 2014a). They therefore integrate different perspectives to generate and analyse valid data. The implication of the pragmatist epistemology for this study is that the objective knowledge that was collected through questionnaires, and the subjective knowledge that was collected through semi-structured interviews were examined critically and evaluated based on set scientific criteria. The researcher assumed that the knowledge gained through these interviews and questionnaires maximised the findings. For this reason, the researcher would openly discuss findings with the Delphi participants. This is to enable the researcher to develop a strategic document to improve the implementation of the CSE policy.

3.3 Mixed Method

Mixed methods research is an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and conceptual frameworks (Kong, 2019). The core assumption of this form of inquiry is that the combination of qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone (Creswell & Plano-Clark, 2017). Tashakkori and Teddlie (2010) note that there are three areas where a mixed method is superior to a mono-methods approach. First is the ability to answer research questions that other approaches cannot; mixed methods can answer simultaneously confirmatory and exploratory questions. Second, they provide stronger inferences

through depth and breadth in answer to complex social phenomena. Third, they provide the opportunity through divergent findings for an expression of differing viewpoints. The mixed methods research design was used for the first phase in this study, which focused on collection and analysis of both quantitative and qualitative elements of the data that were generated from the study setting. (Creswell, 2014)

However, collection and analysis of quantitative data is followed by the collection and analysis of qualitative data. The overall purpose of this design is that the later (qualitative data) helps to explain or build upon the results of the former (quantitative data) (Creswell, 2014). Explanatory sequential mixed method was adopted for this study for the following reasons: first, it enables researchers to address a range of questions with both the quantitative and qualitative approaches (Robert, 2014). Second, it provides strengths that offset the weaknesses of both strands (quantitative and qualitative) of the research and, thus, has the potential to provide stronger inference. It provides opportunity for divergent views and perspectives, thereby making researchers aware of the fact that issues are more multifaceted than they may think. Furthermore, mixed methods research, being 'practical,' allows the researchers freedom to use all methods possible to address a research problem as well as combining inductive and deductive reasoning processes (Schoonenboom & Johnson, 2017). In addition, it eliminates different kinds of bias, explains the true nature of a phenomenon under investigation and proves various forms of validity or quality criteria. In this study, the approach provided a more complete and deeper understanding of the subject under investigation, which has greater scope than all previous related studies (Creswell, 2014). The mixed methods research design was employed for this study in line with the definition and explanation of mixed methods by Creswell and Plano-Clark (2017), as it involves integrating quantitative (surveys) and qualitative (in-depth interviews) data

collection and analysis into a single study. The collection and analysis of data from both quantitative and qualitative data were done sequentially but separately with the quantitative data supporting the qualitative. Then the results from the two data sources were merged and integrated. (Creswell & Plano-Clark, 2017)

3.4 Research Setting

This study was conducted in Oyo State, Nigeria. Nigeria is the most populous country in Africa, and the 7th largest country in the world (National Population Commission (NPC) [Nigeria] and ICF International, 2014). It is a federal constitutional republic comprising 36 states and its Federal Capital Territory, Abuja. The country is located in the West African sub-region with an area of 923 768 square kilometres, including about 13,000 square kilometres of water. Nigeria shares borders with Cameroon (1,690 kilometres) in the east, Chad (87 kilometres) in the north-east, Niger (1,497 kilometres) in the north, and Benin (773 kilometres) in the west. There are over 250 ethnic groups and over 500 languages in Nigeria, of which the three largest are the Yoruba, Igbo, and Hausa (The World Factbook, 2018). According to The World Bank (2020), the population of Nigeria is estimated to be 213,355,138 people as at 2 December 2021, based on Worldometer Elaboration of the latest United Nations data. According to UN data, the Nigerian population in 2020 was estimated at 206,139,589 people at midyear. The Nigeria population is equivalent to 2.64 % of the total world population. Nigeria ranks number 7 in the list of countries (and dependencies) by population. The population density in Nigeria is 226 per km^2 (586 people per mi^2. or 167.5 people per square kilometre) **(**The World Factbook, 2018). Moreover, 52% of the population is urban (107,112,526 people in 2020) and 48% rural, with the median age in Nigeria as 18.1 years.

Nigeria can be divided into two regions, namely the Northern and Southern parts and it is subdivided into six geopolitical zones. These are: North Central: Kogi, Niger, Benue, Kwara, Plateau, Nasarawa, and the Federal Capital Territory, North-East, North-West, South-East, South-West and South-South (or Niger Delta). Oyo State is one of the largest states in the South West. The state has a population of 5,591,589 residents. The life expectancy in Nigeria is unfortunately, the lowest in all of West Africa. The average life expectancy is around 54.5 years of age, according to WHO data, with men living an average of 53.7 years and women living an average of 55.4 years. This very low number can be attributed to the fact that the country has a lot of health issues such as the AIDS epidemic, which plays a major role in low life expectancy. In addition, Nigeria has fallen victim to a high child- and maternal mortality rate. While pregnancy is obviously not a disease by any means, a lot of expectant mothers in Nigeria die from pregnancy complications every year. A Nigerian woman's chances of death during pregnancy or childbirth is 1 in 13. The average number of years spent in school is approximately nine years, with a national literacy rate of only 59.6% (World Population Review, 2021; National Bureau of Statistics, World Population Prospects (2019 Revision); United Nations population estimates and projections, GeoNames)

Figure 3.1: Map of Nigeria Showing Six Geopolitical Zones (Source: Nigerian Muse, 2010)

This study was conducted in selected senior secondary schools (SSSs) in three LGAs in Oyo, Oyo State, Nigeria. Nigeria is divided into 36 states and one Federal Capital Territory in Abuja. Oyo is a city in Oyo State, Nigeria, well known for the high educational pedigree of the old St Andrew's College, Oyo (SACO), which was one of the first higher institutions in Nigeria. Atiba LGA has 20 secondary schools (SSs) consisting of 13 JSSs with Grade levels 7, 8 and 9 learners) and 7 SSSs with Grade levels 10, 11 and 12). Oyo East LGA consists of 20 SSs, among which 12 Schools are JSS and eight schools are SSSs. Oyo West LGA also has 18 SSs of which 10 are JSSs and eight schools are SSSs.

These schools include:

- Durbar Grammar School, Durbar, Oyo East LGA
- Abiodun Atiba Memorial Secondary School, Oyo East LGA
- Isale Oyo Community Grammar School Oyo, Atiba LGA
- Commercial Secondary School (Senior 2), Oke-Ololа, Atiba LGA
- A.U.D. Grammar School (Senior 1), Opapa, Oyo West LGA
- Ojongbodu Grammar School Senior, Oyo West LGA

3.5 Criteria for Selecting the Secondary Schools

These secondary schools were purposively selected from three local government areas in Oyo township by using the following criteria:

3.5.1 Inclusion Criteria

All male and female learners who were in the selected SSSs in the age range between 15 and 19; learners who were between the ages of 13 and 14 who were in Junior SSs 2 and 3 were also included. Teachers who were teaching at those selected schools during the data collection period were included in the study. Parents of the learners in SSs in three LGAs who were more involved with school, such as the school parent committee or community representatives were included in the study.

3.5.2 Exclusion Criteria

Adolescents who were under 13 were not included in the survey or the interview study.

3.6 Gaining Entry and Access to the Setting

An application letter was written to gain access to the three local government areas where the secondary schools were situated. The researcher applied to the Oyo State Ministry of Education in Oyo State secretariat, Ibadan. Approval was granted to access the secondary school institutions after the proposal was screened by the Ethics and Research Committee of the Ministry of Education. Permission to do the study at all of the selected secondary schools in three LGAs of Oyo state was granted by the Ministry of Education in Oyo State and a letter seeking institutional permission was obtained from Oyo State Post Primary Schools (Teaching Service Commission TESCOM) in Oyo East, West and Atiba LGAs of Oyo State.

Once approvals to secondary schools had been granted, copies of the letter of approval from the Ethical Review Committee were presented to the principals of secondary schools in each selected local government area, along with a brief introduction to the researcher and the purpose of the study. The principals of the selected secondary schools introduced the researcher to the class teachers who assisted in identifying participants to be recruited for the interviews. The teachers requested that the students and the selected teachers should cooperate and render assistance where necessary.

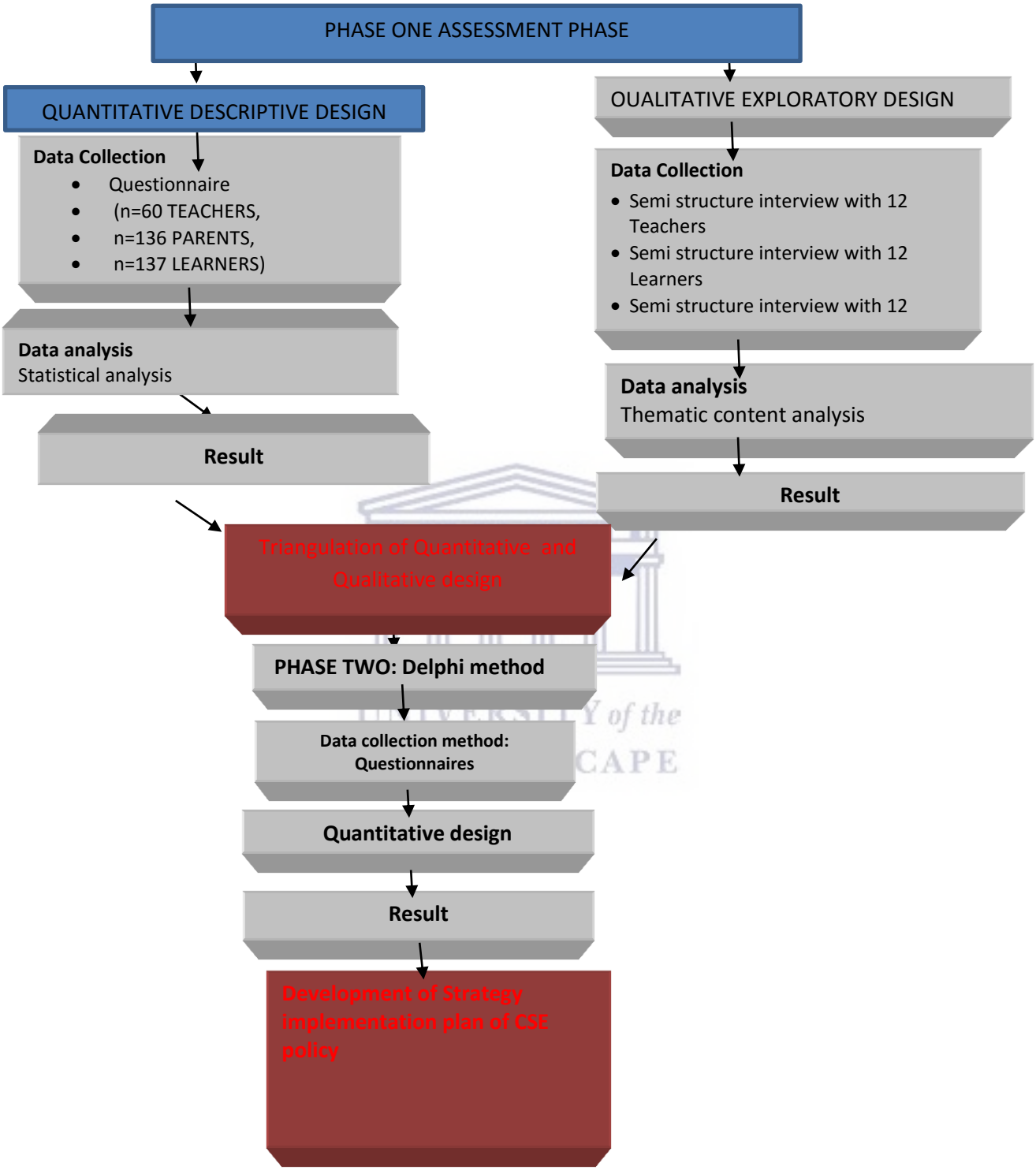
3.7 Research Design

The researcher used the mixed method design because it can strengthen findings derived from different sources. An explanatory sequential design was used initially when the researcher began with a broad survey to generalise results to a population and then focused on the second step, qualitative interviews, to explore the views of the participants (Cresswell, 2014). In this regard, quantitative data were collected in the first step to achieve objectives 1a, b, and c (See Table 2.1). The results of the data collected from the first step were analysed and used to plan (or build onto) the second qualitative step to address objectives 2, 3, and 4 (See Table 2.1)

3.8 Phases of the Research Process

There were two phases of the research process, namely Phase One which was the assessment phase and Phase Two, which was the Delphi method. Each phase was discussed in detail showing the steps and approaches used in the study.

Figure 3.2: Mixed Method Design for the Study



3.9 Quantitative Part of the Phase

This is the problem identification phase to determine the knowledge and attitudes of learners, teachers, and parents towards the implementation of the CSE policy in secondary schools.

3.9.1. Research Design

This study aimed to investigate the knowledge and attitudes of learners, teachers and parents on the implementation of CSE policy. Descriptive cross-sectional studies provide data for describing the status of phenomena or relationships among phenomena at a fixed point in time. This can be thought of as a 'snapshot' of the frequency and characteristics of a condition (Ranganathan & Aggarwal) (2018). The participants in a cross-sectional study are recruited based on the inclusion and exclusion criteria set for the study. Once the participants have been recruited for the study, the researcher follows the study to assess the exposure and the outcomes. Cross-sectional designs are mostly used for population-based surveys and to assess the prevalence of diseases in clinic-based samples. They may also be useful for public health planning, monitoring, and evaluation. In this study a cross-sectional design was used to assess from teachers, learners, and parents the prevalence of teenage pregnancy. This design is also used to investigate the knowledge and attitudes of learners, teachers, and parents on the implementation of the CSE policy.

3.9.2 Study Population

A research population is a large collection of individuals or objects that is the main focus of a scientific query (Alzahrani, 2012). A population is also referred to as the entire group of persons or objects that are of interest to the researcher, in other words, those that meet the criteria

which the researcher is interested in studying (Grove et al., 2015; Polit & Beck, 2018). Furthermore, Polit and Beck (2018) described the term as setting boundaries with regard to the element or subjects. A population, therefore, is a group of people from which individuals are chosen for the purpose of the study. The population for this quantitative part of Phase One consisted of all learners, parents, and teachers in SSSs in Oyo LGAs of Oyo State in Nigeria. According to the Local Inspector of Education in Oyo East, the total population of Grade 12 learners per class ranges from 64 to 65. (UBEC, 2012) The researcher used the population for each class of learners to be 64 learners. The population of learners in 12 SSSs from three LGAs in Oyo State Nigeria = (N=64 x 12=768), which also corresponds to the population of the parents. The total population of teachers in 12 SSSs from three LGAs was 192. The population of teachers per school ranged from 9 to 10.

3.9.3 Sampling Technique and Sample Size

A sample is defined as a small portion of the total set of objects, events and persons which together comprise the subject of the study (Polit & Beck, 2018). Sampling refers to the researcher's process of selecting the sample from a population to obtain information regarding a phenomenon to represent the population of interest (Grove et al., 2015; Creswell & Plano-Clark, 2017). It is the process of selecting units (e.g., people, organisations) from a population of interest so that, by studying the sample, the researcher can generalise the results back to the population of the study, because it is not possible to study all the members of the population. Owing to the large sizes of populations, researchers often cannot test every individual in the population because it is too expensive and time consuming; thus, researchers rely on sampling techniques. Therefore, the researcher selected a sample from the population. Sample units consist

of teachers and learners in secondary schools and the parents of learners in three local government areas in Oyo State, Nigeria.

Multistage random sampling technique was used to divide the secondary schools in three local government areas used for the study. Multistage sampling is defined as a sampling method that divides the population into groups (or clusters) for conducting research (Bhandari, 2022). There are two types of multistage sampling – multistage cluster sampling and multistage random sampling, where the researcher chooses the samples randomly at each stage. In the first stage, the researcher makes a list of LGAs within Oyo state. Three LGAs were selected as the primary sampling units from Oyo state LGAs. In the second stage, all the schools within three Twelve (12) schools were selected from the three LGAs as Secondary Sampling Units (SSU)

In the third stage, a sampling frame was collected from published lists of participants from Local Inspectors of Education (LIE) in the three LGAs and from TESCOM (2009–2014) to arrive at the Ultimate Sampling Units (USUs. At this final stage, the researcher obtained lists of registered learners and teachers in the published list of the selected schools. From each list, systematic sampling was used to select the sample size for learners, teachers and parents which form final sample that the researcher used to collect data. It was assumed that the sample size of the parent was equivalentnt to that of the learners.

According to Creswell (2014), random sampling is recommended in which each individual in the population has an equal probability of being selected. Secondary schools (SSs) in each LGA were listed, followed by a simple random selection (i.e., the lottery method) of six SSs from the selected schools. Second, the learners in selected schools in each LGA were randomly selected with probability proportionate to size (PPS) to have an equal representation of learners. With a sample frame of 768 (the estimated learner population at each SS), it was

assumed that the distribution of learners across the 12 SSs was even. Two secondary schools each out of 38 senior secondary schools were selected from each of the three LGAs. Besides the normality issue, other assumptions were made before computing the sample size, such as the margin of error (ME) of 5 %; a 95% level of confidence and the probability (p) of receiving a

Right response was 50%. A sample size of learners was obtained based on the above assumptions

Table 3.0: Sample Size Research Review Table

Required Sample Size†

Population Size	Confidence = 95% Margin of Error				Confidence = 99% Margin of Error			
	5.0%	3.5%	2.5%	1.0%	5.0%	3.5%	2.5%	1.0%
10	10	10	10	10	10	10	10	10
20	19	20	20	20	19	20	20	20
30	28	29	29	30	29	29	30	30
50	44	47	48	50	47	48	49	50
75	63	69	72	74	67	71	73	75
100	80	89	94	99	87	93	96	99
150	108	126	137	148	122	135	142	149
200	132	160	177	196	154	174	186	198
250	152	190	215	244	182	211	229	246
300	169	217	251	291	207	246	270	295
400	196	265	318	384	250	309	348	391
500	217	306	377	475	285	365	421	485
600	234	340	432	565	315	416	490	579
700	248	370	481	653	341	462	554	672
800	260	396	526	739	363	503	615	763
1,000	278	440	606	906	399	575	727	943
1,200	291	474	674	1067	427	636	827	1119
1,500	306	515	759	1297	460	712	959	1376
2,000	322	563	869	1655	498	808	1141	1785
2,500	333	597	952	1984	524	879	1288	2173
3,500	346	641	1068	2565	558	977	1510	2890
5,000	357	678	1176	3288	586	1066	1734	3842
7,500	365	710	1275	4211	610	1147	1960	5165
10,000	370	727	1332	4899	622	1193	2098	6239
25,000	378	760	1448	6939	646	1285	2399	9972
50,000	381	772	1491	8056	655	1318	2520	12455
75,000	382	776	1506	8514	658	1330	2563	13583
100,000	383	778	1513	8762	659	1336	2585	14227
250,000	384	782	1527	9248	662	1347	2626	15555
500,000	384	783	1532	9423	663	1350	2640	16055
1,000,000	384	783	1534	9512	663	1352	2647	16317
2,500,000	384	784	1536	9567	663	1353	2651	16478
10,000,000	384	784	1536	9594	663	1354	2653	16560
100,000,000	384	784	1537	9603	663	1354	2654	16584
300,000,000	384	784	1537	9603	663	1354	2654	16586

The formula used for calculation is:

$n = \frac{X^2 \times N \times P \times (1-P)}{}$ where n = sample size, X^2 =

Chi-square for the specified confidence level ($M E^2 \times (N-1)) + (X^2 \times P \times (1 – P))$ at 1 degree of freedom, N= Population Size, P=population proportion (=50 in the research advisor Table 2. See annexure). ME= desired Margin of Error (expressed as a proportion = 5%). The population of the learners, which is 768, corresponds with the tabulated sample size of 248 at 0.05 ME at 95% confidence level. The attrition rate at 10% = 0.1 using the formula for actual sample size = (x/1-0.1), where x = tabulated sample size =248/0.9 = 276.

The sample size =276 for the learners in 12 schools. The attrition = 276-248 = 28, 248+12 =276 for 12 secondary schools. Therefore, the sample size of learners per class is 23 and for six classes in selected SSs that gives 6 x 23 = 138, using the random sampling technique (See Table 2)**.** This also corresponds to the sample size for parents.

The sample size for teachers: the population of teachers in SSSs of the three LGAs is 192. Creswell (2014) identified that, with randomisation, a representative sample from the population provides the ability to generalise to a population.

The Research Advisor Table revealed 192 of the teacher population to correspond with the tabulated sample size of 108 at 0.05 ME and 95% confidence level.

Actual sample size = (x /(1-10/100) =108/0.9=120.

Thus, the attrition for the teachers is 12, which = 120 -108**.**

The sample size for the teachers in 12 SSSs is 108 +12 =120.

Since 120 teachers were available in the 12 Selected SSSs; thus 6 SSs were randomly selected. From 12 SSs; thus 10 teachers were selected from each of six schools for the study using the

random sampling technique = 6 x 10 = 60 as the sample size for teachers. The total sample size for learners, parents, and teachers = 138+138+60= 336.

3.9.4 Inclusion Criteria

All male and female learners in the selected SSSs ages ranging between 15 and 17 years, learners between the ages of 13 and14 were also be included if they were in SSs 2 or 3.

Teachers who were teaching at those selected schools during data collection were included in the study.

Parents of the learners in SSs in 3 LGAs who were more involved with school such as school parent committee or community representative were included in the study.

3.9.5 Exclusion Criteria

Adolescents below age 13 were not included the survey or the interview study because teenagers between the ages of 13 and 19 were in both junior and senior secondary schools. The teachers who were not teaching at those selected schools during data collection were not included in the study.

Parents of the learners in SSs in the three LGAs who were not more involved with school programmes such as school parent committee or community representative were excluded from the study**.**

3.9.6 Data Collection Tool

Revised data were collected using self-administered questionnaires developed by Miller et al. (1998) concerning the attitude of adolescents towards abstinence. Permission was sought from Miller et al. (1998) and Cleland et al. (2001) to use their instruments for this study. Instruments

were administered in English language because the education medium is English and participants are literate people who understand English. The questionnaire was used for knowledge and attitude items to obtain data for Objective 1 on determining the knowledge and attitudes of SS learners, teachers, and parents towards the implementation of the CSE policy. This questionnaire consists of the following: Section A, Questions 1–7 on learners' demographic data (7 items; see Appendix 1). Section B questions measure knowledge, and Section C questions measure the attitude of learners, as shown in the content validity (Table 3). To determine the knowledge and attitudes of teachers towards the implementation of the CSE policy, the instrument consists of the following: Section A, Questions 1–5 on teachers' demographic data (5 items). Section B questions measure knowledge, and Section C questions measure attitudes of teachers, as shown in content validity (Table 2). To determine the knowledge and attitudes of parents towards the implementation of the CSE policy, the instrument consists of the following: Section A, questions 1–5 on parents' demographic data (5 items). Section B questions measure knowledge, and Section C questions measure attitudes of parents, as shown in content validity. Section B, questions 6–13, measuring knowledge of teachers contains Yes or No items (8 items). Section E, questions 14–30, measuring attitudes of teachers comprise 5-point Likert items (17 items). Section F, questions 6–18, measuring knowledge of parents contains Yes or No items (13 items). (See Table 3.1).

Table 3.1: Quantitative Data Collection Tool

S/n	Sub-objectives of the study	Questionnaire
1a	To determine the knowledge and attitudes of secondary school learners towards the implementation of the CSE policy.	Section B Questions 8–22 measure knowledge of learners contains Yes or No items (14 items).
		Section C Questions 23-47 measure attitudes of learners comprise 5-point Likert items (25 items.)
	To determine the knowledge and attitudes of teachers towards the implementation of the CSE policy for learners in schools.	Section D Questions 6–13 measure knowledge of teachers contains Yes or No items (8 items).
		Section E Questions 14–30 measure attitudes of teachers comprise 5-points Likert items (17 items).
1c.	To determine the knowledge and attitudes of parents towards the implementation of the CSE policy in three LGAs in Oyo State.	Section F Questions 6–18 measure knowledge of parents contains Yes or No items (13 items).
		Section G Questions 19–41 measure attitudes of parents comprise of 5-point Likert items (23 items).

3.9.7 Pilot Study

The pilot study is the first step of the entire research protocol and is often a smaller sized study assisting in planning and modification of the main study (Arnold et al., 2009, Thabane et al., 2010). More specifically, in large-scale clinical studies, the pilot or small-scale studies often precede the main study to analyse its validity.

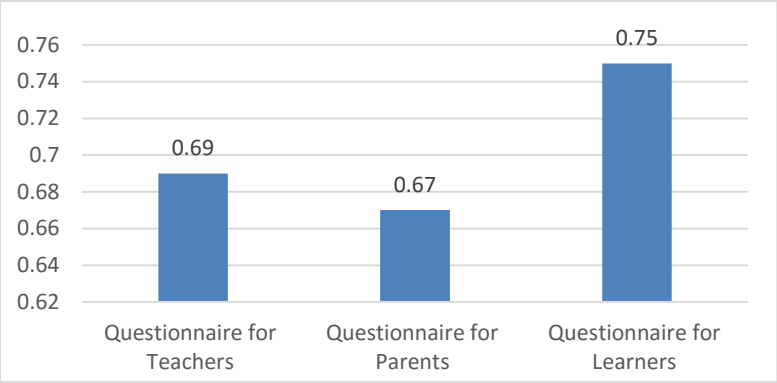
A pilot study involving 10% of the study population was conducted on 14 SSs learners, 6 SSs teachers, and 14 parents in the three selected LGAs in Oyo State, Nigeria, who were not taking part in the actual study. A pilot study is a mini or trial study performed to test the steps to be undertaken in a larger and more rigorous study (Polit & Beck, 2012). Participants for the pilot testing were informed to incorporate their comments into the final instrument revision to assess appropriateness, quality and ambiguity, in which case refinement of the instrument was done. The researcher then planned for the budget on expenses used for the study. The reliability

coefficient (Cronbach's Alpha) of the research instruments are: parents' questionnaire = 0.7; learners' questionnaire = 0.8; teachers' questionnaire = 0.69, as shown in Figure 3.3.

3.9.8 Reliability Test

Reliability is a measure of consistency obtained in the use of a research instrument (Burns & Grove, 2009) To determine the instrument's internal and stability reliabilities, two processes was conducted. Cronbach's alpha coefficients of the existing instrument for internal consistency had been tested to have a validity ratio coefficient of 0.85 for perceived benefit of CSE 0.87 and attitude towards CSE of 0.77. The second instrument on the knowledge of adolescents towards CSE, developed by Cleland et al. (2001) was validated to have a reliability of 0.80, which shows high reliability. This process was followed by conducting the pilot study on a new group of 10 % (6) of teachers, learners (14) and parents (14) to determine the stability and reliability of instrument using the Cronbach test. The revised instrument required was retested on the ten (10) respondents and the reliability coefficient (Cronbach Alpha) was 0.7 for the teachers' questionnaire; parents' questionnaire = 0.7; and learners' questionnaire = 0.8, which showed that the instrument was reliable. The data from the pilot studies were not included in the main study. The reliability coefficient (Cronbach's Alpha) of the research instruments was shown in Figure 3.3

Figure 3.3: Reliability Coefficients of the Quantitative Research Instruments



3.9.9 Data Collection Process

Data collection is the precise, systematic gathering of information relevant to the research purpose, specific objectives, and questions of a study (Burns & Grove, 2009:695). Posters giving information about the study were placed in the classrooms and flyers were distributed amongst the learners requesting the individuals interested in participating to contact the researcher. Group talks were given to learners in the classroom while the teachers were addressed in the staff common room. The researcher and the research assistants explained the aim of the study to the respondents and answered the questions that were raised by the respondents. An informed consent form was obtained from the respondents before data collection. Respondents were given questionnaires to fill in, which took about 30 minutes to complete. Experienced research assistants were used to administer and collect all data. The researcher and research assistants were present during data collection to assist respondents when they encountered any difficulties. The respondents were allowed to respond freely to the items in the questionnaire without any interference. The environment was adequately lit and spacious to give respondents privacy. The learners and teachers filled in the questionnaires after school hours. Learners were accompanied

to their different homes in order to explain the ethical principles governing the research to their parents. The informed consent and assent forms were given to the parents in their respective homes to allow their children to fill in the questionnaire because they are young children. Learners were then given the questionnaire for their parents at home, which were collected on the second day to reduce attrition rate.

3.9.10 Data Analysis

SPSS (The Statistical Package for the Social Sciences version 24 IBM program) was used to analyse the data. SPSS version software has been developed by IBM and it is widely used to analyse data and to make predictions based on specific collections of data. SPSS is easy to learn and enables researchers to derive results easily with the help of a few commands. The following steps were conducted before entering the data in the SPSS. After collection of all the data, the excel file was kept ready with all data inserted using the right tabular forms. All the raw data were imported into SPSS through the excel file for analysis of the data**.** Desired commands were used in the SPSS software to feed in comparison of means of descriptive statistics using one-and two-sample t-tests and analysis of variance (ANOVA): Correlation analysis, simple and multiple linear regression' and chi-square tests – tests of association. Giving commands in SPSS allows the researcher to use a specific statistical method to solve the problem in the study and this helps to interpret the findings related to the problem, based on the SPSS output (Daniel, 2016).

The results from the software are given efficiently, to interpret the problem of the implementation of the CSE policy in Nigeria and accurately, to provide a better idea of appropriate future studies and a direction for moving forward.

Data were analysed using graphs and charts A table with numbers and percentages describing respondents and non-respondents was used to depict useful demographic information. Summarised knowledge of learners and teachers about CSE was described using frequency and percentages and continuous variables using means and standard deviations. The attitudes of teachers towards CSE policy implementation were also analysed and displayed using percentages and bar charts. Numbers were used to represent response categories. Categorical variables such as age, gender, and religion were presented as frequencies and percentages. A comparison was shown of chi-square results of respondents' age, CSE knowledge, and attitudes. An exploratory factor analysis (EFA) was done of learners' attitudes towards CSE implementation. Group comparisons were made of teachers' demographic variables with teachers' knowledge on CSE policy implementation using chi-square. Inferential comparisons were made of patient demographic variables with knowledge of CSE using chi-square. Also of parent, teacher, and learner knowledge and attitude regarding comprehensive sexuality education policy implementation using chi-square statistics. Inferential comparison was made between knowledge of teachers and parents on CSE policy implementation using the non-parametric Mann-Whitney U test. To determine whether parents, teachers, and learners differ significantly from one another regarding their attitudes towards the implementation of the CSE policy as measured by the normalised attitude indices, the non-parametric Kruskal-Wallis test was used. Inferential comparison was made between attitudes of teachers, parents and learners towards CSE Policy implementation by using parametric ANOVA test. The Scheffe post hoc test was used for multiple comparisons of attitudes of teachers, parents and learners towards CSE policy implementation. Categorical comparison was also made of three respondents using

chi-square test among variables of knowledge/attitude classification between the peer group members. The findings from Phase One, step one analysis informed the researcher to develop some of the interview guide questions for the qualitative part of the study.

3.9.11 Rigor

Rigor of a study reviews the procedures used in achieving results which are accurate and credible (Creswell, 2014). According to Fain (2009), quantitative rigor involves sticking to a discipline and diligently following a design to achieve quality findings. Quantitative measures include reliability and validity.

3.9.11.1 Validity

Validity refers to the extent to which an instrument for data collection reflects the abstract constructs being examined (Burns & Grove 2009). The questionnaire was submitted to experts in the field to examine the operational definitions, sufficient representation, rate of relevance and full representativeness of the items. Before data collection, the researcher carried out a pilot study to test the instruments and make adjustments by removing difficult questions from the questionnaire and interview checklists that were difficult or unclear to answer during the pilot study. Two existing questionnaires were adapted for quantitative data with the input of a statistician and supervisor to ensure face- and content validity. Face validity was ensured by showing the questionnaire to the supervisor to make corrections before the final draft was given out to collect data. The content validity of the instrument was checked by experts to ensure that the content area was adequately addressed. Table 3.1 illustrates content validity.

Validity in qualitative research means ‘appropriateness’ of the tools, processes, and data, that the various designs (descriptive, exploratory and contextual) of this study are valid for the

methodology, the sampling and data analysis are appropriate, and finally, that the results and conclusions are valid for the sample and context. In assessing the validity of qualitative research, the challenge can start from the ontology and epistemology of the issue being studied, e.g., the concept of 'CSE' is seen differently by teachers, learners and parents owing to differing philosophical perspectives (Waterman, 2013). For sampling, procedures and methods must be appropriate for the research paradigm. Purposeful sampling (Palinkas et al., 2015) was used as the sampling technique for the qualitative aspect of this study. For data extraction and analysis, several methods were adopted to enhance validity, including triangulation (Finfgeld- Connett, 2010) A well-documented audit trail of materials and processes with multidimensional analysis of data was used.

3.9.11.2 Reliability

In quantitative research, reliability refers to exact replicability of the processes and the results. In qualitative research with diverse paradigms, such a definition of reliability is challenging and epistemologically counter-intuitive **(**Leung, 2015). In this study, a pilot study was also done to test the reliability of the questionnaire. The internal consistency of the instrument was shown by Cronbach's alpha as 0.8

3.10 QUALITATIVE PART OF PHASE ONE

This part of the study, which is a qualitative study, was used to explore and describe the perceived barriers of implementing comprehensive sexuality education among teenage girls and teachers at secondary school in three LGAs in Oyo State.

3.10.1 Research Design

A descriptive, exploratory and contextual design using the qualitative approach was used to explore and describe the perceived barriers of implementing comprehensive sexuality education among teenage girls and teachers at secondary school in three LGAs in Oyo State.

3.10.1.1 Descriptive Research Design

A descriptive research design aims at describing a population, situation or phenomenon accurately and systematically. It can answer what, where, when and how questions, but not why questions. A descriptive research design can use a wide variety of research methods to investigate one or more phenomenon. Descriptive research is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, and categories. This study answers what, where, when and how CSE policy is implemented in Nigeria.

3.10.1.2 Exploratory Research Design

Exploratory research is defined as research used to investigate a problem which is not clearly defined. It is conducted to have a better understanding of the existing problem but will not provide conclusive results. In such research, a researcher starts with a general idea and uses the research as a medium to identify issues that can be the focus for the future research. This study used a qualitative approach to explore and describe the perceived barriers of implementing comprehensive sexuality education policy among teenage girls and teachers at secondary school in three LGAs in Oyo State, Nigeria.

3.10.1.3 Contextual Research Design

Contextual design is a structured, well-defined user-centred design process that provides methods to collect data about users in the field; to interpret and consolidate that data in a structured way; to use the data to create and prototype product and service concepts; and to test and refine those concepts iteratively with users. (Holtzblatt & Beyer, 2014). In this study, contextual design was used by following top-level steps: contextual inquiry, interpretation, and data consolidation,

Contextual inquiry: This is a field data collection technique used to capture detailed information about how the researcher interacts with the participants in their normal work environment. In this study information was captured both by observations of the participants' behaviour and by conversations with the teachers and learners where they are in the school. A key aspect of the technique is to partner with the participants, letting their work and the issues they encounter guide the interview. The researcher interacted with the three respondents, the teachers, and learners, where they were teaching and learning in school, and with the parents at home, where they live after their daily work.

Data interpretation: Data from each interview were analysed and key issues and insights were captured. Detailed work models were also created in order to understand the different aspects of the work that matter for design. Contextual design consists of five work models, which are used to model the work tasks and details of the working environment.

3.10.2 Data Consolidation

In data consolidation the two data (survey and qualitative data) were consolidated. Data from individual respondent interviews were analysed in order to reveal patterns and the structure

across distinct interviews. Themes of the same type were consolidated from categories and subcategories for all the respondents (Holtzblatt & Beyer, 2014).

3.10.3 Population

The research population is the study's target population that it intends to study or treat. In clinical research studies, it is often not appropriate or feasible to recruit the entire population of interest; instead, investigators will recruit a sample from the population of interest to include in their study (Majid, 2018). In such cases, the objective of the research study is to generalise the study findings from the sample to the population of interest (van den Broeck et al., 2013). In a research protocol of a clinical research study, it is important to describe the demographic characteristics of the population of interest, including their age, ethnicity, socio-economic status, education level, marital status, and work status (Majid. 2018). Reflecting on the characteristics of the 'ideal' research participant is an important way to conceptualise the population of interest, eligibility criteria, study setting, and the sampling strategies that will optimise recruitment and retention (van den Broeck et al., 2013).

Creswell (2014) defines the target population as a small percentage of the total population, narrowed to define specific participants who display clear characteristics of significance and concern to the study. Francis (2019) define population studies as a study of a group of individuals taken from the general population, who share a common characteristic, such as age, sex, or health condition and it deals with aspects of demography that are primarily directed to size, structure, and spatial distribution of the human population.

Population for this aspect of the study comprised all teachers in all SSSs selected from three LGAs (estimated population is N=60) working at the six selected SSs and all parents

(estimated population is N=138), which was equivalent to the estimated population of the learners in six SSSs selected from three LGAs of Oyo State in Nigeria.

3.10.4 Sampling and Sample Size

A purposive sampling technique was used to determine the sample size for semi-structured interviews on Objective 2a (To explore and describe the perceived barriers to implementing comprehensive sexuality education among girls at secondary school in three LGAs in Oyo State). Creswell (2014) asserts that the idea behind qualitative research is to select participants purposively that helped the researcher understand the problem and the objectives of the study. Three SSSs were selected purposively from each LGA, after which 12 learners (n=4 learners) from each SSS in three LGAs were selected to address Objective 2a. (See Table 1) Among 12 teachers (n=4 each from the three SSSs in three LGAs) were recruited purposively to be part of the study to address Objective 2b (To explore and describe the perceived barriers to implementing comprehensive sexuality education among teachers at secondary school in three LGAs in Oyo State and (n=4 parents) from each LGA to achieve Objective 4 (exploring and describing the parents' attitudes and perceived barriers of CSE policy implementation). Teachers and learners were given letters at school to participate in the interview at the agreed scheduled date and time, while the parent were invited through their children at the school to come for an interview.

3.10.5 Inclusion Criteria

All male and female learners in the selected SSSs in the age range between 15 and 17, and learners who were between 13 and14 were also included if they were in SSs 2 or 3. Teachers who were teaching at those selected schools during data collection period were included in the

study. Parents of the learners in SSs in 3 LGAs who were more involved with school, such as school parent committee or community representative were included in the study.

3.10.6 Exclusion Criteria

Adolescents who were younger than 13 were not included in the survey or the interview study because teenagers between the ages of 13 and 19 were in both junior and senior secondary schools. Also, teachers who were not teaching at those selected schools during data collection were not included in the study. Parents of the learners in SSs in three LGAs who were not more involved with school programmes such as school parent committee or community representative were excluded from the study**.**

3.10.7 Recruitment of Participants

Recruitment of participants in health research can be challenging. An appropriate selection of participants is essential for an accurate representation of the population of interest (Manohar et al 2018. Recruitment can be defined as a dialogue between an investigator and a potential participant prior to initiation of the consent process' (Manohar et al., 2018). The recruitment process involves identifying, targeting, and enlisting potential participants, followed by the provision of information to potential participants and establishing their interest in the proposed study (Manohar et al., 2018). To ensure appropriate recruitment in a qualitative research project, for example, it is important to identify participants that closely represent the target population and meet the sample size and power requirements of the study (Hulley et al., 2013).

For the purpose of this study learners between the ages of 13 and 19 were used because they represent the teenagers in junior and senior secondary school in Oyo State, which is the

target population. Also, teachers of the recruited learners in the three selected local government areas (Atiba, Oyo East and Oyo West) were included in the study, as were the parents of the selected learners.

3.10.8 Data Collection Instruments

Three sets of interview guides were used (See Appendices I, II, III, IV, V, and VI) containing interview guide questions for learners, teachers, and parents respectively. The interview guide for the teachers were used for *exploring the perception of teachers regarding teenage pregnancy (Objective 2 a).* The questions that will be asked include: *Can you please tell me your view on factors which contribute to teenage pregnancy? (Probe further to ask on the impact of those factors and teenage pregnancy on learners' academic progress?)*

The interview guide for the learners consists of questions on *the perception of learners regarding teenage pregnancy (Objective 2b).* Questions that could be asked include: *Can you please tell me how big the problem of teenage pregnancy is at your school?*

The interview guide for learners consists of questions oi n *exploring the perceived barriers of implementing CSE among girls at secondary school (Objective 3a).* Questions include: *What are the main barriers implementing CSE policy?*

The interview guide for teachers *on exploring the perceived barriers of implementing CSE among teachers (Objective 3b).* Questions include*: As a teacher, explain your views on barriers to implementing CSE.*

Questions to be asked *on exploring and describing the perceived barriers of implementing CSE among parents of students at secondary school (Objective 4)* include: *Could you please explain your understanding of the concept of sexuality education?*

Probing questions follow for each answer given by the participant to elicit more detailed information and understanding. The interview guide question was pre-tested on two participants who were not part of the actual study to check whether the participants understood the question clearly, and to confirm the trustworthiness of the study.

3.10.9 Pilot Test

A substantial pilot test was regarded as an essential requirement in advance of the main study as a means of ensuring trustworthiness and utility (Malmqvist et al., 2019). The semi-structured interview instrument developed had to be flexible enough to make it possible to investigate the implementation of the CSE policy. This procedure was carried out:

- By constructing interview guides that were similar to those used in the study.
- By translating research questions aligned to the format used in the study.
- By developing a way of posing interview questions similar to those in the study.

The above preparatory steps were taken as part of a pilot study with two schools in Afijio local government areas, which are not part of the schools used in the main study in Oyo State. This was done to ensure the quality of the main study. By conducting a pilot study, the researcher obtains preliminary data, can evaluate their data analysis method and clarify the financial and human resources required (Doody & Doody, 2015). After conducting the pilot study, the researcher collated and evaluated the data and used the result of the pilot to prepare a budget for the study in terms of human and financial resources.

3.10.10 Method of Data Collection

Data collection is a systematic process of gathering observations or measurements. Data collection allows the researcher to gain first-hand knowledge and original insights into the research problem (Bhandari, 2020). Before data collection, the following steps were carried out:

The steps taken in the interview were about finding out and recording a list of facts and behaviours relating to selected teachers, learners, and parent participants. The participants were made comfortable before the interview and they were informed that their participation in the interview was voluntary. The interview was therefore taken naturally and conducted politely, like a normal conversation. The guidelines below provide appropriate behaviour for during the interview:

Respect confidentiality: Information given by the participants was not revealed to other participants to maintain confidentiality.

Respect participants' time: Participants were given time at their own convenience during the interview and information was politely explained and prepared to safeguard the time.

Tact: Participants who were not responding very well were not forced but were encouraged to respond after thorough explanation.

Friendly disposition: The researcher acts in friendly manner and behaves accordingly to gain the cooperation of the participants. Good eye contact was maintained to support the responses of the participants.

Pace of interview: Participants were given enough time without rushing to understand and answer a question.

Patience: Patience and politeness was maintained at all times during the interview.

Acceptance: No matter what the responses to questions were, the researcher was not judgemental of the participant's lifestyle; no criticism was offered that might lead to participants refusing or concealing important information.

Appreciation: All the participants were highly appreciated for their help and cooperation during the conducting of the interview.

The researcher assessed the functional status of the audio tape recorder and pen (for note-taking) before the commencement of the interview. Permission was obtained from participants to record the interview on audiotape and notes were taken for recording purposes. A semi-structured interview was used to assist with the interviews and to take notes of the interview. The process of the interviews was adequately explained to the participants. Data were collected from teachers, learners, and parents separately and individually at different times and at a convenient place for the interviews.

Teachers: The interviews took place in the school setting. However, some challenges were experienced while looking for teachers in the schools. Some were busy teaching the learners. Some teachers were not around, especially during holidays and weekends. Arrangements were thereafter made with the teachers during their free periods, which was convenient for them. Informed consent forms were given to the participants to gain their agreement before collecting

data. The purpose of the study was explained to the teachers. The interviews were conducted by the researcher and two research assistants.

Teachers were informed to gain permission to record the interview. The names of the teachers were not recorded for confidentiality purposes. Teachers were identified using T1 to T12. Each interview took approximately 45 to 60 minutes.

Learners: The interviews took place in the school setting. A challenge encountered with the learners was that they were busy in the class during the school hours; thus data were collected in the schools after school hours before accompanying the learners to their various homes to interview their parents. Assent forms were given to learners to be given to their parents at home to permit their children to take part in the study. The learners were then given the consent form to gain their permission before collecting data. The purpose of the study was explained to the learners and the interview was conducted by the researcher and two research assistants. Learners were identified using L1 to L12. Learners were informed to gain permission to record the interview; each of which took approximately 45 to 60 minutes.

Parents: Learners were accompanied to their various homes to interview their parents. Some negative experiences were encountered during home visits. Some parents were not found at home because they had not arrived from work. The researcher had to visit their homes multiple times to arrange for a convenient time for the interview. Research assistants helped to collect the assent forms from the parents to allow their children to participate in the study, while the researcher gave consent forms to the parents for their interviews. The purpose of the study was explained to the parents. Parents were identified using P1 to P12 for confidentiality purposes. Parents were informed to gain permission to record the interview; and the interviews each took approximately 45 to 60 minutes.

3.10.10.1 Field Notes

Field notes are written observations recorded during or immediately following participant observations in the field and are considered critical to understanding phenomena encountered in the field. Field notes are a collection of documents from a researcher's observed experience in a specific setting or environment (Allen, 2017). This is one way of collecting data that can be combined with interviews and focus groups or can stand on their own as text for analysis. In this study, field notes were taken by research assistants using pen and paper to document important information mentioned by all participants during the interview about barriers to the implementation of the CSE policy. The information gathered from field notes was combined with the transcribed data from audio recorded from the semi-structured interviews before the analysis to form themes in the qualitative findings.

3.10.11 Data Analysis

Qualitative data analysis is aimed at generating themes and making sense of the data. In this regard, content analysis was employed to analyse the data. Thematic analysis is used for exploratory or explanatory research, but most often in descriptive research (Neuman, 2006). The process of analysis consists of moving from the reading and note-taking into describing, classifying and interpreting (Creswell, 2014). The interview sessions were digitally recorded to facilitate verbatim transcription. Raw data transcripts, field notes, and audiotape recordings were organised and transcribed. The transcribed data were double checked and read two or three times to understand the whole picture of the transcripts. Transcripts were analysed using qualitative thematic content analysis techniques; ATLAS Ti 7 was used to assist the analysis. The field notes were *coded* and grouped into meaningful *categories,* which were compared to identify

patterns. The first level of coding was done to reduce data to a manageable size and *themes* were developed by combining coded statements across the discussion groups and participants to form one consolidated document. The most descriptive labels or wording for the topics were looked for and categorised into smaller sets in order to observe the connections between them. Cases, situations or events that are not relevant to the findings were identified and separated. *Findings* were related to the theory underpinning the study to make sense of the rich and complex data collected as well as of existing literature. *Memos* were written out of the findings, for clarification. In this study, thematic analysis was done of issues recurring in each interview and themes emerging from the various categories of data were conceptualised into meaningful themes on the basis of regularities and convergence in the data. Data were analysed according to the five stages of data analysis described in the framework approach by Ritchie and Spencer (1994), as outlined by Gerrish and Lacey (2006).

3.10.11.1 Familiarisation

In order to do this, the researcher first read and reread all the information to obtain the sense of a general overview of all the transcribed information by jotting down notes and reflective notes in the margin of the text and/or highlighting text with different colours (Onasoga, 2018). Then the researcher started to look closely at the words used by participants in the study. Development of themes was done by immersion in the data to understand and seek further explanation needed for generating the themes (Onasoga, 2018). A code was assigned to individual text items and line numbering was allocated to text, which enabled the researcher to trace back from which text the data had been extracted.

3.10.11.2 Identifying a Thematic Framework

This is the stage of identifying key issues, concepts and themes and the setting up of an index or framework. This stage was achieved by writing memos in the margins of the text in the form of short phrases, ideas or concepts arising from the texts. Categories were developed to form the key issues, concepts and themes that were expressed by the participants, which were used to filter and classify the data.

3.10.11.3 Indexing

In this stage, the researcher identified portions or sections of the data that corresponded to a particular theme. This process involved sifting the data, highlighting and sorting out quotes and making comparisons both within and between cases. For the sake of convenience, a numerical system ATLAS.ti was used for indexing references and annotated in the margin beside the text.

3.10.11.4 Charting

In this stage, quotes were 'lifted' from their original context and rearranged according to themes under the subheadings that were drawn in the thematic framework, in a manner that is perceived to be the best way to report the research (Ritchie & Spencer, 1994). The themes were presented in chart form and separate charts were used for each major subject or theme.

3.10.11.5 Mapping and Interpretation

This involves the analysis of the key characteristics, as set out in the charts. This analysis provides a schematic diagram of the event/phenomenon, thus guiding the researcher in her interpretation of the data set.

Finally, the researcher, the supervisors and the independent coder reviewed the data to make judgements and interpretations of the content and meaning of the material (Patton, 2002). Clarification of the data was done according to agreement between the researcher, independent coder and the supervisor of the study.

3.10.12 Triangulation of Data Sources

Triangulation is defined as 'the use of multiple sources or referents to draw conclusions about what constitutes the truth' (Polit & Beck, 2017). Data triangulation refers to the use of a variety of data sources in a study to validate results, increase credibility and gain a more detailed understanding of findings (Honorene, 2017). Carter et al. (2014) further explain that data triangulation involves the use of a number of different data sources that can shed light on a particular phenomenon. Therefore, in order to overcome these weaknesses, the researcher used triangulation as a method of data collection in which questionnaires and individual semi-structured interviews were employed. Combinations of data collection methods were used. These comprised the interview or semi-structured interview and questionnaire for teachers, parents, and learners, for the purpose of obtaining the relevant research data. The various data collection methods used were discussed under quantitative and qualitative studies. Triangulation happened at the end of the qualitative analysis of phase. This was done using the matrix table where the findings of the qualitative studies and the results of the quantitative studies were triangulated (See Table 5.5)

3.10.13 Trustworthiness of the Study

The trustworthiness refers to establishing validity and reliability of qualitative research (Devault, 2016). The researchers who work within the interpretivist/constructivist paradigm have

adopted the concept of trustworthiness as an alternative term for validity, reliability and generalizability for their qualitative work (Loh, 2013). The issue of validity in qualitative research should not be captured under truth or value, as obtained among positivists (Shenton, 2004).

The term 'trustworthiness' is preferred by many naturalistic researchers. Trustworthiness is a term used in qualitative research to describe and evaluate the efforts made by a researcher to ensure that the research process is described accurately (Lincoln & Guba, 1985). Lincoln and Guba (1985), in Shenton (2004), suggest four criteria for ensuring the trustworthiness of the findings of qualitative research: credibility, transferability, dependability, and confirmability. These four criteria of trustworthiness were followed in this study.

3.10.13.1 Credibility

In this study, credibility was enhanced by subsequent appointments with participants to view transcripts of the interview to verify that it was a true reflection of the information given during the interview (Korstjens & Moser, 2018). The supervisor and the independent coder examined the findings and did peer debriefing of the data. The data collected from interview and field notes were compared with transcribed audiotape recordings to achieve triangulation.

3.10.13.2 Transferability

Transferability is the generalisation of the study findings to other situations and contexts (Korstjens & Moser, 2018). Transferability was enhanced by the researcher through provision and description of the research context and the assumptions that were central to the study (Coghlan & Brydon-Miller, 2014). Detailed information was also given about the settings, steps involved in data collection and the general ideas of the research. In order to achieve

transferability, the researcher provided a thick description of the nature of the study participants, their reported experiences, the study settings and research methodology (Korstjens & Moser, 2018). The researcher identified and described sufficient data and compiled a report such that it became easier for the consumers to evaluate the applicability of the findings to other settings/contexts (Polit & Beck, 2017).

3.10.13.3 Confirmability

Confirmability is the measure of how well the researcher's findings are supported by the data collected. Audio tape recorders were used to record the feedback from the respondents. Confirmability in this study was achieved by involving the supervisor and by checking and rechecking data throughout the study. All raw data, transcribed interviews, field notes, findings, recommendations and other documentation available for an external audit trail were shown to the supervisor to review. The concept of confirmability is similar to objectivity in the positivist's language (Chowdhury, 2015). Triangulation plays an important role in maintaining confirmability in qualitative study, so triangulation, as applied to credibility, was observed to ensure that the investigator's bias was reduced (Korstjens & Moser, 2018). The researcher also indicated her own prejudices and how these were kept in check in order to lessen their effect on the data collection process and analysis outcome (Onasoga, 2018). The researcher provided a detailed methodological description of the study. Confirmability was equally achieved through the presentation of representative quotations from the transcribed text to show a connection between data and results (Elo et al., 2014).

3.10.13.4 Dependability

Dependability is necessary for the credibility of a research study and it indicates the repeatability of the methods and procedures used in arriving at the conclusions (Polit & Beck, 2017). In addition, Lincoln and Guba (1985) corroborate the close relationship between credibility and dependability, and argue that credibility ensures dependability, which may be achieved through the use of 'overlapping methods', such as individual semi-structure interviews. In order to enhance the reliability of qualitative research, the research design and methods used in data collection and analysis were fully described in the study. The details of data gathering activities were also provided.

The data collected from the participants were not changed, in order to ensure data consistency and usability. External audits were invited and shown to the supervisor for frequent checking of transcribed data to ascertain the applicability of the data to the study. The external audits assessed the trustworthiness of the study, attesting to its dependability from a methodological standpoint, and to its confirmability by reviewing the data analysis and interpretation and assessing the findings to ensure that it accurately represented the data. An independent coder was employed to code the transcribed data to determine the consistency of coding that the researcher had done.

3.11 PHASE 2: DELPHI TECHNIQUE

This phase employed quantitative design using the Delphi Technique to develop strategy to guide the implementation of the CSE policy at the secondary schools in three LGAs in Oyo State, Nigeria. All findings generated from the analysis of both quantitative and qualitative studies in Phase One were used to develop strategy to guide the implementation of the CSE

policy in secondary schools of Oyo State. The findings that they used were the teachers' perspective solution on the improvement of CSE policy implementation, parents' perspective solution on their roles and involvement on CSE policy implementation, learners' development of a positive attitude towards the implementation of CSE policy, and solutions to the governmental barriers to the CSE policy implementation.

In this phase of the research design and development, Objective 4 of the study was addressed: To develop strategy to guide the implementation of Comprehensive Sexuality Education policy at the secondary schools in three LGAs in Oyo State, Nigeria.

3.11.1 Research Design

This phase employed quantitative design using the Delphi method to evaluate and discuss:

- Teachers' perspective solution on the improvement of the CSE policy implementation.
- Parents' perspective solution on their roles and involvement in the CSE policy implementation.
- Learners' development of a positive attitude towards the implementation of the CSE policy.
- Solutions to the government barriers to the CSE policy implementation.

The Delphi was a method used to obtain the most reliable consensus of opinion of a group of experts through a series of intensive questionnaires interspersed with controlled feedback (Keeney et al., 2011). The use of the Delphi approach is recommended by the WHO Handbook for guideline development (World Health Organization, 2012; Blas et al., 2014). The Delphi technique is a step-by-step method used to estimate the likelihood and outcome of future events

(Massaroli et al., 2017). It provides an opportunity for experts to communicate their opinion and knowledge anonymously about a complex problem or a topic of interest. The Delphi technique is a structured communication technique initially developed as a systematic, interactive forecasting method, which relies on a panel of experts. It is common for experts to answer questionnaires in two or more rounds. In this phase, the survey was conducted by means of a series of questionnaires that were completed anonymously by individuals on the expert committee. It is a process of group communication without the group ever meeting face to face. The responses from each set of questionnaires were analysed, summarised and then sent back to the participants until optimum consensus was reached on the area of interest (Keeney et al., 2011).

3.11.2 Data Collection Instruments

The data collection instrument for the Delphi participant in the study was a self-completion structured open- and closed-ended questionnaire. The questionnaire was partly structured and partly semi-structured, containing mainly closed-ended and a few open-ended questions. It contains five sections, Sections A, B, C, D, and E. Section A contains questions on the demographic data of the participants, Section B contains questions on teachers' perspective solutions to the improvement of the CSE policy implementation. Section C contains parents' perspective solutions to their roles and involvement in the CSE policy implementation. Section D contains learners' development of a positive attitude towards the implementation of the CSE policy. Section E contains solutions to the government barriers to CSE policy implementation. The instrument contains 3-point Likert scale items of 'agree', 'undecided', and 'disagree' options, which were used in evaluating the participants' views (See Tables 7.6 to 7.9).

3.11.3 Number of Rounds

The Delphi technique employs several rounds in which questionnaires were sent out and used until consensus was reached (Barrett & Heale 2020). According to Ab Latif et al. (2017), one of the characteristics of a Delphi method is the feedback process that allows the participants to re-assess their initial judgements; thus, the process of different rounds is encouraged. In this study, the Delphi method employed was conducted over a period of ten weeks. Three rounds were completed because consensus was reached by the participants at the end of the third round. In the first round, the questionnaire consisted of demographic questions, open-ended and closed-ended questions developed from the findings obtained from semi-structured interviews and quantitative studies. In the second round, the questionnaire consisted of closed-ended questions developed from the feedback gained from the Delphi participants in the first round, to re-evaluate their responses and recommendations about the solutions and barriers to the implementation of the comprehensive sexuality education policy in Oyo State secondary schools in Nigeria.

3.11.4 Delphi Participants' Selection

Delphi participants' size refers to the number of expert panellists to be included in the study (Polit & Beck, 2017). There are no clear guidelines for the number to be included in studies applying the Delphi survey because the sample is purposively selected; it also depends on the problem being investigated (Keeney et al., 2011). The purposive sampling technique was used to select 26 participants in the Delphi study. The researcher decided to use this sampling method because the goal was to include eligible participants who would make useful contributions to the discussions and whose participation would be of benefit to the study. The

participants included were: one education management expert, three school teachers, three sexuality education specialists, four curriculum developers, one lawyer, one politician, one Islamic scholar, one Christian pastor, three community leaders, three teenagers (learners), two parents, one youth guardian counsellor and two government representatives (Family Life HIV/AIDS Educator FLHE). They were chosen because they were already in the educational system dealing with the counselling of teenagers who were pregnant and advising their parents and relatives about how to take care of the teenagers' education after delivery of the baby.

Table 3.2: Sampling Framework of Delphi Participants

Organisations Represented	Category	Number of Delphi participants
Education	Education management expert School teachers Sexuality education specialist Curriculum developer	1 3 3 4
Legislation	Lawyer Politician	1 1
Religion	Islamic scholar Christian pastor	1 1
Community representatives	Community leaders Teenager (learners) Parents Youth Guardian /counsellor	3 3 2 1
Governmental organisation		2
Total		26

3.11.5 Procedure of Delphi Techniques

The researcher gave an anonymous summary of the Delphi participants' predictions from the previous round and the reasons they provided for their judgements. Delphi participants were encouraged to revise their earlier responses in the light of the replies of the other members in the

forum. This process gave a wide range of answers and converged the group answers towards an agreed answer. The process was stopped after a predefined stop criterion and the percentage of scores above 70 % gave the final rounds that determined the results.

The Delphi technique employs several rounds in which questionnaires were sent out and used until consensus was reached (Barrett & Heale 2020). According to Ab Latif et al (2017), one of the characteristics of a Delphi method is the feedback process that allows the participants to re-assess their initial judgements, and thus the process of different rounds is encouraged. In this study, the Delphi method employed was conducted over a period of ten weeks and only three rounds were completed because consensus was reached by the participants at the end of the third round.

3.11.6 Delphi Round ONE (N=26)

The summary of the research findings and the draft strategy were presented to the Delphi participants. Open-ended questions based on the findings of the quantitative and qualitative parts of this study were also given to the Delphi participants to provide comments and additional input on the draft strategy. The additional suggestions of Delphi participants to the draft strategy on the open-ended questions in Round One were as follows:

- The community leaders, local government authorities, and parents are critical of the implementation of the strategy; hence, they need to be fully involved by being given specific roles as deemed fit for the implementation of the CSE policy.
- The use of participatory learning methodology in teaching CSE should be put in place.
- Learners' concept of self must be assessed, and the learners must be motivated to develop a true, positive attitude to CSE policy. Also, showing role models of great

achievers in their respective local and regional areas is likely to enhance a positive attitude.

- Government should sanction those who are involved in the sexual harassment of the teenagers.

Teachers of low integrity who encourage sexual intimacy should also be sanctioned for encouraging teenage pregnancy. The reasons given for disagreement among the Delphi participants were that sexual promiscuity is an individual behaviour and that every individual has sexual rights. The analysis of the demographic data of participants in Round One was shown in Table 7.1 in Chapter 7 under strategy development process.

3.11.7 Delphi Round Two (N=24)

The updated draft strategy document with the Round One comments incorporated was presented to the Delphi participants. A three-point Likert scale questionnaire (agree, disagree or undecided) as well as the improved strategy documents were given to the participant. They were informed that they could provide additional comments to be incorporated in the strategy document. Various responses of the Delphi participants were categorised into four subheadings to prepare the Round Two closed-ended questions to get the consensus of their responses, as analysed in Tables 7.2 to 7.5 in Chapter 7 under strategy development process.

3.11.8 Delphi Round Three

In Round Three, some of the suggested solutions of the participants from the Round One open-ended questionnaire that were not accepted very well by the participants in Round Two were removed from the draft, especially on what government can do to implement CSE policy because the percentage of respondents had a less than 70% consensus. These responses are:

- Government should sanction those who are involved in sexual harassment of the teenagers (58.3%)
- Teachers of low integrity who encouraged sexual intimacy should also be sanctioned for encouraging teenage pregnancy (58.3%). The reasons given for the disagreement of the Delphi participants were that sexual promiscuity is an individual behaviour and that every individual has sexual rights.

Also, consensus was not reached by the teachers on whether CSE should be made a compulsory and separate subject. The reason they gave was that the subjects being taught in secondary schools are already too many and since sex education is already embedded in subjects such as biology and social studies, there is no need for CSE to be made a compulsory or separate subject.

Furthermore, consensus was also not achieved by parents on whether they need to be trained on CSE by community-based organisations. This was because the parents were convinced that they did not need this training as all they had to do was to make sure that they taught their children about morality at home; rather, they suggested that the teachers need the training instead.

Finally, the learners did not reach a consensus on whether they should interact with significant others apart from their teachers and parents in order to resolve any issues relating to their sexuality. This was because they made it known that they do not have any significant others to talk to apart from their parents and teachers.

After all the comments from Round Two were incorporated, the final draft strategy was presented to the Delphi participants for consensus. An agree or disagree questionnaire was

provided to the participants to respond whether they agreed that the final strategy document was acceptable, applicable and feasible. Consensus would be reached when the percentage of agreement is above 70%. Table 3.3 shows the summary of the methodology used in this study

Table 3.3: Summary of the Research Methodology

Phase 1	**Design**	**Data source**	**Instrument**	**Sample and sampling techniques**	**Methods of data analysis**
Objective 1 a, b, c	Quantitative	Learners Teachers Parents	Questionnaire	137 60 136 Purposive sampling	Descriptive statistics
Objective 2 a, b	Qualitative	Learners Teachers	Questionnaire	137 60 Purposive sampling	Thematic analysis: All the raw data gathered were sifted, charted and sorted in accordance with key issues and themes
Objective 3	Qualitative	Parents	Questionnaire	136 Purposive sampling	Thematic analysis:
Phase 2					
Objective 4	Quantitative	Delphi Technique		26	Descriptive statistics

3.12 Ethical Considerations

In this study, the fundamental ethical principles that focus on the protection of human beings and the rights of the participants were recognised and protected. The following ethical issues were observed throughout all phases of the research that form part of the information included in the information sheet ad consent form provided to all the participants.

3.12.1 Permission

The proposal was presented to an Ethics Review Committee of the University of the Western Cape and ethical clearance of the study was obtained from the Ethics Committee of the

University of the Western Cape (See Appendix XI for the ethical clearance document). Also, written permission to use secondary schools for study purposes was obtained from the various authorities in the Ministry of Education (See Appendix XII).

A copy of the ethical approval and permission letter was provided to each principal in the secondary schools used for the study. The researcher also negotiated with each school principal regarding how to contact the participants to arrange a convenient time to meet with them without interrupting normal school activities.

3.12.2 Informed Consent

Participants within the selected schools were given participant information sheets and informed consent forms (See Appendices XIII to IX). These were prepared by the researcher to sign after all participants were fully informed about the purpose of the study and the implications of participation in the study. They were encouraged to ask questions if they were not clear and all questions and doubts were clarified, such as: Learners below the age of consent (under the age of 18) are regarded as a vulnerable age group in research studies and they were given assent forms (Gerrish & Lacey, 2006). In the case of these teenagers, a parental consent form was included, requesting the permission of the parent or guardian to allow his/her child to participate in the study (See Appendix X). The parental consent forms were duly signed for participants under 18 by the guardian or parent, and informed assent forms were duly signed by these adolescent minors. Participants were informed of the use of a moderator and of the audio tape. The consent form and information sheets were written in English because most people in the area speak and read English, and English was the only means of communication for the researcher to communicate with the participants.

3.12.3 Beneficence and Non-Maleficence

This is the principle that compels a researcher not to inflict harm to the participants, intentionally or unintentionally. All participants have a right to be protected from discomfort and harm (Beauchamp & Childress, 2012). The researcher ensured that the participants were not harmed in any way, either physically, psychologically, emotionally, socially, or otherwise. To ensure this, arrangements was made for an educational psychologist to be on standby during the interviews, for prompt management of any participant who experienced psychological discomfort owing to the study. The researcher observed the participants for signs of distress. Some of the teenagers in the study appeared distressed, as a result of personal issues about CSE that emerged during the interviews. The researcher spent time with the participants after the interview to listen to them and then referred them to the clinical and educational psychologists; however, two of them declined. Nevertheless, the teenagers were counselled by the researcher and research assistants before and after the semi-structured interviews after which they felt better.

3.12.4 Veracity

Participants were given detailed information about the study without the researcher or anyone acting on her behalf withholding information or giving false information concerning the study.

3.12.5 Respect for Autonomy

The participants' right to take part in the research study without external control, coercion exploitation or persuasion was respected. Participation was completely voluntary. Participants were informed that participation in the study was voluntary, and that they had the right to agree

to participate or to decline, as well as to withdraw from the study at any given time without any consequences. The researcher also achieved respect for autonomy by obtaining informed consent from the participants (Appendices IX to X), and by giving each participant an information sheet informing them about the research (Appendix VIII).

3.12.6 Confidentiality and Anonymity

The confidentiality and anonymity of participants were maintained. Information entrusted to the researcher was used purely for research purposes and was not revealed to others who were not directly involved in the study. Codes and pseudo initials were used on the relevant documents during data collection instead of names, and participants were interviewed in a quiet place within the schools to ensure privacy and confidentiality. All tapes and instruments used during the study were kept under lock and key and the hard and soft copies, to which the researcher and the supervisor have sole access, would be kept for a period of five years. After the project has been completed all paper files and soft copies would be shredded and any electronic files on memory drives computers, laptops and files serves should be permanently deleted. Semi-structured interview consent forms were given to the participants in the interview to sign (See Appendices IX to X) after a full explanation of what the study was all about and what was expected of them. The researcher told participants that the information collected from them is for research purposes only. The participants were informed that the result would be disclosed in reports and publications. Participants were also informed that only the researcher and supervisor would have access to the information collected from them. However, participants were informed that the researcher had no control over information that was discussed outside the group.

Audacity software was used to disguise participants' voices on the audiotapes, so that the resulting data could not be linked in any way to the identity of any individual.

3.13 Summary of the Chapter

This chapter presented the research methodology employed for the study. The nature and methodology of this research was described. A mixed methods approach was employed through the use of surveys and semi-structured interview with teachers, parents, learners, and individual interviews with other stakeholders. The data analysis process and ethical considerations of this study were outlined. The Delphi method was employed to develop the strategy for the implementation of the comprehensive sexuality education policy in secondary schools of Oyo State, Nigeria. The next chapter presents the results from the quantitative study.

CHAPTER FOUR

FINDINGS OF QUANTITATIVE PART OF THE STUDY

4.1 Introduction

This chapter presents the findings of quantitative part of the study. The report of each group of the study participants: parents, teachers, and learners are represented in frequency tables or charts as well as in written text. A total of 60 questionnaires were administered to teachers, and 138 questionnaires were administered to both junior secondary school learners (Grade 8 and 9) and senior secondary schools (Grades 10, 11, and 12) learners. The junior secondary school learners were between the ages of 13 and 14, while senior secondary school learners were aged 15 and above. In addition, a total of 138 questionnaires were administered to the parents. Of the 138 questionnaires administered to parents, 136 were found suitable for analysis, while two were considered invalid because of incompleteness, and were therefore discarded. Of 138 questionnaires administered to learners, 137 were found suitable for analysis while one was considered invalid because of errors in completing the questionnaire.

4.2 THE FINDINGS OF THE SURVEY CONDUCTED AMONG THE LEARNERS

The sociodemographic characteristics of the learners, sources of information about sexuality education, timing of impacted sex education to learners, persons who taught learners and cleared their doubts on sex education, and sources of information on CSE from social network sites are displayed in Tables 6 to 10

4.2.1 Sociodemographic Characteristics of the Learners

The findings of the research reveal that 80 (58.4%) of the learners were females, while the remaining were males. A total of 103 (75.2%) of the learners were within ages of 16 to 18 years. In terms of religion, the majority 97 (70.3%) of the learners were Muslims and 22 (16.1%) were Pentecostal.

Table 4.1: Sociodemographic Characteristics of Learners

Sociodemographic characteristics	**Frequency**	**Percentage**
Gender(n=137)		
Male	57	41.6
Female	80	58.4
Age(n=137)		
13 to 15 years	17	12.4
16 to 18 years	103	75.2
19 years or older	17	12.4
Religion(n=137)		
Pentecostal	22	16.1
Orthodox	3	2.2
Adventist	3	2.2
Muslim	97	70.8
Traditionalist	3	2.2
Others	9	6.6

4.2.2 Information on Sexuality Education

Of the 137 learners that were studied, 82 (59.9%) accessed information on sexual education at school, while home and internet constituted others sources of sex education to the

learners (Table 4.2). Social media constituted another source of information to the learners. Table 4.2 shows that Facebook 99 (72.3%) and WhatsApp 38(27.7%) topped the list of sources of information on sexuality education to the learners.

Table 4.2: Sources of Information About Sexuality for Learners

Sources	Frequency		Percent	
At school	82		59.9	
On the internet	14		10.2	
Hospital	15		10.9	
Home	17		12.3	
Peers	5		3.6	
Others	4		2.9	
Total	137		100.0	
Social Media	**Yes**		**No**	
	F	%	F	%
Facebook	99	72.3	38	27.7
Twitter	23	16.8	114	83.2
WhatsApp	38	27.7	99	72.3
BBM	24	17.5	113	82.5
Instagram	31	22.6	106	77.4
Others	33	24.1	104	75.9

Of the learners, 34(24.8%) and 69 (50.4%) first heard about sex education when they were in junior and senior secondary school, respectively, while 21(15.3%) got the information about sex education right from primary school while only 6(4.3%) got the information before primary school, but 7(5.1%) learners did not specify the timing when CSE was impacted on them as shown in Table 4,3.

Table 4.3: Timing When Sex Education was Imparted to Learners

Timing	Frequency	Percentage
Before Primary	6	4.3
Primary	21	15.3
Junior Secondary	34	24.8
Secondary school	69	50.4
Timing is not specified	7	5.1
Total	137	100

Of 137 learners studied, most 82 (59.9%) were taught CSE by teachers, 16 (11.6% by parents, 7 (5.8%) were taught CSE by social workers, and 15 (10.9%) by doctors, while 11 (8.0%) of the learners were taught by friends (Table 4.4). Of the learners, 38 (27.7%) and 42 (30.7%) claimed that they clarified their doubts on sexuality matters with their parents and teachers, respectively (Table 4.4).

Table 4.4: Persons who Taught Learners and Cleared Their Doubts About Sex Education

Persons who taught sex education	**Frequency**	**Percentage**
Teachers	82	59.9
Parents	16	11.6
Social workers	7	5.8
Doctors	15	10.9
Nurses	1	0.7
Friends	11	8.0
Others	4	2.9
Total	137	100.0
Persons with whom learners clarified their doubts	**Frequency**	**Percentage**
Friends/siblings	24	17.5
Parents	38	27.7
Teachers	42	30.7
Social workers	3	2.2
Doctors	14	10.2
Others	16	11.7
Total	137	100.0

Table 4.5 indicates the magnitude of the proportion of learners who attended school classes on contraceptives or abstinence and those who did not. Their opinions about the frequency of these classes are also indicated below. A total of 78 (56.9%) learners attested to the fact that they had attended school classes either on contraceptives or abstinence, and 59 (43.1%) indicated that they had not ever attended any school classes on contraceptives or abstinence. A larger proportion of learners who had attended such school classes 62 (79.5%) wanted more classes on CSE, while only 12 (20.3 %) of those who had not ever attended such classes wanted more CSE classes to be offered.

Table 4.5: Frequency and Proportion of Learners Who did or did not Attend School Classes on Contraceptives

		Did you ever attend any school classes on contraceptives or abstinence?		
		Yes	No	Total
Do you think there should be more classes on these topics or were the number about right?	More	62	12	74
		79.5%	20.3%	54.0%
	Less	10	24	34
		12.8%	40.7%	24.8%
	About right	6	15	21
		7.7%	25.4%	15.3%
	N/A	0	8	8
		0.0%	13.6%	5.8%
Total		78	59	137
		56.93%	43.07%	
		100.0%	100.0%	100.0%

Table 4.6: Chi-Square Result of Age and Class Attendance on Contraceptives and Abstinence

Crosstab

			Age category			
			13 to 15 years	16 to 18 years	19 years or above	Total
Did you ever attend any school classes on contraceptives or abstinence?	Yes	Count	5_a	61_b	12_b	78
		% within What is your age?	29.4%	59.2%	70.6%	56.9%
	No	Count	12_a	42_b	5_b	59
		% within What is your age?	70.6%	40.8%	29.4%	43.1%
Total		Count	17	103	17	137
		% within What is your age?	100.0%	100.0%	100.0%	100.0%

Each subscript letter denotes a subset of What is your age? Categories whose column proportions do not differ significantly from each other at the.05 level.

Chi-Square Tests

	Value	Df	Asymptotic significance (2-sided)
Pearson Chi-Square	6.765[a]	2	.034
Number of Valid Cases	137		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.32.

Of 137 learners, 78(56.9%) attended school classes on contraceptives or abstinence while the remaining 59(43.1%) learners did not attend school classes on contraceptives or abstinence. Chi-square result shows 6.765, df 2 at level of significance P= 0.034 < 0.05.

4.2.3 Summary of Survey of Learners' Responses to Teaching of CSE at Home and School

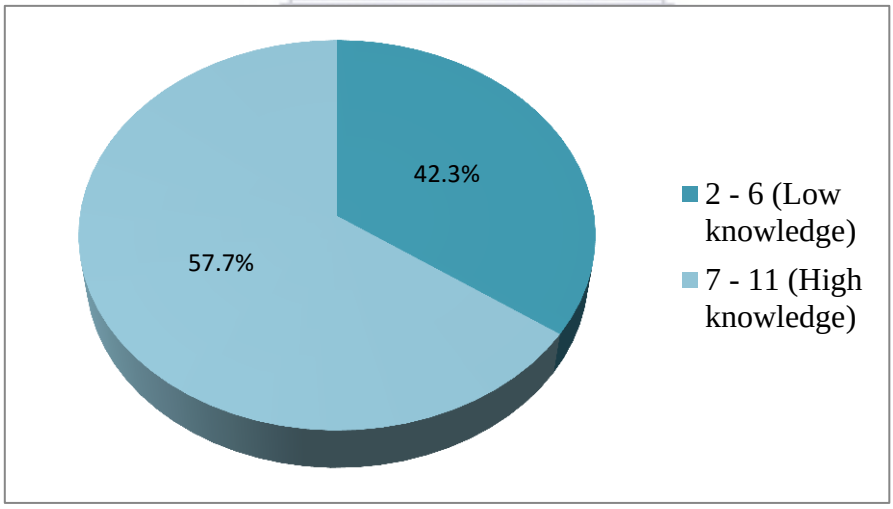
1. The majority of learners 82(59.9%) were taught CSE at school by teachers.

2. A few learners 16 (11.6%) responded that parents taught them CSE at home.

3. A few learners 42 (30.7%) clarified their doubts on sexuality with the teachers and 38 (27.7%) of learners clarified their doubts with parents at home.

4. A significant number of learners 99 (73.2%) got information on CSE from Facebook.

Figure 4.1: Level of Knowledge of Sexuality Education Among Learners



4.2.4 Knowledge and Attitude of Learners Towards Implementation of CSE Policy

Table 4.7 shows the learners' response to knowledge-based questions on CSE. Q 11–Q 18 and Q2 –Q22 in Table 12 were used to calculate the knowledge index for the learners.

Table 4.7: Learners' Responses to Knowledge-Based Questions on Sexuality

Summary of Question items(n=137)	Yes		No	
	F	%	F	%
Q11. Do you know about contraceptives?	77	55.8.	60	43.8
Q12. Should women take contraceptive pills every day?	40	29.7	97	70.3
Q13. Should women have contraceptive injection every 2 or 3 months?	85	62.0	52	37.9
Q14. Can women take pills soon after intercourse?	74	54.3	63	45.7
Q15. Do you know about condoms as a means of protection?	125	91.2	12	8.7
Q16. Have you ever seen a condom?	107	78.1	30	21.8
Q17. Can a man put a rubber device on his penis before intercourse?	114	83.2	23	16.8
Q18. Can a woman insert a rubber into her vagina?	75	54.7	62	45.3
Q21. A man can pull out of a woman before climax.	84	61.3	53	38.7
Q22. A couple can avoid sex on days when pregnancy is most likely to occur.	90	65.7	47	34.3

Q11–Q18 and Q21–Q22 in Table 4.7 were used to calculate a knowledge index for the respondents. The index values range from 0 (incorrect answers) to 10 (all correct answers). Using '1' as correct, it was calculated that the number of questions for which a '1' was coded per respondent ranged from 1 to 7 on a scale of 0 to 10, with a mean score of 5 (rounded up). The knowledge score of the learners ranged between 1 and 7 points; the mean knowledge score was 5 points. Learners with a knowledge score < mean score (i.e., 5) were classified as having low knowledge, while those with a knowledge score > mean score were classified as having high knowledge. Thus, 79 (57.7%) of learners had high knowledge on sexuality education, while the remaining 58 (42.3) had low knowledge of CSE (See Figure 4.1).

Tables 4.7 and 4.8 show the knowledge index and responses of the learners to the knowledge-based question items. The numeric knowledge index variable was binned into

categories that were named low and high and the classification was used in inferential statistics to compare groups. The results shown in Table 4.8 were used to calculate a knowledge index for the respondents. The index values range from 0 (incorrect answers) to 10 (all correct answers). Using '1' as correct, it was calculated that the number of questions for which a '1' was coded per respondent ranged from 1 to 7 on a scale of 0 to 10, with a mean score of 5 (rounded up). The knowledge score of the learners ranged between 1 and 7 points; the mean knowledge score was 5 points. Learners with knowledge score < mean score (i.e., 5) were classified as having low knowledge, while those with knowledge score > mean score were classified as having high knowledge.

Table 4.8: Knowledge Index of Learners

	N	Minimum	Maximum	Mean	Std. Deviation
Number of correct knowledge answers	137	1	7	4.70	1.233

Level of knowledge	Frequency	Percentage
Low knowledge	58	42.3
High knowledge	79	57.7
Total	137	100.0

Table 4.8 showed that the knowledge index of learners at minimum level to be (1) and at the maximum level to be (7) and the mean of the knowledge index was 4.70 with a standard deviation of 1.233. Thus, Figure 4.1 revealed a 2-6 level of knowledge index as low, while a 7-11 level of knowledge index is high.

4.2.5 Comparison of Inferential Chi-Square of Demographic Variables on CSE Knowledge

Table 4.9 depicts inferential statistics of learners' age and religion on CSE knowledge. Age and religion of learners are significantly associated with the knowledge of the learners related to comprehensive sexuality education.

Table 4.9: Showing Chi-Square Result of learners' Age and Religion on Knowledge of CSE

Variables	Chi-Square	degree of freedom	p value
Age:	Pearson 6.765[a]	2	.034
Religion	Pearson 6.203[b]	2	.045

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.32.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.15.

Crosstab			What is your age?			
			12 to 15 years	16 to 18 Years	19 Years or above	Total
Do you know about contraceptives?	In correct	Count % within What is your age	12_a 70.6%	42_b 40.8%	5_b 29.4%	59 43.1%
	Correct	Count % within What is your age	5_a 29.4%	61_b 59.2%	12_b 70.6%	78 56.9%
Total		Count % within What is your age	17 100.0%	103 100.0%	17 100.0%	137 100.0%

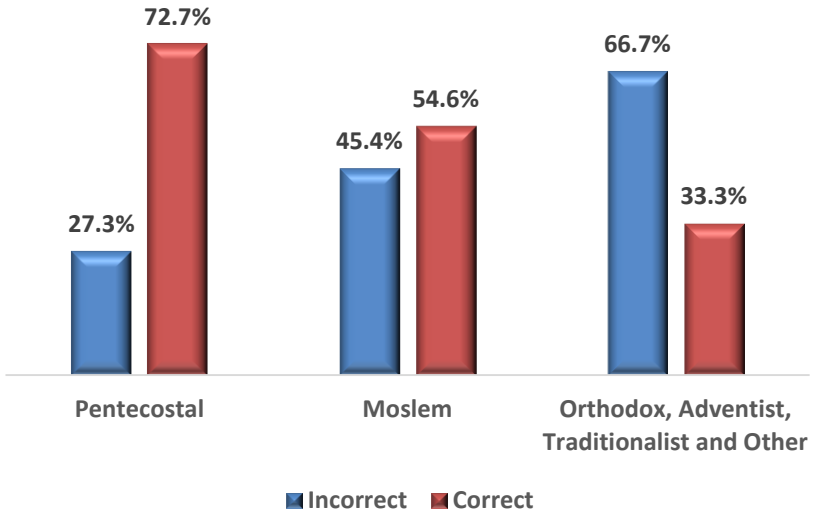
Table 4.9 shows that age has a significant effect on whether the respondents attend school classes on contraceptives or abstinence ($\chi 2$ value at the degree of freedom (2) =6.765 and p value of 0.034). As age increases, so does the tendency to attend school classes. Significantly fewer 13 to 15-year -old respondents (29.4%, n=5) attend school classes than 16 to 18-year-old respondents (59.2%, n=61), and 19 years and older respondents (70.6%, n=12).

Table 14 also shows that religion has a significant effect on learners' knowledge on the insertion of a rubber into a woman's vagina to prevent pregnancy ($\chi 2$ =6.203, p = 0.045). These results were shown in Figure 4.2 and Table 4.9

4.2.6 Religion of Learners

Pentecostal respondents (72.7%, n=16) had knowledge that a woman can insert a rubber into her vagina, while only (27.3% n=6) of Pentecostals had low knowledge. Among Muslim respondents (54.6%, n=53) had knowledge that a woman can insert a rubber into her vagina, while only (45.4%, n=44) of Muslims had low knowledge of CSE, while 66.7%, n=12) Orthodox, Adventist, Traditionalist and other respondents had CSE knowledge and the remaining (33.3%, n=6) had low knowledge that a woman can insert a rubber into her vagina compared to Muslim respondents. These results are shown in Figure 6

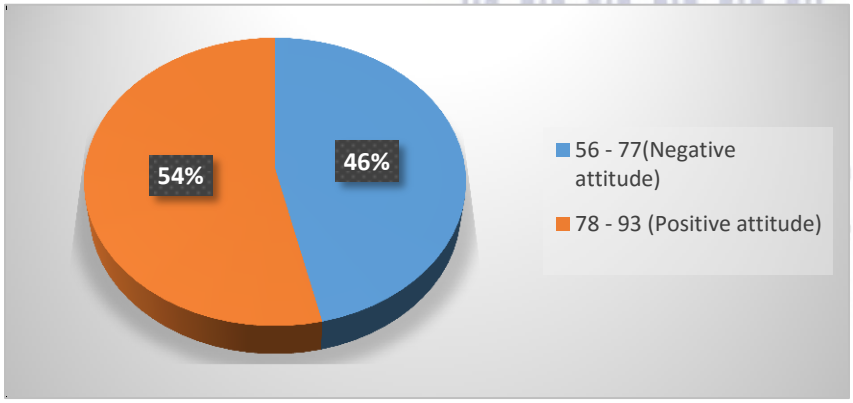
Figure 4.2: Religious Distribution of Learners' Knowledge of Contraceptives and Abstinence



4.2.7 Attitudes of Learners to Implementation of CSE Policy

In addition, learners expressed their attitudes towards related sexuality issues raised during the current study. The attitude score of the learners ranged between 56 and 93 points, while the mean attitude score was 78 points. Learners with attitude score < mean score (i.e., 78) were classified as having a negative attitude, while those with attitude score > mean score were classified as having a positive attitude. In summary, 64 (46.4%) of the learners exhibited a negative attitude towards the sexuality issues that were raised during the survey (Figure 7). The detailed performance of the learners on the attitudinal scale are presented in Table 15.

Figure 4.3: Learners' Attitude Towards CSE



4.2.8: Learners' Attitude Towards CSE Implementation

The respondents were presented with 25 statements regarding sex practices and they were asked to indicate the extent to which they agree with the statements using a 1 (strongly agree) to 5 (strongly disagree) rating scale. Some of the statements were expressed in a way that low scale values indicate a negative attitude/ 'wrong' perception toward sex education (e.g., for 'Sexuality education is overemphasised' low values indicate agreement with the statement, with the assumption that such a response represents a negative attitude towards sexuality education).

Others were stated in a way that low scale values indicate a positive attitude/ 'correct' perception toward sex education (e.g., for 'Sexuality education is not given enough emphasis in schools', lower values indicate agreement with the statement, with the assumption that such a response represents a positive attitude toward sexuality education). In order to have all statements point in the same direction, those for which lower values indicate positive attitudes/ 'correct' perceptions were reversely coded in such a way that lower values indicate a negative attitude and higher values indicate a positive attitude (as shown in Appendix X1V Exploratory Factor Analysis)

Table 4.10: Attitude of Learners Towards CSE

	SA		A		N		D		SD	
Statements	F	(%)	F	%	F	%	F	%	F	%
Sexuality education is not given enough emphasis in schools.	52	37.9	60	43.8	9	6.6	10	7.3	6	4.4
Sexuality education is an important aspect of one's life.	78	56.9	43	31.4	9	6.6	4	2.9	3	2.2
Sexuality education is not a waste of time.	66	48.2	49	35.8	10	7.3	9	6.6	3	2.2
Sexuality education is overemphasised in the community.	27	19.7	45	32.8	28	20.4	26	18.9	11	8
Parents should not be involved in sexuality education.	21	15.3	24	17.5	15	10.9	37	27	40	29.2
Sexuality education helps learners make informed decisions about sexual behaviour.	52	37.9	49	35.8	18	13.1	12	8.8	6	4.4
It is all right for teenagers to have sexual intercourse before they're married if they are in love.	15	10.9	32	23.4	10	7.3	21	15.3	59	43.1
Having sexual intercourse is something only married couples should do.	86	62.8	32	23.4	7	5.1	8	5.8	4	2.9
Teenage pregnancy is a serious issue.	62	45.3	41	29.9	13	9.5	9	6.6	12	8.8
Quality information is given to learners regarding sexuality.	55	40	46	33.6	23	16.8	8	5.8	5	3.6
Sexuality is not something to be discussed with teenagers.	39	28.5	38	27.7	19	13.9	22	16.1	19	13.9
Having sexual intercourse should be viewed as just a normal and expected part of teenage dating.	23	16.8	33	24.1	24	17.5	23	16.8	34	24.8
It is a hassle to use condoms.	22	16.1	36	26.3	37	27.0	18	13.1	24	17.5
The idea of using a condom doesn't appeal to me.	37	27.0	36	26.3	29	21.2	21	15.3	14	10.2
With condoms, you can't really 'give yourself over' to your partner.	31	22.6	39	28.5	27	19.7	16	11.7	25	18.2
People who do not want to have sexual intercourse should have the right to say 'No'.	66	48.2	36	26.3	17	12.4	7	5.1	11	8
Generally, I am in favour of using condoms.	26	18.9	35	25.5	19	13.7	26	18.9	31	22.6
Using condoms interrupts sex play.	29	21.2	25	18.2	38	27.7	21	15.3	24	17.5
'Safer sex' reduces the mental pleasure of sex.	28	20.4	44	32.1	39	28.5	19	13.7	7	5.1
Condoms interfere with romance.	28	20.4	44	32.1	38	27.7	19	13.7	8	5.8
The proper use of condom can enhance pleasure.	42	30.7	36	26.3	28	20.4	24	17.5	7	5.1
Condoms are irritating.	29	21	40	29	30	22.5	22	15.9	16	11.6
The risks of AIDS and other sexually transmitted diseases is reasonable enough for teenagers to avoid sexual intercourse before they are married.	81	59.1	24	17.5	17	12.4	8	5.8	7	5.1

Statements	SA		A		N		D		SD	
	F	(%)	F	%	F	%	F	%	F	%
I think "safer" sex would get boring fast.	31	22.6	38	27.7	40	29	21	15.3	7	5.1
It is against my values to have sexual intercourse while I am an unmarried teenager.	65	47.4	33	24.1	17	12.4	12	8.8	10	7.3

Table 4.10 depicts the detailed attitudes of learners towards CSE. Of 137 learners who participated in this study, 78(56.9%) learners revealed that sexuality education is an important aspect of one's life. Also, 86(62.8%) learners view that having sexual intercourse is something only married couples should do, whereas 81(59.1%) learners had the view that the risks of AIDS and other sexually transmitted diseases are reasonable enough for teenagers to avoid sexual intercourse before they are married. Meanwhile, 62(45.3%) learners revealed that teenage pregnancy is a serious issue. Also, 65(47.4%) learners viewed that it is against their values to have sexual intercourse while they are unmarried teenagers. It was also observed that 55(40 %), and 46(33.6%) strongly agreed and agreed, respectively that quality information is given to learners regarding sexuality while only 5(3.6%) and 8(5.8%) were strongly disagreed and disagreed with the idea, but 23(16.8%) were neutral. Furthermore, 39(28.5%), and 38(27.7%) strongly agreed and agreed respectively that sexuality is not something to be discussed with teenagers, whereas 19(13.9%) and 22(16.1%) strongly disagreed and disagreed with the idea but 19(13.9%) were neutral. Also, 37(27 %) and 36(26.3 %) strongly agreed and agreed that the idea of using a condom does not appeal to them, whereas 14(10.2%) and 21(15.3%) strongly disagreed and disagreed with the notion, but 29(21.2 %) were neutral. However, 66(48.2 %), and 36(26.3 %) strongly agreed and agreed, respectively that people who do not want to have sexual intercourse should have the right to say 'No', whereas 11(8%) and 7(5.1%) were strongly disagreed and disagreed with the idea, while 17(12.4%) were neutral. Meanwhile, 64(47.4%) and

33(24.1%) strongly agreed and agreed that it is against their values to have sexual intercourse while they were unmarried teenagers, whereas 10(7.3%) and 12(8.3%) strongly disagreed and disagreed with the idea, while 17(12.4%) were neutral. In addition, the learners expressed their attitudes towards related sexuality issues raised during the current study.

4.2.9 Exploratory Factor Analysis (EFA) of Learners' Attitudes Towards CSE Implementation

The set of 25 statements, as discussed above, was submitted to Principle Component Analysis (PCA) using IBM SPSS Statistics 25 to examine patterns of correlation among the 25 questions used to determine learners' attitudes regarding the implementation of CSE.

The factorability of the correlation matrix was investigated using Pearson's product-moment correlation coefficient. The correlation matrix (Appendix XI), contained a number of coefficients of 0.3 and above. The Kaiser-Meyer-Olkin value was 0.670, above the recommended minimum value of 0.6 (Kaiser, 1970; 1974). The Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance, $p<.001$. Thus, the correlation matrix was deemed factorable.

KMO and Bartlett's Test

Kaiser Meyer- Olkin Measure of Sampling Adequacy		.670
Bartlett's Test of Sphericity	Approx. Chi-Square	899.765
	Df	300
	Sig.	.000

40Initially, by allowing all constructs with Eigen values ≥ 1, the analysis resulted in a solution with 8 latent constructs that explain 62.013% of the variation in the data. However, the latent

constructs did not lend themselves to easy interpretation and EFA was abandoned as an analysis, as shown in Appendix XIV.

Summary of results and findings from learners

In summary, 64 (46.4%) of the learners exhibited a negative attitude toward the sexuality issues that were raised during the survey (Figure 4.3). 79 (57.7%) of learners had high knowledge of sexuality education, while the remaining 58 (42.3%) had low knowledge of CSE (see Figure 4.1). Age has a significant effect on whether the respondents attend school classes on contraceptives or abstinence. As age increases, so does the tendency to attend school classes. Significantly fewer 13- to 15-year-old respondents (29.4%, n = 5) attend school classes than 16- to 18-year-old respondents (59.2%, n = 61) and 19-year-old and older respondents (70.6%, n = 12).

4.3 Findings of the Survey Conducted Among Teachers

A total of 60 teachers were studied. The response rate among the teachers was 100%.

4.3.1 Sociodemographic Characteristics of the Teachers

The findings of this study show that 29 (48.3%) of the teachers were males (Table 17 teachers attitudes towards implementation of CSE policy). Teachers aged between 36 and 45 numbered 28 (46.7%). Sixteen (26.7%) teachers were aged between 46 and 55, while 13(21.7%) teachers were aged between 25 and 35. The remaining three (5%) teachers were aged between 56 and 60 years. Of this population, five (8.3%) of them were singles. Of the 60 participants, 57 (95.0%) had university degrees ranging from a first degree to doctoral (PhD) degrees (Table 4.11).

Table 4.11: Sociodemographic Characteristics of Teachers (N = 60)

Sociodemographic Characteristics	Frequency	Percentage
Gender		
Male	29	48.3
Female	31	51.7
Age		
25–35 years	13	21.7
36–45 years	28	46.7
46 –55 years	16	26.7
56–60 years	3	5.0
Religion		
Pentecostal	14	23.3
Orthodox	13	21.7
Muslim	28	46.7
Traditionalist	1	1.7
Others	4	6.7
Marital status		
Single	5	8.3
Married	55	91.7
Total	60	100.0
Level of education		
GCE 'O'	1	1.7
Diploma	1	1.7
Advanced diploma	1	1.7
Degree	44	73.3
Masters	11	18.3
PhD	2	3.3

Table 4.11 shows sociodemographic characteristics. Of the teachers, 31 (51.7%) females participated, while 29 (48.3%) were males. The age range of the teacher participants was between 25 and 60 years. Those in the age bracket between 36 and 45 were 28(46.7%), while the age group between 25 and 35 comprised 13(21.7%) and the smallest group was those aged 56 to 60, at 3(5.0%). Also, 28(46.7%) of the teachers were Muslims, 14(23.3%) were Pentecostals, while 13(21.7%) were Orthodox. Of the 60 teachers who were studied, 55.0 (91.7%) were married. None of the respondents were separated, divorced or widowed (Table 4.11). A total of 44 (73.3%) teachers were first degree holder while, 11.0(18.3%) had a master's degree. Thus, this variable was treated as a binary variable. However, it could not be usable for inferential statistics because of the small group of single respondents. There were only three respondents who had an education level of less than a degree, and only two respondents had a PhD.

4.3.2 Knowledge and Attitude of Teachers Towards Implementation of CSE Policy

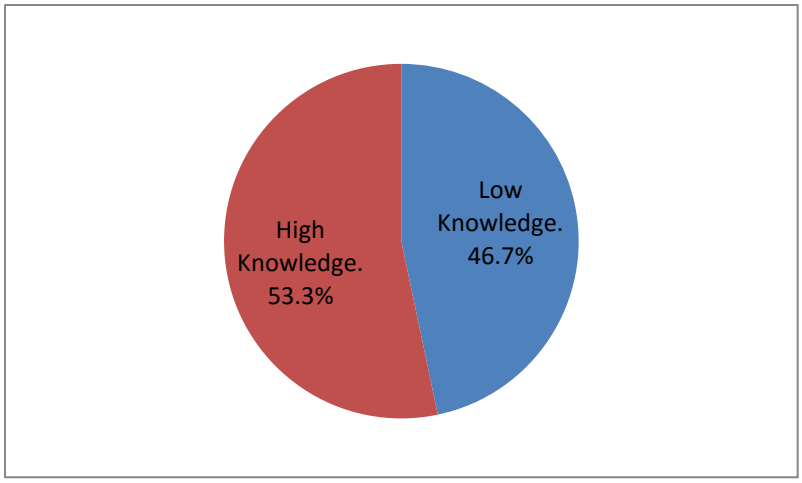
The teachers were examined on knowledge-based question items just like the learners. The summary and detailed reports presented in Table 17 and Figure 4.4 answer the research objective 1b (To determine the knowledge and attitudes of teachers towards the implementation of CSE policy).

Table 4.12: Knowledge of CSE Among the Teachers

S/No Items	Yes		No	
	F	%	F	%
I need additional training on how to teach and incorporate the emotional aspect of human sexuality.	36	60.0	24	40.0
I need additional training on sexuality of adolescents.	30	50.0	30	50.0
Teachers need to help adolescents to develop skills in getting along with members of the opposite sex.	54	90.0	6	10.0
Teachers need to discuss the role of the family in personal growth and development.	59	98.3	1	1.7
Adolescents should be taught about sexuality.	54	90.0	6	10.0
I will not be comfortable teaching a class concerning sexuality.	10	16.7	50	83.3
Teachers need to help adolescents understand their responsibilities to self, family and friends.	59	98.3	1	1.7
The contents of the curriculum for sexuality education are difficult to teach.	12	20.0	48	80.0

Table 4.12 reveals the detailed knowledge of CSE among teachers. Of 60 teachers who participated in this study, 59(98.3%) knew that they needed to discuss the role of the family in personal growth and development with the learners. Also, 59(98.3%) knew that they needed to help adolescents understand their responsibilities to self, family and friends. In addition, 54 (90.0%) teachers have the knowledge to help adolescents develop skills in getting along with members of the opposite sex. Another 54(90%) teachers know that adolescents should be taught about sexuality. Meanwhile, 36(60%) and 30(50%) teachers requested that they need additional training on how to teach and incorporate the emotional aspect of human sexuality and adolescents' sexuality, respectively (Table 4.12)

Figure 4.4: Teachers' Knowledge About CSE



4.3.3 Teachers' CSE Policy Implementation

Table 4.12 shows the teachers' responses to knowledge about the need for CSE. Six items were used to calculate the knowledge index for teachers. Thus, to make this variable usable for inferential testing, it was recoded, as shown below:

Table 4.13: Recoded Table of Teachers' Knowledge on the need for CSE

	Items	Response	Response Code
	I need additional training on how to teach and incorporate the emotional aspect of human sexuality.	a. b.	1 0
	I need additional training on sexuality of adolescents.	a. b.	1 0
	Teachers need to help adolescents develop skills in getting along with members of the opposite sex.	a. b.	1 0
	Teachers need to discuss the role of the family in personal growth and development.	a. b.	1 0
	Teachers need to teach adolescents about sexuality.	a. b.	1 0
	Teachers need to help adolescents understand their responsibilities to self, family and friends.	a. b.	1 0

Level of knowledge	Frequency	Percentage
Low knowledge (1-4)	28	46.7%
High knowledge (5-6)	32	53.3%

SECTION B: Questionnaire on determining the knowledge of teachers towards implementation of sexuality education policy (Objective 1b) **Please respond to each item by marking (√ or x) one box per row**

Table 4.14: Teachers' Knowledge of CSE Implementation

	Items	Response		Code
	I need additional training on how to teach and incorporate the emotional aspect of human sexuality.	a. b.	Yes No	1 2
	I need additional training on sexuality of adolescents.	a. b.	Yes No	1 2
	Teachers need to help adolescents develop skills in getting along with members of the opposite sex.	a. b.	Yes No	1 2
	Teachers need to discuss the role of the family in personal growth and development.	a. b.	Yes No	1 2
	Teachers need to teach adolescents about sexuality.	a. b.	Yes No	1 2
	I will not be comfortable teaching a class concerning sexuality.	a. b.	Yes No	1 2
	Teachers need to help adolescents understand their responsibilities to self, family and friends.	a. b.	Yes No	1 2
	The contents of the curriculum for sexuality education are difficult to teach.	a. b.	Yes No	1 2

Eight items in Table 4.15 were used to calculate a knowledge index for the teachers. Using '1' as high knowledge, the number of recoded questions was calculated for which a '1' was recorded per respondent. It was found that the index score of the respondents ranged from 2 to 6 on a scale of 0 to 6, with a mean score of 5 (rounded up) as shown in Table 4.15.

Table 4.15: Teacher knowledge of CSE Implementation

Teachers' Knowledge Index (0 to 6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	1.7	1.7	1.7
	3	3	5.0	5.0	6.7
	4	24	40.0	40.0	46.7
	5	7	11.7	11.7	58.3
	6	25	41.7	41.7	100.0
	Total	60	100.0	100.0	

Descriptive Statistics

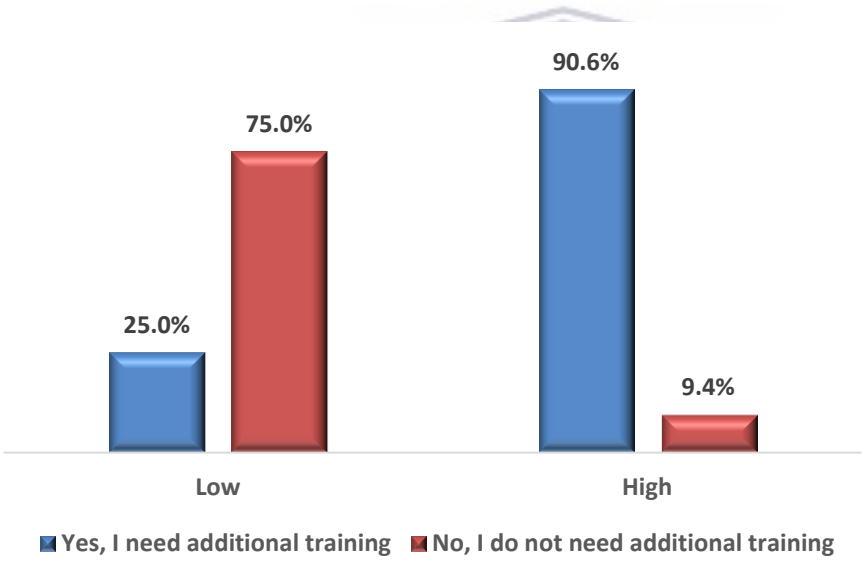
	N	Minimum	Maximum	Mean	Std. Deviation
Teacher knowledge index (0 to 6)	60	2	6	4.87	1.081
Valid N (listwise)	60				

Considering values of 1-4 as low and 5-6 as high, the classification results are as follows:

To calculate the knowledge index, the variables were coded to have the value '1' when the teachers responded 'Yes', which indicates high knowledge on the side of the respondent and '0' when the teachers responded 'No', which indicates low knowledge. The derivation of the 'knowledge index' was basically a subjective exercise. The index values can range from 0 (Low knowledge) to 6 (high knowledge). To determine 'knowledge level', the following template was used to decide whether a response indicated 'knowledge' on the side of the respondents or not. Using '1' as high knowledge, the number of questions was calculated for which a '1' was recorded per respondent. It was found that the index score of the respondents ranged from 2 to 6 on a scale of 0 to 6, with a mean score of 5 (rounded up 4.87) at a standard deviation of 1.081). The used numeric index was categorised to indicate low/high knowledge levels and the categorical knowledge classification was used in inferential testing. The knowledge-based needs score of the teachers ranged between 1 and

6 points; the mean knowledge-based needs for CSE score was rounded to 5 points. Teachers with knowledge-based needs for CSE implementation whose score < mean score (i.e.5) were classified as having low knowledge, while those with knowledge-based needs for CSE implementation whose score > mean score were classified as having high knowledge. Thus, 32(53.3%) teachers had high knowledge on sexuality education, while the remaining 28(46.7%) had low knowledge of CSE, as shown in Table 4.13 (Recoded Table of Teachers' knowledge on the need for CSE). Figure 4.4 presents the responses of the teachers to the knowledge-based needs items.

Figure 4.5: Teacher's Need for Additional Training on Emotional Aspects of CSE



To determine whether the teachers' response to knowledge-based need for CSE (according to the classification discussed above) had a significant effect on any of the Q6–Q11 variables, crosstabs and the Chi-Square test of independence were used to compare the low and high response in terms of their level of knowledge.

Level of knowledge has a significant effect on whether the respondents believe that they need additional training on how to teach and incorporate the emotional aspect of human sexuality ($\chi 2(1) = 26.797$, $p < .01$). Significantly more respondents in the high group (90.6%, n=29) feel that they need additional training on how to teach and incorporate the emotional aspect of human sexuality than respondents in the low group (25.0%, n=7), as shown in Table 4.16 and in Figure 4.5

Table 4.16: Chi-Square Test of Teachers' Knowledge on Their Needs of CSE

Variable	Chi-square (x^2) (Pearson)	DF	p value
Teachers' need for additional training on CSE	45.268	1	.01
Continuity correction	41.853	1	.000
Likely mood ratio	54.637	1	.000
Linear-by-Linear association	44.513	1	.000

a. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 14.00
b. Computed only for a 2x2 table.

Table 4.16 shows that level of knowledge has a significant effect on whether the respondents believe that they need additional training on the sexuality of adolescents. The Pearson chi-square is ($\chi 2(1) = 45.268$, $p < .01$).

4.3.4 Summary of Teachers Knowledge Need About CSE

- Significantly more teachers in the high knowledge group (90.6%, n=29) feel that they need additional training on how to teach and incorporate the emotional aspects of human sexuality than respondents in the low group (25.0%, n=7), or than in the low group (3.6%, n=1). ($\chi 2(1) = 26.797$, $p < .01$).

- Gender, age, religion, marital status and educational level of teachers did not have any significant effect on their knowledge of CSE.

Of the teachers, 32(53.3%) had high group knowledge on sexuality education, while the remaining 28(46.7%) had low group knowledge group of CSE, as revealed in Table 4.17 and Figure 4.6 of this study.

Table 4.17: Teachers' Attitudes Towards Sexuality Education

Statement of attitudes	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
With all the information in the media, school sex education is no longer necessary.	2	3.3	3	5.0	0	0	19	31.7	36	60.0
My religion does not permit me to teach sexuality education in the school.	1	1.7	2	3.3	2	3.3	23	38.3	32	53.3
The content of sex education should include abstinence-only and abstinence-plus, based on mental maturity of students.	16	26.7	22	36.7	9	15.0	9	15.0	4	6.7
Sex education is supposed to start as early as 9 years of age.	8	13.3	5	8.3	0	0	27	45.0	20	33.3
The content of sex education at an early age of 9 years should include abstinence-only.	14	23.3	21	35.0	7	11.7	9	15.0	9	15.0
School sex education is very important for children and youth.	2	3.3	3	5.0	2	3.3	20	33.3	33	55.0
School sex education promotes earlier sexual involvement.	2	3.3	11	18.3	6	10.0	23	38.3	18	30.0
Sexuality is learned through life experiences and not in school.	7	11.7	15	25.0	4	6.7	18	30.0	16	26.7
Only biology teachers should provide sex education.	4	6.7	5	8.3	3	5.0	22	36.7	26	43.3
School sex education should be obligatory.	12	20.0	9	15.0	8	13.3	25	41.7	6	10.0
Sex education is an effective way to prevent abortion.	10	16.7	3	5.0	4	6.7	29	48.3	14	23.3
Sex education should be provided by parents not by the school.	1	1.7	3	5.0	3	5.0	28	46.7	25	41.7
All teachers are responsible for sex education.	3	5.0	7	11.7	2	3.3	32	53.3	16	26.7

Statement of attitudes	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
Young persons should learn about sexuality experiences.	2	3.3	13	21.7	1	1.7	25	41.7	19	31.7
I would be embarrassed to teach about sexuality to my learners.	2	3.3	5	8.3	3	5.0	25	41.7	25	41.7
Learners should be discouraged from asking sexuality-related questions.	1	1.7	7	11.7	3	5.0	21	35.0	28	46.7
Teachers who have strong religious beliefs about sexuality should teach those to their learners.	12	20.0	20	33.3	12	20.0	9	15.0	7	11.7

Table 4.17 reflects detailed attitudes of teachers towards sexuality education. It has shown that, of 60 teachers involved in this study 27(45%), and 20(33.3%) disagreed and strongly disagreed, respectively that sex education is supposed to start as early as nine years of age, whereas only 8(13.3%), and 5(8.3%) strongly agreed and agreed with the idea while none of the respondents were neutral. Also, 36(60%), and 19(31.7%) strongly disagreed and disagreed, respectively that with all the information in the media, school sex education is no longer necessary, whereas only 2(3.3%) and 3(5%) strongly agreed and disagreed with the idea while none of the respondents were neutral. Furthermore, 32(53.3%), and 23(38.3%) strongly disagreed and disagreed that their religion does not permit them to teach sexuality education in the school, while only 1(1.7%), and 3 (3.3%) strongly agreed and disagreed with the idea, but only two (3.3%) were neutral. In addition, 16(26.7%) and 22(36.7%) strongly agreed and agreed, respectively that the content of sex education should include abstinence-only and abstinence-plus, based on mental maturity of students, while 9(15%) and 4(6.7%) disagreed and strongly disagreed with the notion, but 9(15%) were neutral. It was also noticed that 14(23.3%) and 21(35%) strongly agreed and agreed, respectively that the content of sex education at an early age of 9 years should include abstinence-only, whereas 9(15%) strongly disagreed and disagreed,

respectively with the idea, but 7 (11.7%) were neutral. It was also observed that 33(55%), and 20(33.3%) strongly disagreed and disagreed, respectively that school sex education is very important for children and youth, whereas only 2(3.3%) and 3(5%) strongly agreed and agreed with the statement, but only 3(5%) were neutral. Meanwhile 29(48.3%), and 14 (23.3%) teachers disagreed and strongly disagreed respectively that sex education is an effective way to prevent abortion, whereas only 10(16.7%) and 3(5%) strongly agreed and agreed, respectively with the idea, but 4(6.7%) were neutral. Also, 32(53.3%), and 16(26.7%) teachers disagreed and strongly disagreed, respectively that all teachers are responsible for sex education, while 3(5%), and 7(11.7%) strongly agreed and agreed with the notion, but only 2 (3.3%) were neutral. Moreover, 25(41.7%) teachers disagreed and strongly disagreed, respectively that they would be embarrassed to teach sexuality education to the learners, whereas only 2(3.3%), and 5(8.3%) strongly agreed and agreed with the idea, while 3(5 %) were neutral. In addition, 12(20 %), and 20(33.3%) strongly agreed and agreed, respectively that teachers who have strong religious beliefs about sexuality should teach those to their learners, whereas 7(11.3%) and 9(15%) strongly disagreed and disagreed with the statement, but 12(20%) respondents were neutral (Table 4.17)

4.3.5 Attitude of Teachers Towards Implementation of CSE Policy

(Objective 1b: To determine the knowledge and attitude of teachers towards the implementation of CSE policy)

Table 4,18: Recoded Attitude of Teachers Towards CSE

	Item	Strongly Agree (SA)	Strongly Disagree (SD)
	With all the information in the media, school sex education is no longer necessary.	Neg	Pos
	My religion does not permit me to teach sexuality education in the school.	Neg	Pos
	The content of sex education should include abstinence-only and abstinence-plus based on mental maturity of students.	Neg	Pos
	Sex education is supposed to start as early as 9 years of age.	Pos	Neg
	The content of sex education at an early age of 9 years should include abstinence-only.	Neg	Pos
	School sex education is very important for children and youth.	Pos	Neg
	School sex education promotes earlier sexual involvement.	Neg	Pos
	Sexuality is learned through life experiences and not in school.	Neg	Pos
	Only biology teachers should provide sex education.	Neg	Pos
	School sex education should be obligatory.	Pos	Neg
	Sex education is an effective way to prevent abortion.	Pos	Neg
	Sex education should be provided by parents not by school.	Neg	Pos
	All teachers are responsible for sex education.	Pos	Neg
	Young person should learn about sexuality from their own experiences.	Neg	Pos
	I would be embarrassed to teach about sexuality to my learners.	Neg	Pos
	Learners should be discouraged from asking sexuality-related questions.	Neg	Pos
	Teachers who have strong religious belief about sexuality should teach those to their learners.	Neg	Pos

In the recoded Table 4.18 the respondents were presented with 17 items regarding sex practices and they were asked to indicate the extent to which they agreed with the statements using a 5-point Likert rating scale ranging from 1 (strongly agree) to 5(strongly disagree). Some statements were stated in a way that low scale values indicate a positive attitude/ 'correct' perception toward sex education (e.g., for 'Sex education is supposed to start as early as 9 years of age', lower values indicate agreement with the statement, with the assumption that such a response represents a positive attitude toward sexuality education). Others were stated in a way

that high scale values indicate a positive attitude/ 'correct' perception toward sex education (e.g., for 'School sex education promotes earlier sexual involvement', higher values indicate disagreement with the statement, with the assumption that such a response represents a positive attitude toward sexuality education).

In order to have all statements point in the same direction, those for which lower values indicate positive attitudes/ 'correct' perceptions were reverse coded in such a way that lower values indicate a negative attitude and higher values indicate a positive attitude. The recoded Table 4.18 shows the statements that were reverse-coded to achieve the same direction by showing strongly agreed and strongly disagreed, depending on each attitudinal statement that were assumed to be either a 'correct' perception (positive attitude) or an 'incorrect' perception (negative attitude towards CSE). The recoded Table 4.18 shows all statement responses that are marked Pos under strongly agree which were recoded to allow higher values to correspond to more positive attitudes and lower values to correspond to more negative attitudes. Rows marked with green were recoded to ensure the same direction in terms of a positive or a negative attitude. These reverse-coded statements along with the other non-recoded statements, as shown in Table 4.17, to form the basis of the following analyses.

4.3.6 Attitude Index for Teachers

The respondents were asked to indicate the extent of their agreement with the 17 items that were used to determine the attitude of the teachers regarding the implementation of CSE Policy on a scale of 1 to 5. Ensuring that higher values corresponded to a positive attitude and lower values corresponded to a negative attitude, the response values of the 17 items were added for each

respondent to produce a value for each respondent on an index scale of 17 (all responses =1 and 85 (all responses=5).

Table 4.19: Teachers' Attitude Index

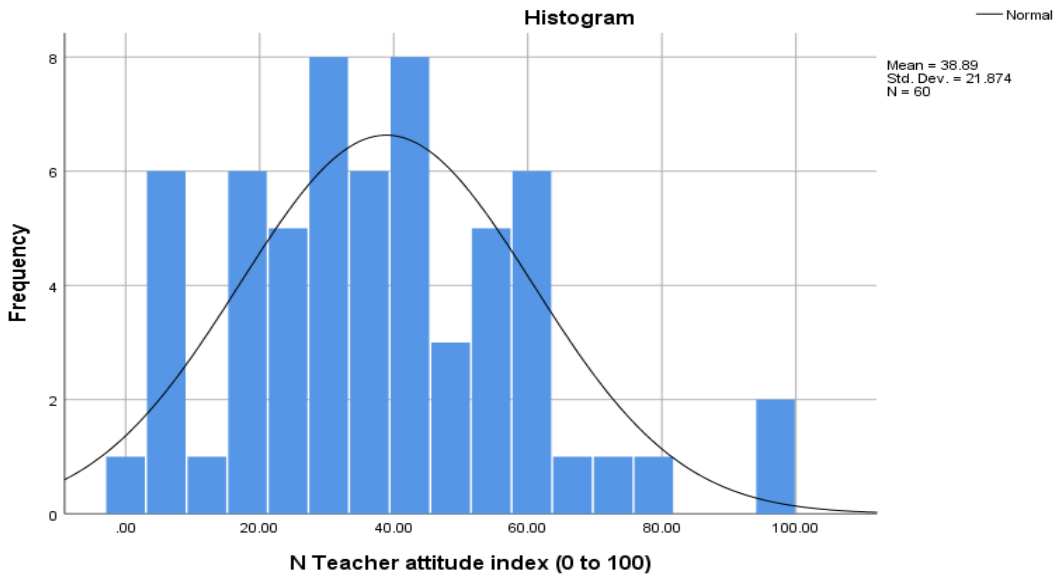
	N	Minimum	Maximum	Mean	Std. Deviation
Teachers' attitude index (17 to 85)	60	44	77	56.83	7.219
Valid N (listwise)	60				
	N	Minimum	Maximum	Mean	Std. Deviation
N Teachers' attitude index (0 to 100)	60	.00	100.00	38.8889	21.87437
Valid N (listwise)	60				

Table 4.19 shows teachers' attitude index when the respondents were asked to indicate the extent of their agreement with the 17 items that were used to determine the attitude of the teachers regarding the implementation of the CSE policy on a Likert scale of 1 to 5. The teachers' attitude index '17' means all of the 17 attitudinal statements when the respondent scores '1' on the scale, which is equivalent to 1 x 17 = 17, while the teachers' attitude index '85' means all 17 attitudinal statements, when the respondent scores '5' on the scale, which is equivalent to 5 x 17 = 85. On average, the teachers scored 56.83 on the attitude index score with the lowest score being 44 and the highest score being 77, as shown in Table 16. Ensuring that higher values correspond to a positive attitude and lower values correspond to a negative attitude, the response values of the 17 items were added for each respondent to produce a value for each respondent on an index scale of 17 (all responses = 1) and 85 (all responses = 5). The number of responses who have a positive attitude with the statements = 85 (all responses = 5, i.e., index scale of 17 statements, when all responses = 5), i.e., 17x5 = 85 higher value (positive attitude) and when the response = 1 (i.e., 17x1 = 17 lower value (negative value) depending on the framing of the statement), whether the attitudinal statement is correctly perceived or

incorrectly perceived for the implementation of the CSE policy, as shown in Table 4.19. On average, the teachers scored 56.83 on the attitude index with the lowest score being 44 and the highest score being 77 at a standard deviation of 7.129. Normalise the data to a scale of 0 to 100. The attitude index was tested for normality and Table 16 shows the result of normality testing as a minimum pf.00 and a maximum of 100.00 with the average score of 38.8889 at a standard deviation of 21.87437. Teachers with an attitude score < mean score (i.e., 56.83) were classified as having a negative attitude, while those with an attitude score > mean score were classified as having a positive attitude.

Both the Kolmogorov-Smirnov and Shapiro-Wilk tests of normality found that the distribution of the scaled attitude index variable do not deviate significantly from normality. However, the graphs (Figure 10) indicate that the distribution could be interpreted as bimodal and, therefore, both parametric and non-parametric inferential statistical tests were employed to compare groups.

Figure 4.6: Bimodal Distribution of Attitude Index of the Teachers



4.3.7 Attitude Classification of Teachers Towards CSE Policy Implementation

In this study, an attitude classification variable was created and analysed by classifying and comparing teachers and learners who have an attitude index score of < 40 as having a negative attitude, and those with a score of 40 to < 60 as neutral, and those with a score of 60 or > as having a positive attitude. This was shown in Table 4.20

Table 4.20 : Comparison of Teacher and Learner Attitude Classification

		Frequency	Percentage
Valid	Negativeattitude(teacher)	33	55.0
	Neutral(teacher)	16	26.7
	Positive attitude(teacher)	11	18.3
	Total	60	100.0
	Neutral (40 to <60) learners	54	39.4
	Positive attitude (>=60) learners	40.9	29.9
	Negative attitude ((learners)(<=40	19.7	14.4
	Total	137	100.0

More teachers seem to have a negative attitude than teachers who are neutral as well as those who are positive. It is interesting to note that this pattern tends to demonstrate the inverse of the same results for the learners, as shown in Figures 4.7 and 4.8.

Figure 4.7: Negative Attitude of Teachers Towards Implementation of CSE

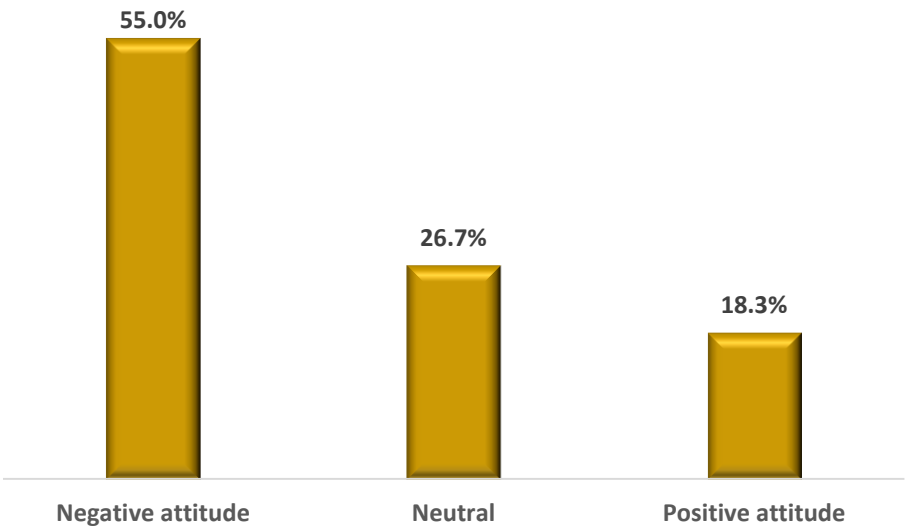
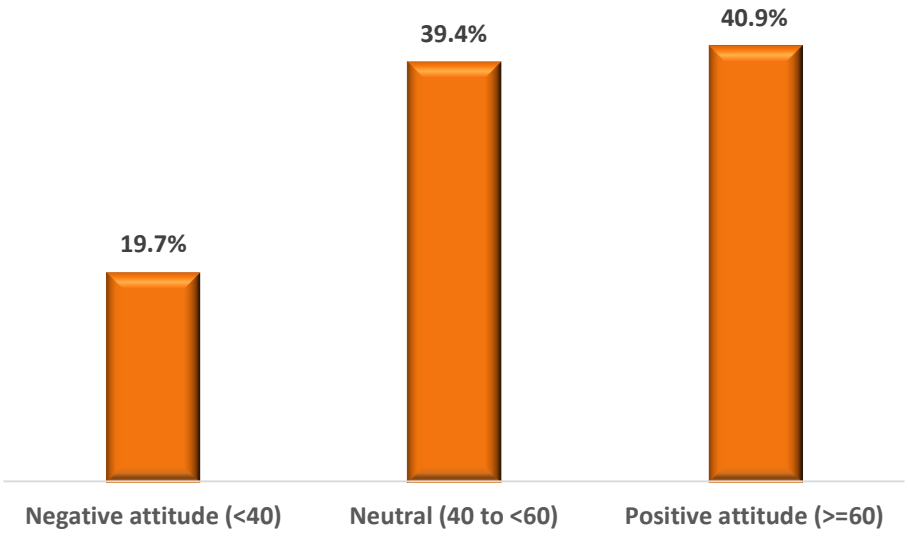


Figure 4.8: Positive Attitude of Learners Towards Implementation of CSE



4.3.8 Group Comparisons of Teachers' Demographic Variables with Teachers' Attitudes

Variables from demographic variables were used as grouping variables to see whether they have a significant effect on the attitude index classification described above.

The knowledge classification variables derived from this study were also used in the analyses. The non-parametric Chi-Square test of independence was used to test the relationships.

Table 4.21 Association Between Teachers' Demographic Variables and Their Attitude Towards CSE Policy Implementation

Variables	Chi-Square	Degree of Freedom	p value
Age	Pearson 3.895[a]	4	.420
Religion	Pearson 2.932[b]	4	.569
Gender	Pearson 0.297[c]	2	.862

a. 3 cells (33.3%) have an expected count of less than 5. The minimum expected count is 2.38.
b. 4 cells (44.4%) have an expected count of less than 5. The minimum expected count is 2.57.
c. 0 cells (0.0%) have an expected count of less than 5. The minimum expected count is 5.32.

Table 4.21 shows that the Chi-Square test of independence did not find a significant relationship between the age of teachers and their attitudes towards the implementation of the CSE policy ($\chi2(4) = 3.895$ $p<.420$). More teachers 33(55%) between the ages of 25 and 35 years (7), 36 and 45 (18), and 46 years and above (8) have negative attitudes towards CSE policy implementation. Few teachers 16(26.7%) have a neutral attitude, and only a few teachers 11(18.3 %) have positive attitudes towards CSE policy implementation. The Chi-Square test of independence did not find a significant relationship between the religion of teachers and their attitude towards the implementation of the CSE policy ($\chi2(4) = 2.932$, $p<.569$). More teachers 33(55%) (Pentecostal (7); Muslim (18)) have neutral attitudes, while Orthodox and other traditional religions (8) have positive attitudes towards CSE implementation. The Chi-Square test of independence did not find a significant relationship between the gender of teachers and their

attitude towards the implementation of the CSE policy ($\chi 2(2) = 0.297$, $p<.862$). More teachers 33(55 %) male (15), and female (18) have negative attitudes, while 16 (8) females and (8) males have neutral attitudes, and only 11 teachers (5 males and 6 females) have positive attitudes towards the implementation of the CSE policy. This implies that gender, religion and age have no significant relationship in teachers' attitudes to the implementation of the CSE policy, as summarised in Table 4.21.

4.3.9 Summary of Attitudes of the Teachers Towards CSE Policy Implementation

- The independent samples t-test did not find a significant mean difference between those respondents with a low level of knowledge compared to those with a high level of knowledge regarding their attitude towards the implementation of the CSE policy.
- The independent samples t-test did not find a significant mean attitude difference between males and females.
- The one-way ANOVA and Chi-Square found that age, gender and religion did not have significant effect on the attitude index score of the respondents.
- The independent samples t-test found that there is a significant mean attitude difference between those teachers who believe that they need to help adolescents develop skills in getting along with members of the opposite sex and those that do not believe that.

4.4 The Findings of the Survey Conducted Among the Parents

4.4.1 Parents' Knowledge and Attitudes Towards CSE Policy Implementation

The following results were obtained from the dataset, as shown in the data variables in Table 4.22.

Table 4.22: Sociodemographic Characteristics of Parents (N = 136)

Gender	Frequency	Percentage
Male	59	43.4
Female	77	56.6
Age	Frequency	Percentage
25–35 years	17	12.5
36–45 years	50	36.8
46–55 years	41	30.1
56–60 years	28	20.6
Religion	Frequency	Percentage
Pentecostal	26	19.1
Orthodox	2	1.5
Adventist	1	0.7
Muslim	96	70.6
Traditionalist	4	2.9
Others	7	5.1
Marital status	Frequency	Percentage
Single	12	8.8
Married	119	87.5
Widowed	5	3.7
Level of education	Frequency	Percentage
Middle school certificate	59	43.4
GCE 'O'	15	11.0
A Level	20	14.7
Diploma	7	5.1
Advanced diploma	3	2.2
Degree	16	11.8
Masters	14	10.3
PhD	2	1.5

Table 4.22 depicts sociodemographic characteristics of the parents. Of the parents, 77 (56.6%) female parents participated, while 59 (43.4%) were males. The age range of the parent participants was between 25 and 60; those in age bracket of 36 to 45 are more 50(36.8%), while those aged between 46 and 55 comprised 41(30.1%) and the least are those aged 25 to 35, 17(12.5%). Also, 96 (70.6%) of the parents were Muslims. Of the 136 parents who were studied, 119(87.5%) are married. A total of 59 (43.4%) parents' educational level consists of a middle school certificate, while 20(14.7%) have an advanced level certificate.

Figure 4.9: Parents' Level of Knowledge about CSE

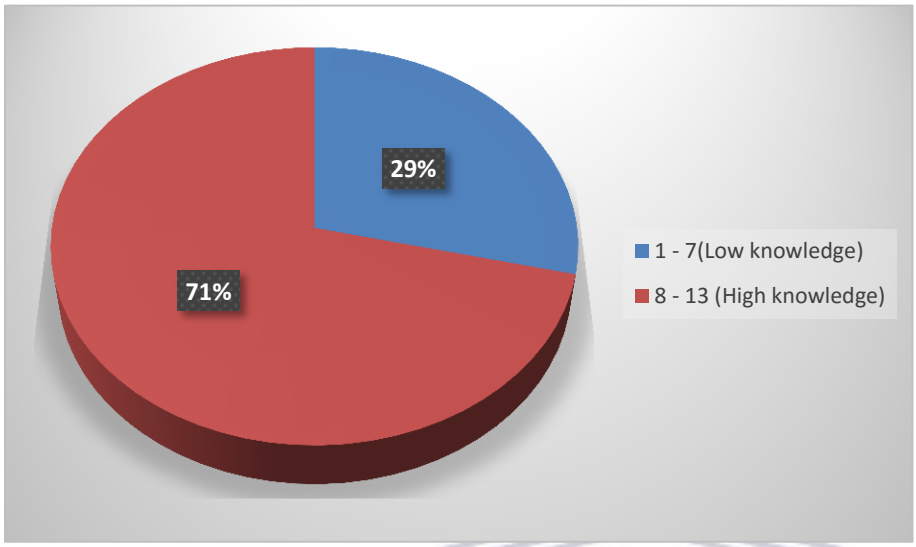


Table 4.23: Parents' Knowledge Index (0 to 13)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.7	.7	.7
	2	2	1.5	1.5	2.2
	4	4	2.9	2.9	5.1
	5	8	5.9	5.9	11.0
	6	7	5.1	5.1	16.2
	7	17	12.5	12.5	28.7
	8	15	11.0	11.0	39.7
	9	24	17.6	17.6	57.4
	10	15	11.0	11.0	68.4
	11	20	14.7	14.7	83.1
	12	9	6.6	6.6	89.7
	13	14	10.3	10.3	100.0
	Total	136	100.0	100.0	

Table 4.24: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Parent knowledge index (0 to 13)	136	1	13	8.96	2.633
Valid N (listwise)	136				

		Frequeny	Percent	Valid Percent	Cumulative Percent
Valid	Low	39	28.7	28.7	28.7
	High	97	71.3	71.3	100.0
	Total	136	100.0	100.0	

In summary, Table 4.24 (Parents' knowledge) and Figure 13 reveal that 97 out of 136 (71.0 %) parents had high knowledge of CSE policy implementation, while the remaining 39(29.0 %) had low knowledge of CSE policy implementation, as shown below.

4.4.2 Knowledge Index of Parents on CSE

Q6–Q18 were used to calculate a knowledge index for the parents. To calculate the knowledge index, the variables were coded to have the value '1' when the answer is 'correct' or to indicate knowledge on the side of the respondent, and '0' when the answer is 'incorrect' or to indicate lack of knowledge. The derivation of the 'knowledge index' was basically a subjective exercise. The index values can range from 0 (no correct answers) to 13 (all correct answers). To determine 'correctness', the following result was used to decide whether a response indicates 'knowledge' on the part of the respondents or not.

Table 4.25: Knowledge Index of Parents on CSE

Detailed knowledge of CSE among parents	Yes		No	
	F	%	F	%
6.Sex education delays sexual debut (initiation) among school going students.	90	66.2	46	33.8
7.Sex education increases awareness about HIV/AIDS among the youth.	106	77.9	30	22.1
8.Sex education promotes condom use.	105	77.2	31	22.8
9.Parents are expected to train their children on sexuality education.	99	72.8	37	27.2
10.Sex education is not appropriate for secondary school students.	58	42.6	78	57.4
11.Sex education prevents teenage pregnancy.	92	67.6	44	32.4
12.The following are effective birth control methods: Abstinence	88	64.7	48	35.3
13.Condoms	85	62.5	51	37.5
14.Oral contraceptives	79	58.1	57	41.9
15.Injectable contraceptives	77	56.6	59	43.4
16.Intra-uterine contraceptive device	68	50.0	68	50.0
17.Using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy.	97	71.3	39	28.7
18.Pregnancy can result from a girl's first sexual intercourse.	96	70.6	40	29.4

Table 4.25 reveals detailed knowledge of CSE among parents. Of 136 parents who participated in this study, 106(77.9 %) know that sex education promotes condom use, whereas 99(72.8%) parents know that sex education increases awareness about HIV/AIDS among youth. Also, 106(77.2%) know that parents are expected to train their children about sexuality education. In addition, 92(67.6%) parents know that sex education prevents teenage pregnancy. Meanwhile 97(71.3%) and 96(70.6%) of parents know that using a condom at the same as another form of contraceptive prevents both sexually transmitted diseases and pregnancy and that pregnancy can result from a girl's first sexual intercourse (Table 4.25).

4.4.3 Group Comparisons of Parents' Demographic Variables and Their Knowledge About CSE Policy Implementation

Demographic variables were used as grouping variables to see whether they have a significant effect on the individual variables of parents' knowledge. The non-parametric Chi-Square test of independence was used to test the relationships. In this regard, the gender of parents did not have a significant effect on any of the Section B Q6– Q18 variables. Table 31 depicts the Chi-Square relationship of parents' demographic variables with parents' knowledge of CSE policy implementation.

Table 4.26: The Association of Parents' Demographic Variables and Their Knowledge of CSE Policy Implementation

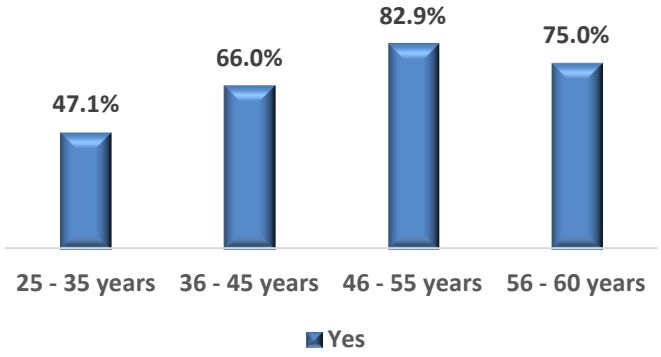
Variables	Ch-Square	Degree of freedom	P value
Age	Pearson 8.309[a]	**3**	**.040**
Religion	Pearson 7.502[b]	**2**	**.023**
Marital status	Pearson 7.359[c]	**1**	**.007**

a. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 5.00
b. 1 cell (16.7%) has an expected count less than 5. The minimum expected count is 4.74
c. 0 cells (0.0%) have an expected count less than 5. the minimum expected count is 6.00
Computed only for a 2x2 table.

The association of parents' demographic variables (Table 31) shows that age does have a marginally significant effect on whether parents know that pregnancy can result from a girl's first sexual intercourse ($\chi 2(3) = 8.309$, $p<.05$). Significantly more 46–55-year-old parents (82.9%, n=34) responded with a yes to this statement than did 25–35-year-old parents (47.1%, n=8) (See Figure 4.10). Table 4.26 also shows that religion did not have a significant effect on any of the parents' knowledge on CSE Q6–Q17 variables. Only the Muslim and Pentecostal religious groups are viable. The other categories do not contain enough respondents for group comparisons. Thus, the categories were recoded to make the variable usable in group

comparisons. Religion does have a significant effect on whether parents know that sex education delays sexual debut among school going students ($\chi 2(2) = 7.502$, $p<.05$). Significantly more parents from the Orthodox, Adventist, traditionalist, and other religions (92.9%, n=13) responded with a yes to this statement than Pentecostal

Figure 4.10: Comparison of Parents' Age with Knowledge of CSE



parents did (50.0%, n=13), as shown in Figure 4.10

Figure 4.10 shows that knowledge of the parents of CSE policy implementation was increasing as their age increases up to (82.9%) 46–55 years. Then knowledge starts to be decrease (75.0%) towards age 56–60 years.

Figure 4.11: Comparison of Parents' Religion with Knowledge of CSE

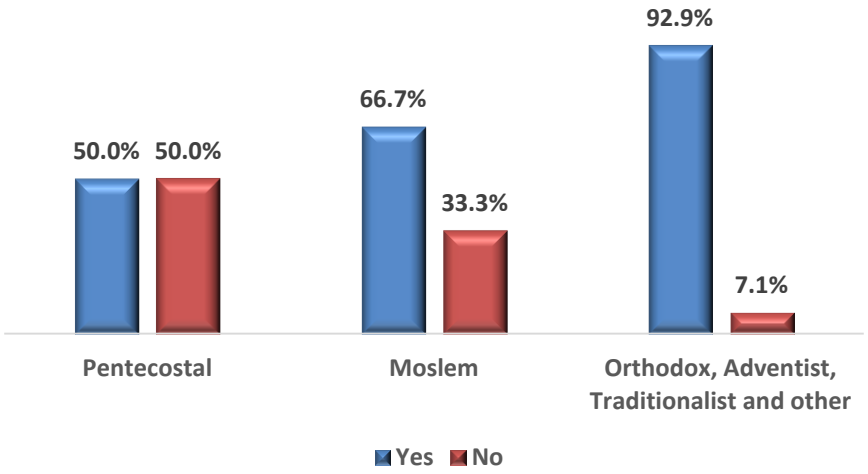
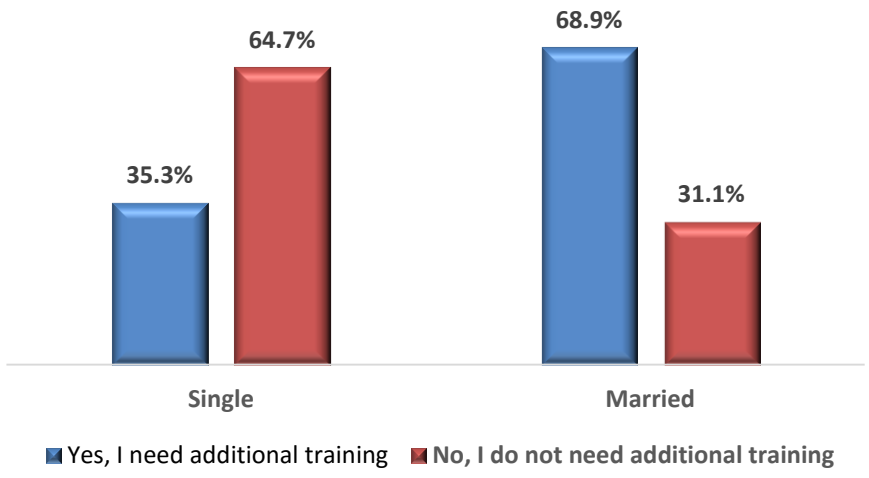


Figure 4.11 reveals that Pentecostal parents had high and low knowledge, respectively of 50% of CSE policy implementation; Muslim parents had high knowledge (66.7%), while 33.3% had low knowledge. The Orthodox religion (92.9%) had high knowledge, while the Adventist, traditionalist and others had low knowledge (7.1%) of CSE policy implementation.

4.4.4 Comparison of Parents' Marital Status with Knowledge of CSE

Table 4.26 also reveals that marital status did not have a significant effect on the knowledge of any of the parents of CSE (Q6–Q11 and Q13–Q18) variables. None of the respondents were separated or divorced. Thus, this variable can be treated as a binary variable where widowed can also be classified as single. Marital status does have a significant effect on whether parents know that abstinence is an effective birth control method ($\chi 2(1) = 7.359$, $p < .01$). Significantly more married parents (68.9%, n=82) responded with a yes to this statement than single parents (35.3%, n=6), as shown in Figure 4.12.

Figure 4.12: Comparison of Parents' Marital Status with Knowledge of CSE



4.4.5 Comparison of High and Low Level of Parents' Knowledge of CSE

To determine whether the level of knowledge (according the classification into low and high, as discussed before) has a significant effect on any of the Q6–Q18 variables, crosstabs and the Chi-Square tests of independence were used to compare the low and high groups in terms of their level of knowledge. These results can be used as validation of the knowledge classification of the parents. Level of knowledge has a highly significant effect on all the statements, except item 10. The significance results are listed in Table 4.27.

Table 4.27: Association of Parents' Knowledge of CSE

Items		**classification X^2**				**df**	**sig**
Low	High	Pearson.Cont. Corr	Likelihood Ratio	linear-by linear	Assympt (02-sided)	.	
39	97						
1.CSE delays debut among school-going students		9.794[a]	8.580	9.497	9.722	1	002
2.CSE increases awareness about H IV/AIDS among the youth		18.464[b]	16.552	17.081	18.329	1	000
3.CSE promotes condom use		10.328[a]	9.651	9.651	10.252	. 1	.000
4.Parents are expected to train their children on sexuality education		9.913[b]	8.617	9.407	9.840	1	.000
5.Condoms are an effective birth-control method		36.259[a]	33.939	36.457	35.993	1	.000
6.Abstinence is an effective birth-control method		27.576[b]	25.531	27.098	27.373	1	.000

7.Sex education prevents teenage pregnancy	29.417[a]	27.260	28.508	29.201	1	.000
8.Oral contraceptives are an effective birth-control method	13.764[b]	12.375	13.761	13.662	1	.000
9.Injectable contraceptives are an Effective birth control method	17.972[a]	16.386	18.194	17.839	1	.000
10.Intra-uterine contraceptive device is an effective birth control method	12.978[b]	11.648	13.408	12.883	1	.000
11.Using a condom at the same time as another form of contraceptive prevent both sexuality transmitted diseases andpregnancy	49.705[a]	46.793	47.997	49.339	1	.000
12.Pregnancy can result from a girl's first sexual intercourse	7.382[b]	6.295	7.078	7.328	1	.007

a. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 13.19. Computed only for a 2x2 table

b. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 8.6

a. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 11.18. Computed only for a 2x2 table

b. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 11.47. Computed only for a 2x2 table

Level of knowledge has a highly significant effect on all the statements except item 10, which supports the validity of the knowledge classification variable.

Table 32 shows that there were significantly more respondents in the high group (74.2%, n=72) who had the knowledge that sex education delays sexual debut (initiation) among school going students than in the low group (46.2%, n=18) ($\chi 2$ (1) =9.794, p<.002).

Also, significantly more respondents in the high group (87.6%, n=85) had the knowledge that sex education increases awareness about HIV/AIDS among the youth than in the low group (53.8%, n=21). ($\chi 2$ (1) =18.464, p<.001). More respondents in the high group (84.5%), n=82) had the knowledge that sex education promotes condom use than in the low group (59%, n=23), ($\chi 2(1) = 10.328$, p<.001). Respondents in the high group (82.4%), n=78) had the knowledge that parents are expected to train their children about sexuality education than in the low group

(53.8%, n=21), (χ2(1) = 9.913, p<.002). More respondents in the high group (81.4%), n=79) had the knowledge that sex education prevents teenage pregnancy than in the low group (33.3%, n=13) (χ2 (1) = 29.417, p<.001).

More respondents in the high group (78.4%, n=76) had the knowledge that abstinence is an effective birth control method than in the low group (30.8%, n=12) (χ2 (1) = 27.576, p<.001) More respondents in the high group (78.4%, n=76) had the knowledge that condoms are an effective birth control method than in the low group (23.1%, n=9) (χ2(1) = 36.259, p<.001)

More respondents in the high group (68%, n==66) had the knowledge that oral contraceptives are an effective birth control method than in the low group (33.3%, n=13) (χ2(1) = 13.764, p<.001).

Also, more respondents in the high group (68%, n==66) had the knowledge that injectable contraceptives are an effective birth control method than in the low group (28.2%, n=11)

(χ2(1) = 17.972, p<.001).

More respondents in the high knowledge group (88.7%, n=86) reported that using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy than in the low knowledge group (28.2%, n=11) (χ2(1) = 49.705, p<.001).

Participants in the high knowledge group (77.3%, n= 75) reported that pregnancy can result from a girl's first sexual intercourse than in the low knowledge group (53.8%, n=21) (χ2(1) = 7.382, p<.007).

4.4.6 Parents' Attitude Towards CSE Policy Implementation

Table 4.28 shows the findings of the parents' response to attitudinal statements towards CSE policy implementation. Twenty-three **(**23) statements on attitudes were presented in the table below for the respondents to choose from on a 5-points Likert scale to determine their attitudes towards CSE policy implementation.

Table 4.28: Detailed Parents' Attitudes Towards CSE

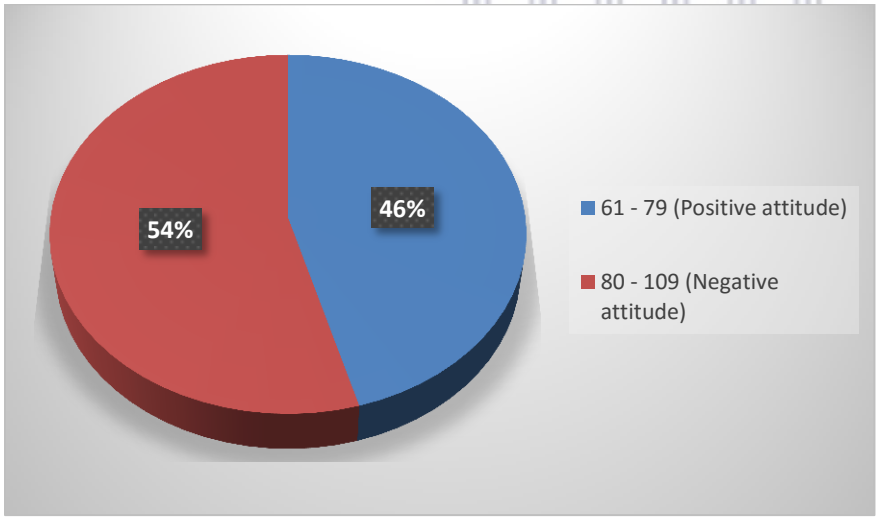
Statements	SA		Agree		Neutral		Disagree		SD	
	F	%	F	%	F	%	F	%	F	%
Teaching of sex education is Something I always wanted to encourage.	66	48.5	46	33.8	9	6.6	11	8.1	4	2.9
Teaching of sex education is an important form of social service.	63	46.3	51	37.5	10	7.4	10	7.4	2	1.5
Teaching of sex education is interesting because it deals with the reality of life.	59	43.4	49	36	19	14	6	4.4	3	2.2
Teaching of sex education is good because it enlightens children about the facts of life.	64	47.1	53	39	9	6.6	8	5.9	2	1.5
It encourages exploring the body.	53	39	50	36.8	17	12.5	14	10.3	2	1.5
Teaching of sex education is dull.	32	23.5	20	14.7	18	13.2	39	28.7	27	19.9
It promotes immoral behaviour.	32	23.5	36	26.5	26	19.1	21	15.4	21	15.4
Teaching of sex education gives a person the opportunity to correct misconceptions.	61	44.9	42	30.9	15	11	12	8.8	6	4.4
Teaching of sex education provides opportunity for proper counselling.	49	36.0	53	39	13	9.6	18	13.2	3	2.2
The teaching of sex education exposes students to immorality.	28	20.6	43	31.6	17	12.5	26	19.1	22	16.2
Teaching of sex education may not promote waywardness.	38	27.9	46	33.8	24	17.6	18	13.2	10	7.4
I am indifferent to the teaching of sex education to secondary school students.	38	27.9	28	20.6	29	21.3	29	21.3	12	8.8
It allows students to understand their bodies better.	47	34.6	57	41.9	10	7.4	16	11.8	6	4.4
Exposure of students to sex education will lead to experimentation.	47	34.6	36	26.5	21	15.4	22	16.2	10	7.4
Teaching of sex education may encourage the spread of HIV/AIDS.	23	16.9	28	20.6	17	12.5	35	25.7	33	24.3
Teaching of sex education to secondary school students should be discouraged.	29	21.3	19	14	11	8.1	37	27.2	40	29.4
My negative attitude to the teaching of sex education is because it is left in the hands of	32	23.5	35	25.7	30	22.1	32	23.5	7	5.1

Statements	SA		Agree		Neutral		Disagree		SD	
	F	%	F	%	F	%	F	%	F	%
young teachers.										
My attitude to its teaching is because of my own experience.	40	29.4	53	39	27	19.9	10	7.4	6	4.4
Teaching of sex education will be acceptable to me if female teachers can teach female students.	58	42.6	47	34.6	15	11	12	8.8	4	2.9
My attitude is a dictate of my belief.	44	32.4	51	37.5	19	14	18	13.2	4	2.9
Sex education should focus on safe sex.	55	40.4	36	26.5	18	13.2	16	11.8	11	8.1
Sex education should teach abstinence from sex.	55	40.4	46	33.8	19	14	8	5.9	8	5.9
I would appreciate its teaching if handled by professionals.	58	42.6	45	33.1	9	6.6	18	13.2	6	4.4

Table 4.28 shows detailed parental attitudes towards CSE. Of 136 parents who participated in this study, 66 (48.5 %), and 46 (33.8 %) strongly agreed, and agreed, respectively that the teaching of sex education is something that they wanted to encourage, while, 4(2.9%), and 11 (8.1%) strongly disagreed, and disagreed with the idea, but 9 (6.6%%) were neutral. Furthermore, 27(29.9%), and 39(28.7%) strongly disagreed, and disagreed that the teaching of sex education is dull, but 32(23.5%), and 20(14.7%) strongly agreed, and agreed respectively, with such idea, but 18(13.2%) were neutral. In addition, 35(25.7%), and 33(24.3%) strongly disagreed, and disagreed that the teaching of sex education may encourage the spread of HIV/ AIDS, whereas 28(20.6%) strongly agreed and agreed with the idea, while 17(12.5%) were neutral. Moreover, 40(29.4%), and 37(27.2%) strongly disagreed, and disagreed that the teaching of sex education to secondary school students should be discouraged, but 29(21.3%), and 19(14%) strongly agreed and agreed, respectively with the idea, while 11 (8.1%) were neutral. Furthermore, 39(28.7%), and 27(19.9%) strongly disagreed, and disagreed that the teaching of sex education is dull, while 32(23.5%) and 20(14.7%) strongly agreed and agreed, respectively with such an idea, but 18(13.2 %) were neutral about the notion. In addition, 58 (42.6%), and 47

(34.6%) of the parents strongly agreed, and agreed, respectively that the teaching of sex education would be acceptable to them if female teachers could teach female students. However, 15 (11.0%) were neutral. On the other hand, 4 (2.9%), and 12 (8.8%) of them strongly disagreed, and disagreed, respectively with such an idea. Meanwhile, 61(44.9%), and 42 (30.9%) of the parents strongly agreed, and agreed, respectively that the teaching of sex education is good because it gives a person the opportunity to correct misconceptions about the subject matter, while 6 (4.4%), and 12 (8.8%) of the parents strongly disagreed, and disagreed, respectively with the notion. However, 15 (11.0%) were neutral about this same notion. Also, 74 (54.4%) of the parents exhibited a negative attitude towards the CSE policy. Figure 4.13 presents the attitudes of the parents towards CSE.

Figure 4.13: Attitudes of the Parents on CSE Policy Implementation



Attitudes of parents on implementation of Comprehensive Sexuality Education Policy (Objective 1c: To determine the knowledge and attitude of parents towards the implementation of the CSE policy)

Table 4.29: Recoded Attitudes of Parents Towards CSE Implementation

S/N	Items	Strongly Agree SA	Strongly Disagree SD
20.	Teaching of sex education is an important form of social service.	Pos	Neg
21	Teaching of sex education is interesting because it deals with the reality of life.	Pos	Neg
22.	Teaching of sex education is good because it enlightens children about the facts of life.	Pos	Neg
23.	It encourages exploring the body.	Pos	Neg
24.	Teaching of sex education is dull.	Neg	Pos
25.	It promotes immoral behaviour.	Neg	Pos
26.	Teaching of sex education is good because it gives a person the opportunity to correct misconceptions about the subject matter.	Pos	Neg
27.	Teaching of sex education provides an opportunity for proper counselling.	Pos	Neg
28.	The teaching of sex education exposes students to immorality.	Neg	Pos
29.	Teaching of sex education may not promote waywardness.	Pos	Neg
30.	I am indifferent to the teaching of sex education to secondary school students.	Neg	Pos
31.	It allows students to understand their bodies better.	Pos	Neg
32.	Exposure of students to sex education will lead to experimentation.	Neg	Pos
33.	Teaching of sex education may encourage the spread of HIV/ AIDS.	Neg	Pos
34.	Teaching of sex education to secondary school students should be discouraged.	Neg	Pos
35.	My negative attitude to the teaching of sex education is because it is left in the hands of young teachers.	Neg	Pos
36.	My attitude to its teaching is because of my own experience.	Pos	Neg
37.	Teaching of sex education will be acceptable to me if female teachers can teach female students.	Neg	Pos
38.	My attitude is a dictate of my belief.	Pos	Neg
39.	Sex education should focus on safe sex.	Pos	Neg0
40.	Sex education should teach abstinence from sex.	Pos	Neg
41	I would appreciate its teaching if handled by professionals.	Pos	Neg

In the recoded Table 4.29, the respondents were presented with 23 statements regarding sex practices and they were asked to indicate the extent to which they agree with the statements using a 5-point Likert scale ranging from 1(strongly agree) to 5 (strongly disagree). Some statements were stated in a way that low scale values indicate a positive attitude/ 'correct' perception toward sex education (e.g., for 'Teaching of sex education is something I always wanted to encourage', lower values indicate agreement with the statement, with the assumption that such a response represents a positive attitude toward sexuality education). Others were stated in a way that high scale values indicate a positive attitude/ 'correct' perception toward sex education (e.g., for 'Teaching of sex education is dull', higher values indicate disagreement with the statement, with the assumption that such a response represents a positive attitude towards sexuality education).

In order to have all statements point in the same direction, those for which lower values indicate positive attitudes/ 'correct' perceptions were reverse coded in such a way that lower values indicate a negative attitude and higher values indicate a positive attitude. Table 34 shows the statements that were reverse coded to achieve the same direction by showing strongly agreed and strongly disagreed, depending on each attitudinal statement that was assumed as either a 'correct' perception (positive attitude) or an 'incorrect' perception (negative attitude) towards CSE. These reverse-coded statements, along with the other non-recoded statements, as shown in Table 4.29, form the basis of the following analyses.

4.4.7 Attitude Index for Parents

The respondents were asked to indicate the extent of their agreement with the 23 items that were used to determine the attitudes of the parents regarding the implementation of the CSE policy on a scale of 1 to 5. Table 4.30 shows the parents' attitude index.

Table 4.30: Parents' Attitude Index

	N	Minimum	Maximum	Mean	Std. Deviation
Parent attitude index (23 to 115)	136	61.00	109.00	80.2353	8.84955
Valid N (listwise)	136	61.00	109.00	80.2353	8.84955
	N	Minimum	Maximum	Mean	Std. Deviation
N Parent attitude index (0 to 100)	136	.00	100.00	40.0735	18.43657
Valid N (listwise)	136	61.00	109	80.53	18.43657

Table 4.30 showed a parent attitude index of 23 to 115 on a Likert scale of 1 to 5. A parent attitude index 23 means all 23 attitudinal statements when the respondent scored '1' on the scale, which is equivalent to 1 x 23 = 23, while a parent attitude index 115 means all 23 attitudinal statements when the respondent scores '5' on the scale, which is equivalent to 5 x 23 = 115. On average, the parents scored 80.24 on the attitude index with the lowest score being 61 and the highest score being 109, as shown in Table 4.30.

Table 4.30 shows the parent attitude index when the respondents were asked to indicate the extent of their agreement with the 23 items used to determine the attitude of the parents regarding the implementation of the CSE policy on a scale of 1 to 5. Ensuring that higher values corresponded with a positive attitude and lower values corresponded to a negative attitude, the response values of the 23 statements were added for each respondent to produce a value for each respondent on an index scale of 23 (all responses =1) and 115 (all responses =5). The highest number, 115, is the number of responses who have a positive attitude to all the statements (all responses =5 i.e., an index scale of 23 statements when all responses =5) i.e., 23x5 =115 highest value (positive attitude) and when the responses =1 (i.e., 23x1 =23) that is the lowest value (negative value), depending on the framing of the statement, whether the statement is correctly perceived or incorrectly perceived for the implementation of the CSE policy, as shown in Table 4.30. On average, the parents scored 80.24 on the attitude index with the lowest score being 61 and the highest score being 109 at a mean value (M=80.53,SD = 8.84955). The data were normalised to a scale of 0 to 100. The attitude index was tested for normality and the recoded Table 4.30 shows the result of normality testing as a minimum of.00 and a maximum of 100.00 with the average score of 40.0735 at (M=40.0735,SD= 18.43657).

Independent sample test N Parent attitude index (0 to 100)

Table 4.31: Normality of the Attitude Index for Parents

Equal variances Assumed		Not assumed
Levene's Test for Equality of Variances	F	.016
	Sig	.900
t-test for equality of means	T	-4.231 -4.376
	Df	134 64.058

The independent samples t-test found a highly significant mean difference between those parent respondents with a low level of knowledge towards the implementation of the CSE policy compared to those with a high level of knowledge regarding their attitude towards the implementation of the CSE policy (t (134) =-4.231, p<.001). Specifically, those parents with a high level of knowledge (M=44.07, SD=16.93) have a significantly more positive attitude than those with a low level of knowledge (M=30.13, SD=18.47), as shown in Table 4.31.

Table 4.32: Comparison of Knowledge Index with the Attitude Index of Parents on CSE Policy Implementation

	Parent knowledge classification	N	Mean	Std. Deviation	Std. Error Mean
N Parent attitude index (0 to 100)	Low	39	30.1282	18.47289	2.95803
	High	97	44.0722	16.92866	1.71884

Table 4.32 reveals the comparison of parents' knowledge index with their attitude score index. The independent samples t-test found a highly significant mean difference between those respondents with a low level of knowledge compared to those with a high level of knowledge regarding their attitude towards the implementation of the CSE policy (t (134)=-4.231, p<.001). Specifically, those parents with a high level of knowledge (M=44.07, SD=16.93) have a significantly more positive attitude than those with a low level of knowledge (M=30.13, SD=18.47), as shown in Table 4.32 above.

Table 4.33: Tests of Normality

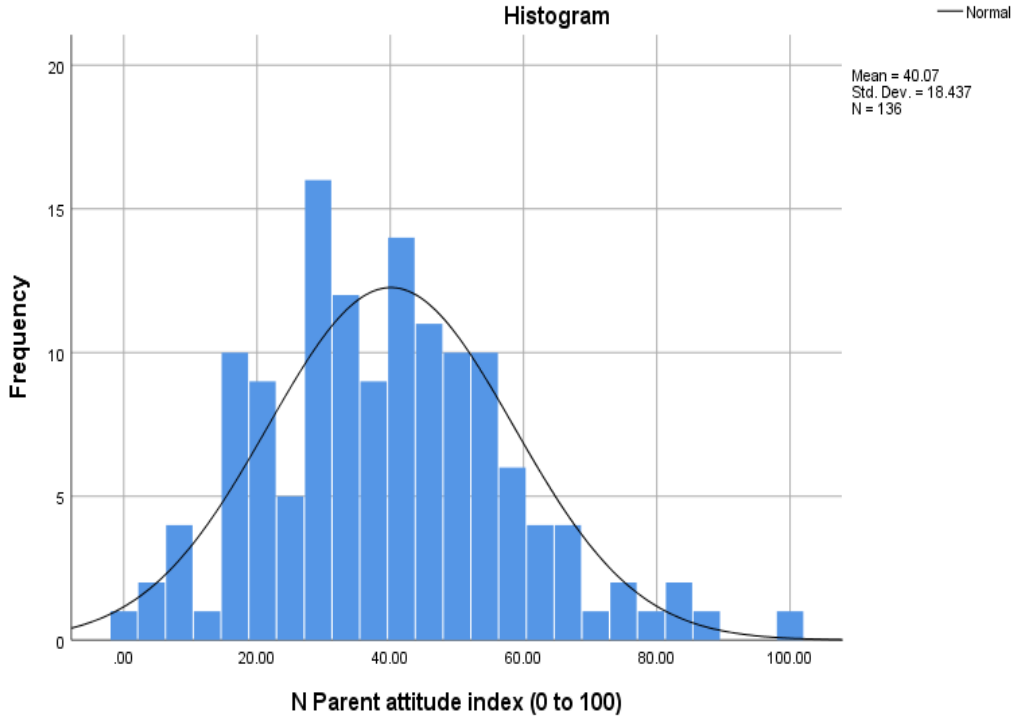
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistc	Df	Sig.
N Parent attitude index (0 to 100)	.063	136	200*	.984	136	.123

*. This is a lower bound of the true significance
a. Lilliefors significance correction

Table 38 reveals that both the Kolmogorov-Smirnov and Shapiro-Wilk tests of normality found that the distribution of the normalised attitude index variable does not deviate significantly from

normality. The graph below (Figure 18) indicates that the distribution deviation from normality is not gross and, therefore, parametric inferential statistical tests were employed to compare groups.

Figure 4.14: Distribution of the Normalised Parent Attitude Index

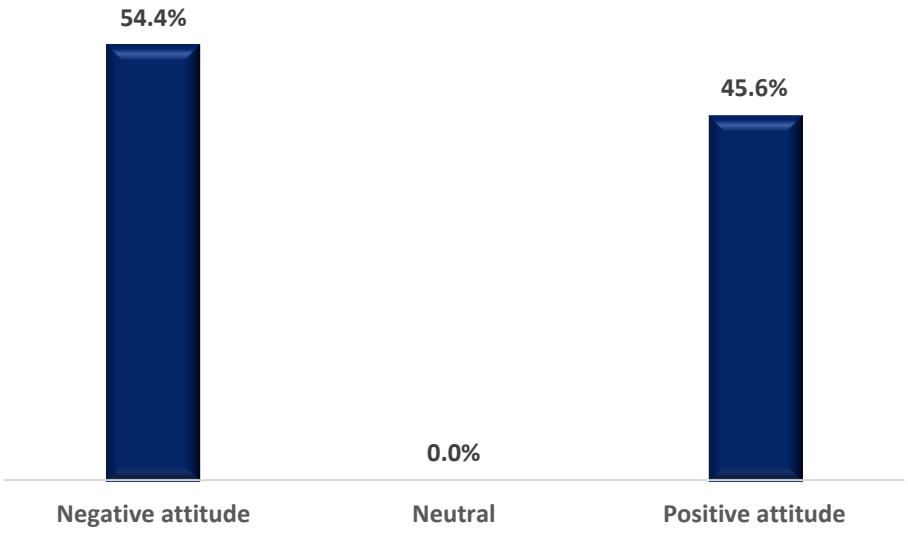


4.4.8 Attitude Classification

The attitude score of parents ranged between 61 and 109 points, while the mean attitude score was 80.53 points. An attitude classification variable was created by classifying parents who have an attitude index score of < mean score (i.e., 80.53) as having a positive attitude and those with a score of > mean score as having a negative attitude. A larger proportion of parents seemed to have a negative attitude than parents who have a positive attitude (See Figure 4.15)

		Frequency	Percentage
Valid	Negative attitude	74	54.4
	Positive attitude	62	45.6
	Total	136	100.0

Figure 4.15: Group Comparisons of Attitude Index of Parents Towards Implementation of CSE Policy



The knowledge classification variable data were also used in the analyses. The non-parametric Chi-Square test of independence was used to test the relationship between knowledge and attitude of parents towards CSE policy implementation.

4.4.9 Group Comparisons of Knowledge and Attitudes of Parents Towards CSE Policy Implementation

Variables from parents' knowledge index were used as grouping variables to see whether they have a significant effect on the attitude index classification of parents, as described above. The non-parametric Chi-Square test of independence was used to test the relationships, as shown in the cross-tabulation below:

Table 4.34: Parent Attitude Classification

Cross-tabulation: Parent Attitude Classification – Parent knowledge classification

				Parent knowledge classification		Total
				Low	High	
Parent attitude classification	Negative attitude	Count		31_a	43_b	74
		% within Parent knowledge classification		79.5%	44.3%	54.4%
	Positive attitude	Count		8_a	54_b	62
		% within Parent knowledge classification		20.5%	55.7%	45.6%
Total		Count		39	97	136
		% within Parent knowledge classification		100.0%	100.0%	100.0 %

Each subscript letter denotes a subset of parent knowledge classification categories whose column proportions do not differ significantly from each other at the.05 level.

Chi-Square Tests					
	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	13.861[a]	1	.000		
Continuity Correction[b]	12.480	1	.000		
Likelihood Ratio	14.676	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	13.759	1	.000		
N of Valid Cases	136				
a. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 17.78					
b. Computed only for a 2x2 table					

The **Cross-tabulation** above showed the comparison of knowledge and attitudes of parents towards the CSE policy implementation. The Chi-Square test of independence found a highly significant relationship between how parents are classified regarding their knowledge and how they are classified in terms of their attitude ($\chi 2(1) = 13.861$, $p < .001$). Significantly (highly),

more parents with low classification of knowledge (79.5%, n=31) have a negative attitude than parents with a high knowledge classification (44.3%, n=43).

Table 4.35: The Independent Samples T-test for Comparison of Parents' Knowledge And Attitudes Towards Implementation of CSE Policy

	Parents' attitudes index (0 to 100) Parents' knowledge	**Mean**	**SD**	**F**	**Sig**	**T**	**Df**	**Mean**	**SD**
1.	Sex education increases awarenessabout HIV/AIDS among the youth	Yes No	106 30	41.6 34.2	17.3 21.4	1.852	0.176	1.986	134
2.	Using condoms at the same time prevents both sexually transmitted diseases and pregnancy	Yes No	97 39	44.5 29.1	17.0 17.4	0.214	0.645	4.731	134
3.	Use of condoms is an effective birth control method.	Yes No	85 51	44.3 33.0	18.4 16.4	0.198	0.657	3.614	134
4.	Parents are expected to train their children on sexuality education	Yes No	99	42.1	17.5	0.349	0.555	2.156	134
5.	An intra-uterine contraceptive device is an effective birth control method	Yes No	68 68	44.0 36.1	18.5 17.7	0.014	0.905	2.550	134

To determine whether there is a relationship between parents' belief that sex education increases awareness about HIV/AIDS among the youth and their attitude towards the implementation of the CSE policy, the independent samples t-test was used. Table 40, showing the independent samples t-test, found that there is a marginally significant mean attitude difference between those parents who believe that sex education increases awareness about HIV/AIDS among the youth and those who do not believe that ($t(134)=1.986$, $p<.05$). Those who believe that sex education increases awareness about HIV/AIDS among the youth scored significantly higher ($M=41.73$, $SD=17.26$) on the attitude index than those who do not believe that ($M=34.24$, $SD=21.43$).

The independent samples t-test also found that there is a significant mean attitude difference between those parents who believe that an intra-uterine contraceptive device is an effective birth control method and those who do not believe that(t (134)=2.550, p<.05). Those who believe that an intra-uterine contraceptive device is an effective birth control method scored significantly higher with a mean score (M=44.03, SD=18.46) on the attitude index than those who do not believe that, with a mean score (M=36.12, SD=17.68).

The independent samples t-test was used to determine whether there is a relationship between those parents who believe that using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy and their attitude towards the implementation of the CSE policy. Table 40 further revealed that the independent samples t-test found that there is a highly significant mean attitude difference between those parents who believe that using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy and those who do not believe that (t(134)=4.731, p<.001). Those who believe that using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy scored a significantly higher mean value (M=44.48, SD=17.04) on the attitude index than those who do not believe that (M=29.11, SD=17.36).

The independent samples t-test was used to determine whether there is a relationship between parents who believe that using condoms is an effective birth control method and their attitude towards the implementation of the CSE policy. The independent samples t-test found that there is a highly significant mean attitude difference between those parents who believe that using condoms is an effective birth control method and those who do not believe that (t(134)=3.614, p<.001). Those who believe that using condoms is an effective birth control

method scored a significantly higher mean value (M=44.31, SD=18.38) on the attitude index than those who do not believe that (M=33.01, SD=16.40).

To determine whether there is a relationship between whether parents believe that they are expected to train their children on sexuality education and their attitude towards the implementation of the CSE policy the independent samples t-test is used. The independent samples t-test found that there is a significant mean attitude difference between those parents who believe that they are expected to train their children on sexuality education and those who do not believe that($t(134)=2.156$, $p<.05$). Those who believe that they are expected to train their children on sexuality education scored significantly higher (M=42.13, SD=17.50) on the attitude index than those who do not believe that (M=34.57, SD=19.95).

The independent samples t-test was used to determine whether there is a relationship between parents who believe that an intra-uterine contraceptive device is an effective birth control method and their attitude towards the implementation of the CSE policy. The independent samples t-test found that there is a significant mean attitude difference between those parents who believe that an intra-uterine contraceptive device is an effective birth control method and those who do not believe that ($t(134)=2.550$, $p<.05$). Those who believe that an intra-uterine contraceptive device is an effective birth control method scored a significantly higher mean value (M=44.03, SD=18.46) on the attitude index than those who do not believe that (M=36.12, SD=17.68).

4.4.10 Summary of Parent Attitudes and Knowledge Towards the Implementation of CSE

- A larger proportion of parents seem to have a negative attitude to the implementation of CSE.

- Significantly (highly) more parents with low classification of knowledge (79.5%, n=31) have a negative attitude than parents with a high knowledge classification (44.3%, n=43).
- Those who believe that an intra-uterine contraceptive device is an effective birth control method scored a significantly higher mean value (M=44.03, SD=18.46) on the attitude index than those who do not believe that (M=36.12, SD=17.68).
- Those who believe that using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy scored significantly higher (M=44.48, SD=17.04) on the attitude index than those who do not believe that (M=29.11, SD=17.36).

4.4.11 Conclusion

It has been observed in this study that few learners 16 (11.6%) responded that their parents taught them CSE at home; 42 (30.7%) of learners clarified their doubts about sexuality with their teachers, while 38 (27.7%) of learners clarified their doubts with their parents at home. A significant proportion of learners 99 (73.2%) gained information on CSE from Facebook.

Age and religion had a significant effect on whether the learners attend school classes on contraceptives or abstinence. In summary, 64 (46.4%) of the learners exhibited a negative attitude toward the sexuality issues that were raised during the survey.

Level of knowledge, sex, age, gender and religion did not have a significant effect on the attitude of teachers towards the implementation of CSE. Level of knowledge has a significant effect on the teachers' belief that they need additional training on how to teach and incorporate the emotional aspect of human sexuality. The next chapter gives a comprehensive description of the qualitative data analysis of the findings.

CHAPTER FIVE

RESULTS OF THE QUALITATIVE STUDY

5.1 Introduction

This chapter presents the results of the qualitative aspect of the study that explored Objectives 2, 3 and 4 in Phase One. The three objectives are:

a. to explore the perceptions of teachers and learners regarding teenage pregnancy at secondary school;
b. to explore barriers to implementing CSE among girls and teachers at secondary school in three LGAs in Oyo State, Nigeria: Oyo East, Oyo West, and Atiba LGAs;
c. to explore and describe parents' attitudes and perceived barriers to CSE policy implementation.

The section is divided into three main parts in line with the objective of the study. The first part addresses how data was realised; the second describes the demography of the participants; while the third segment presents the findings of the study in line with the objectives as stated above.

5.1.1 Description of Participants

A total of 36 participants were interviewed of whom 12 were learners, 12 were teachers and 12 were parents from six secondary schools (six participants from each secondary school). The ages of the 12 learners ranged between 16 and 18 with an educational attainment of between grade levels 11 and 12 in senior secondary schools. The age range for the 12 teachers used for the study was between 36 and 45. Of the 12 teachers who participated in this study only two teachers from Durbar Grammar school had an educational degree of Master of Arts in education. The remaining ten (10) teachers had their first degree, Bachelor of Art in Education. The ages of the 12 parents ranged

between 46 and 55, with an educational achievement of Bachelor of Arts. Both males and females participated in the interviews. Participants from each selected school were interviewed on a weekly basis for six weeks starting from 9 January 2019 to 17 March 2019. All participants, learners, parents and teachers, are from the Yoruba ethnic group since all of the secondary schools in the setting of this study are from the South West region of Nigeria which is populated by Yoruba indigenes. One exception was a male teacher from Ojongbodu Community Grammar school, from the Igbo ethnic group of the Eastern part of Nigeria. The detailed demographic characteristics of the participants were described in Table 3 in Chapter Three.

5.1.2 Results of the Qualitative Data

The three objectives of this section of the study were to explore the perceptions of teachers and learners regarding teenage pregnancy at secondary school, to explore barriers to implementing CSE among girls and teachers at secondary school in three LGAs in Oyo State, and to explore and describe parents' attitudes and perceived barriers to CSE policy implementation. Five themes from teachers, three themes from learners, and three themes from parents were generated from the data analysis, which explores the perceptions of participants towards teenage pregnancy, and the attitudes and barriers to CSE policy implementation. Direct words/phrases from learners, teachers and parents were used to support the descriptions of these themes. The exact language and phrases that were used by the participants were maintained, but for purposes of clarity and to get the detailed meaning of responses, some grammatical amendments were made. Acronym letters: L‖ to L12 were used to denote the learners; T1 to T12 for teachers; and P1 to P12 for parents. Numbers 1 to 12 were used to denote the participants and their corresponding number in the interview. The results are presented in three sections. The first section presents the results from teachers, the

second section presents the results from learners, and the third section presents the results from parents.

The approach to the data analysis is thematic. Table 41 provides a summary of the themes that emerged with their categories and subcategories from the teachers' semi-structured interviews.

SECTION ONE

5.2 Teachers' Perceptions of Teenage Pregnancy and Comprehensive Sexuality Education

The findings from the semi-structured interviews with the teachers on their perception of teenage pregnancy and comprehensive sexuality education were grouped into themes, categories and subcategories. The themes generated were related to factors influencing teenage pregnancy, prevention of teenage pregnancy, knowledge of the CSE concept, barriers to CSE policy implementation, and the impact of the CSE policy on the teaching of sexuality education. These were discussed as follows:

Table 5.1: Themes and Categories of Teachers' Perceptions of Teenage Pregnancy and Comprehensive Sexuality Education

THEMES: Teachers	CATEGORIES	SUBCATEGORIES
Factors influencing teenage pregnancy	Attitude of the community to teenage pregnancy	Deprivation of teenagers of educative programme and social organisation in the community Negligence of care by parents for teenagers owing to poverty Nonchalant attitude of teenagers to consequences of teenage pregnancy Lack of information on sex education
	Environmental factors	Peer influence Location of school environment Social media
Prevention of teenage pregnancy	Prevention of teenage pregnancy at school level	Early inclusion of sexuality education and moral talk as a subject Making sex education a compulsory subject in schools Abstinence Communication and confidence to say 'No' to sex Knowledge of what to do when raped

THEMES: Teachers	CATEGORIES	SUBCATEGORIES
	Prevention of teenage pregnancy at community level	Counsel parents and guardians at home on CSE importance Conduct constant training and enlightenment programmes on prevention of teenage pregnancy. Youth-friendly clinics
Knowledge of Comprehensive Sexuality Education (CSE)	Knowledge of sex and body part development	Information about sex Knowledge of the development of the reproductive organs and their function
	Knowledge of prevention of teenage pregnancy and outcomes	Giving important information on sexual life such as abstinence from sexual activities. Information on outcomes of sexual intercourse
Barriers to CSE policy implementation	Parent-related barriers	Parental attitude towards care of the child Child abuse and child trafficking
	Teacher-related barriers	Misinformation Insufficient teachers /guidance counsellors
	Learner-related barriers	Learners' behaviour after school hours Learners' truancy Peer influence
	Government-related barriers to acknowledge and provide for the teachers	Non-involvement of the teachers in CSE policy formulation Lack of incentives and instructional materials
	Cultural factors on CSE implementation	Religious influence on CSE teaching Belief sand norms of society
Impacts of CSE policy	Impact of CSE on the core curriculum	CSE curriculum is embedded in other subjects Insufficient time to teach CSE
	Impact on teaching and time	Teaching CSE is marginalised Education programme has effect on teaching period to the learners because of insufficient time to teach CSE

5.2.1 Theme 1: Factors Influencing Teenage Pregnancy

Many factors were perceived by the teachers as influencing the occurrence of teenage pregnancy. Some of these factors were socio-economic. As a result of parental poverty, some teenagers were addicted to drugs and alcoholic drinks. Some parents sent their teenagers on errands to buy alcohol and cigarettes for them. Teenagers want to imitate their parents and so they start drinking and smoking. Peer influence was another factor: teenage girls want to be like their peers who are pregnant because they want to have a sense of belonging among their peers. A teacher's opinion on factors influencing teenage pregnancy was as follows:

In my own opinion there are a lot of factors influencing teenage pregnancy in secondary school. One of them is socio-economic factor such as poverty. Most of these female students come from the family where there is not enough money to take care of them so as a result of this they will be running after male even male students, male teachers may be after the school. Once anybody is ready to give them token to provide their needs they will fall for that person. Apart from that substance abuse, there are some students that are already involved in drug abuse some are smoking cigarette, some are taking alcohol, some are doing a lot of things that wasn't look fit so all these factors are influencing teenage pregnancy in school. (T1 in DG)

Other teachers interviewed in this study listed the depriving of teenagers of educative programmes and social organisation in the community, negligence of care by parents to teenagers owing to poverty, the nonchalant attitude of teenagers to the consequences of teenage pregnancy, the location of the school environment, parental/teacher lack of knowledge (illiteracy), social media/pornography and peer influence as factors perceived by teachers which influence teenage pregnancy. These factors were categorised into the attitude of the community to teenage pregnancy, and environmental factors as follows:

Category 1: Attitude of the Community to Teenage Pregnancy

The attitude of parents to alcoholic drink when they introduce it to their teenage children can make teenage girls get drunk. They can be raped and get pregnant. This was shown in the statement below:

Alcoholic drinks in either the teenager or her parent was found to have a critical influence, a life of alternative entertainment and social infrastructure made schnapps i.e., local beer, a normal part of teenage social life. There are some parents, let me explain this, at their

homes they involve in this alcoholic drink; they even introduce it to their children. By doing this they expose them, the brain will even think negatively so what they have not, what they have exposed to will trigger them to involve in other thing. (T7 in IO)

In the rural community of Oyo State LGAs teenagers are not permitted to talk freely about sex, and it was affirmed by teachers that sex is considered as taboo or sacred, so that younger ones are not allowed to talk about it until they become adults. A teacher even disagreed with teaching the use of condoms and contraceptives to younger ones. This was revealed by teachers as follows:

Then, this our religious factor as well. Religion this days, we see some saying that 'the use of this is bad, the use of that is bad' which is supposed not to be. (T3 in AA)

This is because, these children are not matured enough, when you start teaching them about the use of condom and contraceptives at young age, they will abuse it and most time condom fails, and this can lead to pregnancy. (T4 in AA)

This category was subcategorised into the depriving of teenagers of educative programmes and social organisations in the community, negligence of care by parents for teenagers owing to poverty, the nonchalant attitude of teenagers to the consequences of teenage pregnancy, and a lack of information on sex education.

- **Depriving of teenagers of educative programmes and social organisations in the community**

The response of some teachers as to the causes of teenage pregnancy is that some communities did not allow younger people to talk or hear about sex. Insufficient social organisations in the community and depriving the younger ones of attending some educative

programmes also contributes to factors that influence teenage pregnancy. This was noticed from the verbatim responses of the teachers below:

> *In some communities there are no enough social organisation in some community the… the children are barred from attending some occasions, that program is not meant for adolescent. They are too young to see this; they are too young to be there. In some communities or societies some children are not expected to talk in a particular space. In fact, they are not expected to talk if an elderly persons are talking and any child that try to say something will be asked to stop talking, and say... 'Who are you? You don't talk when an elderly person is talking'... which is not supposed to be.* (T2 in DG)

> *Community with more social organisation and fewer economic resources. It can lead to teenage pregnancy in the sense that exposure of this student to social activities like organising of party, birthday party, ceremony parties so this one can still leads to teenage pregnancy if students involve themselves in all this kind of activities.* (T12 in OJC.)

> *Community and environmental factors also influence it. For it is believed that the environment a child grows up determines how the child will end up.* (T8 in IO)

- **Negligence of care by parents to teenagers owing to poverty**

Low socio-economic factors owing to poverty make some parents neglect their children. Teenagers fall into having pregnancy through looking for rich men to get money for sex. Also, there is a lack of alternative entertainment and social infrastructures. This was revealed by teachers in the following statements:

Social economic factor is involved, and this has to do with poverty. For when a family does not have much to provide for the needs of their children, they may just decide to go out and get money from people who will ask for sex in exchange for money. (T3 in AA)

We have socio-economic factor, when we say socio-economic factor, poverty is the real factor here. You see a child having no money, a child that is not being cared for so the child will try to search for money from men, even nowadays we see some female students asking money from their teachers on daily basis. (T7 in IO)

The economic problem that is common in our environment do encourage them in the low parental income concerning what is happening, for instance, if a child is to pay two thousand naira at the end of the term and he/she will not be able to pay by tenth week before the exam started, he/she will not be able to do the examination. The issue of separating this children to those that are not paid is enough to discourage him or her. (T11 in OPC)

- **Nonchalant attitude of teenagers to the consequences of teenage pregnancy**

Teachers in some secondary schools in the study settings indicated that teenage pregnancy is a problem for teaching and learning. If the teenagers recognised the consequences of teenage pregnancy, their attitude should have been changed to move away from early sex, which will avoid the occurrence of problems that follow teenage pregnancy. Some of the problematic consequences of teenage pregnancy were mentioned by teachers:

... we should lay out the consequences of teenage pregnancy… There are a lot of consequences of teenage pregnancy, such as loneliness. When you've gotten a pregnancy that you know you are not wanting, you will feel remorse. You won't be free to do

something, so you will feel lonely. Another thing is that you will not be able to move closer to your peer group again. Another thing that occurs to those that are pregnant at teen age is that they are drop out of school; another is that they face a lot of hardship and grief. Then, mother's new offspring can experience the following, so, these are some of the consequences that affects these teenage pregnancies. (T6 in OO)

As a problem, one: let's say it will have a negative effect on the population of the school. Where you have at least about 350 students in the school, I mean their total population, and at the end of the day, we have about four or five of them that become teenage pregnant mothers, they will drop out of the school, which is one. Two: Another problem is that it will have another negative effect on them academically, such that they will definitely drop out of school, if not totally, they will drop out of school for a while … (T1 in DG)

…we should be able to lay out the consequences of teenage pregnancy. This includes dropping out of school, loneliness as a result of shame and because their friends may move away from them as they may be considered to be a bad influence. (T4 in AA)

- **Lack of information on sex education**

Lack of information from parents or teachers was also mentioned as another cause of teenage pregnancy by some teachers. Some teachers or parents do not have enough information to give on sexuality education as indicated below:

…we should engage our students; let them know what sex education is, give them more information on sex and let them know the consequences of having pregnancy. (T11 in OJC)

Level of education on the part of the parent, level of education on the part of the teachers. There are some teachers that refuse to update themselves; they are imparting what they are imparting to them when they were at school. (T1 in DG).

When in this level, one don't get required education and it will affect their opportunities to get required sex education, no aspiration, no future ambition, nothing! At this level, teenage pregnancy is very common; teenagers at this level get pregnant frequently and they are drop outs, they don't acquire the required education and their lives do not move on as expected. (T10 in OPC)

Category 2: Environmental Factors

Environmental factors such as the peer group of the teenage girls, the environment where the school is located, such as bushy or hidden areas, and the use of cell phones, all contribute to the occurrence of teenage pregnancy. This was shown in the following statement:

This teenage pregnancy involved the students getting pregnant in their early stage of life most importantly when they are in the school and from our environment; here it is not only the students in the secondary school, even those at junior school becoming pregnant at the early stage of their life. One of the important that gives rise to it is environment, the family and the way they perceive education in this kind of community. (T9 in OPC)

This category was subcategorised into peer influence, the location of the school environment, and social media, as factors that influence teenage pregnancy.

- **Peer influence**

Teachers in this study also mentioned peer group influence in the society as a cause of teenage pregnancy. Some teachers perceive peer groups in the environment not influencing each other to read nowadays, unlike in olden days. It was emphasised by teachers that they were

influencing each other to have boyfriends and girlfriends and children, as shown in the following conversations:

> *The peer groups are not influencing one another to read in school today. In our own days we do,... I mean, we did go for this eh. Night reading, going for reading room, I mean going to reading room but nowadays what we see them doing is that they are talking about their boyfriends, girlfriends and a lot that is the influence of peer group on them and again we have external pressure. What I mean by external pressure is that this company that learners keep have children. This influence another learner to decide to have children and have sense of belonging to them.* (T7 in IO)

> *Peer pressure or peer group influence; some student they emulate some bad behaviour from their friends so that can still lead them to teenage pregnancy.* (T12 in OJC)

> *Peer group is also one of the factors. By the time students begin to move out with people who they are not supposed to move out with, or their friend could already be involved in such acts and could influence them. Also, when they begin to go out unnecessarily without their parents' consent, this may lead to it.* (T5 in OO)

- **Location of school environment**

The location of the school may also be a factor that influences teenage pregnancy, such as a bushy or noisy environment. The location of a school at marketplaces and motor parks will not allow learners to concentrate in the CSE class because of the noise. A bushy environment serves as a hiding place for teenage boys and girls as shown in the following statements:

> *On that environment factor, it has to do with the school environment and even home environment. There are a lot of schools that are not located in a very decent environment. A school that is located around motor pack, what do you expect the student there to be doing? A*

school that is located within the market square where there are enough noise for them even to cause distraction from comprehensive sexual education. (T1in DG)

Another thing is environmental factor. The school environment is bushy, which creates hidden place from learners…, if you look at the other side of this school, you will discover a lot of bushes and it is affecting the school. (T6 in OO).

The school environment is bushy, which creates a hidden place for learners, yes, the school is bushy, they will be able to hide well, whenever they want to do something that is not good. The teachers will not even know that they are in the bush, because everywhere is bushy. We cannot see through the bush so we cannot know what is going on behind the bush, so environmental barrier is also one of it. (T11 in OJC).

- **Social media**

Teachers perceive that many teenagers have handsets/phones which they use to communicate with their friends and they watch a variety of pornographic video clips on sexual issues which tempts them to practice sexual acts. The following reveal the teachers' responses:

… social media today and some things, some things they post on that you will see people without clothe eh... em...video clips, ehm… pornographic video clips on it, so this one expose them too much to that, finally as regarding my own opinion. (T7 in IO)

…the social media like Facebook, WhatsApp is a free world. No one monitors what is posted there. *And we have many applications, search engines that had no barriers that students with phone can easily download to get whatever they want. As it has its benefits, it also has its challenges. So, if there can be some sort of control, it is good, but as it is now it is a factor that is influencing teenage pregnancy in secondary school.* (T10 in OPC)

Social media is another problem, seriously, this social media is affecting our students a lot because most of them have browsing phones, very fine ones that they can do anything on it, watch any movie, any videos and things they are supposed not to watch, Seriously, it is a problem and watching that something like that, I think they will like to try it. (T11in OJC)

5.2.2 Theme 2: Prevention of Teenage Pregnancy

In order to prevent teenage pregnancy, teachers enlightened the learners in the school to focus on their studies and parents were also advised during Parent–Teachers Association meetings to guide their children at home not to keep late nights, to avoid having boyfriends and to avoid watching nude films. The general view of teachers on the prevention of teenage pregnancy was shown in the statement below:

Yes, During our PTA, we use to enlighten them that when you get home, we have series of education systems in which we have gone through and also, this we are trying to imbibe with our parents to tell their children what they are meant to be told at home which includes, one: don't allow your children to be keeping late nights, don't allow your female children to be keeping many boys as friends, and even, if they are having boys as friends, know them and don't allow them to be staying alone in dark areas or in a secluded area where nobody will see them. If they are in that secluded area where no one can see them, they can be practising anything they like and we tried to tell them that they should not be allowing their children to be watching pornographic films, you know we have so many pornographic films in our society these days. How many of them on our social media such as Facebook, Twitter? (T3 in AA)

Category 1: Prevention of Teenage Pregnancy at School Level

Many teachers expressed the view that teenage pregnancy can be prevented at school level by teaching learners sexuality education and by creating a programme that will connect the school to the community, where health talks are given by health workers about the importance of sexuality education. A teacher suggested the connection of the school to the community as a preventive measure against teenage pregnancy. This was revealed from the following response of a teacher:

> *The school should have a connection with the community in which the school is located by inviting the parents and also educating them on what they should do on the children so that they will desist from teenage pregnancy.* (T5 in OO)

In this study, teachers suggested he early inclusion of sexuality education and moral talk as a subject, making sex education a compulsory subject in schools, the creation of sexuality education centres especially for female learners, counselling parent and guardians at home about CSE importance, and conducting constant training and enlightenment programmes to prevent teenage pregnancy. Prevention of teenage pregnancy was categorised by the teachers into two, as follows:

- **Early inclusion of sexuality education and moral talk as a subject.**

Teachers indicated that sexuality education and moral talk as a subject is currently not included in the curriculum. The curriculum of CSE must include moral talk, which should start early in junior secondary school where facilitators and teachers who specialise in CSE can teach the learners about the prevention of teenage pregnancy. This was observed from the responses of the teachers below:

> *I think what will assist the school to prevent teenage pregnancy is that we need to teach comprehensive sexuality education. The school need to bring facilitators, teachers that are educated based on that very subject.* (T8 in IO)

The school should give a comprehensive sexual education and educate the youths properly on sexual education. (T5 in OO)

…one is to give a comprehensive sexuality education, to make our children and students' right from Js1 to let them know what sex is all about, no hidden corners. (T10 in OPC)

- **Making sex education a compulsory subject in schools.**

Teachers want to teach CSE in order to prevent teenage pregnancy and they want the course to be taught separately from other courses like biology and civics. A teacher in LGA supported the view that CSE must be made compulsory, but that there were no qualified teachers to teach the subject. CSE had not been taught as a subject of its own and it should be made obligatory for the learners too, as shown in the following statements:

Because the government have not embarked on it, it has not made it compulsory for teachers to teach it in schools. The government have not really made sexuality education compulsory for teachers to teach in schools, and even if it has been made compulsory, there has been no qualified teachers to teach these subject. At least we should have sex education as a subject in school. (T7 in IO)

In my own opinion, I want to say that it should be mandatory on any students; it should be obligatory, that is, these students must have opportunity to have sexuality education. There is nothing we are hiding again; they're already exposed. The environment they find themselves tells a lot about them, so if we say that it should be optional some students will still be feeling shy to attend; if we make it voluntary many of them will not attend even if teacher is not careful, these students know that this topic we are going to discuss it tomorrow, some of them may not

come to school the following day so it should be made compulsory for every one of them. (T1 in DG)

- **Abstinence**

The majority of the teachers supported abstinence as a method of preventing teenage pregnancy. CSE involves the teaching of abstinence, plus when the learners should abstain from sex. They should be taught about the use of condoms and contraceptives. Abstinence as the only method of CSE was revealed by teachers in the following comments:

... they should allow them to know how to prevent teenage pregnancy by not moving around with boys. (T2 in DG)

By enlightening them more by the moment they begin to get into secondary school, telling them on how to keep themselves and abstain from sexual abuse. (T5 in OO)

Then we must also encourage them on abstinence; then teachers should also teach them on the consequences of teenage pregnancy. (T9 in OPC)

- **Communication and the confidence to say 'No' to sex**

Teachers explained that learners should be taught the skills to say 'No' to sex when their boyfriends and some men are harassing them sexually. Boldness and self-control with good communication skills must be part of what learners should be taught in CSE to prevent teenage pregnancy. This was shown in the following**:**

The students should be taught about self-control, so that they can have the confidence to say No to sex. (T4 in AA)

Teach them to learn to say No to sex when boys are disturbing them, so every time any boys will just come and harass them, they should be able to know how to respond; so the way they respond determine the way they will gets hold of them. (T6 in OO)

I'll tell them that they should be able to know how to say No to sex, when boys are disturbing them, they should not allow intimidation to carry them away because of peer group influence. (T3 in AA)

- **Knowledge about what to do when raped**

Teachers expressed that the learners should have the knowledge about what to do when they are raped in order to prevent teenage pregnancy. Mental health and social work services must be involved in the content of CSE. This will protect the learners from unwanted pregnancy when learners are raped or harassed sexually. This was revealed by teachers in the following comments:

Students can also be directed to mental health and social services. In the case of sexual assault, drugs abuse, this is important in order to prevent rape and other health hazard activities.

(T4 in AA)

Another thing that can be done is by linking students to mental health and social services Especially those that prove stubborn like sexual assault, rape or drug abuse, we should teach them that all these things are not ok. (T2 in DG)

Category 2: Prevention of Teenage Pregnancy at Community Level

Teachers expressed their views towards the people in the community on the prevention of teenage pregnancy, such as prevention by parents and guardians, by teachers in the school, and prevention by the learners themselves. A teacher gave a general view on the prevention of teenage pregnancy as expressed below:

In my own experience, by giving them proper guide because when they have grown up they use practical aspect, then another thing is that we must give them CSE in form of attitudes,

skills, motivation to avoid teenage pregnancy. Skills to be involved that they should have the knowledge and understanding, to have personal practical about it. (T9 in OPC)

- **Counsel parents and guardians at home on CSE importance**

Guidance and counselling of parents at home about CSE was done by teachers to prevent teenage pregnancy. Teachers had dialogues with learners and invited their parents when the learners were misbehaving, and parents were urged to train and guide their children at home to have good morals. This was shown in the responses of teachers:

We will continue to talk to them and invite their parents if we see any of them going astray, we will call their parent and talk to them and then ask the parents too to help in guiding the students. (T5 in OO)

Another participant added:

We need to provide parent education, that is, their parents must have enough time for them at home because, when they have taught them at school the hours they are going to spend with their parents will be more than that of teachers in their various schools. So we need to call for PTA meetings to discuss the issue with the parents. (T1 in DG)

- **Conduct constant training and enlightenment programmes on prevention of teenage pregnancy.**

The teachers explained that teaching and discussion methods were used during Literary and Debating (L&D) meetings where the learners were gathered together in a school hall to teach CSE. A day was set apart for the teaching and discussion on the prevention of teenage pregnancy and sexually transmitted diseases. This was revealed in the following quotes:

...We, the teachers need to put into teaching and into discussion with them, maybe during our Literary and Debating (L&D) and/or in the club we're going to form, because in our own school here, we've met with the principal and we're thinking on how to go about it. (T4 in AA)

The school should have a connection with the community in which the school is located by inviting the parents and also educating them on what they should do on the children so that they will desist from teenage pregnancy. (T5 in OO)

- **Youth-friendly clinics**

Teachers responded that schools should have good health services for the counselling of the youth. Youth development activities programmes were emphasised by the teachers, where all of the teenagers would gather together to discuss issues of sexuality. Youth who are academically sound with good morals were allowed to teach other youth about the prevention of teenage pregnancy. This was shown by the teachers in the following statements:

The school can also direct students to reproductive health services. Especially those with STIs, the school should have good health service and also direct the students to good health service, either in the school or in the community. (T4 in AA)

Youth development activities: you see the era we are now is a computer age, so we should try to understand that at the age of 14, 15, and 16 we should expose them to youth life and tell them more. (T7 in IO)

Youth empowerment programme where youths are allowed to teach youths on sexual education after the elder youth have been trained to teach CSE. (T11 in OJC),

5.2.3 Theme 3: Knowledge of Comprehensive Sexuality Education (CSE)

Understanding of CSE by teachers and transferring of such knowledge to the learners will go a long way towards prevent teenage pregnancy. Teachers understand CSE as information on sex and its consequences as shown in the comment below:

> *Comprehensive sexuality education tries to explain to students what sex actually is. When the students knows what sex is, what influences it, the consequences of premarital sex, it will not make them to have teenage pregnancy that will cut off their education.* (T10 in OPC)

In this study various definitions of CSE were given by teachers, as follows**:** Information that has to do with sex, the development of the reproductive organs and their work, giving important information on sexual life such as abstinence from sexual activities. Also, the use of preventive measures, and the outcome and problem of sexual intercourse. These definitions of CSE were divided into four categories: knowledge about sex, knowledge about body parts and organ development, knowledge about the prevention of teenage pregnancy, and knowledge about the consequences of teenage pregnancy.

Category 1: Knowledge About Sex and Body Parts Development

Teachers understand that CSE is concerned with conveying knowledge about sex and body parts. CSE involves an understanding of the development of the reproductive organs like the penis, vagina, breasts and body parts, and how they develop into maturity. This was shown in the statements below:

> *Sex education is a knowledge that is given to students to know about sex itself in particular.* (T4 in AA)

> *Sexuality education has to do with the all the issues that has to do with sex. It has the development of the reproductive organs and its work it has to do with conception. It entails*

the treatment that involve during the pregnancy period, it has to do with taking care of the children that is antenatal, ehm.. prenatal and even postnatal, these are the all the aspects of Sexuality education. (T1 in DG)

The subcategories under this category were information about sex and giving important information on sexual life such as abstinence from sexual activities.

- **Information about sex**

Teachers in this study understand CSE as information that has to do with sex. CSE was understood by the teachers as a way of imparting knowledge about sex into the lives of both genders. This was revealed from the responses of teachers about their understanding of CSE, as follows:

Comprehensive sexual education, exposing them to all about sexual life. (T7 in IO).

Sexuality education has to do with the information that has to do with sex. (T1 in DG)

Comprehensive sexuality education is a way of imparting knowledge about sex into the lives of students both male and female in order to know the way they will be able to maintain their way of life. (T6 in OO)

- **Knowledge about the development of the reproductive organs and their function**

Some teachers explained that CSE helped the learners to gain knowledge of body development with anatomy and physiology. CSE teaches the consequences of teenage pregnancy and its prevention. This was given in the subcategories, as revealed in the quote below:

Sex education is a knowledge that is given to students to know about sex itself in particular. It teaches the consequences and how teenage pregnancy can be prevented in our schools and environment. (T4 in AA)

It has to do with the development of the reproductive organs and its work. It has to do with conception; it entails the treatment that involve during the pregnancy period; it has to do with taking care of the children that is antenatal, ehm.. prenatal and even postnatal, these are all the aspects of sexuality education. (T1 in DG)

What we normally teach them on sex education is that as teachers teaching biology will teach them various organ in the body and their various stage in life, because as a child although those organs are there but they may not be able to perform function. (T9 in OPC).

Category 2: Knowledge on Prevention and Outcomes of Teenage Pregnancy

CSE was understood by most teachers as giving information to learners about sexual life in order to prevent teenage pregnancy. This was shown in the words below by one of the teachers interviewed:

In my own understanding, sexuality education could be a form of educating students on the havoc of getting involved in sex before marriage. (T5 in OO)

This was indicated in the subcategories below:

- **Giving important information on sexual life such as abstinence from sexual activities**.

Teachers explained that CSE gave important information on abstinence from sexual activities to prevent teenage pregnancy. CSE was understood by teachers as a way of imparting knowledge about sex into the learners' lives in order to maintain their way of life. CSE was seen as educating learners on the use of measures to prevent teenage pregnancy. This was revealed in the quotes below:

... sexuality education could be seen as... the use of preventive measure and abstinence. (T7 in IO)

... sexuality education is a way of imparting knowledge about sex into the lives of students both male and female in order to know the way they will be able to maintain their way of life. (T6 in OO)

Comprehensive sexuality education is the type of education that will assist students, school and home. Even when they are alone, they will be able to respect themselves, have self-control, they will be able to control themselves so that they won't regret their action later in the future. (T11 in OJC)

- **Information about outcomes of sexual intercourse**

Teachers indicated that the teaching of CSE will make the learners to know the negative outcomes of sexual intercourse at early age. Teachers understood that CSE could prevent the drop out from school that may lead to cessation of their academic career. This was noted in the following statement:

At early age having sexual intercourse may lead to pregnancy and involving in this it will make them be out of school; they will drop out of school and they will be involved in so many family responsibilities at early stage where their mental capability, their physical capacity are not up to, so they will just like abusing themselves. (T7 in IO)

Since they know that it will destroy their lives, they will not move forward or progress because dropping out of student will also affect them; they won't be able to go to school and that means their education ... there will be problems academically. (T11 in OJC)

Apart from abstinence, we can also teach the havoc that can happen to them, the things they can lose if they get involved in sexual intercourse. For there are things they tend to lose in life if they get involved at such age. (T5 in OO)

Teachers declared that CSE provides the information that gives learners knowledge about the outcomes or consequences of teenage pregnancy. This was explained by the teachers in the following subcategories:

5.2.4 Theme 4: Barriers to CSE Implementation

Various barriers to CSE policy implementation were stated by the teachers, some of which were related to teachers, parents, learners and the government. Parents are negligent of the care of teenage girls, there is a lack of teachers and resources to be used to teach CSE, and misinformation by the teachers as a result of a lack of knowledge on CSE training. The general view of the teachers on barrier to CSE implementation was that the government did not involve teachers in the formulation of the policy. This was shown in the statement below:

As I said earlier, the government does not even improve the teachers and the community in making the policy. The community should also get involved. The teachers are the implementers of the policy to the learners; the learners and the community should also be aware of the policy to contribute to how the policy would work. (T5 in OO)

In this study the teachers' views of barriers to the implementation of CSE were categorised into three major barriers which are parent-related barriers, teacher-related barriers, learner-related barriers and government-related barriers. These four categories were subcategorised into ten barriers: Parental attitude towards care of the child, child abuse and child trafficking, lack of knowledge, misinformation, peer influence and learners' truancy, learners' behaviour after school hours, insufficient teachers /guidance counsellors, lack of incentives and instructional materials

Category 1: Parent-Related Barriers

Parents who have a low income will not give proper care to cater for the needs of teenage girls. It was revealed by the teachers that family barriers leading to inadequate provision for teenage girls can make the girls look for rich men to survive. Thus, the CSE policy cannot be implemented when there is poverty in the family. This was evidenced by the quote below:

Family barrier – inadequate provision for child. Poor family will not care enough for their female ones; I think this one will be reduced in the society. Poverty is the major factor, as I've said the other time. so teenagers will be looking for rich man or boyfriend who will give them money. (T7 in IO)

The parental barriers to CSE implementation were perceived by the teachers as parental attitudes towards the use of contraceptives, child abuse and child trafficking, and parental lack of knowledge of CSE. Other barriers mentioned by the teachers to support parental barriers are inadequate provision for childcare as a result of poverty, conflict of parental guidance such as single parenting, divorce, separation, negative attitudes of parents to the CSE teaching, and family barriers as reflected by the teachers in the following sub-category:

- **Parental attitude towards care of the child**

Teachers declared that improper caregiving to teenagers as a result of poverty is a barrier to the implementation of CSE. Inadequate care for young girls causes the teenagers look for money by any means and all the efforts of the teachers in teaching CSE become useless when the teenagers become pregnant. This was revealed from the responses of the teachers in the following:

Inadequate provision for childcare: some parents are unable to care properly for their children; maybe because of poverty they did not take care of their children. By doing so, it will enable learners to follow rich people who will give them money for sex. When children

from poor background see children from rich home who will give them money, food and so on, through these they will have sex with them. (T2 in DG)

If a child lacks good parenting care he/she become free; she can just involve herself in any activities and in our surroundings we have polygamous family that is common; the father may not be able to take care of the house. (T9 in OPC)

Parents are not ready to perform their role: a child in SS3 that is collecting fifty naira from 8am to 2pm, do you think that fifty naira will be enough for her? But if her parents give her enough money from home that will be enough for her; she won't be asking for money from unreasonable sources. (T5 in OO)

The major problem now in this society is divorce. You see broken home is the major problem. If the parents are not together, the child will at least belong to someone … the child will be so free, to do and undo. (T7 in IO)

- **Child abuse and child trafficking**

Teachers revealed that parents send their teenagers on errands to hawk and sell food items and water sachets early in the morning and during the school hours, thus making the learners absent from the CSE class. Also, as a result of poverty, parents send their teenagers to live with grandparents or neighbours.

If learners are not regular in class to listen to the teaching of CSE, some are hawking during the school hours, selling things on the street so all this things can still lead them to teenage pregnancy. (T10 in OPC).

Another one is juvenile delinquency and truancy. My explanation on this is child abuse; most learners, before they go to school, they hawk things around, they sell things during school

hours, so this make them to be absent from school when teaching and learning is going on about sexuality education, so they don't get to learn the comprehensive sexuality education. (T5 in OO)

Category 2: Teacher-Related Barriers

Lack of training for teachers to upgrade themselves in the teaching of CSE was perceived by teachers as a barrier to the implementation of the CSE policy. Teachers asserted that they need training on the new concepts of CSE, which is abstinence plus the use of condoms and contraceptives to prevent teenage pregnancy. If teachers are being limited to the knowledge of abstinence only, the CSE policy will not be implemented in detail. This was shown in the following statement:

If teachers don't have access to this knowledge, they will definitely not be upgraded in teaching of it, like those days abstinence is the only thing. They will now say that abstinence cannot be a cure to what we have on hand, so use of contraceptives and condom use to come. Then if teachers don't have updated information on contraceptives and condoms, how will they have adequate knowledge to teach the children? Another things is lack of resources. (T9 in IO)

Teacher-related barriers to the implementation of CSE are subcategorised into misinformation, insufficient teachers/guidance counsellors. These were explained by the teachers as follows:

- **Misinformation**

Teachers revealed that some learners are being misinformed by teachers about CSE because of a lack of knowledge on the part of the teachers. As a result of limited training on the new concepts of CSE, this leads to a decrease in knowledge of comprehensive sexuality education,

which makes teachers give the learners wrong information on sexuality education. This was indicated by the teachers in the following:

> *… if a child is misinformed, especially from teachers it will become difficult for parents to correct them at home because the child knows that the authority that he/she can have from the parents rather than the teachers, so if they are misinformed that may be a problem.* (T9 in OPC)

> *As a teacher, we need to give right information to the students, we need to pass right knowledge to them. As a teacher, I shall not be feeling shy to the extent that I will not be able to discuss what is expected of me to teach the learner in the class. Some teacher will not be able to free even to mention all the reproductive organs freely even by the time you start talking about breast, uterus, penis.* (T1 in DG)

- **Insufficient teachers /guidance counsellors**

Another teacher-related barrier, as revealed by teachers, is insufficient teachers to teach CSE. There were not enough teachers to teach CSE, and the guidance counsellors who used to visit the school are not enough to reinforce the teaching of the course. In addition, there was a lack of qualified and experienced teachers to teach CSE. This was explained by the teachers in the following statements:

> *For example, lack of qualified and experienced teachers: some of the teachers are not well taught about this comprehensive sexuality education, so not all the teachers have this knowledge on sexuality education, but it is all the teachers that should know this sexuality*

education. I mean how to teach the student so that they will not be involved, so the insufficiency of teachers is a barrier to CSE implementation. (T2 in DG)

Then we have the school barrier, poor quality of schools where there is lack of teachers to teach CSE. Some teacher prefer male teacher to teach female learners on CSE, so these are some of the barrier and these are some of the problem we have in implementing CSE at school. (T9 in OPC)

Category 3: Learner-Related Barriers

The attitude of learners towards education is also perceived as a barrier to CSE policy implementation. Some of these behaviours included truancy, and juvenile delinquency, such as drug abuse, prostitution, stealing, and gangs. Absence of learners from the class makes them miss some important lessons in CSE class. This was noticed by the teachers, as follows:

A child that is not coming to school all the time will not have access to all the lessons on comprehensive sexuality education and sex talk, so if a child doesn't come to school very well, he or she will miss all these good lessons and will be opened to the social vices of teenage pregnancy. The child may engage in juvenile delinquency acts like drug abuse, prostitution, stealing, bullying, ganging, betting, and so on. (T10 in OPC)

Some barriers related to learners were subcategorised into learners' behaviour after school hours, learners truancy, and peer influence.

- **Learner' behaviour after school hours**

Some learners behave badly after school hours. They will not go home immediately after school hours, thus they used the period to hide in the bush and they even lock themselves in the classrooms whenever teachers have gone home. This explanation by the teachers were given in quote below:

... school environment is so bushy to the extent that students can just go there any time they like, hide themselves there and do whatever they like. Even some schools within the school if the principal of the school is not, ehm ... is not conscious enough, if all the staff members of the school are not at work, even after closing when teachers are expected to have left the school. You can see some of the students that lock up themselves inside the classroom. (T1 in DG)

- **Learners' truancy**

Irregularity of attendance of learners in the CSE class is another barrier to CSE implementation. Learners who are not regular in the class will not achieve some important information in the CSE lessons. Also, if the few teachers who were available to teach the learners have absconded from the class. This occurs as a result of juvenile delinquency and truancy. Teachers revealed the issue of truancy in the quote below:

If learners are not regular in school to read on CSE, the teachers are there, the students that will attend the class are not there. (T9 in OPC)

- **Peer influence**

Learners explained that being a virgin is not recognised by teenagers nowadays. Socialisation is now the order of the day for the young boys and girls in terms of sexual intercourse. Those who are still virgins among them will be categorised by their peers as not sociable. This also results in the learners' nonchalant attitude towards the teaching of CSE. Most of these learners do not even use protection while engaging in sexual intercourse, which may lead to teenage pregnancy and cross- infection. This was shown in the statements below:

Peer group influence whereby these girls influence one another badly. Asking their peers that… are you still a virgin? (T3 in AA)

Another barrier is peer influence of learners. When learners are moving with bad peer in school or at home who are not a good model, these too can lead to teenage pregnancy. (T2 in DG)

Category 4: Government-Related Barriers

The time given by the government to teach all the subjects per day was not enough for the eight academic subjects being taught. Adding the CSE course to the main subjects such as biology, civics, and social science will be another burden for the teacher in terms of the limited time allotment to each subject. This was expressed by a teacher in the quote below:

You know in schools these days, at least, we're supposed to teach the child on a subject for about 45 minutes or 40 minutes and we're closing by 2pm, and government said we should be offering eight subjects per day. How do we go about that? (T3 in AA)

Government-related barriers to CSE implementation are the lack of a supportive environment for teachers, curriculum barriers, the lack of funding for CSE specialties, non-involvement of teachers and the community in the formulation of the CSE policy, the non-availability of resources, a scheme of work and laboratories, the lack of specific teachers and counsellors for CSE, and non-involvement of teachers in the CSE policy formulation. All of these barriers were mentioned by the teachers in this study from various secondary schools, as indicated below:

- **Non-involvement of teachers in CSE policy formulation**

Teachers in this study responded that the CSE policy was not implemented because of not involving teachers in development of the policy. Teachers explained that they were the implementers of the policy and so they should have been involved while the policy was being created. This was explained by the teachers in the statements below:

One of them is that the government does not involve the teachers and the community in making the policy. The teachers are the implementers of the policy to the learner, so the teachers and the community must be aware of the policy to contribute how the policy will work. (T6 in OO)

The teacher to take the subject may not be involved right from formulation. It is when the teachers are there when the policy is being formulated that they will know the extent of their involvement. They will know how to tell the government what they will need to be successful on the topics. (T2 in DG)

- **Lack of incentives and instructional materials**

Teachers reported lack of motivation in the form of incentives for the teachers and the lack of resources such as the lack of instructional material were barriers to CSE policy implementation, as shown in the quotes below:

Yes, we need motivation, we need to be getting paid on time, and I will need to be encouraged. They should not be limiting us to the certificate in which we were being employed with; at least, they should be encouraging us to go further and even after that, after coming back from our courses, they should be accepting the certificate from us. (T3 in AA)

We do not have enough resources, the teaching materials and everything we need, even though we lack laboratories, so there is no how this comprehensive sexuality education can be improved and we do not have the materials that will serve as resources like contraceptives, technical resources like cardboard, television, model to do practical for the learners. (T6 in OO)

There is lack of supportive environment for those that will implement the curriculum, lack of financial back-up for the teacher to implement comprehensive sexuality education. (T2 in DG)

Category 5: Cultural Factors to CSE Implementation

Teachers explained cultural factors in term of the norms and beliefs of various ethnic groups in Nigerian society and the religious diversification of ideas indicating that the giving of information about sex to young ones might make them practise sexual intercourse early. These cultural factors that influence CSE implementation were revealed in this study by the teacher in the following:

Well, some culture especially in Nigeria, we have about 250 ethnic groups, the … and we … there is, ehm… ehm… diversification of ideas, for example, the belief and norm of the society that giving information to young people about sex, it makes them practise sexual intercourse early, sex is considered as taboo, that is not supposed to be mentioned in the public in the presence of younger ones. (T7 in IO)

- **The belief and norms of the society**

Sex was perceived as something that sacred for the younger ones in Nigerian society. Sex was not meant to be mentioned openly in the presence of children and it was considered as taboo for the learners because of the belief that it makes younger ones practise sexual intercourse early at a tender age. This was revealed by the teacher in the statement below:

Another thing is cultural factor. For example, the belief and norms of the society that giving information to young people about sex will make them practise sexual intercourse early, so

some of these cultural practices even from this, young ladies today practise sexual intercourse at early stage which is not encouraging ... so sex is considered as taboo that is not supposed to be mentioned in the public in the presence of the younger ones, so we are not supposed to mention sex in the presence of younger ones, but today, they are not even feeling ashamed of mentioning it, which is a very big barrier that the moment they heard of it they can fall into victim. (T6 in OO)

That is their own belief, cultural factor, so sex is considered as a taboo that is not supposed to be mentioned in public in the presence of the teenagers. (T11 in OJC)

- **Religious influence on CSE teaching**

Teachers explained that religious beliefs in Nigeria supported the abstinence-only method as a preventive measure for teenage pregnancy. Religious beliefs in Nigeria disagreed with the use of contraceptives and condoms. This is being referred to as an abomination, as revealed in the following:

Most of our teenagers here are practising Christian and Muslim religion and in these religion contraceptives and condom is an abomination; the only thing they allow is abstinence and this boy and girl in what they see abstinence cannot work with them, so because of this religion barrier the use of condom and contraceptives were not encouraged. (T9 in OPC)

Now, religion supports teaching of abstinence-only education without use of contraceptives and condoms; all religion agree with virginity before marriage. Now, you know according to the Bible and even the Quran, girls should maintain their virginity before they get married; girls should not allow any man to tamper with their virginity according to all religion that are teaching to abstain from it. (T8 in I

5.2.5 Theme 5: Impacts of the CSE Policy

Teachers expressed the view that the CSE policy does not motivate them to upgrade their knowledge to enlighten them on CSE. Teachers felt that they need extra training, such as sending them to workshops and seminars on CSE continuous training to enlighten them on CSE knowledge. This was shown in the following:

> *The policy does not give room for continuous training of teachers on the CSE; there should be an interview training even when we have the teachers to teach, they should also continue to organise seminars, enlightening teachers on how to guide the students on sexuality education. There should be a policy on that.* (T5 in OO)

In this study teachers explained that the CSE policy has an impact on the curriculum in terms of teaching and time for the implementation of the subject. This was revealed in each of the categories, as shown below:

Category 1: Impact of CSE on the Core Curriculum

The CSE subject is embedded in other subjects like civics, biology and social study. Teachers explained that the CSE policy changed the subject into another subject entirely, and because it is not a stand-alone subject, much stress is created to finish the subject in time. This was revealed by the teacher in the quote below:

> *The policy does not give room for enough time to teach sexuality education, because it is embedded in another subject. There is no specific time to teach sexuality education.* (T5 in OO)

- **CSE curriculum is embedded in other subjects**

The teachers in this study said that the CSE curriculum is embedded in other subjects like civics, biology and social study; thus, they concluded that it is affecting their teaching periods. The

responses of the teachers to the impact of the CSE policy on the teaching of sexuality education in secondary schools are shown in the statements below:

... the policy does not separate the curriculum of CSE from other subjects … it has to be separated so that there will be proper attention and focus by the teachers and students, so that the curriculum will serve as a guide in order to teach the students, because CSE is included in the other subjects like biology and civics and this makes it tedious for the teachers to overwork themselves in teaching CSE. (T6 in OO)

There should be a subject that the time will be allotted; the subject allocated on the time table that will typically teach comprehensive sexuality education and there should be expert in the school for CSE. (T7 in IO)

- **Insufficient time to teach CSE**

Teachers emphasised that there was not sufficient time to teach CSE and that the CSE coordinator/specialist comes only once in a while. There was no time schedule for CSE on the timetable. Insufficient time for the teaching of CSE did not allow the teacher to finish the content of the subject. The impact of CSE on time consumption was explained by a teacher in the comment below:

Where is lack of cooperation between the administration and the comprehensive sexuality education and the specialist to schedule the time to teach comprehensive sexuality education, especially when the comprehensive sexuality education coordinator used to come once in a while to teach the subjects that communication barrier is too full. School organisation should give time to teach comprehensive sexuality education. (T2 in DG)

Category 2: Impact on Teaching and Time

Teachers indicated that the CSE policy has an impact on teaching time. Since the subject CSE was added to another subject it requires extra additional time to teach the subject, which was not possible. The teacher must finish the core subject, like biology, first before starting CSE and the time was not sufficient before another teacher entered the class to teach another subject. The impact of the CSE policy on teaching was described by the teacher in the statement below:

> *One, because of the fact that the curriculum of CSE is cumbersome and time for teaching is not enough. Even for teacher that has to take other subjects he/she will not finish with the main subjects, not to talk of others; another thing is that CSE is not separated as a subject on its own and teaching of CSE on its own is time consuming in the fact that, after taking the theoretical aspect in the class, practical will need to come in; the resources, the materials that are needed may not be available, so it will be difficult to teach.* (T9 in OPC)

- **Teaching of CSE is marginalised**

The majority of teachers in this study revealed that for the CSE policy to be fully implemented the subject should be a separate subject and must be fully taught without being linked with biology, civic and social studies. The responses of the teachers to the effect of the CSE policy are shown in these quotes below:

> *… They embedded this subject sexuality education in other subject. Take for instance biology, so before you could use 45 minutes to explain the real work in the curriculum, you will see that another teacher is waiting for you outside; you will see that you are having another class… the policy does not separate the curriculum. I've said it earlier on, that you don't mix biology with sexual education, don't mix. Don't think it should be taught with*

civics, don't believe that in social study they should be taught, so let there be a separate subject for this… (T7 in IO)

The policy does not give more time to teach comprehensive sexuality education; it is embedded in another subject, so we don't have it as a subject. If we have it as a subject we will be able to tackle it and explain more on it until the students understand. (T2 in DG)

- **Education programme has an effect on teaching the learners because of insufficient time to teach CSE**

Insufficient time to teach CSE was causing a problem for the teachers to implement CSE effectively. Since the CSE curriculum is big, it consumes a lot of time and extra time was not given by the policy to implement CSE. This was explained by the teachers in the comments below:

It is really time consuming. The teachers have to finish teaching the core subjects before teaching it. For example, a teacher has to finish teaching core subjects like biology and civics before teaching CSE because all the time might have been spent on teaching CSE alone. (T5 in OO)

*I'm teaching geography, so my own physics are not completed because you have given me another course geography; how will I have time to teach sexual.... sexuality education? Whether you call it sexuality education or comprehensive education, there is no time; there is no time at all … the curriculum is so cumbersome**.** The curriculum is so voluminous. There is no time to break down the curriculum … and the policy does not give more time to teach CSE.* (T7 in IO)

SECTION TWO

5.3 Learners' Perceptions of Teenage Pregnancy and Comprehensive Sexuality Education

The findings from the in-depth interviews with the learners on their perceptions of teenage pregnancy and comprehensive sexuality education were grouped into themes, categories and subcategories. The five themes generated were related to perceptions on teenage pregnancy (TP), factors influencing teenage pregnancy, prevention of teenage pregnancy, and learners' views on CSE policy impact, perceived barriers to the implementation of CSE policy, opinions and reactions of learners on CSE. These are discussed as follows:

Table 5.2: Themes and Categories of Learners' Perceptions of Teenage Pregnancy and Comprehensive Sexuality Education

THEMES:	CATEGORIES	SUBCATEGORIES
Factors influencing teenage pregnancy and barriers to CSE policy implementation	Learners' behavioural factors	Behaviour of teenagers Illegal and uncultured sexual act of teenagers Juvenile delinquency
	Sociocultural factors	Improper education Religion and culture barriers
	Economic factors	Family-related barriers Government issues
	Educational factors	CSE policy barriers Curriculum-related barriers
Prevention of teenage pregnancy (TP)	Knowledge of CSE	Knowledge on the concept and importance of CSE Information on contraceptives, the anatomy of body parts and boosting of morale
	Prevention of teenage pregnancy at school and at home	Teaching CSE as a subject in the school curriculum Teaching of the use of condoms and other contraception Parental counselling of teenagers on abstinence and premarital sex
Learners' views and reactions to CSE policy impact	Impact of CSE on prevention of teenage pregnancy	Avoidance of bad peer group Reduces and solves social problems associated with teenage pregnancy

5.3.1 Theme 1: Factors Influencing Teenage Pregnancy and Barriers to CSE Policy Implementation

There are many factors that can influence teenage pregnancy, some of which are learners' behaviour, such as peer group influence, sociocultural factors, and economic factors in terms of poverty. The general factors influencing teenage pregnancy were given by a learner in the statement below:

> *Juvenile delinquency and truancy, for learners are not regular in class to be able to hear the teaching of CSE as well as through hawking and selling things during school hours.* (L1 in DG).

The factors influencing teenage pregnancy were categorised into learners' behavioural factors, sociocultural factors and economic factors. Based on the findings from the respondents, the factors influencing teenage pregnancy were also divided into different subcategories such as the rampant bad behaviour of teenagers, the illegal and uncultured sexual acts of teenagers, and juvenile delinquency as shown below:

Category 1: Learners' Behavioural Factors

The learner-related factors were described by learners as the rampant bad behaviour of teenagers: immoral sexual acts, illegal and uncultured sexual acts of teenagers outside marriage, and juvenile delinquency. These learners' behaviours were explained by the learner in this statement:

> *Another one is juvenile delinquency and truancy. If learners are not regular in the class to listen to the teaching of CSE, hawking during school hour or selling thing on the street before coming to school.* (L7 in IO)

- **Behaviour of teenagers**

Learners in this study perceived teenage pregnancy as a menace that was increasingly becoming rampant and uncontrollable, although it could be prevented. CSE is very important for the teenagers in order to prevent teenage pregnancy. Learners recognised that they are the leaders of tomorrow and that they need a bright future to complete their academic goals and careers. This was shown in the following quotes:

> *…What I feel about this female pregnancy is that it is something that can be stopped because the way it is increasing nowadays, it is becoming a menace and uncontrollable and even a damage to our future as a teenager, because I see teenagers as tomorrow leaders.* (L7 in IO)

Findings from the learners also showed that cases of teenage pregnancy had been reported in their schools and environment, as shown in this comment:

> *The number of female teenage pregnancy I have noticed in my environment and in other schools is not up to 5…* (L3 in AA)

> *Well, since I have been admitted to this school, I can count like four teenage girls that had this teenage pregnancy. Thank you.* (L5 in OO)

- **Illegal and uncultured sexual acts of teenagers**

Other responses from the learners showed that teenage pregnancy was perceived as illegal and uncultured, which has consequences that may even lead to death. Learners recognise that teenage pregnancy has a lot of disadvantages. They have the knowledge that as teenagers their bodies are

not yet mature enough to bear children. It becomes illegal and uncultured. This is shown from the responses of learners in the statements below:

> *Teenage pregnancy is a pregnancy that one get at its young age between the age of 12, 13, 14,15 because pregnancy get at that age is called illegal pregnancy, so what am going to say is that teenage pregnancy is an uncultured form of action that such people do that can leads to death of that person.* (L10 in OPC)
>
> *Teenage pregnancy is the same thing as unwanted pregnancy. One should abstain from sex when someone is not ready to bear any child. He or she should abstain his or herself from sex in order to prevent unwanted child or pregnancy. Some student may want to have abortion which may damage their womb, because it will cause damage for their future because their future is damaged. If they want to bear any child in the future, they will have problems because of the abortion they've had when they were young. It is a big problem in our society.* (L11 in OJC)

- **Juvenile delinquency**

Learners respond that factors leading to teenage pregnancy are juvenile delinquency and truancy, which occur as a result of child abuse on the part of the parent. Poverty makes some parents send the young ones out on errands to be doing petty trading before going to school. Once the young learners know how to trade and get money, they stop going to school which lead can to pregnancy at a young age. This was revealed in the quotes below**:**

> *My explanation on this is child abuse. Most learners, before they go to school, they hawk things around, they sell things during school hours, so this make them to be absent from school where by teaching and learning is going on about sexuality education, so they don't get to learn the comprehensive sexuality education. (L5 in OO).*

...when there is no money for learners, and that leads to prostitution, while some female youths don't have anything to do than to go for prostitution, this will reduce the motivation of learners to stud;, they prefer having sex in order to get money than to face their education or career... (L12 in OJC)

Category 2: Sociocultural Factors

Other factors that influence teenage pregnancy are sociocultural factors such as the beliefs and norms of the society, which argue that providing sexuality information to young learners will make them practise sexual intercourse at a younger age. This was mentioned by the following learner:

Another factor is cultural factor because the beliefs and norms of the society that giving information to young people about sex will make them practise sexual intercourse early. Sex is considered as taboo that it is not supposed to be mentioned in public in the presence of the younger ones. (L1 in DG)

Sociocultural factors were subcategorised into improper education and religious and cultural barrier. The improper sexuality education given to teenagers at home and the perception of society that the word 'sex' should not be mentioned in public or in the hearing of younger ones are the factors leading to teenage pregnancy increasing on a daily basis in schools. This was revealed by learners in the following subcategories:

- **Improper education**

Wrong information given by the society to the learners about sex deprived them from having proper education on what sexuality entails; thereby making them victims of teenage pregnancy. This was noticed in the statements that follow:

...we have the cultural factor as well and this is because the beliefs and norms of the society holds that giving information to young people about sex will make them practise sexual intercourse early. This is because, in our culture, there are some thing that are believed to be bad for teenagers, which may destroy their lives, and it is believed that given the information to teenagers about sex will force them too to experiment it. (L3 in AA)

*...there are many people that believes that sex is consider as forbidden that is not supposed to be mentioned in the presence of younger ones, so belief of people in our society is that to avoid premarital sex, information about sex shouldn't be given. But by giving the relevant information about this sexual education it will let them know the consequences of teenage pregnancy. (*L10 in OPC)

- **Religious and cultural barriers**

Religion and culture are also part of the factors influencing teenage pregnancy and they also pose barriers to the implementation of the CSE policy, as reported by the learners because religious and cultural beliefs, according to them, are centred on abstinence only but they reject the use of contraceptives and condoms. This is shown in the statement below:

You know religion supports teaching of abstinence only education without use of contraceptives and condoms use; all religions agree with virginity before marriage. (L5 in OO)

In the Quran it said that whoever that is having sex with a man that is not her husband the person should be flogged 100 times; if it's a man he should be stoned at the market. The Bible also has negative behaviour to it; also our traditional they value virginity, so this shows that there must not be using of condom except for those that are married and they want to make a child planning. (L10 in OPC)

Also, some learners pointed out that in some religions, teenage marriage and premarital sex is allowed as long as she is physically mature enough to get married or bear children. This was shown in the statements below:

> *…in our environment, we have so many religions, which include Christianity, Islam and traditional religion. And in all these religions we have leaders, which include clergymen, pastors, imams and co. And they always preach that early sexual activities among teenagers is bad and that we teenagers should try to avoid it, and Muslim religion on the other hand believes that a 15-year-old female is ripe for marriage. Such teenagers will be influenced in their environment because of her religion and may decide to become a prostitute for she believes she is old enough to engage in sexual activities.* (L3 in AA)
>
> *Our religion like the Muslim religion allows pregnancy after introduction, then they can allow the woman to get pregnant before marriage.* (L1 in DG)

Category 3: Economic Factors

Inadequate provision of care for children by parents who allowed their children to do petty trading, by hawking and loitering around without staying in the class, as a result of poverty are the major factors leading to teenage pregnancy as mentioned by the learner in the statement below**:**

> *If parents are not financially alright, it can affect their children. Poverty is another barrier; if there is poverty in the family and the female child has been given money outside from a man and she knows her parent are poor, she is going to collect it and through this teenage pregnancy can happen…* (L 9 in OPC).

Furthermore, the general view of learners about government barriers to the implementation of CSE was expressed by a learner as the lack of a supportive environment or advocacy, and the lack of financial back-up for the teachers, as indicated in the comment below:

Policy or government barrier is also there. Lack of supportive environment for those that will implement the curriculum. Lack of financial back-up for the teachers to implement CSE, i.e., comprehensive sexuality education. (L7 in IO)

Economic factors were subcategorised into family-related barriers, which include inadequate provision and care for the learners by parents as well as parents allowing learners to hawk goods in public places, and government issues, which include government inability to provide teachers with financial and material resources to teach CSE.

- **Family-related barriers**

The general comment of learners about family-related barriers to CSE policy implementation was the inadequate provision for learners' care as a result of poverty. This makes parents unable to fund and provide childcare. It also makes parents give their teenage girls to be married to rich men. This was reflected in the quote below:

...the first one include family barrier, my explanation on that is inadequate provision for child care. Most of families these days don't really have the ability to fund this project to help the child to learn about this comprehensive sexuality education. Another one is poverty, this makes parents to give out their children at early age to rich men (L5 in OO). Another opinion of learners about family-related barriers to the prevention of teenage pregnancy relates to conflict and parental violence, which can lead to parental separation, single parenting and divorce, as quoted below:

...Conflict and parental violence, single parenting and divorce is also one of the barriers (L2 in DG)

Another learner corroborated this:

If parent get divorce, for example, now if a woman leave her children with her divorce husband and marry another man these can affect the children especially the female because if she doesn't see anyone to guide her through; she can get pregnant(L9 in OPC)

Furthermore, poverty makes some parents send the younger ones on errands to do petty trading before going to school which paves the way for learners to become pregnant when they are loitering on the corners. This was explained by the learner in the statement below:

Most learners, before they go to school, they hawk things around; they sell things during school hours, so this make them to be absent from school, whereby teaching and learning is going on about sexuality education, so they don't get to learn the comprehensive sexuality education (L5 in OO).

Another learner corroborated this point in the comment below:

Hawking can lead to teenage pregnancy if a female students who is supposed to be in class is outside selling things to different people, so through this she can sell to a man who is attracted to her and this can lead to raping because if she tell the man she don't have interest he can force her and rape her and this will lead to teenage pregnancy (L9 in OPC)

- **Government issues**

Government issues as barriers to the implementation of the CSE policy include the lack of teachers, the lack of resources to teach CSE, and CSE policy barriers. All of these are as a result of the inability of the government to make adequate provision for them. Learners described some barriers to the implementation of CSE as insufficient teachers as well as lack of resources and incentives to motivate the teachers who will teach the course. This includes financial resources, material resources like condoms, and contraceptives, and technical resources such as cardboard, television, and models to teach CSE, as expressed in the statement below:

Lack of resources, for instance, financial resources, material resources and lack of condom and contraceptives. Technical resources like cardboards, television, model to do the practical for learners, and lack of teachers (L11 in OJC)

Another learner confirmed that the lack of qualified teachers was a barrier to the implementation of CSE policy, as quoted below:

Lack of qualified and experienced teachers, lack of training for the teachers to teach comprehensive sexuality education is also the barriers of CSE because when there is no qualified teacher to teach CSE in school, it will affect students a lot (L7 in IO)

Category 4. Educational Factors

Learners explained that the educational barriers to CSE policy implementation were big and that the extensive curriculum of CSE is embedded in another subject; thus, it was not given autonomy like other subjects. This was indicated in the quote below:

The curriculum of CSE and time was not enough to teach the subject. CSE is extensive and cumbersome. The CSE is embedded in biology and civics and not as a separate subject. Time barrier: CSE is not given autonomy like other subjects. It is not appearing in the curriculum so there is lack of time to teach CSE. School factors or barriers: lack of supervision and support for the teachers. (L11 in OJC)

- **CSE policy barriers**

The CSE policy formulated by the government lacks a supportive environment for those who will implement it. The teachers are the implementers of the policy but there was a lack of monitoring and evaluation of the CSE policy implementation by the government because of the lack of teachers and lack of supervision by well-trained teachers. This was reflected in the following learners' responses:

Policy or government barrier is also there … lack of supportive environment for those that will implement the curriculum. … Lack of well-selected and well-supervised teachers; lack of motivation for the teachers so it can affect teenagers in secondary schools. (L7 in IO)

Another learner confirmed this:

Well, lack of support for those that will implement CSE, lack of financial back-up for the teachers to implement this sexuality education. Majorly, when the government is not in support of this programme, it will be difficult for the teacher to teach us about sexuality education. (L5 in OO)

Furthermore, in another learner's opinion:

There should be a group of people in charge of supervision as well as the government. They should have groups that will be supervising the teaching of the subjects. And also they should support the teacher by giving the teachers provisions so that the teacher of CSE will be made easy. (L3 in AA)

- **Curriculum-related barriers**

The subject CSE is embedded in another subject and is not separated as a course on its own. Also, the course is cumbersome and extensive, which makes learners view this barrier as a factor for the non-implementation of the CSE policy, as reflected below by a learner:

The curriculum of CSE is extensive. CSE is embedded in biology and civics and not as a separate subject in secondary school. Time barrier is also there. CSE is not given autonomy like other subjects. It is not appearing in the curriculum, so there is lack of time to teach CSE in secondary school. (L7 in IO)

Another learner added that the CSE curriculum was too strict and that it makes the teacher give wrong information because of a lack of understanding of the curriculum. This was shown in the quote below:

> *Yes, just like I have said, in the curriculum misinformation can happen as it has to do with giving wrong information to the leaders. It can happen if there is a strict curriculum for the teachers and the teachers may not even understand what they are teaching and as such may end up giving the students wrong information.* (L3 in AA)

5.3.2 Theme 2: Prevention of Teenage Pregnancy

The general view of learners on the prevention of teenage pregnancy includes abstinence from sex, use of contraceptives and condoms, as shown in the quotes below:

> *CSE gives me information about abstaining from sexual intercourse and use of contraceptives and condoms. It also provides me with information on sexually transmitted infections, which is STI. It also makes me to know the consequences of teenage pregnancy.* (L1 in DG)

> *My own view is that students should be abstaining from sex. A student who has deep understanding of CSE will be able to say no or refuse to sex. Another is by using contraceptives. This is to prevent pregnancy in teenagers after sex. Another one is by using condom. This can be used to protect teenagers while having sexual intercourse*. (L3 in AA)

Prevention of teenage pregnancy is categorised into the knowledge of CSE, the prevention of teenage pregnancy at school, and the prevention of teenage pregnancy at home.

Category 1: Knowledge of CSE

Learners understand that having knowledge of CSE can go a long way towards preventing teenage pregnancy. The concepts of CSE makes the learners understand the use of condoms,

contraceptives and abstinence from sex to avoid the bad consequences of teenage pregnancy. This was revealed by a learner in the following quote and subcategories:

> *It makes me to know the consequences of teenage pregnancy which leads to unwanted pregnancy. This won't allow learners to further their education and they won't be able to achieve their goals. It also teaches me that sexual violence like rape is wrong* (L2 in DG).
>
> *My understanding on the concept is that it is based on the prevention of teenage pregnancy and the prevention of sexual activities between a female teenager and male teenagers in their environment* (L3 in AA).

- **Knowledge of the concepts and importance of CSE**

Learners had the knowledge that the importance of CSE is that it helps them to abstain from sex. CSE therefore prevents unwanted pregnancy. CSE also gives learners the skill to be bold and to say 'No' to sex. This is shown in the quote below:

> *CSE assists me as a learner to develop skill in communication and refusal to say no to sex and how to say no to untimely pregnancy, when I already have knowledge about it before. It gives me information about abstaining from sexual intercourse and use of contraceptives or condoms. It teaches me how to use condoms, contraceptives and how to abstain from sex* (L7 in IO).
>
> *It provides me information on prevention of diseases like sexually transmitted infections, in the sense that this disease, doctors cannot find a solution to it, so this provide me information to know about sexual transmitted disease, which is bad* (L4 in AA).

- **Information on contraceptives, the anatomy of body parts, and boosting of morale**

Learners understand that having knowledge of CSE will assist them in getting information on abstinence, and the use of condoms and contraceptives to prevent teenage pregnancy. Learners explained their knowledge on the concepts of CSE: that it gives them information on contraceptives and the body parts, as shown in the statements below:

It gives me information about use of contraceptives and condoms; contraceptives are used to prevent unwanted pregnancy. Majorly, I said now that if you want to prevent unwanted pregnancy you should abstain from sex, but now if you must indulge in premarital sex, definitely you must prevent pregnancy by using contraceptives, which include pills that you can buy from counter and condom which you can also buy to prevent unwanted pregnancy (L5 in OO).

This information that we receive about this sexuality education, it has given a lot of people knowledge on abstaining from sex because they already know when they abstain from sex, there is no way they can become pregnant. If you want to get involved in this sex something, you need to have knowledge of certain contraceptives, which may prevent the pregnancy when you are not ready. Another one is using of condoms. As a youth, and a teenager not ready to carry baby or for any pregnancy, we should be using condoms, because this condom will protect you from pregnancy, and it will even protect you from infections. (L7 in IO)

The knowledge of the body parts describes learners' understanding of the changes that occur as they mature into adulthood as well as the knowledge on how to care for themselves properly so as to prevent teenage pregnancy, as revealed in the statements below:

…Female teenager, her body will be attracted to opposite sex (L9 in OPC).

Another learner added:

The breast will develop and will start growing hair in armpit and private parts. This thing will make her happy that she is old enough to do whatever she likes in school. So if that person knows more about sexuality education, it will teach her to say no to sex (L7 in IO).

Category 2: Prevention of Teenage Pregnancy at School and at Home

Learners' general views on the prevention of teenage pregnancy at school were to abstain from sex or to use contraceptives and condoms. This was revealed in the comment below:

With my own understanding about teenage pregnancy, it is an unwanted pregnancy, so for us to prevent it, it will be better to abstain from sex, and we can use contraceptives and condoms (L5 in OO).

... abstaining from sexual intercourse, that is keeping oneself from sexual intercourse then by preventing sexual intercourse by using drugs and condom, so that. Then it makes me to progress in my academic goal (L4 in AA).

Learners perceived the prevention of teenage pregnancy as proper teenage monitoring and teaching of CSE as a subject. Learners from the six schools studied revealed their perceptions on the prevention of teenage pregnancy as follows: teaching CSE as a subject in the school curriculum, and the use of condoms and other contraceptives.

- **Teaching CSE as a subject in the school curriculum**

Learners revealed that teaching CSE as a subject in the school curriculum can go a long way towards preventing teenage pregnancy. In this study the learners interviewed responded to how comprehensive sexuality education had affected them in term of the prevention of teenage pregnancy, as indicated in the statements that follow:

In my own knowledge, sexuality education is a program that is carried out to increase the knowledge of a particular learner about sexuality as a whole to reduce the level of ignorance

*of this particular learner to know the consequences of premarital sex and to know how to prevent unwanted pregnancy. Thank you (*L6 in OO).

I believe it is good for students to learn comprehensive sexuality education because of their future in order to achieve their goals, so that they will not be influenced by others who are practising it, so that another generation who are teenagers will also gain from them (L6 in OO).

- **Teaching about the use of condoms and other contraceptives**

Teaching about the use of condoms and other contraceptives is vital in the prevention of teenage pregnancy, especially as an option when abstinence from sex cannot be practised. This is supported by the following comments:

… by using contraceptives this is to prevent pregnancy in teenagers after sex. Another one is by using condom. This can be used to protect teenagers while having sexual intercourse (L3 in AA).

A teenager that cannot abstain from sex should be able to use contraceptives. Though using contraceptives may have negative side-effects in the future...if a teenager cannot abstain from having sex, and judging by the fact that contraceptives may have side-effects, the teenager can decide to use condom (L6 in OO).

- **Parental counselling of teenagers on abstinence and premarital sex**

Learners indicated that parents play a relevant role in the prevention of teenage pregnancy, especially regarding abstinence by counselling learners at home on the consequences of sexual intercourse. This is supported by the following quotes:

Our parents, they are one of the elements they could help us, sit us down, talk to us, give us the consequences of these things (L8 in IO).

A contrary view by a learner shows that parents find it difficult to discuss sexuality education, as indicated below:

Our parents, they find it difficult to teach us about sexuality education because they feel we'll gain confidence and know how to find our way through this premarital sex and find it easy to do, that is why most of our parents find it difficult to teach us (L5 in OO*).*

The learners expressed their knowledge of CSE as a way of preventing premarital sex that can lead to teenage pregnancy. Abstinence from sex and the use of contraceptives were also mentioned to prevent teenage pregnancy, as stated below:

…our parents teach us that any sexual activities among teenagers is bad and that we should try and be able to abstain from such things and also the use of contraceptives and maybe condoms also helps to prevent pregnancy. It teaches me that sexual violence is wrong. The word sexual violence may mean rape. In our environment nowadays, some gangs may just decide to rape a girl who they like and does not want to have anything to do with them because she has morals and is well taught at home. So, if the girl is trying to avoid them, those gangs may decide to harm her by raping her because of her refusal and this is bad (L3 in AA)..

Another learner responded thus:

I gained this CSE knowledge because, after we are taught in school, when I get home, I ask my parent how they did in their teenage years, so that I'll achieve some knowledge from them (L6 in OO).

5.3.3 Theme 3: Learner's Views and Reactions to CSE Policy Impact

Generally, the learners' view on the impact of CSE was that it taught them to know more about unwanted pregnancy and abstinence, and also assists them to have communication skills and to be bold to say 'No' to sex as shown in this statement below**:**

> *Sexuality education is very important, because it teaches a learner or student to know more about unwanted pregnancy. Teach the students how to abstain from sex. And it assist me as a learner to develop skills in communication and refusal, to say no to sex. It gives me information about abstaining from sexual intercourse and use of contraceptives and condoms. It provides information on the prevention of sexual transmitted infections. It makes me to know consequences of teenage pregnancy. It makes me to progress in my academic career and goal and it teaches me that sexual violence is wrong* (L11 in OJC).

Category 1: The Impact of CSE on the Prevention of Teenage Pregnancy

The learners generally indicated that the impact of CSE on the prevention of teenage pregnancy was that it taught them to understand their values and to protect their academic success, which prevents learners from dropping out of school and also helps them to know they have the right to say 'No' to sex. This was shown in the statements given by the learners below:

> *It helps learner to understand their value and give them freedom to say no to sex. Comprehensive sexuality education protects their academic success because unwanted pregnancy can leads to drop out of school, it helps the learner to know their right* (L9 in OPC).

> *Yes, CSE helps to protect our academic success because unintended pregnancy can lead to dropping out of the school. This is really impressive because CSE really helps students to be able to achieve success in our academic career because we have been able to understand and*

make use of what we are being taught (L3 in AA).

Findings from the learners established that the impact of CSE on the prevention of teenage pregnancy includes: avoidance of a bad peer group, and the use of condoms and contraceptives. It also reduces and solves social problems associated with teenage pregnancy, increases the learners' knowledge, and gives them self-control.

- **Avoidance of a bad peer group**

One of the impacts of CSE on the prevention of teenage pregnancy was that CSE gives the learners the ability to avoid a bad peer group who can influence teenage girls to have sexual intercourse from, as reported by the learner below:

I have the knowledge because I really understand it. And, because I've seen such situations in my environment. And I've seen the consequences. And I think that all the people who are victims cannot be found in good place. They can only be found in bad places. We have good role models in the environment that we as students should follow. We should not follow peer groups that will influence us towards doing bad things. For the good role models did not have early sexual intercourse (L3 in AA).

…It also teaches avoidance of peer group influence, which involve when the students go to their friends and the friends introduce her to some rich people that have money; through this she will go for it because she is from a poor home (L10 in OPC).

- **Reduces and solves social problems associated with teenage pregnancy**

According to the learners, social problems associated with teenage pregnancy such as dropping out of school can be reduced by the sexuality education to stay focused on their future goals. Learners indicated that CSE is also relevant not only in reducing social problems associated

with teenagers but also solves these social problems by building their capacity to know their rights and values. This is noted in the quotes below:

> *Because, those that are having pregnancy that is teenage that are having pregnancy, they won't be able to face their studies; all their parents feel they have struggled in order to get their fees, it will be in vain. So because of this, I believe it is a problem that can be reduced by CSE* (L4 in AA).
>
> *CSE help to protect their academic success because unintended pregnancy can leads to drop out of school. It helps the learner to know their right when they are being assaulted sexually… it helps learners to understand their values and gives them freedom to say no to sex* (L12 in OJC).
>
> *CSE is important to avoid the negative effects of sex. It communicates about sexuality and sexual health; it helps to understand healthy and unhealthy relationship; it also teaches about abstinence and how to delay sex until we are ready. It also helps to recognise physical violence from partners and also to understand our value and give us freedom to say no to sex* (L2 in DG).

Category 2: Mixed Reactions of Learners to CSE

This shows different reactions from different learners in the form of shyness, happiness and excitement. Some learners felt good and happy when they were receiving CSE; sometimes they became excited, attentive and inquisitive about what was being taught about CSE. Examples can be reflected from the following quotes:

> *I feel happy, and the reason is because I will be able to learn and to teach my sisters and friends that are not attending my school. I will be happy to tell them about what I've learned, which is good so that they will not be practising it as a student*(L6 in OO).

I feel excited... Because when we are being lectured I mean when the teacher or the people that are exposed to this sexual education, when they are teaching us, one will know that what I am doing is good and one will know that what one is doing is not good. In the sense that maybe one want to be involved or be a victim in sex so by teaching and enlightening them into sexual education, one will refuse to do that (L4 in AA).

- **Feelings of happiness, inquisitiveness and calmness**

The learners feel happy and they also have mixed reactions of feeling good and calm while receiving CSE. This was revealed in the statement below:

I feel so good, because I understand that this subject is leading us to our success and not to destruction, and that's because if a student really understands the subject and try to follow it I'm very sure that such student will achieve success in their academic goal and career (L3 in AA).

Another learner feels calm and happy and inquisitive, as can be seen in the comment below:

My own opinion is, anytime we are receiving lectures on sexuality education, I am so calm and happy, because I know when I receive this lecture that will make me to live more positively among my mate because it is what I learned that I will know and it is what I know that will impart to others, so I will feel so happy and even be calm to receive the lectures to know what this thing really means, because, pertaining to health, I really love it, what would help me on my future (L8 in IO).

According to another learner:

I'm feeling happy because for the first time I was taught, I have more knowledge about CSE so that I may know how to cope and how to keep myself from sex (L7 in IO).

- **Feelings of shyness and shame**

Some learners expressed shyness and shame about CSE, especially when they were being taught some topics related to body parts in CSE class, but they felt happy when they gained more knowledge that guided them against sexual intercourse, as quoted below:

Well, at first, I felt a little bit shy because I was hearing this sexuality education for the first time, so it was new and it was kind of funny, because I felt they shouldn't be telling me about this in the first place, but now I realise the consequences of premarital sex and I know that it is wrong for me to indulge in premarital sex, and even if I must do it, I know the things I must do to prevent pregnancy, so I'm glad that I'm a beneficiary from this particular study, thank you very much, ma (L5 in OO).

Another learner felt ashamed and shy while receiving CSE education, as shown below:

In my opinion, I have already know that this sexual things I didn't like it, but I usually feel ashamed when I am having lecture on the topics, so as my parents or teachers teaching this kind of topics I feel shy. I don't like it because this things can destroy such person life if he/she is expose to it, I usually feel shy(L10 in OPC).

SECTION THREE

5.4 Parents' Perceptions of Teenage Pregnancy and Comprehensive Sexuality Education

The findings from the in-depth interviews with the parents on their perception of teenage pregnancy and comprehensive sexuality education were grouped into themes, categories and subcategories.

The themes generated were related to knowledge of parents about the CSE concepts, barriers to CSE policy implementation, and parents' roles and involvement in CSE policy implementation. These are discussed as follows:

Table 5.3:Themes and Categories of Parents' Views on Comprehensive Sexuality Education

THEMES: Parents	CATEGORIES	SUBCATEGORIES
Knowledge of parents about CSE concepts	Knowledge of the concepts of CSE and prevention of teenage pregnancy	Knowledge of body growth and development with sexual lives Improvement of students' knowledge, skills and values about sexual life Educating a child about their sexual life at different stages
	Knowledge of the importance of CSE	CSE helps learners to understand healthy and unhealthy relationships CSE helps to improve learners' academic success
Barriers to the implementation of the CSE policy	Community-related barriers	Awareness of CSE policy by parents Community traditional beliefs Cultural beliefs
	Government barriers	Lack of knowledge or training for teachers Lack of motivation and funding for the teachers by the government. CSE is time consuming Monitoring of CSE policy implementation by government. School environmental barriers
Parents' roles and involvement in CSE policy implementation	Parents' roles towards school teaching and to the community	Follow up with the principal on learners' attendance Collaborate with other parents on modality for CSE policy implementation Counselling teenagers on CSE Attend presentations and programmes organised by professionals on CSE
	Observation of parents on learners' reactions during CSE teaching	Mixed reactions towards CSE Positive feelings regarding CSE

5.4.1 Theme 1: Knowledge of Parents About CSE Concepts

The general understanding about CSE by the parents was that CSE was an instruction on issues of human sexuality, which includes emotional relationships, reproductive health and rights. This was shown in the statements below:

> *My own point of view on comprehensive sexuality education policy, anyway, it is a right-based and gender-focused approach to sexuality education, whether in school or out of school premises, but it is also going beyond information, helping youths or the young people to explore and nurture positive values regarding their sexual and reproductive health* (P2 in DG).

> *Comprehensive sexuality education is a kind of an education that is given to teenagers so as to know the level of their sex. It will give them details about their sex, what they understand about sex … It helps them to avoid teenage pregnancy, when they receive this comprehensive sexuality education* (P9 in OPC).

Category 1: Knowledge of the Concepts of CSE and Prevention of Teenage Pregnancy

Parents indicated that knowledge of CSE was information or communication revealed to young learners and the youth on abstinence, condoms and contraceptives. This was shown in the quote below:

> *Comprehensive sexuality education is just an information or a communication being given to the young learners and the youths on abstinence from sexual intercourse and the usefulness of condom and contraceptives to prevent teenage pregnancy* (P8 in IO)

Parents explained that CSE perform a dual purpose: that CSE prevents teenage pregnancy as well as preventing sexually transmitted diseases. Parents also understand CSE as a process of

teaching secondary school students about the prevention of unwanted pregnancy and self-abortion. This was revealed in the statements below:

> *It helps learners to understand healthy and unhealthy relationships. These learners have been involving in the act of having boyfriends and girlfriends, so keeping this order when they are advising each other, talking to themselves, helping them in their school works and others, they are healthy relationship, but when we are talking about unhealthy relationship, these children we have their Intelligence Quotient (IQ) is very high; they might be doing some other bad, the boy might have been asking from the girl for sexual intercourse and that one is unhealthy relationship which will lead to unwanted pregnancy, which is teenage pregnancy and might also get transmission of disease like HIV/ AIDS.* (P10 in OPC)
>
> *CSE entails a whole lot of instructions which include safe sex, birth control, sexual abstinence, the reproductive health and the likes … It helps to protect learners from unwanted pregnancy and that has caused a whole lot of problems, during the process of pregnancy, maybe she's even a child that. Some kids will even run away from the house because they believe they have disappointed their parents, or probably they don't want their friends to see them, probably they gave birth to the child, the child can suffer one disease or the other. I've seen a young girl that when she gave birth to the child, the child suffered diseases like jaundice, malnutrition, kwashiorkor and a whole lot of things like that.* (P11 in OJC)

Parents' knowledge of the concepts of CSE was subcategorised into knowledge of body growth and development with sexual lives, which aims to give students knowledge, skills, and values about their sexual life. Parents explained this knowledge, as shown below:

- **Knowledge of body growth and development with sexual lives**

Parents defined CSE as all information given to teenage boys and girls so that they can have knowledge about their sexual lives and their bodies' growth and development. This was revealed in the following quotes:

> *Comprehensive sexuality education, as you said to me, means all the necessary piece of information that our children need that will keep them to know about sexual life* (P1 in DG).
>
> *The concept of comprehensive sexuality education has to do with teaching our children, most especially the teenagers, both boys and girls sex education. This sex education has to do with their development to puberty; it has to do with their sexual relationship with opposite sex, the pros and cons of sexual intercourse between them and opposite sex, most especially during their teenage years, that is their puberty, which is in most cases acceptable to society as a whole (P5 in OO).*

- **Improvement of students' knowledge, skills, and values about sexual life**

Parents described CSE in terms of institutional methods based on a curriculum which aims to improve the learners' knowledge, attitudes, skills and values about their sexual lives. This was explained by the parents as follows:

> *Comprehensive sexuality education is a sex education, institution method that is based on curriculum that aims to give students the knowledge, attitudes, skill and values to make appropriate and healthy choices in their sexual lives (P2 in DG).*
>
> *CSE helps the learners to know their right when they are being assaulted sexually.... The right of the learners is the right to avoid negative health consequences and the right to communicate about the sexuality and sexual health of learners, so it helps the learners about abstinence and how to delay sex until learners are ready, so it helps learners understand their values and give them freedom to say no to sex* (P8 in IO).

- **Educating a child about their sexual life at different stages**

The parents described CSE as the training of teenagers, in order to prevent teenage pregnancy, by communicating information on abstaining from sexual intercourse and giving information on the use of condoms and contraceptives**.** Various definitions of CSE were given by parents in the following quotes:

> *Comprehensive sexuality education, as you said to me, means all the necessary piece of information that our children need that will keep them to know about sexual life. They need the information as they are growing up, so that they will not have any problem when it gets to the time for them to get married* (P1 in DG).

> *The word 'comprehensive' that is being attached to the sexuality education implies teaching the learners enormously on sexuality education, which comprises all what they need to be sexually safe … As a parent, you know we have male and female children and we have to teach them on sex education, which involves how to keep themselves safe sexually and to behave in relation to the opposite sex.* (P3 in AA)

Category 2: Knowledge of the Importance of CSE

Parents understand the importance of CSE that it protects academic success by preventing unintended pregnancy that can lead to drop out from school. This was revealed from the quotes below:

CSE policy helps to protect learners' academic success because unintended pregnancy can lead to drop out of the student from the school. Truly, it also helps the learner to know their rights when they are being assaulted sexually (P12 in OJC).

> *… no student that have pregnancy will be allowed to stay in school; the moment the student is pregnant, she will be dropped out definitely and will not be able to come to school again…*

Sexuality education is their right as a child; it is a right to be given to them because they should know it. Before they enter that age, they should be able to have that knowledge early. (P7 in IO)

Parents had knowledge about the importance of CSE: that it helps learners to understand healthy and unhealthy relationships and that CSE also gives learners the knowledge, skills, and values about sexual life. This was explained by the parents in the subcategories of the importance of CSE.

- **CSE helps learners to understand healthy and unhealthy relationships**

Parents emphasised that CSE will help the learners to know the negative consequences of premarital sex so that learners will not be victims of unwanted sexual practices. This was revealed by parents in the statements below:

CSE helps learners to understand healthy and unhealthy relationship maybe between the female and the male; even it will help them to know the negative consequences of premarital relationship (P2 in DG).

By my own understanding, comprehensive sexuality education is the training of our teenage boys and girls in order to have the experience of sexual education, so that they will not be a victim of unwanted sexual practices (P6 in OO).

- **CSE helps to improve learners' academic success**

Parents agreed that CSE helped their children to improve their academic goals and careers as well as preventing the consequences of HIV. It also stops and reduces unwanted pregnancy; thereby improving the academic life careers of the learners. This was revealed in the quotes below:

The policy on CSE has to be encouraged because it would prevent all the aforementioned consequences like HIV, so it will stop the growth of HIV in the environment; then it would

stop, reduce the unwanted pregnancy and it would improve the life careers of these little children, the teenagers (P8 in IO).

Comprehensive sexuality education helps your learners' academic success because unintended pregnancy can lead to drop out of the school. It leads to drop out of students (P10 in OPC).

5.4.2 Theme 2: Barriers to the Implementation of the CSE Policy

The general barriers to the implementation of CSE were expressed by the parents: religion is a barrier that supports the teaching of abstinence only without the use of contraceptives and condoms. Some religions even perceive the use of condoms as an immoral act. This was reflected in the statement below:

Religious barrier because some religions support teaching of abstinence-only education without use of contraceptives or condom use. All religions agree with virginity before marriage, and in the light of that, some religion perceive using of condom as immoral act (P2 in DG).

In this study, the main categories of parents' reasons for the CSE policy not being implemented were lack of competent teachers, financial challenges, an ineffective monitoring and support system, and cultural and religious reasons. General barriers to the CSE policy implementation, as given by parents, were poor awareness of CSE by parents, lack of motivation of the teachers by the government, that CSE may be time consuming, lack of knowledge or training for the teachers, inadequate funding, improper monitoring of the policy by government, feeling uncomfortable talking about sexuality to teenagers, the school environmental barrier, and cultural and religious barriers. These barriers to CSE policy implementation were perceived by parents as community-related barriers, culture-related barriers and government/educational-related barriers.

Category 1: Community-Related Barriers

Parents indicated general barriers in the community causing some delay in the implementation of CSE as cultural and religious barriers with the beliefs and norms that the teaching of sex education to young learners, especially in Nigeria, will make them practise sexual acts, as shown in the quotes below:

> *Society believes that sex is a sacred thing that must not be discussed publicly. It is just to be discussed privately and they don't know by that … they are killing the younger generations* (P11 in OJC).

> *Cultural values, the moment we are talking about the issue of sex to the students, they say that we will make them promiscuous, which is not; we are just informing them to have detailed knowledge, so our culture against it serve as an impediment, so we find it difficult to implement* (P9 in OPC).

Parents perceived community-related barriers as poor awareness of CSE policy by parents in the community. This was explained by the parents as follows:

- **Awareness of CSE policy by parents**

Some parents do not even know that the CSE policy exists but they are just aware that some topics are inserted into biology, civics and social studies, where teachers mention sexuality education. The parents concluded that the CSE policy was not well implemented here in Nigeria, as revealed in the quotes below:

> *… Actually, I don't even know that we have policy on sexuality education... but we have been hearing that there are some topics in biology, civics education and social studies where teachers mention sexuality education... To me, implementation of comprehensive sexuality*

education policy in this environment is not well known… It is not well implemented. If it is well implemented, we will not be seeing our children getting pregnant. (P1 in DG)

CSE needs to be implemented in most especially in secondary schools because most of the secondary school students especially the girls get pregnant in Senior Secondary School 1, Senior Secondary School 2, and so on and even many students get HIV/AIDS because of all this unprotected sexual intercourse they have engaged themselves in without the knowledge of their parent, so I think the government needs to implement it and look for stakeholders that can handle the subject in our school (P5 in OO).

- **Community traditional beliefs**

Parents expressed the view that traditional beliefs of the community affirm that females should be virgins before marriage. It was explained by the parents that traditional religions including Christianity and Islamic religions frowned on sexual intercourse before marriage. This was shown in the quotes below:

From the traditional religion aspect, it is believed that females should be virgins before marriage. And this shows that the traditional religion prevents having sexual intercourse before marriage. One of these two other religions permits child marriage while the other does not (P6 in OO).

…religions supports teaching of abstinence-only education without use of contraceptives or condom use; all religions agree with virginity before marriage, and in the light of that, some religion perceive using of condom as immoral act (P2 in DG).

You know we have many religions, and some religions belief that a girl can get married as soon as she sees her first and second menstrual period. Assuming that the girl is just a 12-year-old and she gets married, the religion will not permit her to use condom because she's

expected to give birth afterwards. However, most religion does not permit the use of condom because it is considered to be a sin (P6 in OO).

- **Cultural beliefs**

Parents viewed cultural barriers to the implementation of CSE as the opposition of society to mentioning sex in public and that sex should not be mentioned in the hearing of younger ones to avoid the practice of sexual intercourse; this is referred to as a taboo, as indicated in the comments below:

In our culture, they say that when the child is being developed, he or she should also do what others are doing. We must not allow that because even in our culture, some people will say if you are not having intercourse with anybody, you are not social, you are not this, you are not that and it is not supposed to be (P7 in IO).

Cultural barrier impedes the implementation of the policy, for example, the beliefs and norms of the society, especially here in Nigeria, is that teaching young people about sex will make them practise sexual intercourse early, so we encourage early marriage especially in the northern states and sex is a taboo, so it is supposed, you don't want it to be mentioned, in the ear of the teenagers because we consider it as a taboo so we should not expose anything sex education to these teenagers (P8 in IO).

Category 3: Government Barriers

Parents explained that the government did not provide adequate education for teachers to get enough knowledge about CSE. Parents expressed the view that government barriers to CSE policy implementation are the lack of knowledge or training for teachers by the government, inadequate funding, lack of teachers' motivation, CSE being time consuming, improper monitoring of the policy and the school environmental barrier. This was shown in the statement below:

Most of the teachers don't have adequate knowledge concerning the teaching of the comprehensive sexual education; they don't have adequate knowledge that they supposed to have, though the biology teachers they may be trying because it's what they have been trained for … (P4 in AA).

Some reasons may be inadequate funding of the policy... government must give them incentives, not only incentives; there should be materials in which they will use in order to properly implement that policy, which government has not done. So in the light of that, the policy has not been implemented well (P2 in DG).

- **Lack of knowledge or training for the teachers**

Teachers were not adequately trained to teach CSE, and teachers were not given in-service training about CSE. Teachers who are shy and fear to mention sex in public may not have carnal knowledge to teach younger ones as quoted below:

…for instance, a teacher that is not in a very good mood that does not have the carnal knowledge of sexuality education or probably a teacher that is even shy to say it out will not be able to explain because if you are saying anything or a particular thing you must have a carnal knowledge and vivid understanding... (P11 in OJC)

The school lacks teachers to teach this subjects, and whoever must teach CSE must be professional; he or she must have been trained for that education, so lack of teachers is a barrier (P7 in IO).

- **Lack of motivation and funding for the teachers by the government**

Parents agreed that the policy was created by the government but they are not ready to implement it because of inadequate funding. The CSE policy is not well funded to pay for enough

specialists and to buy materials to teach the subject. Teachers were not given incentives to motivate them to teach CSE very well, as reflected below by the parents:

The reason may be lack of motivation for teachers by the government... I say that there should be incentives for teachers who will give them that knowledge, who will impact that knowledge to the student; maybe in secondary school or in higher institutions, there should be incentives for them from the government, which government has not done (P2 in DG).

The government are not ready actually to implement it because they are not ready to finance, it; there are some chart that the teacher supposed to teach it and they need to display, in fact it may take them to have some kind of things for the students to see so that they will have better understanding of what the teachers is trying to explain but there is no enough fund (P4 in AA).

Another thing is inadequate funding of the policy (P11 in OJC).

These days, the government are not paying salaries, that's why we have a lot of teachers' strike. And this is one of the factors affecting the implementation of CSE policy. So if teachers are not paid their salaries, they may be thinking that why should they teach what the parents of the students should be teaching them. So I believe that non-payment of salary is included (P5 in OO.)

- **CSE is time consuming**

CSE may be time consuming because its curriculum is extensive and voluminous and it is embedded in another subjects like civics, biology and social studies. Lengthy discussion is required to impart the knowledge to the learners and this requires more time to gather material to be spent in teaching them. This was indicated by the parents' comments below:

Another reason may be the time consuming for the teachers... In the part of the teachers, for the teachers to get materials that they will use, for them to gather the students, and the time they will take to impart that knowledge to them it may be time consuming (P2 in DG).

It's possible that the teachers may be feeling the teaching of CSE takes too much of time... the teacher will need a lot of time to teach such students otherwise, and this can be time consuming for the time allotted in the timetable may not accommodate lengthy discussions, which is needed for the teaching of CSE (P6 in OO).

- **Monitoring of CSE policy implementation by government**

The government created the policy but there was no adequate monitoring of the policy to achieve its goals. The government that made the policy is supposed to find all the ways to supervise and monitor its implementation. Parents asserted that the policy was not monitored in terms of its implementation. This is shown by the parents in the comments below**:**

Another reason may be improper monitoring of the policy... After the government set up that policy, you know if there is one way to set the policy; it is another way to implement it. But for the government to monitor the implementation, reverse is the case in the part of the government (P2 in DG).

… improper monitoring of the policy from the government. As a parent by the time the government allow the teachers to be teaching this topic if there is no proper monitoring everything will not be smooth (P12 in OJC).

The government and agency need to monitor the program to see whether the people follow it to the letter; whether they teach the course as it is expected. If it is not properly monitored that is one of the factors that serve as impediment for the implementation of the course for the students (P11 in OPC).

- **School environmental barriers**

The parents added that a school environment that was not fenced by the government can make the learners run away from class because there was no security in the school environment. Also, a school environment that is bushy can be hiding places for learners to run away from the CSE class. This was shown in the comment below:

> *… environmental factors in the sense that some schools has no fence, because they are always shy when this concept is being taught they may find a way of leaving the school when the concept is to be taught; they may even be hidden in the bush* (P5 in OO).
>
> *The first barrier is environmental barriers. This environmental barrier that may affect the implementation of this policy; the school and home environment may be bushy, which creates hidden place for the learners* (P12 in OJC).
>
> *Environment is a barrier. If we examine our community, we can see that the house we live is very far from school, and there are hidden places along the path to school and this may be dangerous and affect our children* (P6 in OO).

5.4.3 Theme 3: Parents' Roles and Involvement in CSE Policy Implementation

The general role of parents in CSE implementation was that they follow up with the school to verify the content of CSE being taught to the learners. Parents also perform roles in the community and roles to acquire more knowledge. This was shown in the comment below:

> *I will do follow-up to the school to know the content of what they are taught in school because if I know the content, I will know more about i., I also can be able to give my child at home some little things that will help develop what the teachers teach them* (P10 in OPC)

In this study, parents' roles in CSE policy implementation are categorised into three as roles in the school, roles in the community, and roles for the acquisition of knowledge.

Category 1: Parents' Roles in School Teaching and in the Community

Parents support the teachers by asking the learners on a daily basis what they have been taught in CSE. This will make the learners remember what has been taught by the teachers and it will make the parents understand the aim of CSE and continue to reinforce the learning for the learners. This was shown in the statements below:

> *The parents will have to support and help the teachers; they will have to support the teachers at home, so as a parent, I will ask my child on daily basis what has been taught, especially on CSE* (P7 in IO).
>
> *As a parent, what I see as my role in ensuring the implementation of the policy is that, as a child bearer, I have an enormous influence on the child ethics development and well-being, especially during the early stages of the child's life. My concern is to ask my children on daily basis what they're being taught by their teachers, and I will do follow-up to know the content of what they are doing on CSE* (P3 in AA).

- **Follow up with the principal on learner's attendance**

Parents visit the principal of the school to know the rate of the learners' attendance at the school and the courses attended in class. This follow-up will promote the learning of CSE and other subjects. Parents also discuss the issues of the implementation of CSE with the school principal at school, as reflected in the quotes below:

> *I think, another is to do the follow-up to what they are being taught in school, whenever they have PTA meeting... I would dialogue with the principal, and discuss on the CSE whether it has been implemented or not implemented. If it is not implemented, then I will discuss with the principal to start the implementation of it* (P8 in IO).

... as a parent who will like for the policy to be fully implemented, I will see the principal to discuss when to do Parent–Teacher Association meeting to address some of the comprehensive sexuality education issue (P2 in DG).

- **Collaborate with other parents on modality for CSE policy implementation**

Parents discuss the issue of the non-implementation of CSE with the other parents during PTA meetings on the modality to be used for CSE policy implementation. This was expressed by parents in the quotes below:

I'll make sure I collaborate with other parents on getting their consent on how to ventilate their difficulties, and how to review the materials being used by the teachers in class to teach our students and further understand the rationale of such programme (P3 in AA).

Another thing is to orientate other parent in our environment, by talking to them. We need to let them know that we should give necessary information about sexuality education to our children in order not to mislead them (P1 in DG).

- **Counselling teenagers about CSE**

Parents involved themselves in teaching CSE by counselling teenagers on CSE and by counselling them using teenage-friendly CSE. This was explained as counselling teenagers at home on the functions of the reproductive parts of their body and the maintenance of hygiene during their menses. This was reflected in the quote below:

To my teenagers at home, I teach them sexuality education separately; I mean the boys alone and the girls alone, most especially the girls. I let them realise that as they are now menstruating that means they are becoming a woman; they can get pregnancy if they have sex with opposite sex and there are many atrocities, many problem that are associate with having

unprotected sexual intercourse like HIV/AIDS, other sexually transmitted disease like gonorrhoea and others (P5 in OO).

Parents counsel the teenagers about knowing the functions of the reproductive parts of their body and the consequences of teenage pregnancy, abortion, and STIs. Parents educate and counsel their teenagers to abstain from sexual intercourse to avoid the havoc of teenage pregnancy. This was indicated in the following comments:

I will sit my own teenage children down in order to know better by the time she's moving on to the puberty stage; I will let her know what she should do, what she should move away and what she should move with. I will let her know the sign, all the symptoms that is normally coming out during the menstruation. I will let her know, I will let her know that by the time she is doing her own menstruation, she need to move away from boys (P12 in OJC).

As a parent, my involvement is not only acknowledging my children at home but also keeping a closer tie between them, the school, and the teachers. I sit them down when they reach the age of puberty to tell them about their body parts and functions; likewise, how human being is being formed and consequences of teenage pregnancy for my daughters and sons (P3 in AA).

- **Attend presentations and programmes organised by professionals on CSE**

Parents have another role in CSE policy implementation, that of attending presentations given by CSE professionals. Parents attended presentations on CSE organised by the school during seminars to improve their knowledge on how to train their children at home. This was revealed in the following statements:

Another thing is attending presentation given by professionals in the field of CSE. Some companies that manufactures ladies dealing materials like pampers, like the sanitary pads,

they do come for that training; they do come to train the children, so then, they need to attend such a programme. (P7 in IO)

We should be attending seminars where they are discussing sexuality education. This will help us on how to bring up our children. This leads to closer ties between parents and caregivers, the school and teachers. There should be a cordial relationship between parents, the teachers and the school and students. There should be a forum where everyone will freely discuss what he is passing through in the seminar (P1 in DG).

Category 2: Observation of Parents on Learners' Reactions During CSE Teaching

Parents observed that teenagers had mixed reactions towards CSE teaching and sometimes they become shy and uncomfortable. Teenagers became shy because they are young and the CSE teaching was encountered by them for the first time. This is shown in the comment below:

At the first time I discussed the comprehensive sexuality education with my kids, they felt so timid, they were so shy. In fact for days, I could notice the countenance, as a mother I understand the fact that it was as a result if the lecture I gave to them that was coming to them the very first time (P9 in OPC).

Although from the first instance, there may be refusal to surrender to such kind of education, but later on … Simply because they perceive it as immoral ideas, but later on, they will get to know that they need such kind of education, then they will calm down and listen to what I want to pass across (P2 in DG).

- **Mixed reactions towards CSE**

Conversations with parents revealed that boys and girls feel shy when hearing about sexuality education. This is because of their inexperience and CSE sounds strange and new to them; thus, they become uncomfortable. Parents said that some teenagers were feeling shy and uncomfortable

when hearing about CSE but some were inquisitive and asked question to have more knowledge on CSE, as shown in the comments below:

> *The response is very simple: they are always shy, both the boys and the girls but at time the boy are bold at times; they even want to ask question, even the question that I may not even answered but the girls are always shy (P5 in OO).*
>
> *That day, she felt shy because she has not experienced something of such before and she was like … saying … what mummy is talking about because she has not heard that before. I tried to let her know that, that is the stage she has reached now and that she should not be feeling shy of telling me anything.* (P10 in OPC).
>
> *They feel somehow uncomfortable but I need to calm them down and let them know that the fact that they live in the computer age does not mean that they shouldn't do the right thing. They always feel shy whenever you are teaching them, and they may be telling you that they can never be a victim* (P6 in OO).

Parents expressed that their teenagers felt reluctant and timid while discussing issues of CSE with them, revealed by being frightened and lacking the courage to ask questions and easily changing their countenance. This was noticed in the statements below:

> *At the first time I discussed the comprehensive sexuality education with my kids, they felt so timid, they were so shy, in fact for days, I could notice the countenance, as a mother I understand the fact that it was as a result if the lecture I gave to them that was coming to them the very first time* (P9 in OPC).
>
> *They mostly feel reluctant when we are talking to them, and they may sometimes tell us 'don't waste my time, Daddy'. But I do tell them that, 'No, I am not wasting your time; I'm only*

telling you what you should know. Don't act like you know more than I do, although you may do in some aspects but in this area, we are your parents' (P6 in OO).

You know our children, they have individual differences, on discussion CSE topic with them, some may feel unhappy, some may feel shy while some may feel happy during the discussion (P3 in AA).

- **Positive feelings regarding CSE**

It was observed by the parents that some teenagers felt happy with CSE discussions because they understood the concepts and they want to learn more about the subject. There are individual differences in the reactions of learners towards the teaching of CSE by their parents. This was shown in the following comments:

My children were very happy. They said 'Mummy thank you. From now I will know how to protect myself, I will know how to guide myself, I will not be playing with my female counterparts'. I will say, 'It is not a matter of not playing with them, just interact with them only thing you cannot do is, don't have intercourse with them'. (P7 in IO).

Actually, you know I told you that initially I didn't want to discuss it, but the first day I discussed it with them, they were happy, as if they have been expecting me to discuss it with them (P1 in DG).

Learners ask more questions of their parents because they want to know more about CSE. At puberty, learners are in a confused stage, which makes them inquisitive to learn more from their parents. Once their questions are answered, they become satisfied. This was shown in the statement below:

... you know they are in the stage of puberty, they are in confusing stage, so they would be inquisitive, they will start questioning the parents asking different questions concerning this

CSE, but when we explain to them, they feel satisfied and when they understand the concept very well, they feel satisfied and their reaction is okay (P8 in IO).

Although from the first instance, there may be refusal to surrender to such kind of education, but later on, because they perceive it as immoral ideas, but later on, they will get to know that they need such kind of education, then they will calm down and listen to what I want to pass across (P2 in DG)

5.5 Triangulation of Results from Three Categories of Participants (Teachers, Learners and Parents)

An organised basic approach of enhancing the trustworthiness of data was used to elicit information using semi-structured interviews, during data collection from participants. Data were analysed and various themes and categories emerged from the data that would serve as main concluding statements.

Table 5.4: Triangulation of Results from Three Categories of Participants (Teachers, Learners and Parents)

Conclusion statement	Teachers' group	Learners' group	Parents ' group	Conclusion Statement based on Horizontal Themes
VERTICAL THEMES AND RELATED CATEGORIES				
Factors influencing teenage pregnancy	Deprivation of teenagers of educative programme and social organisations in the community Negligence of care by parents for teenagers owing to poverty Nonchalant attitude of teenagers to consequences of teenage pregnancy Lack of information on sex education Peer influence Location of school environment	Behaviour of teenagers Illegal and uncultured sexual acts of teenagers Juvenile delinquency Improper education Religious and cultural barriers Family-related barriers		Insufficient Comprehensive Sexuality Education given to learners and discouragement of learners from receiving sexuality education. Lack of parental care for the teenagers owing to poverty as well as parental conflict and violence Nonchalant attitude of teenagers which include their illegal and uncultured sexual acts as a result of peer influence and juvenile delinquency Religious and cultural beliefs, which reject the use of contraceptives and condoms Unconducive location of school environment, which promotes harmful sexual practices Exposure of learners to sexual imagery.

	Social media			i.e., pornography owing to the influence of social media.
Prevention of teenage pregnancy	Early inclusion of sexuality education and moral talk as a subject Making sex education a compulsory subject in schools Abstinence Communica-tion and confidence to say 'No' to sex Knowledge of what to do when raped Counsel parents and guardians at home on CSE importance Conducting constant training and enlighten-ment programmes on prevention of teenage pregnancy. Youth- friendly clinics	Knowledge of the concepts and importance of CSE Information on contraceptives, anatomy of the body parts and boosting of morale. Teaching CSE as a subject in school curriculum Teaching on the use of condoms and other contraceptives Parental Counselling of teenagers on abstinence and premarital sex	Follow up with the principal on learners' attendance Collaborate with other parents on modality for CSE policy implementation Counselling teenagers on CSE Attend presentations and programmes organised by professionals on CSE	Teachers and parents giving CSE knowledge and its importance to learners at an early stage and making CSE a compulsory subject in school Counselling teachers, parents and guardians on the importance of CSE Parents should monitor learners' punctuality at school and collaborate with other parents on modality for CSE policy implementation
Knowledge of comprehensive sexuality education (CSE)	Information about sex Knowledge on the development of the reproductive organs and its function Giving important information on	Prevention of premarital sex and teenage pregnancy Information on contraceptives, the anatomy of the body parts and boosting of morale	Knowledge of body growth and development of sexual lives Improvement of students' knowledge, skills and values about sexual life Educating a child about their sexual	Knowledge of prevention of teenage pregnancy, as well as knowledge of learners ' sexual life, the development of the reproductive organs and their function Knowledge of the consequences of teenage pregnancy

	sexual life such as abstinence from sexual activities. Information on the outcomes of sexual intercourse		life at different stages	
Barriers to CSE policy implementation	Parental attitude towards care of the child Child abuse and child trafficking Misinform-ation Insufficient teachers /guidance counsellors Learners' behaviour after school hours Learners' truancy Peer influence Non-involvement of the teachers in CSE policy formulation Lack of incentives and instructional materials Religious influence on CSE teaching Beliefs and norms of the society	Family-related barriers Government issues CSE policy barriers Curriculum-related barriers	Awareness of CSE policy by parents Community traditional beliefs Cultural beliefs Lack of knowledge or training for the teachers Lack of motivation and funding for the teachers by the government. CSE is time consuming Monitoring of CSE policy implementation by government. School environmental barriers	Government issues which include insufficient teachers, lack of knowledge/training, motivation and funding for teachers, and lack of monitoring of CSE policy implementation Lack of parental care for learners as a result of poverty Learners' behavioural factors, which lead to truancy as a result of peer influence CSE is time consuming as a result of its big curriculum Religious and cultural beliefs that promote abstinence only
Observations and reactions to CSE teaching		Feelings of happiness, inquisitiveness and calmness Feelings of	Mixed reactions towards CSE Positive feelings regarding CSE	Learners react to CSE teaching by feeling good, excited, attentive and inquisitive.

		shyness and shame		Some learners feel shy, unhappy, embarrassed, timid and ashamed during CSE discussion, which makes it boring
Impact of CSE policy	CSE curriculum is embedded in other subjects Teaching CSE is marginalised Education programme has an effect on teaching periods for the learners because of insufficient time to teach CSE	Avoidance of a bad peer group Reduces and solves social problems associated with teenage pregnancy	CSE helps learners to understand healthy and unhealthy relationships CSE helps to improve learners' academic success	CSE policy has an impact on the curriculum as it is embedded in other subjects, which results in insufficient time to teach and makes teaching CSE marginalised. Helps learners to avoid a bad peer group and helps prevent teenage pregnancy Helps learners understand healthy and unhealthy relationships and improve their academic success.
Consequences of Teenage Pregnancy on academic goals and careers		Unwanted pregnancy before marriage TP brings shame and stigmatisation Dropping out of school Poor socio-economic status High unemployment rate It reduces educational absorption rate It reduces average number of study periods		Teenage pregnancy brings shame and stigmatisation among learners' peers It causes learners to drop out of school It reduces educational absorption rate and number of study periods It causes poor socio-economic status and high unemployment rate

5.6 Summary of Quantitative Analysis from the Three Participants

5.6.1 Summary of Survey of Learners' Responses to the Teaching of CSE at Home and School

- The majority of learners 82 (59.9%) were taught CSE at school by teachers and only a few learners 42 (30.7%) clarified their doubts about sexuality with their teachers.
- A few learners 16 (11.6%) responded that parents taught them CSE at home, and 38 (27.7%) of learners clarified their doubts with parents at home.
- A significant numbers of learners 99 (73.2%) got information on CSE from Facebook.

5.6.2 Knowledge and Attitude of Learners Towards the Implementation of the CSE Policy

Of the learners, 79 (57.7%) had high knowledge on sexuality education, while the remaining 58 (42.3%) had low knowledge of CSE.

5.6.3 Summary of Learners' Attitudes Towards CSE Policy Implementation

In summary, 64 (46.7%) of the learners exhibited a negative attitude toward the sexuality issues that were raised during the survey, while 73 (53.3%) of the learners exhibited a positive attitude.

5.6.4 Knowledge and Attitude of Teachers Towards Implementation of CSE Policy

5.6.4.1 Summary of Teachers' Knowledge on CSE

- Significantly more teachers in the high group (90.6%, n=29) feel that they need additional training on the sexuality of adolescents than in the low group (3.6%, n=1), who did not.
- The level of knowledge has a significant effect on the teachers' belief that they need additional training on how to teach and incorporate the emotional aspect of human sexuality ($\chi 2$ (1)=26.797, p<.01).

- Significantly more teachers in the high group (90.6%, n=29) feel that they need additional training on how to teach and incorporate the emotional aspect of human sexuality than respondents in the low group (25.0%, n=7).
- Gender, age, religion, marital status and educational level of teachers did not have any significant effect on their knowledge of CSE.
- Of the teachers, 32(53.3%) had high knowledge on sexuality education, while the remaining 28(46.7%) had low knowledge of CSE, as revealed in Table 19 and Figure 9 of this study.

5.6.4.2 Summary of Attitudes of Teachers Towards CSE Policy Implementation

- The independent samples t-test did not find a significant mean difference between those respondents with a low level of knowledge compared to those with a high level of knowledge regarding their attitude towards the implementation of the CSE policy.
- The independent samples t-test did not find a significant mean attitude difference between males and females.
- The one-way ANOVA and Chi-Square found that age, gender and religion did not have a significant effect on the attitude index score of the respondents.
- The independent samples t-test found that there is a significant mean attitude difference between those teachers that believe that they need to help adolescents develop skills in getting along with members of the opposite sex and those that do not believe so.
- Of the teachers, 29(48.3) disagreed that sex education is an effective way to prevent abortion. Also, 32(53.3%) teachers disagreed that all teachers are responsible for sex education.

5.6.4.3 Summary of Attitudes of Parents Towards Comprehensive Sexuality Education Policy Implementation

- Significantly (high), more parents with low classification of knowledge (79.5%, n=31) have a negative attitude than parents with a high knowledge classification (44.3%, n=43).
- Specifically, those parents with a high level of knowledge (M=44.07, SD=16.93) have a significantly more positive attitude than those with a low level of knowledge (M=30.13, SD=18.47).

5.6.4.4 Summary of Knowledge of Parents Towards CSE

- Significantly more respondents in the high group (87.6%, n=85) had the knowledge that sex education increases awareness about HIV/AIDS among the youth than in the low group (53.8%, n=21). ($\chi 2(1) = 18.464$, $p<.000$). Respondents in the high group (82.4%), n=78) had more knowledge that parents are expected to train their children on sexuality education, than those in the low group (53.8%, n=21), ($\chi 2(1) = 9.913$, $p<.002$).
- More respondents in the high group (81.4%), n=79) had the knowledge that sex education prevents teenage pregnancy than in the low group (33.3%, n=13) ($\chi 2(1) = 29.417$, $p<.000$).
- More respondents in the high group (78.4%, n=76) had the knowledge that condoms are an effective birth control method than in the low group (23.1%, n=9) ($\chi 2(1) = 36.259$, $p<.000$).
- Those who believe that an intra-uterine contraceptive device is an effective birth control method scored a significantly higher mean value (M=44.03, SD=18.46) on the attitude index than those who do not believe so (M=36.12, SD=17.68).
- Those who believe that using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy scored significantly higher

(M=44.48, SD=17.04) on the attitude index than those who do not believe so (M=29.11, SD=17.36).

5.6.5: Significant Key Findings Between Quantitative and Qualitative Studies among Participants

The findings from both quantitative and qualitative studies revealed *significant key* results on teachers', learners', and parents' knowledge and attitudes about CSE policy implementation. The quantitative survey shows that 32 (53.3%) teachers had high group knowledge on sexuality education, while the quantitative survey shows that 79 (57.7%) learners had high knowledge on sexuality education. Learners' knowledge of CSE was revealed in the qualitative analysis, as shown in Table 5.5. Significantly more parents with low classifications of knowledge (79.5%, n = 31) have a negative attitude than parents with high classifications of knowledge (44.3%, n = 43). This was shown in the qualitative analysis, where parents explained that there is a lack of awareness of the CSE policy. Specifically, those parents with a high level of knowledge (M = 44.07, SD = 16.93) have a significantly more positive attitude than those with a low level of knowledge. The quantitative survey showed that a significant number of teachers (49.3%) have a negative attitude towards CSE policy implementation as revealed in Table 5.5, while the remaining 31 (51.7%) have a positive attitude as they agreed that sex education is an effective way to prevent abortion, and 32 (53.3%) disagreed that all teachers are responsible for sex education. Of the learners, 64 (46.7%) exhibited a negative attitude toward the sexuality issues that were raised during the survey, while 73 (53.3%) exhibited a positive attitude. Their attitudes are revealed in the qualitative analysis as feelings of happiness, inquisitiveness, and calmness, which are positive attitudes, as well as shyness and shame, which are negative attitudes. The table 5.5 below reveals the detailed explanation of the triangulation of quantitative and qualitative findings and conclusive statements.

Table 5.5: Matrix Table Showing Triangulation of Quantitative and Qualitative Findings and Conclusive Statements

THEMES	Teachers' knowledge of CSE policy implementation	Learners' knowledge of CSE policy implementation	Parents' knowledge of CSE policy implementation	Barriers to CSE policy implementation	Conclusion statement based on horizontal and vertical themes
Knowledge and attitudes of teachers on CSE policy implementation	Results from the quantitative survey shows that 32(53.3%) had high group knowledge on sexuality education among teachers, while the remaining 28(46.7%) had low group knowledge of CSE. Their knowledge of CSE is thereby revealed in the qualitative analysis as providing information about sex, knowledge on the development of the reproductive organs and their function, giving important information on sexual life such as abstinence from sexual activities and information on the outcomes of sexual intercourse. The quantitative survey further showed that a significant number of teachers have a negative attitude towards CSE policy implementation as 29(48.3%) teachers disagreed that sex			The quantitative survey revealed that significantly more teachers in the high group (90.6%, n=29) feel that they need additional training on the sexuality of adolescents than in the low group (3.6%, n=1). Also, significantly more teachers in the high knowledge group (90.6%, n=29) feel that they need additional training on how to teach and incorporate the emotional aspect of human sexuality than respondents in the low knowledge group (25.0%, n=7). This is revealed in the qualitative analysis that as a result of the lack of knowledge on the part of some teachers, learners are being misinformed on the concept of CSE.	Significantly more teachers have high knowledge of CSE and pointed out that additional training/knowledge should be given to teachers by government to be able to teach learners on CSE. Significantly more teachers exhibited a negative attitude towards CSE policy implementation as they stated that all teachers should not be responsible for CSE policy implementation; thus, CSE specialists like Family Life HIV education, with the guidance counsellor or teachers who are well trained on sex education should be responsible for teaching the subject.

THEMES	Teachers' knowledge of CSE policy implementation	Learners' knowledge of CSE policy implementation	Parents' knowledge of CSE policy implementation	Barriers to CSE policy implementation	Conclusion statement based on horizontal and vertical themes
	education is an effective way to prevent abortion, while the remaining 31(51.7%) have a positive attitude as they agreed that sex education is an effective way to prevent abortion, and 32(53.3%) teachers disagreed that all teachers are responsible for sex education, while the remaining 28(46.7%) have a positive attitude as they agreed that all teachers are responsible for sex education.			Also, because of limited training on the new concept of CSE, this leads to a decrease in knowledge of comprehensive sexuality education, which makes teachers give learners wrong information on sexuality education.	
Knowledge and attitude of learners on CSE policy implementation		The quantitative survey shows that, among learners, 79 (57.7%) had high knowledge on sexuality education, while the remaining 58 (42.3%) had low knowledge of CSE. Their knowledge of CSE is revealed in the qualitative analysis as providing information on the prevention of premarital sex and teenage pregnancy as well as information on contraceptives, the anatomy of the body parts and boosting of		The qualitative analysis shows that the knowledge that most learners have concerning the concepts of CSE was not gained from qualified professionals; rather, they got the knowledge from wrong information giving by society about sex, which deprived them of having a proper education on what sexuality entails and thereby made them	Significantly more learners have high knowledge of CSE; however, the knowledge was not gained from qualified professionals; hence, government should make the curriculum of CSE a separate subject in school and give enough teachers, time, funding and material resources to teach it. Significantly more learners exhibited a negative attitude while being taught CSE as shown in their feelings of shyness and shame; hence, learners suggested that CSE teaching should start at an early age to alleviate shyness.

THEMES	Teachers' knowledge of CSE policy implementation	Learners' knowledge of CSE policy implementation	Parents' knowledge of CSE policy implementation	Barriers to CSE policy implementation	Conclusion statement based on horizontal and vertical themes
		morale. The quantitative survey further shows in summary, that 64 (46.7%) of the learners exhibited a negative attitude toward the sexuality issues that were raised during the survey, while 73 (53.3%) of the learners exhibited a positive attitude. Their attitudes are revealed in the qualitative analysis as feelings of happiness, inquisitiveness and calmness, which are positive attitudes, as well as feelings of shyness and shame, which are negative attitudes.		the victims of teenage pregnancy. This was shown in the quantitative survey where a significant numbers of learners 99 (73.2%) got information on CSE from social media e.g., Facebook.	
Knowledge and attitude of parents on CSE policy implementation			In the qualitative analysis it was revealed that CSE provides knowledge of body growth and development with sexual lives, improvement of students' knowledge, skills and values about sexual life, educating a child about their sexual life	In the qualitative analyses, the parental barriers of CSE implementation were perceived as parental lack of knowledge of CSE, and parental attitudes towards the use of contraceptives and condoms. This was shown in	Parents with high knowledge of CSE suggested that parents should not be indifferent to the teaching of CSE and should be involved in the implementation of CSE at home Parents with low knowledge of CSE suggested that parents should be made more aware of the CSE policy implementation so as to be able to teach the learners.

THEMES	Teachers' knowledge of CSE policy implementation	Learners' knowledge of CSE policy implementation	Parents' knowledge of CSE policy implementation	Barriers to CSE policy implementation	Conclusion statement based on horizontal and vertical themes
			at different stages. This was further revealed in the quantitative survey where, out of 136 parents who participated in this study, 106(77.9%) know that sex education promotes condom use, whereas 99(72.8%) parents know that sex education increases awareness about HIV/AIDS among youth. Also, 106(77.2%) know that parents are expected to train their children on sexuality education. Besides, 92(67.6%) parents know that sex education prevents teenage pregnancy. Meanwhile, 97(71.3%) and 96(70.6%) parents know that using a condom at the same time as another form of contraceptive prevents both sexually transmitted diseases and pregnancy.	the quantitative survey in which a larger proportion of parents seem to have a negative attitude to the implementation of CSE.	

THEMES	Teachers' knowledge of CSE policy implementation	Learners' knowledge of CSE policy implementation	Parents' knowledge of CSE policy implementation	Barriers to CSE policy implementation	Conclusion statement based on horizontal and vertical themes
			Significantly (high) more parents with low classification of knowledge (79.5%, n=31) have a negative attitude than parents with a high knowledge classification (44.3%, n=43). This was shown in the qualitative analysis, where parents explained that there is a lack of awareness of the CSE policy. Furthermore, specifically those parents with a high level of knowledge (M=44.07, SD=16.93) have a significantly more positive attitude than those with a low level of knowledge (M=30.13, SD=18.47).		

5.7 Conclusion

This chapter discussed the qualitative data collected from the teachers, parents, and learners. Themes were generated for all the participants, and various categories and subcategories were analysed separately for each participant. The key findings from the qualitative study revealed some factors that influence teenage pregnancy, prevention of teenage pregnancy, knowledge of comprehensive sexuality education (CSE), barriers to CSE policy implementation, observations and reactions to CSE teaching, the impact of CSE policy, and the consequences of teenage pregnancy on academic goals and careers. The triangulation of the quantitative and qualitative results from three categories of participants (teachers, learners, and parents) was also discussed. This conclusion assisted in the presentation of the discussion in Chapter 6 and the development of the Delphi technique in Chapter 7.

CHAPTER SIX

DISCUSSION OF FINDINGS OF QUANTITATIVE AND QUALITATIVE STUDIES

6.1 Introduction

This chapter presents the discussion of findings of the phase one of this study. Since the study utilised mixed method research approach for data collection, the complementary findings from both the quantitative and the qualitative parts of the study are discussed in this chapter in a comprehensive manner. The data collected with the aid of both quantitative instruments (participants' questionnaire from teachers, learners and parents) and qualitative (semi-structured interviews) are merged because of their relationship so that a comprehensive picture of the knowledge, attitudes, and perceptions of teenage pregnancy and the implementation of the comprehensive sexuality education policy in secondary schools in Nigeria are revealed according to the objectives of the study. The discussion of the findings is convergent concurrent design in nature in that both quantitative and qualitative findings are discussed together. The discussion is therefore divided into three sections, in accordance with the five components and core characteristics of the UNESCO implementation framework used to guide this study. These five components are: *(1) Sequential sessions over several years;* (2) *Select capable and motivated teachers to implement CSE*; (3) *Provide quality training to educators,* (4) *Provide ongoing management;* and *(5) Supervision and oversight*. The first section discusses the sociodemographic variables of the study participants (the learners, teachers and parents), the second section discusses knowledge and attitude of the participants towards CSE policy implementation, and the third section discusses barriers towards implementing CSE policy among girls, teachers and parents.

6.1.1 Socio-Demographics of the Learners

The findings of the research reveals that 80 (58.4 %) of the learners were females, while the remaining were males. This reveals that secondary schools in Nigeria are mixed schools attended by both genders. A total of 103 (75.2 %) of the learners were between the ages of 16 and 18, which shows that the majority of learners were teenagers among whom were included females who were mature for sexual activities and might become pregnant without the use of condoms. Greenfield (2017) identified a similar result, where 58% of respondents said the main reason for using condoms was to avoid pregnancy.

In the qualitative study, 12 learners were interviewed. The age range of the 12 learners was between 16 and 18 with an educational attainment of between Grade levels 11 and 12 at senior secondary school. Both males and females participated in the interviews. The findings from the in-depth interviews with the learners on their perceptions of teenage pregnancy and comprehensive sexuality education were grouped into themes. The five themes generated were related to perceptions on teenage pregnancy, factors influencing teenage pregnancy, prevention of teenage pregnancy, and learners' views on CSE policy impact, perceived barriers to the implementation of CSE policy, as well as opinions and reactions of learners on CSE

International technical guidance on sexuality education (ITSGE) defines CSE as a continuing educational process that starts at an early age, and where new information builds upon previous learning, using a spiral-curriculum approach (UNESCO, 2018). Age-appropriateness is a defining characteristic of effective comprehensive sexuality education (Haberland & Rogow, 2015). The learning objectives of the UN's International Technical Guidance on Sexuality Education are grouped according to four age ranges: 5 to 8, 9 to 12, 12 to 15, and 15 to 18 or over (UNESCO et al., 2018). Children as young as 5 need age- and

developmentally appropriate sexuality education to enable them to understand basic facts about their bodies, think about families and social relationships, and recognise inappropriate behaviour, including child abuse. Before they reach adolescence, young people need a clear understanding of the physical and emotional changes they will experience and of how these changes are related to their development and to reproduction. In corroborating this UNESCO 2019 notion, youth who begin sexual activities early are more likely to practise risky behaviour such as multiple sexual partners and inconsistent or non-use of condoms (Kassahun et al., 2019). Gender, age, and sociological factors could influence the sexual behaviour of secondary school students (Ayoade et al., 2015).

6.1.2 Socio-Demographics of the Teachers

The findings of this study further show that 31 (51.7%) of the teachers were females. It was shown in this study that gender did not have a significant effect on teachers' needs for additional training on CSE. This means that gender of the teacher has nothing to do with the knowledge of the teacher in implementing CSE policy. However, CSE contributes to gender equality by building awareness of the centrality and diversity of gender in people's lives, examining gender norms shaped by cultural, social and biological differences and similarities, and by encouraging the creation of respectful and equitable relationships based on empathy and understanding. The integration of a gender perspective throughout CSE curricula is integral to the effectiveness of CSE programmes (UNESCO, 2018)

In the quantitative study, teachers aged between 36 and 45 numbered 28 (46.7 %) while the remaining 32 teachers (53.3 %) were aged 46 and above. This study revealed that both young and older teachers can teach sex education to young learners when they are well trained. This finding gives credence to the study by Costello et al, (2022) that teachers, and their professional

learning and development, have been identified as playing an integral role in enabling the right of children and young people to comprehensive sexuality education (CSE). Of the 60 teachers, 28 (46.7 %) were Muslims. This reflects that Muslims and Christians and even traditional religions are expected to be teaching sex education to the young ones in Nigeria. This study reveals that five (8.3%) of them were single, while the remaining 55(91.7%) teachers were married. Of the 60 teachers, 57 (95.0%) had university degrees ranging from first to doctoral (Ph.D.) degrees. Sociodemographic factors did not have significant effect on teachers' needing additional training courses on CSE. This signifies that every individual is expected to teach young ones about CSE. This is corroborated by UNFPA (2020) that facilitators of CSE can be adults, young adults, peers, health professionals or parents who are culturally competent and can communicate clearly with leaners. They should be willing to teach the full range of content of CSE, and should demonstrate an aptitude for learning to deliver CSE effectively.

In the qualitative study, 12 teachers were interviewed. The age range for the 12 teachers used for the study was between 36 and 45. Of the 12 teachers who participated in this study only two teachers had Master's degrees. The remaining 10 teachers had bachelor's degrees. Both males and females participated in the interviews. Findings from the semi-structured interviews with teachers about their perception of teenage pregnancy and comprehensive sexuality education were grouped into themes. The themes generated were related to their opinions on factors influencing teenage pregnancy, prevention of teenage pregnancy, knowledge of the CSE concept, barriers to CSE policy implementation, and the impact of the CSE policy on the teaching of sexuality education.

6.1.3 Socio-Demographics of the Parents

Of the parents, 77 (56.6 %) females parents participated in the study while 59 (48.4%) were males. This result shows that male and female parents' participation was almost equal. The age range of the parent participants was between 25 and 60 years; those in the age bracket of 36 to 45 are more 50(36.8 %), while those aged between 46 and 55 numbered 41(30.1 %) and the smallest group was those aged between 25 and 35 years, 17(12.5%). The findings of this study showed that age does have a (marginally) significant effect on whether parents know that pregnancy can result from a girl's first sexual intercourse. Significantly more 46 – 55-year-old parents (82.9%, n=34) responded with a 'yes' to this statement than 25 – 35-year-old parents (47.1%, n=8). This was supported by the findings of Abdullah et al. (2020) that the age of a parent is associated with the mean total score of the adolescent's knowledge, such that increasing age is directly related to their better knowledge. The findings of this study are in contrast with that of Abdullah et al. (2020), in showing that the age of parents does not have a significant effect on the attitude index score of the respondents. According to the UNESCO 2018 study, 91% of women in 22 countries said that they believed teenagers in this age group should be taught to abstain from sexual intercourse until marriage as a way to avoid HIV/AIDS. While this by no means suggests a preference for an abstinence-only approach, it provides context for the design and implementation of comprehensive sexuality education programmes.

In this study, of 136 respondents, 96 (70.6%) of the parents were Muslims, and 26 (19.1%) were Pentecostal, 2(1.5%) were Orthodox, 1(0.7%) was Adventist, 4 (2.9%) were traditionalists, and 7(5.1%) belonged to the 'other' group. This shows that the majority of the respondents are religiously inclined. Out of the 26 Pentecostal respondents (50% n=13) of the Pentecostal parents had high knowledge of CSE policy implementation and also (50% n=13) of the Pentecostal

parents had low knowledge of CSE policy implementation; out of the 96 Muslim respondents (66.7% n=64) had high knowledge while (33.3% n=32) had low knowledge. Of the 14 respondents who are Orthodox, Adventist, traditionalist and 'other' religions (92.9% n=13) had high knowledge, while (7.1% n=1) had low knowledge of CSE policy implementation.

In the quantitative study, when asked whether religion has a significant effect on whether parents know that sex education delays sexual debut among school going students, of the 14 respondents from the Orthodox, Adventist, traditionalist and 'other' religions, more parents (92.9%, n=13) responded with a 'yes' to this statement than Pentecostal parents (50.0%, n=13) out of 26 respondents. Out of the 96 Muslim respondents (90.6% n=87) also said 'yes' to this statement. The study by Lantos et al. (2019) shows that higher religiosity was associated with parental discussions with females on how to say 'no' to sex and lower conversations about contraception or condoms. The one-way ANOVA found that religion does not have a significant effect on the attitude index score of the respondents. Slominski (2020) asserts that CSE provoked conservative Christians who fought against it in the name of traditional family values. These religious opponents later pushed for abstinence-only education to take the place of CSE

A total of 59 (43.4%) parents have a middle school certificate educational level, while 20(14.7%) have an advanced level certificate, 15 (11.0%) have GCE 'O' level, 7 (5.1%) have a diploma, 3 (2.2%) have advanced diplomas, 16 (11.8%) have a bachelor's degree, 14 (10.3%) have a master's degres, and 2 (1.5%) have a PhD.The study showed that there was no effect of education level on the attitude classification of the parents towards CSE. This is in contrast to the findings of Lantos et al. (2019), which revealed that higher maternal education was positively associated with discussions about the topic of CSE.

Of the 136 parents studied, 119(87.5 %) were married, while single and divorced parents numbered 17(12.5%). When asked whether abstinence is an effective birth control method, significantly more married parents (68.9%, n=82) out of 119 responded with a 'yes' to this statement than single parents (35.3%, n=6) out of 17. In this study, marital status does have a significant effect on whether parents know that abstinence is an effective birth control method. In support, the study by Lantos (2019) also revealed that living with two biological or adoptive parents (vs living with none or one parent) was associated with discussing how to say 'no' to sex and the low rate of discussing condom use and other birth control methods. Discussions of physical differences between men and women and parents' responses to how children's use of sexual language helps to shape children's awareness of sexuality. Every parent, well-educated or not, can be equipped to teach and impart sound values to their children.

In the qualitative study, 12 parents were interviewed. The ages of the 12 parents ranged between 46 and 55, with an educational achievement of bachelor's degrees. Both males and females participated in the interview. The findings from the in-depth interviews with the parents on their perception of teenage pregnancy and comprehensive sexuality education were grouped into themes. The themes generated related to knowledge of parents about CSE concepts, barriers to CSE policy implementation, and parents' roles and involvement in CSE policy implementation.

6.2 Knowledge and Attitude of Learners Towards the Implementation of CSE Policy

A larger proportion of learners 79 (57.7%) had high knowledge on sexuality education, while the remaining 58 (42.3%) had low knowledge of CSE. In making a comparison of age groups with knowledge of CSE it was discovered that, of 17 learners in the age group of 19 or above, 70.6%(n=12, and of 103 learners between the ages of 16 and 18, 59.2% (n=61) This was

reflected from learners interviewed, who said that CSE gives information about abstaining from sexual intercourse and the use of contraceptives and condoms, whereas in the survey comparative analysis of age groups, of the 17 learners between the ages of 13 and 15, 70.6%(n=12) had no knowledge of contraceptives**.** This corroborates the qualitative findings of this study where the learners agreed that CSE knowledge should start at a younger age of nine. This allows learners to have adequate knowledge at a younger age. The qualitative study also revealed knowledge of CSE, information about sex, giving important information on sexual life such as abstinence from sexual activities and information on the outcome of sexual intercourse. According to the World Health Organization (WHO), complications during pregnancy or childbirth are the leading cause of death globally for girls ages 15 to 19. CSE should be provided to the learners at a younger age in *sequential sessions over several years,* as supported by the first component of the implementation framework of this study to improve the knowledge of learners on CSE, thereby preventing the complications of teenage pregnancy and childbirth (UNESCO 2018). A consultant endocrinologist (Oyenusi) said that parents should begin sexuality education on body parts for their children as early as two to three when children start going out, whether to school or elsewhere (PUNCH, 2017). In summary, it was noticed that 58(42.3%) have low knowledge of CSE. The age group comparison indicates that, of the 17 learners between the ages of 13 and15, only 5 respondents (29.4%, n=5) attend school classes on CSE compared to 61 learners of the 103 respondents between the ages of 16 and 18 (59.2%, n=61) and 12 learners of the 17 respondents aged 19 and older (70.6%, n=12) who attend school classes on CSE. This explains why the learners aged between 13 and 15 had no knowledge of contraceptives because fewer of the learners attend the school classes on CSE. This was confirmed from the knowledge questions asked during the interview on elements or components

of comprehensive sexuality education when the learners gave peripheral answers on abstinence-only type of sex education because what they had learned was not detailed knowledge of 'abstinence plus'. This was also confirmed from qualitative findings that the use of condoms and their experience of condom split or breakage when having intercourse, was not applicable to them. Ordway (2019) raised questions as an academic scholar about the effectiveness of the abstinence-only approach to sex education, especially for some learners who were sexually active. Schools in some parts of the country have adopted the so-called 'comprehensive' sex education programme to teach students about abstinence in addition to a range of topics on contraception, sexual health, and how to handle unwanted sexual advances (Ordway, 2019). The UNESCO (2018) CSE implementation framework explains that CSE recognises that abstinence is not a permanent condition in the lives of many young people, and that there is diversity in the way young people manage their sexual expression at various ages. Abstinence-only programmes have been found to be ineffective and potentially harmful to young people's sexual and reproductive health and rights (SRHR) (Santelli et al., 2017).

A study conducted by Kim (2019) recommends that state lawmakers must work to remove abstinence-only mandates from state law and to fight for evidence-based comprehensive sex education (Kim, 2019). Some scholars found in their research findings that, by contrast, comprehensive adolescent pregnancy-prevention programming appears to reduce births because of its low funding levels relative to abstinence funding (Fox et al., 2019).

The majority of the learners 60(43.8%) agreed and 52(37.9%) strongly agreed that sexuality education is not given enough emphasis in schools. This result was supported by the learners during the qualitative interviews that comprehensive sexuality education was attached to some subjects like biology, civic education, and social studies, and that this means the teacher does not

have enough time for teaching CSE. This was consistent with the study of Zulu et al. (2019) that teachers made decisions on their own regarding what and when to teach CSE, which implies holding back information from the learners, teaching the abstinence-only way of preventing pregnancy or cancelling sexuality education sessions altogether. However, the qualitative findings of this study revealed the learners' views on the impact of CSE: that it taught them to know more about unwanted pregnancy and abstinence and also assisted them to have communication skills and be bold to say 'No' to sex. The qualitative part of this study also showed evidence from the learners' point of view of their knowledge that CSE gives them the ability to avoid peer group pressure preventing teenage girls from sexual violence. This finding lends credence to the study of (Antoninis, 2021), which revealed that CSE classes are critical in equipping both girls and boys with the skills they need to make responsible choices in their lives. It teaches them how to negotiate the terms of their sexual activity, what to do if there is sexual pressure from someone, to understand the importance of consent and also how to resist peer pressure to accept violence.

The quantitative study revealed that more than half of the teachers 32(53.3%) had high knowledge on sexuality education. Teachers with an attitude score < mean score (i.e., 56.83) were classified as having a negative attitude, while those with an attitude score > mean score were classified as having a positive attitude.

Teachers' knowledge of CSE is revealed in the qualitative analysis as providing information about sex, knowledge on the development of the reproductive organs and their functions, giving important information on sexual life such as abstinence from sexual activities and information on the outcome of sexual intercourse. Teachers emphasised that additional training/knowledge should be given to teachers by government to be able to teach learners about CSE. The second

component of the UNESCO CSE Implementation framework (2019) suggested that *capable and motivated teachers should be selected to implement CSE;* this means that the teachers who display a good quality of teaching young learners should be chosen and prepared to teach CSE.. The UNESCO CSE Implementation framework (2019) explains that teachers' ability to deliver comprehensive sexuality education of good quality depends, at least partly, on the quality of training and support they receive. This was supported by the third component of UNESCO (2018) implementation framework that, in order to implement effective CSE policy, *quality training should be provided to educators,* which will equip and prepare the teachers to have adequate knowledge of CSE to teach the learners. Young people regularly reported that teachers are unprepared to teach comprehensive sexuality education, and teachers themselves express a need for more training (UNESCO, 2019a; Pound et al., 2016). The qualitative part of this study reveals the knowledge of teachers about CSE as: information about sex, knowledge on the development of the reproductive organs and their functions, giving important information on sexual life such as abstinence from sexual activities, information on the outcome of sexual intercourse. The quantitative survey further showed that a significant number of teachers have a negative attitude towards CSE policy implementation, since 29(48.3%) teachers disagreed that sex education is an effective way to prevent abortion. This finding gives credence to that of Iyekolo, (2021), which reveals that one of the reasons many teachers have a lackadaisical attitude towards the teaching of sex education is as a result of the belief they have that it will lead to more sexual acts among the students once they have more information about sex. It is also believed that children could easily be exposed to sex while teaching sex education because it is believed that they may want to practise what they have learned. The remaining 31(51.7%) have a positive attitude as they agreed that sex education is an effective way to prevent abortion. These

findings are consistent with those of Eko et al. (2013) and Kinley (2015), which reveal that the majority of teachers were in favour of teaching sexuality education in secondary schools and that it is an effective way to prevent abortion. This finding corroborates the study findings of Dehghani et al (2015), which reveal that the teachers agreed with the necessity of sex education as one of the fundamental rights of young adults and stressed that sex education in schools must cover issues of maturity, menstruation and abstinence. About 32(53.3 %) teachers disagreed that all teachers are responsible for sex education. A study by Zulu et al (2019) reveals that teachers reported that they struggled to strike a balance between teaching sexuality education to their pupils and maintaining the broader parental role of shaping them into responsible adults; hence, they recommended that CSE topics can be taught by people outside the school, such as health workers or community health workers

Thus, CSE specialists like Family Life HIV Education, together with guidance counsellors or teachers who are well trained on sex education should be responsible for teaching the subject. The remaining 28(46.7%) have a positive attitude as they agreed that all teachers are responsible for sex education. A study by Adogu and Nwafulume (2015) identified that the majority of teachers 135(90%) agreed that sexuality education should be taught in schools by the teachers. Evidence of teachers' knowledge was shown in the qualitative study: teachers had knowledge on sex, knowledge on body parts and organ development, knowledge on the prevention of teenage pregnancy, and knowledge on the consequences of teenage pregnancy.

The qualitative findings from the interviews of the teachers, has shown factors influencing teenage pregnancy, such as: depriving teenagers of educative programmes and social organisations in the community, negligence of care by parents for teenagers owing to poverty, the nonchalant attitude of teenagers to the consequences of teenage pregnancy, lack of

information on sex education, peer influence, the location of the school environment, and social media influence. ‘Sexuality’ may thus be understood as a core dimension of being human, which includes the understanding of and relationship to the human body, emotional attachment and love, sex, gender, gender identity, sexual orientation, sexual intimacy, pleasure and reproduction (UNESCO, 2018). Sexuality is complex and includes biological, social, psychological, spiritual, religious, political, legal, historic, ethical, and cultural dimensions that evolve over a lifespan (UNESCO, 2017). Traditionally, teachers have been the ‘directors’ of the learning process and students have played a receptive role in education (UNESCO, 2017). New approaches have been developed showing that learning always builds upon the knowledge that a student already possesses, and that learners construct their own knowledge on the basis of their interaction with the environment and the inputs provided. Based on this perspective, learning is more than receiving and processing information transmitted by teachers. Students learn best when they are allowed to construct their own understanding of information and material by engaging critically with personal experiences and information (UNESCO, 2018). Although there is little evidence regarding the impact of learner-centred or collaborative approaches within the context of CSE, research shows that these strategies are integral to the effectiveness of health education programmes in general. A study in Finland on the impact of school-based sexuality education on pupils’ sexual knowledge and attitudes showed that positive effects were largely due to the motivation, attitudes and skills of teachers, and their ability to employ participatory teaching techniques (Kontula, 2010). The guidance promotes a learner-centred approach to CSE and encourages collaborative learning strategies within the programmes. Learner-centred approaches allow learners to participate actively in learning processes and to encourage distinctive learning styles (UNESCO, 2018).

6.3 Knowledge and Attitude of Parents Towards Implementation of the CSE Policy

The findings of this study revealed that more than two-thirds of parents 105(77.2 %) know that sex education promotes condom use and 106(77.9%) had the understanding that sex education increases awareness about HIV/AIDS among youth, whereas 99(72.8%) of the respondents reported that parents are expected to train their children on sexuality education. Besides, 92(67.6%) parents know that sex education prevents teenage pregnancy. Meanwhile, 97(71.3%) parents know that using a condom at the same time as another form of contraceptive prevent both sexuality transmitted diseases and pregnancy, and most 96(70.6%) of the respondents aware that pregnancy can result from a girl's first sexual intercourse. Knowledge of the parents also manifested in the findings of the qualitative analysis as it was revealed by the parents that CSE provides knowledge of body growth and development with sexual lives, improvement of students' knowledge, skills and values about sexual life, and educating a child about their sexual life at different stages. The qualitative findings of this study revealed the knowledge of parents about CSE as follows: information about sex, knowledge on the development of the reproductive organs and their- functions, giving important information on sexual life such as abstinence from sexual activities, and information on the outcome of sexual intercourse. Yeo & Shih (2020) reveal that most studies on parental preferences towards the implementation of CSE showed positive attitudes and support of the inclusion of sexuality education in school.

It was observed that, of 39 respondents with a low classification of knowledge of CSE, (79.5%, n=31) parents had a negative attitude compared to (44.3%, n=43) parents of 97 with a high knowledge classification of CSE who have negative attitude. These findings have also been revealed from the qualitative study where parents explained that there was a lack of awareness of

CSE policy. This finding was supported by key findings of a study in Rwanda that more than two-thirds of parents(n=402, 70.03%) reported feeling a high level of knowledge about adolescent sexual behaviour but none of the parents sampled were able to identify any sexuality-related policy (Rwanda Education Board, 2015). Furthermore, specifically those parents with a high level of knowledge (M=44.07, SD=16.93) had a significantly more positive attitude than those with a low level of knowledge (M=30.13, SD=18.47). The policy paper by UNESCO (2019) revealed that strong community resistance to comprehensive sexuality education, or even the prospect of such education, is a real risk that can prevent the enactment of laws and slow down the implementation of policies related to gender equality and sexual and reproductive rights, particularly affecting women and girls. Resistance may be fuelled by underlying misconceptions about the purpose and scope of comprehensive sexuality education (UNESCO, 2109). These misconceptions commonly include concerns that such education is inappropriate for young children, goes against local cultural or religious values, encourages early sexual initiation or causes 'gender confusion' and may be used to recruit young people into 'alternative lifestyles' or non-conforming sexual orientation or gender identity (UNESCO, 2019).

6.4 Barriers to CSE Policy Implementation

Challenges to the implementation of the comprehensive sexuality education (CSE) policy were related to teachers, parents, learners, and the government. In this study, the findings of qualitative data revealed the teacher-related barriers to CSE policy as 'Misinformation by the teachers as a result of a lack of knowledge on CSE training, insufficient teachers /guidance counsellors'. Learner-related barriers are 'Learners' behaviour after school hours, learners' truancy, and 'peer influence'. The government-related barriers are 'Non-involvement of teachers in CSE policy formulation, lack of incentives and instructional material'. The findings of Keogh

et al. (2018) revealed the challenges encountered to the implementation of national comprehensive sexuality education curricula in low-and middle-income countries as programme planning-related and curriculum implementation-related challenges. Nigeria faced challenges of crowded curricula, teacher shortages and overburdening of existing teachers (Huaynoca et al. 2014).).

6.4.1 Teacher-Related Barriers

The survey results show that, of the 32 teachers with high knowledge, more teachers (90.6%, n=29) reported that they need additional training on sexuality of adolescents, especially on how to incorporate the emotional aspect of human sexuality. Despite the high knowledge they had on CSE it means the emotional aspect of sexuality needs more training for the teachers. This was supported by the third component of the CSE implementation framework that to implement CSE efficiently there must be provision of *quality training to educators*, (UNESCO, 2018). Additional training was given to the teachers in East and southern Africa to support pre-service training for teachers for the delivery of school-based sexuality education and out-of-school environments (UNFPA, 2014; Cheetham, 2015 UNESCO, 2016c; Pound et al., 2017). Many Nigerian teachers, despite training, were not able to conduct education sessions effectively (Obieka et al., 2013). To address this challenge, efforts were made to standardise and simplify curriculum delivery. Adequate implementation of the CSE policy must involve *programmes that include at least twelve or more sessions; and must include sequential sessions over several years;* (UNESCO, 2018). The qualitative findings of this study revealed that some learners are being misinformed by teachers about CSE because of a lack of knowledge on the part of the teachers. Components of the UNESCO implementation framework support *selection of capable and motivated teachers to implement CSE*, and *provide quality training to educators* (UNESCO,

2018). Limited training on the new concepts of CSE leads to a decrease in knowledge of comprehensive sexuality education, which makes teachers give learners wrong. During the developing and delivering of CSE, it is important to build on existing standards or guidelines, and to develop clear steps for its implementation and evaluation (Cheetham 2015). Experts must be involved on human sexuality, behaviour change and related pedagogical theory. In addition, during the interviews of teachers in this study, the teachers confirmed that there was a lack of qualified and experienced teachers to teach CSE in the schools. Teacher training is most successful when it is designed using adults. Training that is highly interactive and increases the ability of teachers to implement sexuality education by acknowledging the importance of comfort. Their knowledge and skill will help the implementation to be more successful which, in turn, fosters sustainability (The Grove Foundation, 2021). Well-trained, supported, and motivated teachers play a key role in the delivery of high quality CSE. In this study, teachers expressed the view that they are not well motivated to teach CSE. Training is a critical element in preparing health educators, as is keeping them abreast of current information, especially as they deliver sexuality education to young people who may not be able to obtain this information elsewhere (Barr et al 2014). In a study carried out in Ghana, most (99%) teachers believed that young people should be taught healthy sexuality and how to use contraceptives to avoid pregnancy (86%), but also that young men and women should abstain from sex before marriage (94%) (Awusabo-Asare et al.2017).

6.4.2 Learner-Related Barriers

The qualitative analysis shows that the knowledge that most learners have concerning the concept of CSE was not obtained from qualified professionals. Rather, they gathered the knowledge from wrong information given by society about sex, which deprived them from

having a proper education on what sexuality entails, making them victims of teenage pregnancy. This was shown in the quantitative survey results where a significant numbers of learners 99 (73.2 %) received information on CSE from social media, such as Twitter or Facebook. This was similar to findings of Aragao et al. (2018) that the internet and social media can be used as pedagogical tools by nurses, which was corroborated by a study that social media helped to improve and broaden the learning possibilities of students and offered educators other ways of relating and interacting with students, narrowing their relationship and broadening the learning space, allowing them to become responsible for their own learning (Costa & Ferreira, 2016). The fourth component of implementation framework emphasised that there must be *provision of ongoing management* of CSE implementation for the learners. This will promote implementation sustainability, increasing the knowledge of the learners and removing the learner-related barriers to CSE policy implementation (UNFPA 2017). Social network site (SNS) use jeopardises the sexual and social wellness of adolescents (Cookingham & Ryan, 2019). Also, since young children are now technologically proficient, parents must learn how to adjust internet settings to restrict their children's access to risky websites that may expose them to inappropriate sexual behaviour (Flores & Barroso, 2017). There are reliable resources such as the Centers for Disease Control and Prevention (CDC) and the Sexuality Information and Education Council of the United States (SIECUS) that provide research-based information and proper sex education guidelines according to children's developmental stages, including the National Sexuality Education Standards.. According to UNESCO (2018) guideline for CSE framework, the internet and social media can be excellent ways for young people to access information and answers to their questions about sexuality. Young people often use online media (including social media) because they are unable to access information elsewhere, quickly and conveniently. However,

online media does not necessarily provide age-appropriate, evidence-based facts and can, in fact, provide biased and distorted messages (UNESCO, 2018). It is difficult for young people to distinguish between accurate and inaccurate information. While online media can offer much information, it does not offer the space for young people to discuss, reflect and debate the issues, nor to develop relevant skills (UNESCO, 2018). CSE offers a forum for young people to understand and make sense of the images, practices, norms and sexual scripts that they observe via social media and pornography. It provides an opportunity to learn about the aspects of sexuality that are absent from pornography, such as emotional intimacy, negotiating consent and discussing modern contraception. CSE can also support young people to navigate the internet and social media safely and can help them to identify correct and fact-based information (UNESCO, 2018).

6.4.3 Parent-Related Barriers

In the qualitative analyses, the parental barriers to CSE implementation were revealed as parental lack of knowledge of CSE, and parental attitudes towards the use of contraceptives and condoms. This was shown in the quantitative survey in which a larger proportion of parents seem to have a negative attitude to the implementation of CSE. In addition, the age-related group comparison indicates that, of 39 respondents with a low classification of knowledge of CSE, (79.5%, n=31) had a negative attitude and (44.3%, n=43) parents of the total 97 with a high knowledge classification of CSE also had negative attitude to the implementation of CSE

Hyeton et al. (2019) reported that most parents were afraid to provide sex education because of their unfamiliarity with teaching methods and their lack of knowledge. Most parent respondents (82.4%), n=78) had the knowledge that parents are expected to train their children about sexuality education. This result is incongruent with the findings of Shin et al. (2019) that

more than 50% of parents responded that primary sex education for young children should be the responsibility of the parents and that education should be started during the elementary school period. A moderate correlation was found between parents' sexual knowledge and sexual attitudes (r=44) (Shin et al. 2019). Parental teaching at home is one of the most important external environment factors affecting student learning activities (Khu & Lee, 2015). Most parent respondents (81.4%), n=79) had the knowledge that sex education prevents teenage pregnancy. The reason for the few parents with low knowledge might be due to their negative attitude towards CSE implementation, and parental conceptions that CSE promotes promiscuity.

More than two-thirds of parent respondents (78.4%, n=76) had the knowledge that condoms are an effective birth control method, while previous studies identified several factors associated with better communication regarding sex-related issues and the provision of quality guidance, including learners having received sex education from their parents, previous experience providing sex education to their children, the age of parents, higher education levels of parents, higher income levels of parents, and the child's gender (Jo et al, 2018). In order to provide sex education from home, parents should overcome their fear and bias about sex education and bolster their confidence to communicate openly with their children about sensitive issues. Every parent, well-educated or not, can be equipped to teach and impart sound values to their children (Ping, 2019).

Young people's perceptions and behaviours are greatly influenced by family and community values, social norms, and conditions. Therefore, the cooperation and support of parents, families, and other community actors need to be sought from the outset and regularly reinforced. (UNESCO, 2014). It is important to emphasise the primary concern of promoting the safety and well-being of children and young people that is shared by both schools and parents/caregivers.

Ensuring that parents/caregivers understand, support and get involved with the delivery of CSE is essential to ensure long-term results. Research has shown that one of the most effective ways to increase parent-to-child communication about sexuality is by providing students with homework assignments to discuss selected topics with parents or other trusted adults (UNESCO, 2014).

6.4.4 Government-Related Barriers

The qualitative findings of this study revealed the following barriers that were related to the government for CSE policy implementation, such as lack of a supportive environment for teachers, curriculum barriers, the lack of funding for CSE specialities, non-involvement of teachers and the community in the formulation of the CSE policy, the non-availability of resources such as schemes of work and laboratories, and the lack of specific teachers and counsellors for CSE.

Clear sectorial and school policies and curricula help to support teachers, as does institutionalised pre- and in-service teacher training and support from school management (UNESCO, 2018). Teachers should be encouraged to develop their skills and confidence through added emphasis on formalising CSE in the curriculum, as well as stronger professional development and support. The CSE policy implementation paper (UNESCO, 2019) affirms that teachers were not adequately prepared and supported, as corroborated by findings of the qualitative part of this study that the teachers not being motivated, and that there are no incentives to go for seminars to train them on CSE. It was shown by the descriptive survey findings of this study that teachers need additional training on the sexuality of adolescents 30(50%), and on incorporating the emotional aspect of human sexuality 36(60%). The fifth implementation framework stated that there should be *supervision and oversight of CSE*

implementation. The government should make provision of supervisors who will continue to monitor the implementation of CSE in the school by *the teachers. The provision of ongoing management and supervision and oversight (fourth and fifth) components of CSE implementation frameworks* will eliminate government-related barriers and promote sustainability of CSE policy implementation.

6.6: Conclusion

This chapter has discussed the socio-demographics of the three participant groups: learners, teachers, and parents, focusing on the knowledge and attitudes of the participant groups on the implementation of CSE policy. The study demonstrated that 57.7% of learners had high knowledge on sexuality education, while the remaining 58 (42.3%) had low knowledge. The majority of learners (59.9%) were taught CSE at school by teachers. Of the learners, 46.4% exhibited a negative attitude toward sexuality education, while 53.6% had a positive attitude to CSE. More than half (53.3%) of the teachers had high knowledge on sexuality education, while the remaining 46.7% had low knowledge of CSE. Also, more teachers (55%) had negative attitudes towards CSE policy implementation. High knowledge of CSE policy implementation was exhibited by 71%, while 29% had low knowledge of CSE policy implementation. About 54.4% had a negative attitude towards CSE policy implementation, while 45.6% had a positive attitude. In this study, the qualitative findings revealed teacher-related barriers to CSE policy implementation were misinformation and insufficient teachers/guidance counsellors. Learner-related barriers were learners' behaviour after school hours, learners' truancy, and peer influence. The government-related barriers were non-involvement of teachers in CSE policy formulation, and lack of incentives and instructional materials. The study also revealed that the factors influencing parents' involvement in CSE policy implementation were parental lack of

knowledge of CSE and parental attitudes toward teenagers' use of contraceptives. The expected roles and involvement of parents in CSE policy implementation are shown to include discussing issues on CSE policy implementation with school management and attending presentations and programmes organised by professionals about CSE.

In conclusion, the findings of the qualitative data revealed learners' attitudes towards CSE policy implementation to be positive and they include being attentive and inquisitive about teachings of CSE, as well as being negative in feeling timid, unhappy, and embarrassed during CSE discussions. This chapter also discussed barriers to the implementation of the CSE policy. The next chapter discusses the development of a strategy to improve the implementation of the CSE policy.

CHAPTER SEVEN

STRATEGY DEVELOPMENT

7.1 Introduction

This chapter presents the development process of the strategy document. The strategy to improve the implementation of comprehensive sexuality education policy comprises a summary of the factors identified from quantitative and qualitative findings relating to the poor implementation of the CSE policy. This chapter also consists of Phase Two of the study, which comprises the Delphi technique used in developing the strategy to promote the implementation of the CSE policy.

7.2 Summary of Factors Identified From Quantitative and Qualitative Findings for Poor Implementation of CSE Policy.

The following are the developed themes generated from the identified findings for the three categories (teachers, learners, and parents) of study participants.

7.2.1 Theme 1: Barriers to Teachers' Implementation of CSE Policy

1. Barriers as a result of parental attitude towards care of the child, child abuse, and child trafficking. Religious influence on CSE teaching.
2. Belief and norms of the society.
3. Teacher's incorrect information on CSE, insufficient teachers /guidance and counsellors to teach CSE.
4. Learner's behaviour after school hours, learners' truancy, and peer influence.
5. Lack of government support to involve teachers in CSE policy formation, to provide incentives and instructional materials.

6. The influence of cultural factors on the implementation of CSE.

7.2.2 Theme 2: Factors Influencing Parents' Involvement in CSE Policy Implementation

The findings of this study revealed the factors influencing parents' involvement in CSE policy implementation as follows:

1. Effect of poverty-stricken families on the care given to the teenagers. Parents sending their teenagers on errands to hawk and sell food items.
2. Parental lack of knowledge of CSE.
3. Parental attitudes towards teenage girls' use of contraceptives.

The findings of this study also revealed the expected roles and involvement of the parents in CSE policy implementation as follows:

1. Follow up children on a daily basis on the content of CSE learned at school.
2. Discuss issues on CSE policy implementation with the school principal during Parent–Teacher Association (PTA) meetings.
3. Collaborate with other parents on modality for CSE policy implementation.
4. Attend presentations and programmes organised by professionals about CSE.

Teachers declared that improper care given to teenagers as a result of poverty is a barrier to the implementation of CSE policy. Parents send their teenagers to hawk and sell food items and water sachets early in the morning and during school hours, leading to learners being absent from class. Also, as a result of poverty, teenage girls engage in prostitution in their desperation for money, thereby making the teaching of CSE meaningless to them.

The parental barriers to the CSE policy implementation were perceived as parental lack of knowledge of CSE, parental attitudes towards the use of contraceptives, such as contraceptive

pills and condoms. This was shown in the quantitative survey, where a larger proportion of parents seem to have a negative attitude to the implementation of CSE. Significantly, more parents with low CSE knowledge (79.5%, n=31) have a negative attitude than parents who do have CSE knowledge (44.3%, n=43).

7.2.3 Theme 3: Learners' Attitudes Towards the Implementation of CSE Policy

The findings of this study related to learners' attitudes towards CSE policy implementation are as follows:

1. The nonchalant attitude of teenagers, including their illegal and uncultured sexual acts as a result of peer influence and juvenile delinquency.
2. Learners' behavioural factors which lead to truancy as a result of peer influence.
3. Some learners react to CSE teaching by showing positive feeling, being attentive and inquisitive.
4. Some learners feel shy, unhappy, embarrassed, timid and ashamed during CSE discussions, which makes it boring.

The knowledge that most learners have about the concept of CSE was not learned from qualified professionals. Rather, they learned from wrong information given by society about sex, which deprived them from having proper education about what sexuality entails, thereby making them victims of teenage pregnancy. This was shown in the quantitative survey where a significant number of learners 99 (73.2%) access information on CSE from social media e.g., Facebook.

Learners feel shy when hearing about sexuality education. This is because they are young; thus, they become uncomfortable, ashamed, reluctant, timid and lack the courage to ask questions

while discussing issues of CSE. This was shown in the quantitative survey in which 46.4% of the learners exhibited a negative attitude towards sexuality-related issues

Learners explained that socialisation is now the order of the day for teenagers in terms of sexual intercourse. Those who are not sexually active amongst them will be categorised by their peers as not sociable. This also results in learners' nonchalant attitude towards the teaching of CSE. Most of these learners do not even use protection while engaging in sexual intercourse, which may lead to teenage pregnancy and cross infection.

7.2.4 Theme 4: Government-Related Barriers to the Implementation of the CSE Policy

Parents and learners agreed that the policy was created by the government, but teachers are not ready to implement it because of inadequate funding. The CSE policy is not funded well enough to pay for specialists and to buy the necessary materials to teach the subject. Also, teachers are not given incentives (in cash) to motivate them to teach CSE very well. Furthermore, the government created the policy but there was no adequate monitoring of the policy to achieve its goals. The government that made the policy should find all the ways to supervise and monitor its implementation. Parents asserted that the policy was not monitored in terms of its implementation.

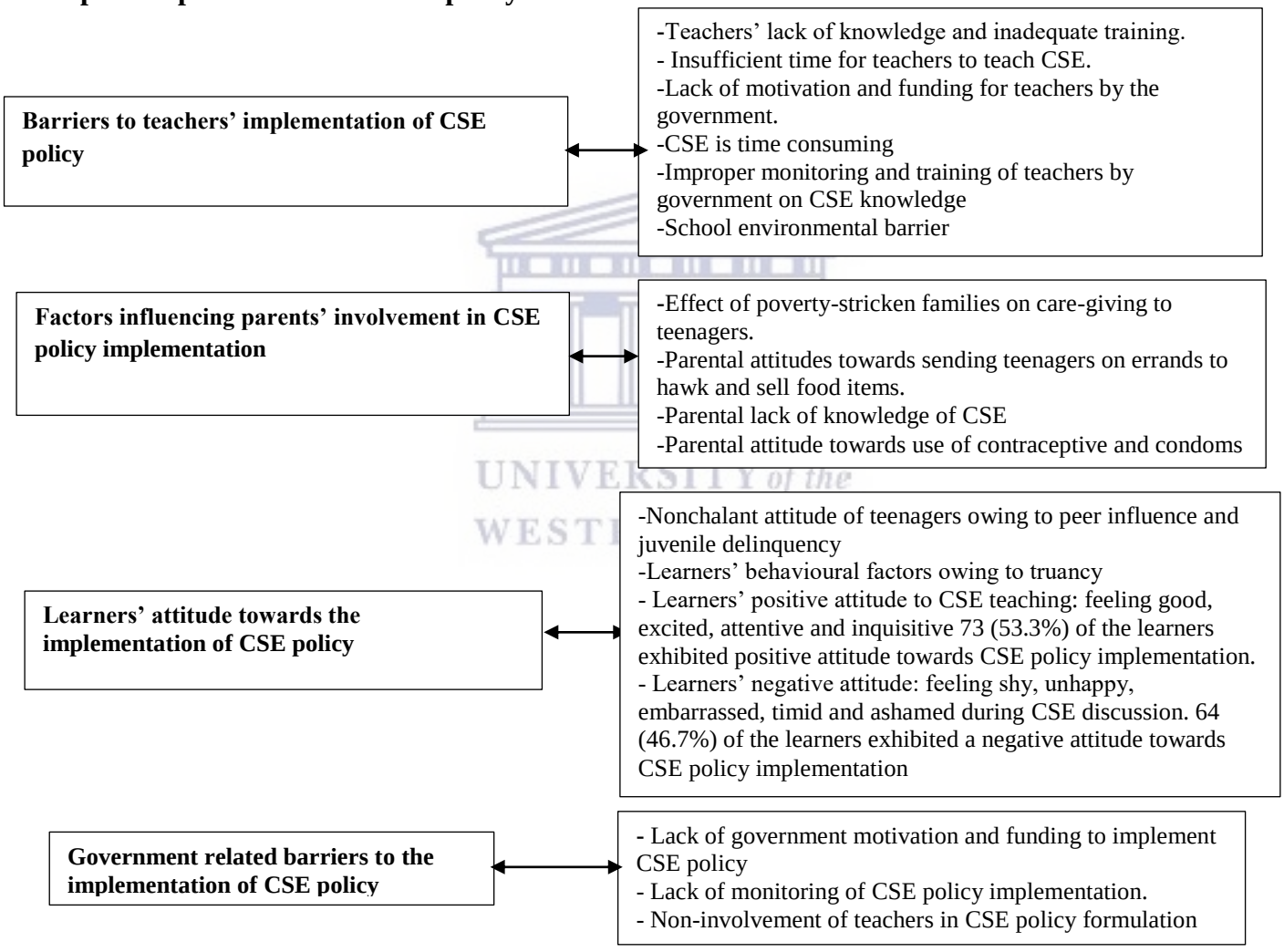
Teachers expressed the view that the CSE policy was not implemented because teachers were not involved in the development of the policy. Teachers explained that they were the implementers of the policy and as such should have been involved while the policy was created.

Generally, the following are the government-related barriers to CSE policy implementation as revealed from the findings of this study.

1. Lack of motivation and funding for the teachers by the government.
2. CSE is embedded in another subject as the government did not make provision for

3. CSE as an autonomous subject in the school curriculum. Improper monitoring and training of the teachers in CSE.
4. School environmental barrier because the government did not make provision for adequate security in the schools; hence, students often sneak out of the school premises during school hour.

Figure 7.1: Summary of factors identified from quantitative and qualitative findings for poor implementation of CSE policy



The above factors generated from both quantitative and qualitative findings for poor implementation of CSE policy as illustrated in figure 20 were transformed to form the basis of the strategy development as presented in figure 21. All the factors highlighted in table 20 were

used to develop open ended round one questions (appendix vii) using Delphi technique to develop the strategy for implementation of CSE policy**.**

7.3 Development of Strategy to Improve the Implementation of CSE Policy.

7.3.1 Introduction

In Phase Two, the Delphi approach was used to develop the strategy to improve the implementation of the CSE policy. This phase consists of the background to the Delphi techniques; the design, procedure and recruitment of Delphi participants; inclusion and exclusion criteria; data collection tools and the data collection process; step-by-step Delphi rounds; response rate, results and interpretation of findings; development of the strategy, and the conclusion of the final product.

7.3.2. Recruitment of Delphi Participants

Three senior secondary schools were selected from 12 schools used for the study. Three learners were purposively selected – one from each of the three local governments schools; three teachers – one from each of the three schools; two parents; and three key informants (KIs) to represent parents of the learners, who are the community leaders in the Local Government Areas. There were two policymakers from Oyo State (one was represented by Family Life HIV/AIDS Educator from the Ministry of Education in Oyo State secretariat in Ibadan) and four curriculum developers from tertiary higher institutions as well as three sexuality education specialists. Also, there was one guardian and one counsellor, one educational management expert, one Christian clergyman, one Islamic clergyman and one lawyer. The total of the participants numbered 26 Delphi members.

7.3.3. Inclusion and Exclusion Criteria

The three secondary schools selected for the study were used because the participants were involved in phase one of the study where quantitative and qualitative data was collected. The age range between 18 and 19 was used for the learners, which was also similar to the Phase One study. Other Local Government Areas in Oyo State were not included because of the limited time available for the study. The Delphi panellists involved all groups of community representatives. Sexuality educator specialists, curriculum developers, community leaders, parents, teachers, guardians and counsellors, educational management, clergymen and lawyer were included among the panellists.

The researcher provided the aim and objectives and information to explain the nature of the study and its benefits; thus allowing participants to make an informed decision to participate. They were informed that their participation was voluntary, and that they had the right to participate or to withdraw at any time without any consequences.

7.3.4 Data Collection Tool

The Delphi technique was conducted over three rounds and a 70% and above consensus was reached in the third round by the majority of participants in the first and second rounds, using the Delphi survey questionnaire. The first round consisted of open-ended questions sent together with the draft strategy which was developed by the researcher from the result of quantitative and qualitative studies in phase one (See Appendix VII) to the Delphi participants. In the second round, a closed-ended questionnaire (See Tables 47-50) was developed from the unstructured information gained from the first round. This consisted of a three-point Likert scale questionnaire. The final, third-round questionnaire (See Tables 51-54) is the consensus round where they finally agree on the strategy developed to improve the implementation of the CSE

policy. This final questionnaire includes supporting decision-making regarding the final agreement of the Delphi participants. The literature suggests that 51% to 70% agreement represents consensus (Polit & Beck, 2017). The aim is to develop an strategy for the implementation of CSE policy in secondary schools, to identify areas of agreement or disagreement, and to find consensus. Questions may be extended here in order to reach final consensus of 70 and above to fill the conflicting gaps and to remove the weakness that exists in the CSE policy developed by the government.

7.3.5 Application of the Delphi Technique

This phase involves the development and validation of strategy that would improve the implementation of CSE policy based on the findings from Phase One. Development of the strategy would involve the application of the organisational development strategy by (McNamara 2022).Validation would include the application of the Delphi technique and the use of the adapted checklist that would be given to key stakeholders to get their opinion on the strategy developed.

McNamara (2022) is a nationally recognised expert in organisational development and change. He has decades of real-world management experience in a variety of organisations, including start-ups, public-private, non-profit and corporate. He is the founder and developer of one of the world's largest collections of well-organised, free, online resources for personal, professional and organisational development. He is also co-founder of Action Learning Source and the Consultants Development Institute.

7.4 Delphi Rounds Process

7.4.1 Introduction

This section presents the results and discussion from the Delphi survey with a group of expert panellists and other Delphi participants like learners, parents, and teachers in three iterative rounds. Results of the qualitative study from teenagers, healthcare providers and stakeholders on the challenges and barriers to CSE implementation were presented under four main sections for the Delphi participants' views in order to generate a strategic document that could promote the implementation of the CSE policy, as well as highlight recommendations.

7.4.2 Delphi Participants' Demographic Information

The numbers of participants contacted were 30, of whom 26 responded. The same 26 were used for the study. The response rate for this round is 86%. This indicates the level of interest and commitment of the Delphi participants' in the study.

Table 7.1: Sociodemographic Profile of the Delphi participants (n=26)

	Variables	Frequency	Percentage	Minimum	Maximum	Mean	Standard Deviation
Age	13–19	3	11.5	13	69	41	15.25
	30–39	3	11.5				
	40–49	13	50.0				
	60–69	7	26.9				
Gender	Male	10	38.5				
	Female	16	61.5				
Highest level of Education	Learners	3	11.5				
	Bachelor's Degree	16	61.5				
	Master's Degree	4	15.3				
	Doctoral Degree	3	11.0				
Occupation	Learning	3	11.5				
	Teaching	3	11.5				

	Variables	Frequency	Percentage	Minimum	Maximum	Mean	Standard Deviation
	Law	1	3.8				
	Policymaking	2	7.7				
	Guardian /Counselling	1	3.8				
	Christian Clergy	1	3.8				
	Islamic Clergy	1	3.8				
	Curriculum Developer	4	15.4				
	Politician	2	7.7				
	Parents Community Leaders	3 3	11.5 11.5				
	Sexuality Education Specialist	1	3.8				
	Education management expert	1	3.8				

Table 7.1 shows that most (61.5%) of the respondents (16) were females and (50.0%) (13) of the experts were within the age range of 40–49 years. The mean age was 41 years with a standard deviation of 15.25. More than half (16) of the respondents (61.5%) had at least a bachelor's degree. Among the respondents, 4 (15.4%) were curriculum developers, 3 (11.5%) were learners (representing the students), 3 (11.5%) were secondary school teachers, 3 (11.6%) were sexuality education specialists, 3 (11.5%) were community leaders, 2 (7.7%) were policymakers, 2 (7.7%) were parents, 1 (3.8%) was a lawyer, 1 (3.8%) was a politician, 1 (3.8%) was a guardian/counsellor, 1 (3.8%) was a Christian clergyman, 1(3.8%) was an Islamic clergyman and 1 (3.8%) was an educational management expert. All the respondents are Delphi participants to develop a strategy for the implementation of the CSE policy in secondary schools at three Local Government Areas of Oyo State in Nigeria.

7.4.3 Delphi Round One (N=26)

The summary of the research findings and the draft strategy were presented to the Delphi participants. Open-ended questions (See Appendix VII) based on the findings of the quantitative and qualitative parts of this study were also given to the Delphi participants to provide comments and additional input on the draft strategy. The additional suggestions of the Delphi participants to the open-ended questions on the draft strategy on in Round One were as follows:

- The community leaders, local government authorities, and parents are critical of the implementation of the strategy; hence, they need to be fully involved by being given specific roles as might be deemed fit in the implementation of the CSE policy.
- The use of participatory learning methodology should be put in place in teaching CSE.
- Learners' concept of self must be assessed, and learners must be motivated to develop a true positive attitude to the CSE policy. Also, showing role models of great achievers in their respective local and regional areas is likely to enhance a positive attitude.
- Government should sanction those who are involved in the sexual harassment of the teenagers.
- Teachers of low integrity who encourage sexual intimacy should also be sanctioned for encouraging teenage pregnancy. The reason for disagreement among the Delphi participants was that sexual promiscuity is an individual behaviour and every individual has sexual rights.

7.4.4 Delphi Round Two (N=24)

The updated draft strategy document with Round One comments incorporated was presented to the Delphi participants. A three-point Likert scale questionnaire (agree, disagree or

undecided) and improved strategy documents were given to the participant. They were informed that they could provide additional comments to be incorporated in the strategy document. Various responses of the Delphi participants were categorised into four subheadings to prepare Round Two closed-ended questions to get the consensus of their responses on the following tables of Round Two.

Table 7.2: Delphi Round Two: Participants' responses on teachers' viewpoints on the CSE policy implementation

Opinion	Agree F(%)	Undecided F(%)	Disagree F(%)
Inclusion of CSE in the curriculum of subjects such as physical education, basic science, social studies and civic education	24(100%)	0(0%)	0(0%)
Workshops and seminars should be organised for teachers to widen their knowledge on CSE while incorporating the moral/religious importance of CSE.	23(95.8%)	1(4.2%)	0(0%)
CSE should be made a compulsory and separate subject.	15(62.5%)	2(8.3%)	7(29.2%)
Training and retraining of teachers taking CSE and rewarding them with incentives will improve the implementation of CSE Policy.	22(91.7%)	2(8.3%)	0(0%)
The use of participatory learning methodology should be put in place in teaching CSE.	23(95.8%)	1(4.2%)	0(0%)

Table 7.2 shows that all the participants agreed on the inclusion of CSE in the curriculum of subjects such as physical education, basic science, social studies and civic education. This was supported by the Family Life HIV/AIDS Education (FLHE) curriculum in Nigeria for secondary schools in 1999 owing to a confluence of forces: national concern over rising AIDS prevalence among teenage learners, almost all (23)(95.8%) experts agreed that workshops and seminars should be organised for teachers to widen their knowledge on CSE while incorporating the moral/religious importance of CSE. Only one (4.2 %) expert was undecided on this opinion. This was contrary to the quantitative aspect of this study that religion did not have a significant effect on teachers' need for additional training on the sexuality of adolescents. Religion did not have a significant effect on teachers' need to help adolescents develop skills in getting along with

members of the opposite sex. Of the participants, 15 (62.5 %) agreed that CSE should be made a compulsory and separate subject, while only seven (29.2 %) disagreed and two (8.3 %) were undecided in their response. Of the participants, 22 (91.7 %) agreed that training and retraining of teachers taking CSE and rewarding them with incentives will improve the implementation of CSE Policy, while only two (8.3 %) participants were undecided in their response. This was corroborated by the qualitative part of this study from the teachers' response that lack of incentives and instructional materials was a barrier to the implementation of the CSE policy. Of the participants, 23 (95.8 %) agreed that the use of participatory learning methodology in teaching CSE should be put in place while the remaining one (4.2 %) participant was undecided.

Table 7.3: Delphi Round Two: Participants' Responses to Parents' Roles and Involvement in CSE Policy Implementation

Items	Agree f(%)	Undecided f(%)	Disagree f(%)
Parents should engage with their children on a daily basis on issues of CSE.	23(95.8%)	1(4.2%)	0(0%)
Parental collaboration with the school by attending seminars and workshops on CSE when invited and also sharing their experience with the learners.	21(87.5%)	3(12.5%)	0(0%)
Parents should maintain a cordial parent–children relationship in order to improve CSE teaching at home.	24(100%)	0(0%)	0(0%)
Parents should be role models for their children.	24(100%)	0(0%)	0(0%)
Parents should always be close to their children and report any unusual behaviour they see in their children.	24(100%)	0(0%)	0(0%)
Parents need to be trained in CSE by community-based organisations.	16(66.7%)	6(25%)	2(8.3%)
Parents should be familiar with CSE through premarital, and marital counselling and Parent–Teacher Association sessions.	24(100%)	0(0%)	0(0%)

Table 48 reveals participants' responses to parents' roles and involvement on CSE policy implementation. Of the participants, 23 (95.8%) agreed that parents should engage with their children on a daily basis about issues of CSE while the opinion of only one (4.2%) participant was undecided. This was supported by the qualitative aspect of this study when parents support

teachers by asking the learners on a daily basis about what they have been taught in CSE. This makes learners remember the topics in CSE that have been taught by the teachers and, on the other hand, it makes the parents understand the aims of CSE and promotes reinforcement in learning for the learners. Of the participants, 21 (87.5%) agreed that parental collaboration with the school by attending seminars and workshops on CSE when invited and also sharing their experience with the learners, making parents involved in CSE policy implementation while only three (12.5%) participants were undecided about this notion. All participants 24 (100%) agreed that there should be the maintenance of a cordial parent–children relationship in order to improve CSE teaching at home; parents should be role models to their children, and parents should always be close to their children and should report any unusual behaviour they see in their children. Of the participants, 16 (66.7%) agreed that parents need to be trained in CSE by community-based organisations and that the community leaders, local government authorities, and parents are critical in the implementation of the strategy; hence, they need to be fully involved by being given specific roles in the implementation of the CSE policy. Six (25%) participants were undecided about the notion, while only two (8.3%) participants disagreed on this opinion. All 24 (100%) participants agreed that parents should be familiar with CSE through premarital, and marital counselling and Parent–Teacher Association (PTA) sessions.

Table 7.4: Delphi Round Two: Participants' Responses on Learners' Development of a Positive Attitude Towards CSE

Items	Agree f(%)	Undecided f(%)	Disagree f(%)
Effective implementation of a comprehensive sexuality education policy helps young people traverse puberty, form healthy relationships, develop a positive body image in communities, effectively make informed decisions and navigate healthcare.	20(83.3%)	4(16.7%)	0(0%)
Teaching them from a young age, giving them the right answers when they ask, not shying away or dismissing them.	24(100%)	0(0%)	0(0%)
Learners need to be assured in a culturally appropriate manner.	21(87.5%)	3(12.5%)	0(0%)
Parents should be counselled on how to take good care of their children, make friends with them, and understand them.	23(95.8%)	0(0%)	1(4.2%)
Adults should arouse their interest and should show good	23(95.8%)	1(4.2%)	0(0%)

Items	Agree f(%)	Undecided f(%)	Disagree f(%)
examples to learners both at home and at school.			
Learners should interact with significant others apart from their teachers and parents in order to resolve any issues relating to their sexuality.	15(62.5%)	5(20.8%)	4(16.7%)
A participatory curriculum should be used to teach CSE for learners to improve their knowledge and power in the implementation of CSE.	23(95.8%)	1(4.2%)	0(0%)
The importance of CSE should be shown to the learners to develop a positive attitude towards CSE.	24(100%)	0(0%)	0(0%)
There must be agreement among the stakeholders of education such as the home, the school or the government in the training of girl children to develop a positive disposition.	22(91.7%)	2(8.3)	0(0%)

Table 7.4 shows the responses of the Delphi participants about the learners' development of a positive attitude towards the implementation of the CSE policy. Of the participants, 20 (83.3%) agreed that effective implementation of a comprehensive sexuality education policy helps young people to traverse puberty, form healthy relationships, develop a positive body image in communities, effectively make informed decisions and navigate healthcare. Reports from UNESCO (2018) supports that sexuality education has positive effects, including increasing young people's knowledge and improving their attitudes to sexual and reproductive health and behaviour. Four (16.7%) participants were undecided in their opinion on the learners' development of a positive attitude towards the implementation of CSE policy. All 24 participants (100 %) agreed that teaching learners from a young age, giving them the right answers when they ask, not shying away or dismissing them will go a long way towards implementing the CSE policy. Of the particpants, 21 (87.5%) agreed that learners need to be assured in a culturally appropriate manner; the concept of self must be assessed, and the learner must be motivated to develop a true positive attitude towards the CSE policy. Also, showing role models of great achievers in their respective local and regional areas is likely to enhance a positive attitude. Only three (12.5%) were undecided. Of the participants, 23 (95.8%) agreed that parents should be

counselled on how to take good care of their children, make friends with them, and understand them while only one (4.2%) participant was undecided. So too, 23 (95.8%) participants agreed that adults should arouse learners' interest and should show good examples to learners both at home and at school, while only one (4.2%) participant was undecided. Of the participants, 15 (62.5%) agreed that learners should interact with significant others apart from their teachers and parents in order to resolve any issues relating to their sexuality while five (20.8%) were undecided, and four (16.7%) disagreed with the statement. Twenty-three (23) (95.8%) agreed that a participatory curriculum should be used to teach CSE for learners to improve their knowledge and power in the implementation of CSE, while only one participant (4.2%) was undecided on this notion. All 24 participants (100%) agreed that the importance of CSE should be shown to the learners to develop a positive attitude towards CSE. Twenty-two (91.7%) participants agreed that there must be agreement among the stakeholders of education such as the home, the school or the government in the training of girl children to develop a positive disposition. Only two (8.3%) participants were undecided in their response on this issue.

Table 7.5: Delphi Round Two: Participants' Responses on Suggested Solutions to the Government Barriers to CSE Policy Implementation

Items	Agree f(%)	Undecided f(%)	Disagree f(%)
CSE should be a course of study in tertiary institutions in order to provide teachers who are specialists in the field.	21(87.5%)	3(12.5%)	0(0%)
Government should provide CSE centres for learners for training and enlightenment on sexuality education.	23(95.8%)	1(4.2%)	0(0%)
Government should support and make provision for instructional materials to teach CSE and proper monitoring of the policy.	24(100%)	0(0%)	0(0%)
Government should make provision for sufficient CSE specialists or teachers who are well trained in sex education to teach CSE.	22(91.7%)	1(4.2%)	1(4.2%)
Government should organise and fund workshops and seminars for teachers to widen their knowledge of CSE.	24(100%)	0(0%)	0(0%)

Items	Agree f(%)	Undecided f(%)	Disagree f(%)
Government should effect a cordial relationship between the teachers of CSE and those who teach religions.	21(87.5%)	2(8.3)	1(4.2%)
Government should sanction those who are involved in sexual harassment of teenagers.	14(58.3%)	6(25%)	4(16.7%)
Teachers of low integrity who encourage sexual intimacy should also be sanctioned for encouraging teenage pregnancy.	14(58.3%)	3(12.5%)	7(29.2%)

Participants' responses on suggested solutions to the government barriers on CSE policy implementation were revealed in Table 50. It was agreed by 21 particpants (87.5%) that CSE should be a course of study in tertiary institutions to provide teachers who are specialists in the field to teach secondary school learners. Only three (12.5%) participants were undecided on this notion. Twenty-three (95.8%) participants agreed that government should provide CSE centres for learners for training and enlightenment on sexuality education while the remaining one (4.2%) was undecided on this opinion. All 24 participants (100%) agreed that government should support and make provision for instructional materials to teach CSE and to provide proper monitoring of the policy. Twenty-two (91.7%) participants agreed that government should make provision for enough CSE specialists or teachers who are well trained in sex education to teach CSE, while only one (4.2%) was undecided and another one (4.2%) disagreed on this notion. All 24 participants (100%) agreed that government should organise and fund workshops and seminars for teachers to widen their knowledge of CSE. Twenty-one (87.5%) participants agreed that government should effect a cordial relationship between the teachers of CSE and those who teach religions, while only two (8.3%) were undecided and one (4.2%) participant disagreed on this notion. Of the Delphi participants, 14 (58.3%) agreed that government should sanction those who are involved in sexual harassment of teenagers, while six (25%) were undecided and the

remaining four (16.7%) participants disagreed on the notion. Also, 14 Delphi participants (58.3%) agreed that teachers of low integrity who encouraged sexual intimacy should also be sanctioned for encouraging teenage pregnancy, while seven (29.2%) disagreed, and the remaining three (12.5%) were undecided on this notion.

7.4.5 Delphi Round Three

In Round Three, some of the suggested solutions by the participants in the Round One open-ended questionnaire that were not accepted very well by the participants in Round Two were removed from the draft, especially regarding what government can do to implement the CSE policy because the percentage of respondents' consensus was less than 70%. These responses are:

- Government should sanction those who are involved in sexual harassment of the teenagers (58.3%)
- Teachers of low integrity who encouraged sexual intimacy should also be sanctioned for encouraging teenage pregnancy (58.3%). The reason for disagreement among the Delphi participants was that sexual promiscuity is an individual behaviour and every individual has sexual rights.

Consensus was not reached by the teachers on whether CSE should be made a compulsory and separate subject. The reason they gave was that the subjects being taught in secondary schools are already too many and since sex education is already embedded in subjects such as biology and social studies, there is no need for CSE to be made a compulsory or separate subject.

Furthermore, consensus was also not achieved by parents on whether they need to be trained in CSE by community-based organisations. This was because parents were convinced that they did not need this training since all they had to do was to make sure that they teach their children about morality at home. Rather, they suggested that the teachers need the training instead.

Finally, the learners did not reach a consensus on whether they should interact with significant others apart from their teachers and parents in order to resolve any issues relating to their sexuality. This was because they made it known that they do not have any significant others to talk to apart from their parents and teachers.

After all the comments from Round Two were incorporated, the final draft strategy was presented to the Delphi participants for consensus. An agree or disagree questionnaire was provided to the participants to respond whether they agreed that the final strategy document was acceptable, applicable, and feasible. Consensus was reached when the percentage of agreement is above 70%

7.4.6 Measures of consensus achievement between Round Two and Three Delphi Scoring

The following tables, 51 to 54, reveal the results of consensus between Round Two and Three Delphi participants.

Table 7.6: Teacher's Perspective Solution to the Improvement of CSE Policy Implementation

Solution to improvement of the CSE policy implementation	Round 2 (n=24)	Round 3 n=26	
	Agree %	Agree %	Remark
Inclusion of CSE in the curriculum of subjects such as physical education, basic science, social studies and civic education.	24 (100%)	26 (100%)	Consensus achieved
Workshops and seminar should be organised for teachers to widen their knowledge on CSE while incorporating the moral/religious importance of CSE.	23(95.8%)	23(96.2%)	Consensus achieved
CSE should be made a compulsory and separate subject.	15(62.5%)	19(73.1%)	Consensus not achieved
Training and retraining of teachers taking CSE and rewarding them with incentives will improve the implementation of the CSE policy.	22(91.7%)	25(96.2%)	Consensus achieved
The use of participatory learning methodology should be put in place in teaching CSE.	23(95.8%)	26 (100%)	Consensus achieved

Table 7.7: Parents' Perspective Solution on Their Roles and Involvement in the CSE Policy Implementation

Solution to parents' role and involvement in the CSE policy implementation	Round 2 N=24	Round 3 (n=26)	
	Agree %	Agree %	Remark
Parents should engage with their children on a daily basis on issues of CSE.	23(95.8%)	25(98.2%)	Consensus achieved
Parental collaboration with the school by attending seminars and workshops on CSE when invited and also sharing their experience with learners.	21(87.5%)	23(88.4%)	Consensus achieved
Maintaining a cordial parent–child relationship in order to improve CSE teaching at home.	24(100%)	26(100%)	Consensus achieved
Parents should be role models to their children.	22(91.7%)	25(96.2%)	Consensus achieved
Parents should always be close to their children and report any unusual behaviour they see in their children.	24 (100%)	26(100%)	Consensus achieved
Parents need to be trained on CSE by community-based organisations.	16(66.6%)	18(69.2%)	Consensus not achieved
Parents should be familiar with CSE through premarital, and marital counselling and Parent–Teacher Association sessions.	24(100%)	26(100%)	Consensus achieved

Table 7.8: Learners' Development of a Positive Attitude Towards the Implementation of the CSE Policy

Solutions to learner's attitudes to CSE policy implementation.	Round 2 n=24	Round 3 (n=26)	
	Agree %	Agree %	Remark
Effective implementation of comprehensive sexuality education policy helps young people traverse puberty, form healthy relationships, develop a positive body image in communities, effectively make informed decisions and navigate healthcare.	20(83.3%)	22(84.6%)	Consensus achieved
Teaching them from a young age, giving them the right answers when they ask, not shying away or dismissing them.	24(100%)	26(100%)	Consensus achieved
Learners need to be assured in a culturally appropriate manner.	21(87.5%)	23(88.4%)	Consensus achieved
Parents should be counselled on how to take good care of their children, make friends with them, and understand them.	23(95.8%)	25(96.2%)	Consensus achieved
Adults should arouse their interest and should show good examples to learners both at home and at school.	23(95.8%)	25(96.2%)	Consensus achieved
Learners should interact with significant others apart from their teachers and parents in order to resolve any issues relating to their sexuality.	15(62.5%)	17(65.4%)	Consensus not achieved
A participatory curriculum should be used to teach CSE for learners to improve their knowledge and power in the implementation of CSE.	23(95.8%)	25(96.2%)	Consensus achieved
The importance of CSE should be shown to learners to develop a positive attitude towards CSE.	24(100%)	26(100%)	Consensus achieved
There must be agreement among the agencies of education such as the home, the school or government in the training of girl children to develop a positive disposition.	22(91.7%)	24(84.6%)	Consensus achieved

Table 7.9: Solutions to the Government Barrier to the CSE Policy Implementation

Solutions to government barriers	Round 2 (n=26)	Round 3 n=24	
	Agree %	Agree %	Remark
CSE should be a course of study in tertiary institutions in order to provide teachers who are specialists in the field.	21(87.5%)	22(84.6%)	Consensus achieved
Government should provide CSE centres for learners for training and enlightenment on sexuality education.	23(95.8%)	25(96.2%)	Consensus achieved
Government should support and make provision for instructional materials to teach CSE and to provide proper monitoring of the policy.	24(100%)	26(100%)	Consensus achieved
Government should make provision for sufficient CSE specialists or teachers who are well trained in sex education to teach CSE.	22(91.7%)	24(84.6%)	Consensus achieved
Government should organise and fund workshops and seminars for teachers to widen their knowledge of CSE.	24(100%)	25(96.2%)	Consensus achieved
Government should establish a cordial relationship between the teachers of CSE and those who teach religions.	21(87.5%)	24(84.6%)	Consensus achieved

Figure 7.2: Strategy Development for CSE Policy Implementation

7.4.7 Conclusion

This chapter has depicted the process of the development of the strategy. There was a degree of consensus among the participants on the developed strategy to improve CSE policy implementation. The percentage agreement ranged between 62.5% and 100% in Round Two. However, there was no 70% and above consensus related to the issues of parents to be trained on CSE by community-based organisations (66.6%), and also no consensus of 70 % and above in agreement with the response of interaction of learners with significant others apart from their teachers and parents in order to resolve any issues relating to their sexuality (62.5%).Also, no consensus was achieved with the response on CSE should be made a compulsory and separate subject. The reasons for non-consensus of the respondents was given in Section 7.4.5. In Round Three of the Delphi survey, there was a high degree of consensus among the participants, with the percentage agreement ranging between 73.1% and 100%, However, it was suggested by some of the participants that government should support and make provision for instructional materials to teach CSE and to provide proper monitoring of the policy, and that government should organise and fund workshops and seminars for teachers to widen their knowledge on CSE.

The next chapter deals with the final draft strategy for the implementation of the CSE policy.

CHAPTER EIGHT

STRATEGY FOR THE IMPLEMENTATION OF THE CSE POLICY

8.1 Introduction

This chapter depicts the developed strategy for the CSE policy implementation and the implementation plan. The strategy consists of the preface, the background to the strategic plan, the rationale of the strategy, the scope of the strategy, principles underpinning the strategy, the broad aim of the strategy document, the vision, mission and goals/ specific objectives of the strategy document**.** This chapter also presents the components of the strategy, a review and an update of the strategy

8.2 Preface

Nigeria is one of the few countries that report having translated national policies on school-based comprehensive sexuality education (CSE) into nationwide implementation. The preface of this chapter refers to the developed strategic document, which is the document developed to improve the implementation of the CSE policy and to reduce teenage pregnancy.

This document will build on social capital for teenagers in Nigeria. The strategy is developed to make information on contraceptives more available and accessible for teenagers. This strategic document was also developed to empower boys and girls in the area of sexuality to make use of condoms and contraceptives when they are sexually active. The document will promote the education of teenage learners; thereby reducing dropout levels from schools as a result of teenage pregnancy. The researcher in this study has developed strategy to improve the implementation of the CSE policy among secondary school learners in Oyo State, Nigeria.

8.3 Background to the Strategy

Researchers have identified various factors that influence the rate of teenage pregnancy. The innovation scale in Nigeria for CSE was Family Life HIV Education (FLHE), known as the CSE curriculum. The Family Life and HIV Education curriculum was developed to drive Nigeria's school-based HIV strategy for disseminating information about HIV/AIDS and for curbing the threat of HIV/AIDS among adolescents and young people. Various studies demonstrate that quality comprehensive sexuality education can provide young people with the essential information and skills they need to reduce their risk of unplanned pregnancy and STDs, including HIV. Effective implementation of the CSE policy can also help young people traverse puberty, form healthy relationships, develop a positive body image, communicate effectively, make informed decisions, and navigate healthcare. In short, quality sexuality education can go beyond the promotion of abstinence or even the prevention of unplanned pregnancy and disease to provide a life-long foundation for sexual health. However, the implementation of the CSE policy is hampered in some secondary schools in Nigeria by various contributing factors, as identified in this study. Therefore, strategy to improve the implementation of the CSE policy and reduce teenage pregnancy should focus on building social capital for teenagers in communities, making information on contraception more accessible and offering strategies that empower girls in the area of sexuality. The researcher affirms these facts, which draw attention to the strategic blueprint that follows:

- Sexuality is an intrinsic part of being human.
- Every young person has the right to quality sexuality education.
- Parents and other caregivers play a vital role in contributing to the sexual development of their children.

- Schools, in particular, have a unique opportunity to provide young people with quality. sexuality education, given that learners attend various secondary schools in various local governments.
- Quality comprehensive sexuality education is foundational to life-long sexual health.

8.4 Rationale of the Strategy

The rationale behind this strategy is to increase the CSE knowledge of learners and to reduce teenage pregnancy among girls in secondary schools in Oyo State in Nigeria. Also, this strategy has been developed to assist teenage girls to complete their education because it will help them to have the knowledge of CSE, which will emphasise the importance of facing their education and consequently help to them come out of poverty.

8.5. Scope of the Strategy

This strategy has been developed for all secondary schools in all Local Government Areas (LGAs) in Nigeria.

8.6 Broad Aim of the Strategy Document

The aim of this strategy document is to ensure the implementation of the CSE policy and to eliminate or reduce teenage pregnancies among learners in all secondary schools in Oyo State, Nigeria.

8.6.1 Vision

Every school provides quality CSE for learners at the appropriate age from childhood to support teenagers' healthy sexual development and to reduce teenage pregnancy. The vision of this strategy should be open to all learners at primary, junior, and secondary schools. All learners

should have the right to know about sexuality and reproductive health and to respect the rights of others in supporting societies.

8.6.2 Mission

To create an enabling environment for the implementation of CSE at state and local government levels. This includes the community level (parents, religious, or community leaders), and school community (teachers, principals and learners, and administrative staff) that support the implementation of the comprehensive sexuality education policy. This empowers teenagers through CSE to improve information and services.

8.6.3 Goal

The goal of the strategy development is to improve the implementation of the CSE policy in order to reduce teenage pregnancy among secondary school teenagers in three local government areas of Oyo State, Nigeria.

8.6.4 Specific Objectives of the Strategy Document

This strategy document is intended to improve the implementation of the CSE policy provided by the Ministry of Education in Nigeria as well as to reduce teenage pregnancy by having access to CSE in Nigerian secondary schools. The following are the specific objectives of the implementation strategy (IS):

Objective 1: Early inclusion of comprehensive sexuality education in the school curriculum as a compulsory subject and the inclusion of moral talk.

Objective 2: Creation of CSE youth-friendly centres for learners for training and enlightenment to promote their knowledge and to prevent teenage pregnancy

Objective 3: CSE specialists or teachers who are well trained in sex education should be responsible for teaching the subject.

Objective 4: Counsel parents and guardians regarding the importance of CSE. They should attend presentations and programmes on CSE organised by professionals.

Objective 5: Government should make the curriculum of CSE a stand-alone subject with an adequate number of teachers, and allocate time, funding and material resources to teach CSE.

8.6.5 Components of the Strategy

The process to be followed in the strategy includes components of the strategy, strategic priorities, performance measures and success indicators, and the adoption and validation of developed the strategy.

The SIECUS Guidelines (2004) identified the following principles as fundamental to the components of the strategy for proper implementation of the comprehensive sexuality education policy:

- parent and community involvement;
- being part of a comprehensive health education programme;
- well-trained teachers;
- a focus on all youth; and
- a variety of teaching methods.

This component of the strategy (IS) for the implementation of CSE was in line with the conceptual framework developed by UNESCO (2018), which also provides details on the core characteristics of effective programming and how to build support among key stakeholders, such as parents, educators, and community leaders. UNESCO (2018) gave five components as core

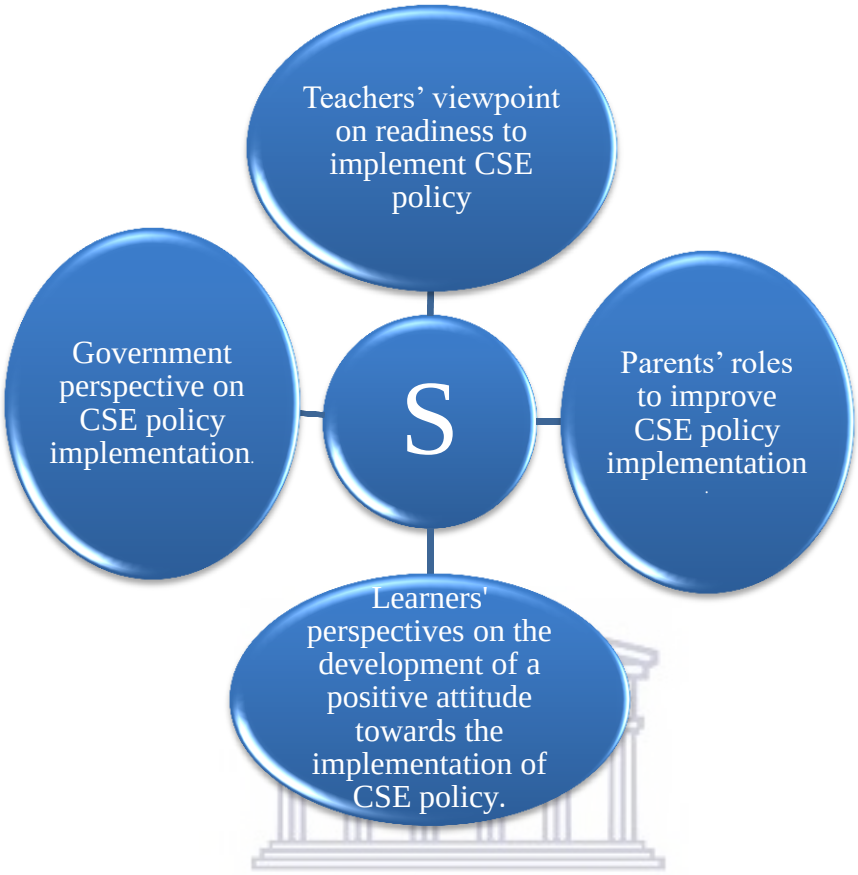
characteristics of the implementation framework, which give good practice in educational institutions. These five components are as follows:

- Implement programmes such as CSE.
- Include sequential sessions over several years.
- Select capable and motivated educators to implement CSE.
- Provide quality training to educators.
- Provide ongoing management, supervision and oversight.

In this study, there are four main components of the strategy for the implementation of the CSE policy:

1. Teachers' viewpoint on the readiness to implement the CSE policy.
2. Parents' roles to improve the CSE policy implementation.
3. Learner's perspectives on the development of a positive attitude towards the implementation of the CSE policy.
4. Government perspective on the CSE policy implementation.

Figure 8.1. Components of the Strategy for the Implementation of the CSE policy



8.7. Principles and Strategies for the Implementation of the CSE Policy

The following principles and strategies are derived from the perspectives of stakeholders such as teachers, parents, learners, and government to implement the CSE Policy.

8.7.1 Principles of Teacher's Perspectives on Implementing the Strategy

Best practices in sexual health education focus on the importance of the role of teachers and on ensuring that they are well trained. One of the most critical factors that influence the effectiveness of sexual health education programmes is the comfort and skill level of the teacher. Teachers need to be well prepared to educate students about sexuality (SIECUS, Guidelines, 2014).

8.7.1.1 Strategy for Implementation of the Strategy

The following indicate the consensus reached by the teachers on the strategies needed for the implementation of CSE:

- Inclusion of CSE in the curriculum of subjects such as physical education, basic science, social studies and civic education.
- Workshops and seminars should be organised for teachers to widen their knowledge on CSE while incorporating the moral/religious importance of CSE.
- Training and retraining of teachers taking CSE and rewarding them with incentives will improve the implementation of the CSE policy.
- The use of participatory learning methodology should be put in place in teaching CSE.

8.7.2 Principles of Parents' Perspectives on Implementing the Strategy

Comprehensive Sexuality Education recognises the larger context in which sexual behaviours occur and encourages the involvement and support of all parents. Parents' actions and attitudes greatly affect adolescents' development. Schools alone cannot be responsible for addressing the nation's most serious sexual health and social problems. Parents and guardians are their children's primary sexual health educators and have the responsibility of ensuring that their children receive developmentally appropriate information about sexuality education.

8.7.2.1 Strategy for the Implementation of the Strategy

The following indicate the consensus reached by parents on the strategies needed for the implementation of CSE:

- Parents should engage with their children on a daily basis on issues of CSE.

- Parental collaboration with the school by attending seminars and workshops on CSE when invited and also sharing their experience with the learners.
- Maintaining a cordial parent–children relationship in order to improve CSE teaching at home.
- Parents should be role models to their children.
- Parents should always be close to their children and report any unusual behaviour they see in their children.
- Parents should be familiar with CSE through premarital, and marital counselling and Parent–Teacher–Association sessions.

8.7.3 Principles of Learners' Perspectives on Implementing the Strategy

Comprehensive Sexuality Education is responsive to the specific needs of teenagers and allows them the opportunity to be active participants in the development and delivery of sexuality education. Research also suggests that strategies that are developed through a partnership of teenagers and adults may be highly effective in building their skills and reducing their sexual risk-taking behaviour (Klindera & Menderweld, 2021).

8.7.3.1 Strategy for Implementation of the Strategy

The following indicate the consensus reached by learners on the strategies needed for the implementation of CSE:

- Effective implementation of comprehensive sexuality education policy helps young people to traverse puberty, form healthy relationships, develop a positive body image in communities, effectively make informed decisions, and navigate healthcare.

- Teaching them from a young age, giving them the right answers when they ask, not shying away or dismissing them.
- Learners need to be assured in a culturally appropriate manner.
- Parents should be counselled on how to take good care of their children, make friends with them, and understand them.
- Adults should arouse their interest and should show good examples to learners both at home and at school.
- A participatory curriculum should be used to teach CSE for learners to improve their knowledge and power in the implementation of CSE.
- The importance of CSE should be shown to the learners to develop a positive attitude towards CSE.
- There must be agreement among the agencies of education such as the home, the school or government in the training of girl children to develop a positive disposition.

8.7.4 Principles of Government's Perspectives on Implementing the Strategy

Government should make provision for planned sequential Grade 7 to 12 curricula that address the physical, mental, emotional, and social dimensions of teenagers' sexuality education. These curricula are designed to motivate and assist teenagers to maintain and improve their health, prevent disease, and reduce health-related risk behaviours, helping them to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills and practices (CSDE, CSH Guidelines, 2007).

8.4.7.1 Strategy for Implementation of the Strategy

- CSE should be a course of study at tertiary institutions in order to provide teachers who are specialists in the field.
- Government should provide CSE centres for learners for training and enlightenment in sexuality education.
- Government should support and make provision for instructional materials to teach CSE and provide for proper monitoring of the policy.
- Government should make provision for sufficient CSE specialists or teachers who are well trained in sex education to teach CSE.
- Government should organise and fund workshops and seminars for teachers to widen their knowledge of CSE.
- Government should establish a cordial relationship between the teachers of CSE and those who teach religions.

8.8 Implementation Plan

This part of the report presents the implementation plan and its components. According to UNESCO (2009), implementation planning needs to take into consideration adequate development and provision of resources (including materials), and needs to reach agreement on the place of the programme within the broader curriculum. Furthermore, it should include planning for pre-service training at teacher training colleges, and in-service- and refresher training for classroom teachers, to build their comfort and confidence, and to develop their skills in participatory and active learning. The conceptual framework, which was developed close to ten years after its first edition, was fully updated in UNESCO's International Technical Guidance on Sexuality Education (2018), which advocates quality comprehensive sexuality education to

promote health and well-being, respect for human rights and gender equality, and empowers children and young people to lead healthy, safe and productive lives.

'Based on the latest scientific evidence, the International Technical Guidance on Sexuality Education reaffirms the position of sexuality education within a framework of human rights and gender equality', according to UNESCO Director-General Audrey Azoulay.

> 'It promotes structured learning about sexuality and relationships in a manner that is positive and centred on the best interest of the young person. By outlining the essential components of effective sexuality education programmes, the Guidance enables national authorities to design comprehensive curricula that will have a positive impact on young people's health and well-being.' (UNESCO 2018)

The Technical Guidance, or the framework, is a plan which is designed to assist education policymakers in all countries to design accurate and age-appropriate curricula for children and young people aged between 5 and 18.

Based on a review of the current status of sexuality education around the world and drawing on best practices in the various regions, the Guidance notably demonstrates that sexuality education:

- helps young people become more responsible in their attitude and behaviour regarding sexual and reproductive health;
- is essential to combat the school dropout rate of girls owing to early or forced marriage, teenage pregnancy and sexual and reproductive health issues;

- is necessary because in some parts of the world, two out of three girls report having no idea of what was happening to them when they began menstruating, and pregnancy and childbirth complications are the second cause of death among 15- to 19-year-olds;
- does not increase sexual activity, sexual risk-taking behaviour, or STI/HIV infection rates. It also presents evidence showing that abstinence-only programmes fail to prevent early sexual initiation, or to reduce the frequency of sex and the number of partners among the young.

The publication identifies an urgent need for quality comprehensive sexuality education to:

- provide information and guidance to young people about the transition from childhood to adulthood and the physical, social and emotional challenges they face;
- tackle the challenges posed by sexual and reproductive health issues, which are particularly difficult during puberty, including access to contraception, early pregnancy, gender-based violence, sexually transmitted infections (STIs), and HIV and AIDS;
- raise awareness of HIV prevention and transmission, of which only 34% of young people around the world can demonstrate accurate knowledge;
- complement or counter the large body of material of variable quality that young people find on the internet, and to help them face increasingly common instances of cyber bullying.

The Guidance was produced in collaboration with UNAIDS, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), UN Women, and the World Health Organization (WHO)(UNESCO 2018).

8.8.1 Introduction

An implementation plan is a project management tool that facilitates the execution of a strategic plan for a project by breaking down the implementation process into smaller steps, while defining the timeline, the teams and the resources that will be needed.

The purpose of the implementation plan is to provide a format in which to:

- define the tasks/actions required to implement each selected best practice;
- develop a communication/training and implementation plan; and
- set a timeframe and target dates for the completion of tasks/actions and communication/training.

Implementation involves executing the process improvements that have been developed throughout the life of the project. A thorough implementation plan usually covers at least five elements: the work plan, resources and budget, stakeholders, risk assessment, and quality control.

8.8.2 Objectives

To improve the implementation of the CSE policy and prevent/ reduce teenage pregnancy in secondary schools in Oyo State in Nigeria. This will have an impact on teenage girls and improve their educational goals.

To facilitate the execution of the strategic plan for implementation of comprehensive sexuality education policy.

8.8.3 Resource Allocation

One of the core purposes of an implementation plan is to ensure adequate resources such as time, money, and personnel to execute implementation successfully. A forum of potential

adopters and implementers' committee was established comprising the parents, community leaders, teachers, school board members and experts that have an association between them and the government. The committee will ensure the resource allocation and design the strategy to sustain the strategy developed for the implementation of the CSE policy.

8.8.4 Relation of the Conceptual Framework and Project Implementation

Teachers from the three local government areas of Oyo town were informed of the meeting to discuss issues of sustainability of the strategy developed to implement the CSE policy. The Family Life HIV/AIDS (FLHE) workers who are policymakers were also designated as team members of the committee. The non-governmental organisation, the Association of Reproductive and Family Health (ARFH) were also contacted to be part of the committee. Teachers from the three local governments who are implementers of the CSE policy and sexuality educators will be teaching the CSE course session by session. This was in corroboration with the UNESCO implementation framework which gives good practice in educational institutions. UNESCO (2009) reported that, in order to implement the strategy developed for CSE, *programmes that include at least twelve or more sessions should be put in place.* In order to address the needs of young people for information about sexuality, multiple topics need to be covered to improve the knowledge and attitude of learners on the consequences of teenage pregnancy. Also *sequential sessions over several years* should be undertaken by the teachers to maximise learning, and different topics of CSE need to be covered in an age-appropriate manner over several years to improve the knowledge and attitude of learners and teachers on abstinence, condoms and contraceptive use**.** *Motivated educators who will implement CSE should be selected for proper training of learners.* Teachers who have the interest and the ability to communicate with learners and skill in the use of participatory learning methodologies

in teaching CSE will be selected. This will remove teachers' perceived barriers to the implementation of CSE policy. *Provide quality training to educators:* Specialised training is important for teachers because delivering CSE often involves new concepts and new learning methods. Quality training gives teachers adequate knowledge and a positive attitude towards the implementation of the CSE policy

8.8.5 Measures and Indicators of Implementation Success

This should reflect that educationalists, researchers, policymakers and programme implementers have standardised the way to measure the success and quality of school-level implementation that could be used across time and space. Implementation of the CSE must include the training of teachers and teaching techniques. Curricula should foster the development of knowledge, values, attitudes and skills, and the messages transmitted to students should be critically assessed. Curricula should use participatory teaching methods that involve students actively.

Monitoring and evaluation of CSE should be performed by assessing the learning of the students and the teaching of the teachers. The UNESCO implementation framework also stresses that *provision should be made for ongoing management, supervision and oversight* which will maintain and sustain CSE implementation, reducing negative attitudes and removing perceived barriers from parents and teachers in the prevention of teenage pregnancy.

Performance measures are related to the improve quality of CSE. These include:

- School-based CSE should aim to equip students with the knowledge, attitudes, values and skills necessary for making healthy informed choices about their sexual and reproductive lives and relationships.

- Educationalists, researchers, policymakers and programme implementers should establish standardised ways to measure the success and quality of school-level implementation that could be used across time and space.
- Implementation of CSE must include the training of teachers and teaching techniques.
- Curricula should foster the development of knowledge, values, attitudes and skills. and the messages transmitted to students should be assessed critically.
- Curricula should use participatory teaching methods that involve students actively.
- Monitoring and evaluation of CSE should be performed on both students (assessing learning) and teachers (assessing teaching).
- An annual review of the implementation of IS should be organised in the form of workshops involving all stakeholders.
- Quarterly meetings with stakeholders should be established to monitor the implementation of IS.
- A CSE psychosocial support system should be established in the schools for learners who require these services.

Indicators to reduce teenage pregnancies are as follows:

- Strategies to reduce teenage pregnancy should focus on building social capital for teenagers in communities.
- Information on contraception should be made more accessible
- Programmes should be offered that empower girls in the area of sexuality.

8.8.6 Validating the New IS for CSE Implementation by Experts

The focus of strategy adoption and implementation is the sustainability of the developed strategy for CSE policy implementation. A forum of potential adopters and implementers'

committee comprising the parents, teachers and school board members and an expert was established (FLHE coordinators that have an association between them and the government). The developed strategy was given to the committee for designing to sustain the strategy implementation. The current implementation strategy differs from that which was implemented by the government because the current strategy takes into consideration the values and norms of the society in Oyo State LGA secondary schools. The final draft strategy document was circulated to the Commissioner for Education and all the school boards and the principals to validate the developed strategy and to facilitate its implementation among secondary school learners in Oyo LGAs of Oyo State, Nigeria. To ensure that the developed strategy is being used the researcher engaged the attention and participation of the stakeholders, including the strategy consumers, funders, planners, and implementers to hold meetings to know when and how to implement the strategy. The newly developed strategy aimed to implement the CSE policy was presented to the experts such as sexuality educators, curriculum developers, policymakers and educational managers from the Ministry of Education. The IS was validated using certain criteria, namely its representation of reality, accuracy, appropriateness and applicability. This act of labelling the developed strategy is consonant with the guideline provided by McKenna and Slevin (2011), which stated that labelling of a developed strategy should agree with the purpose of the model (policy document). This forms the basis on which the researcher labelled the new strategy *CSE policy implementation strategy.*

In order to validate the new strategy; copies of the document and its detailed description were sent to sexuality education- and curriculum development experts with relevant knowledge of teenagers' sexual health. Therefore, twelve (12) experts studied and read the contents and the description of the strategy. Two scholars in the fields of sexual health and academia reviewed

and critiqued the strategy. Their counsel and recommendations added value to the IS. Thus, the experts tested whether the new IS for the CSE policy implementation was adequate, accurate and represented reality for it to be considered effective in achieving the goal if applied in nursing education and midwifery practice. This is similar to the validation of empirical knowledge by noting and sharing convictions about the applicability of the document to the discipline (Jacobs-Kramer & Chinn, 1988). The composition of the experts who participated in the validation process of the strategy spread across school and health institutions in Nigeria.

Table 8.1: The Rating Scores of the IS Policy Document by Sexuality Education Experts

Rating	Frequency	Percentage
100%	3	25
72%	1	8.33
75%	3	25
80%	4	33.33
90%	1	8.33
Total	12	100.0

The four criteria rated by the experts are: its representation of reality, accuracy, appropriateness and applicability using a 5-point Likert scale. On the Likert scale, the obtainable score was 100%. The maximum rating score was 100%, while the minimum rating score was 72%. Table 55 presents the rating of the new IS for CSE policy implementation document. Nearly all the experts described the new IS for CSE policy implementation document as either 'quite' or 'very much' representing reality, accurate, appropriate and applicable (Table 56). However, the minimum 72% confirmation/validation of the new IS for CSE policy implementation was considered as 'good enough' by the experts, scholars (research supervisors) and the researcher. All the experts unanimously adopted the label *New IS for CSE policy implementation* for the newly developed strategy.

Table 8.2: Rating of the New Strategy Document across the Four Criteria

Rating criteria	Not at all	A little bit	Moderately	Quite	Very much
Representation of reality	-	-	-	40.0	60.0
Accuracy	-	-	-	73.3	26.7
Appropriateness	-	-	-	40.0	60.0
Applicability	-	-	6.7	53.3	40.0

8.8.7 Review and Update of the Strategy

This strategy should be reviewed annually. The review process should include an examination of the performance indicators, consultation with members of the sexual health team, particularly those concerned with CSE, and a discussion forum involving the curriculum developer, educational management committee and sexuality education professionals.

Several reviews have recently been completed on sexual risk reduction interventions. Some reviews and meta-analyses find that there is a dearth of effective strategies. (Michielsen et al., 2010). Others concluded that comprehensive sexual risk reduction strategies are generally effective (Mavedzenge et al., 2014). Indeed, some reviews find that about two-thirds of evaluations show reductions in targeted sexual risk behaviours (Kirby, 2011). Although such findings appear encouraging at first glance, a deeper look suggests room for improvement. First, the magnitude of the effect is typically quite modest. Second, it is notable that one-third of strategies fail to demonstrate a change in even one behaviour. Third, because evaluations that assess biological outcomes are more expensive and complex, most interventions understandably define success in behavioural terms. However, many reviews recommend the use of biological outcomes as an objective measure of strategy rather than relying on self-reports of behaviour change (Michielsen et al., 2010; Harrison et al, 2010; Ross, 2010; Mavedzenge et al., 2014). The concern is that, although behavioural data are important to collect (and to shine a light on the

behavioural pathways through which an intervention has its effects), they are limited markers to evaluate success and to inform conclusions about strategic elements for such success. Unfortunately, among strategies tracking health outcomes (i.e., reductions in STI or pregnancy rates), the success rate at which sexuality education strategies affects these outcomes has been far lower (Kantor et al., 2014). That said, recent studies do point to very promising potential for certain approaches to sexuality education to reduce rates of STIs and unintended pregnancy.

8.9 Conclusion

This chapter presented the strategy for the implementation of the CSE policy: the rationale of the strategy, the scope of strategy, principles underpinning the strategy, the broad aim of the strategy document, vision, mission and goals/ specific objectives of the strategy document, and the implementation plan, principles and strategies for the implementation of the CSE policy. It also focused on the relationship between the conceptual framework and project implementation, measures and indicators of implementation success, the validation of the strategy and a review on the update of the strategy.

The next chapter covers a summary, limitations, conclusions, recommendations, and dissemination of the study.

CHAPTER NINE

SUMMARY, LIMITATIONS, CONCLUSIONS, RECOMMENDATIONS, AND DISSEMINATION

9.1 Introduction

This last chapter of the report presents limitations of the study. Conclusions were drawn and recommendations were made for parents and teenage learners, learners and teachers and policymakers/government. Further research studies, together with a summary and contribution /dissemination of the findings to the world were also presented.

9.2 Summary of the Study

In summary, the study aimed to develop a strategy to implement the CSE policy in secondary schools in three Local Governments of Oyo State in Nigeria. A mixed method was used in Phase One to collect both quantitative and qualitative findings using questionnaires and semi-structured interviews for data collection. The findings generated in Phase One were used to develop an strategy using the Delphi technique to promote the implementation of the CSE policy in Oyo State. The Delphi participants: a sex education specialist, curriculum developers, an educational manager, teachers, parents, learners, a lawyer, a politician, a pastor and an Imam, together with Family Life HIV/AIDS educators were involved in developing the strategy for CSE policy implementation. The developed strategy was tailored to the perspectives of the teachers, learners, parents and government as solutions to barriers against implementing CSE policy. The implementation plan was written to guide the implementation of the developed strategy. The strategy was validated by giving the developed strategy to the Ministry of Education in Oyo State through FLHE representatives who have an association with the Oyo State government.

9.3 Contribution of the Study

For knowledge, the findings of the study provide important information to parents and teachers to understand the need to implement the approved CSE policy in the schools. Also, the results of this study informed the policymakers on a clearer picture of how the CSE policy is implemented. Furthermore, the developed strategy, based on the results of this study, enhances the knowledge and understanding of the teachers and parents about the importance of implementing the policy of CSE.

The contribution of this study for CSE policy implementation is that the developed strategy guides the policymakers to support the implementation of the CSE policy at secondary schools in three LGAs in Oyo State, Nigeria. Also, the findings of this study help to recognise and eliminate the perceived barriers against implementing comprehensive sexuality education among learners, teachers at secondary school, and parents in three LGAs in Oyo State Nigeria. In addition, the strategy developed helps the government to promote the implementation of the CSE policy.

For the learners, this study contributes by guiding them to prevent teenage pregnancy through the CSE policy implementation. The study also facilitates and improves the knowledge and attitudes of adolescents in preventing teenage pregnancies. Additionally, this study helps the learners to know their rights in asking questions about CSE from an early age to avoid a lack of information.

9.4 Limitations

There are a few limitations to this study. The teenagers were reluctant to respond during the semi-structured interviews. This was due to the shyness of the learners about the sexuality

questions being asked of them. This was also because the common type of CSE mostly agreed upon was "abstinence only," as approved by all religions in Nigeria. This problem was solved by giving the teenagers explanations of the purpose of the study. They were also given the assurance of confidentiality and anonymity.

The study was restricted to only three local government areas in Nigeria and therefore may not be generalised to all schools in Nigeria because some other states in Nigeria have been implementing the FLHE curriculum as CSE. Additional limitations that were considered were bias reporting of the results, e.g., views towards sex, seeing that this is a taboo subject that might "force" the respondents to report what was expected and considered socially acceptable. Because CSE implementation in Nigeria, known as FLHE, begins in junior to senior secondary schools and teenagers are the target audience, only teenagers between the ages of 13 and 19 were used in this study to obtain sufficient information on comprehensive sexuality education.

9.5 Conclusion

Teenage pregnancy is known as a major contributor to the number of school dropouts. The majority of girls dropped out of school as a result of pregnancy and some became pregnant as early as primary six in the Nigerian school systems. Adolescent pregnancies mostly occur in low- and middle-income countries commonly influenced by poverty and lack of CSE. Misconceptions about the use of contraceptives, and the inability to access them owing to age, marital status or financial constraints, are also determinants of the age at which first pregnancies can occur. Implementation of the CSE policy in Nigeria is required to equip young ones with knowledge, skills, attitudes and values that will empower them to realise their health, well-being

and dignity, to develop respectful social and sexual relationships, and to consider how their choices affect their own well-being and that of others.

In this study, the following themes were generated from the quantitative and qualitative aspects of the study for the categories of teachers, learners, parents and government:

- Barriers to teachers' implementation of CSE policy: teachers' incorrect information on CSE, insufficient teachers /guidance counsellors to teach CSE.
- Factors influencing parents' involvement on CSE policy implementation: the effect of poverty-stricken families on the care given to the teenagers, parental lack of knowledge of CSE.
- Learners' attitudes towards the implementation of CSE policy: the nonchalant attitude of teenagers, which includes their illegal sexual acts as a result of peer influence and juvenile delinquency.
- Government-related barriers to the implementation of CSE policy: a lack of motivation and funding for teachers by the government, and improper monitoring and training of the teachers about CSE

Solutions for the above findings were developed in the strategies through the perspectives of the teachers, learners, parents and the government. They are:

- Teachers' perspective solution to the improvement of CSE policy implementation: the inclusion of CSE in the curriculum of subjects such as physical education, basic science, social studies and civic education, and a participatory learning methodology should be put in place in teaching CSE.

- Parents' perspective solution on their roles and involvement on CSE policy implementation: parents should engage with their children on a daily basis on issues of CSE, and parents should be role models to their children.
- Learners' development of a positive attitude towards the implementation of CSE policy.
- Solutions to the government barrier to CSE policy implementation: government should support and make provision for instructional materials to teach CSE and should provide proper monitoring of the policy.

9.6 Recommendations

The following recommendations are made for parents and teenage learners, teachers and learners, and policymakers/governments.

9.6.1 Recommendations to Learners

1. Learners should be empowered in secondary schools to access contraceptive services and to avoid unwanted pregnancies.
2. A participatory curriculum should be used to teach CSE for learners to improve their knowledge and power in the implementation of CSE.
3. The importance of CSE should be shown to the learners to develop a positive attitude towards CSE.
4. Learners should be taught from young age by giving them the right answers when they ask questions concerning CSE. They should not be discouraged or dismissed to avoid shyness to respond.

9.6.2 Recommendations to Parents

1. Parents should engage with their children on a daily basis on issues of CSE.

2. Parents should collaborate with the school to attend seminars and workshops on CSE when they are invited and they should also share their experience with the learners.
3. There should be a cordial parent–child relationship in order to improve CSE teaching at home.
4. Parents should be positive role models to their children at home.
5. Parents should always be close to their children to assess them physically, psychologically and emotionally and to report any unusual behaviour they see in their children.

9.6.3 Recommendations to Teachers

1. Teachers should use a participatory learning methodology in teaching CSE to promote a more active role of students in the learning process and to encourage them to take the lead in their learning experience of CSE.
2. Teachers should implement a comprehensive sexuality education policy to help young people traverse puberty, form healthy relationships, develop a positive body image in communities, effectively make informed decisions, and navigate healthcare.
3. Teachers should teach learners from a young age and give them the right answer/s when they ask, not shying away or dismissing them.
4. The importance of CSE should be shown to the learners by the teachers to develop a positive attitude towards CSE.
5. There must be agreement among the stakeholders of education such as the home, the school or government in the training of girl children to develop a positive disposition.

9.6.4 Recommendations for Policymakers /Government

1. CSE should be included in the curriculum of subjects such as physical education, basic science, social studies and civic education.
2. Workshops and seminar should be organised for teachers to widen their knowledge on CSE while incorporating the moral/religious importance of CSE.
3. Teachers taking CSE should be trained and retrained and rewarded with incentives to improve the implementation of the CSE policy.
4. CSE should be made a compulsory and separate subject and teachers should be involved in policymaking because they are the implementers of the CSE policy.
5. CSE should be a course of study in tertiary institutions in order to provide teachers who are specialists in the field.

9.7 Further Research Studies

1. Research in the field of the implementation of a CSE policy and the prevention of teenage pregnancy in secondary schools presents many challenges. Further research is needed to implement this strategy in tertiary institutions to produce more specialists on sexuality education. Unfortunately, only three LGAs were used; thus schools in other local government areas in Oyo State, Nigeria could be used in order to generalise the implementation of the new developed strategy for CSE.
2. The implementation of the developed strategy to eliminate or reduce teenage pregnancy is very important in addressing the high rate of maternal morbidity and mortality in Nigeria and worldwide.

9.8 Dissemination of Results

This research contributes to the knowledge and attitudes of teachers, parents and learners on the implementation of a sexuality education policy by addressing the factors influencing the occurrence of teenage pregnancy among girls in secondary schools, and barriers to the implementation of comprehensive sexuality education. The results of this study will be provided to the participants in the study such as the potential adopters and implementers' committee comprising the parents, teachers and school board members and an expert (FLHE coordinators who have an association between the committee and the government) through presentations and seminars. The research report will be available in the University library and the results will be reported as publications in accredited national and international journals

9.9 Implication of the Study

Implementation of the comprehensive sex education policy gives a full range of sexual health topics, scaffolded across grades embedded in supportive school environments and across subject areas. It has the potential to improve sexual, social, and emotional health and academic outcomes for young people. This study has addressed some of the problems surrounding the implementation of school-based sexuality education. Chandra-Mouli et al. (2015) argue that adolescents' sexual and reproductive health suffers sadly from interventions such as CSE being delivered ineffectively. The fact that many studies still find evidence of effectiveness despite implementation challenges, provides a strong argument in favour of the potential for sexuality education.

Ways forward include the further advancement of strategies to implement the CSE policy, a far-reaching expansion of comprehensive teacher training and coaching, and a serious upscaling of multi-level and whole-school approaches. Sustainability of the strategy must be

conducted by the school ownership of the programmes and the context of school-based sexuality education. The implementation of sexuality education could profit from a vision of sexual health not so much as an outcome as a process, a complex process of ongoing interaction between individuals, their social environments and overall possibilities

9.10 Summary of Chapter

In this final chapter, a summary and limitations of the study were highlighted. Recommendations were made for parents and teenage learners, teachers and learners, and policymakers/governments, and for potential further research studies.

REFERENCES

Ab Latif, R., Dahlanl, A., Ab Mulud, Z., & Mat Nor, M.Z. (2017). The Delphi technique as a method to obtain consensus in health care education research. Education in Medicine Journal. 9(3) 89–102. https://doi. org/10.21315/eimj2017.9.3.10

Abdullah, N.A.F.B., Muda, S.M., Zain, N.M., & Hamid, S.H.A. (2020). The role of parents in providing sexuality education to their children. Makara Journal of Health Research, 24.

Acharya, D.R., Van Teijlingen, E.R., & Simkhada, P. (2009). Opportunities and challenges in school-based sex and sexual health education in Nepal. Kathmandu University Medical Journal, 7(4), 445-453.

Achema, G., Emmanuel, A., & Moses, A. O. (2015). Factors responsible for teenage pregnancy and its implication on adolescent health and education: Perception of secondary school students in Nigeria.

Adam, V.Y., & Okafor, K.C. (2020). Sexual practices and outcomes of young people in an urban settlement in Benin City, Nigeria. Social Medicine, 13(3), 146–154.

Aderibigbe, S.A., Araoye, M.O., Akande, T.M., Musa, O.I., Monehin, J.O., & Babatunde, O.A. (2011). Teenage pregnancy and prevalence of abortion among in-school adolescents in North Central, Nigeria. Asian Social Science, 7(1), 122.

Adogu, P.O., & Nwafulume, O.S. (2015). Knowledge, attitude and willingness to teach sexuality education among secondary school teachers in Nnewi, Nigeria. British Journal of Education, Society & Behavioral Science (BJESBS), 7(3), 184–193.

Afolabi, A. (2021). The role of social workers in the prevention of adolescent pregnancy in Oyo East Local Government Area, Oyo State. Social Work Department, University of Ibadan, Nigeria.

AHI (Action Health Incorporated). (2010). Foundation for a healthy adulthood: Lessons from school-based Family Life and HIV Education curriculum implementation in Lagos State. Lagos. AHI and Lagos State Ministry of Education.

Akpama, E. G. (2013). Parental perception of the teaching of sex education to adolescent in secondary school in Cross River State, Nigeria. OSR Journal of Research & Method in Education, 1(3), 31–36.

Akwai, I. (2017). Sex education in schools sparks debate in conservative, Nigeria. Retrieved from: africanews.com (last updated 15/08/2017)

Alabi, O.T. & Oni, I.O. 2017. Teenage Pregnancy in Nigeria: Causes, Effect and Control. International Journal of Academic Research in Business and Social Sciences, Vol. 7, No. 2 DOI: 10.6007/IJARBSS/v7-i2/2610 http://dx.doi.org/10.6007/IJARBSS/v7-i2/2610

Alimi, T. (2017, February 5). Recession babies: How economic downturn is forcing teenage girls out of school and into unwanted pregnancies and early marriage. The Nation: Sunday Magazine. https://thenationonlineng.net/recession-babies/

Allen, M. (2017) Field Notes in: The SAGE encyclopedia of communication research methods DOI: https://dx.doi.org/10.4135/9781483381411.n201

Almanza, C. H. & Sahn, D. E (2018). Early Childbearing, School Attainment, and Cognitive Skills: Evidence From Madagascar. Demography. 55. 10.1007/s13524-018-0664-9.

Alzahrani, I. (2012). Evaluate wiki technology as e-learning tool from the point of view of Al-Baha University students: A pilot study with undergraduate students in both faculties of Science and Education. Online submission.

Amoran, O.E. (2012a). A comparative analysis of predictors of teenage pregnancy and its prevention in a rural town in Western Nigeria. International Journal for Equity in Health, 11(1), 1.

Amoran, O.E. (2012b). Predictors of disclosure of sero-status to sexual partners among people living with HIV/AIDS in Ogun State, Nigeria. Nigerian Journal of Clinical Practice,15(4), 385–390.

Anayochukwu G. I. (2022). Teenage pregnancy and its consequences: Evidence from a South-eastern rural community of Nigeria Journal of Social, Humanity, and Education (JSHE) ISSN 2746-623X, 2(3), 245-267 https://doi.org/10.35912/jshe.v2i3.977 Federal Capital Development Authority, Abuja, Nigeria.

Antoninis, M. (2021). What role can schools play to end violence and sexual harassment? https://world-education-blog.org//05/07/what-role-can-schools-play-to-end-violence-and-sexual-harassment/

Aragão, J.M.N., Gubert, F.A., Torres, R.A.M., Silva, A.S.R., & Vieira, N.F.C. (2018).The use of Facebook in health education: Perceptions of adolescent students. Revista Brasileira Enfermagem 2018;71(2), 265–271. DOI: http://dx.doi.org/10.1590/0034-7167-2016-0604

Arnold, D.M., Burns, K.E., Adhikari, N.K., Kho, M.E., Meade, M.O., & Cook, D.J.(2009). The design and interpretation of pilot trials in clinical research in critical care. Critical Care Medicine, 2009,37(1 Suppl):S69–S74.

Arnold, R., Maticka-Tyndale, E., Tenkorang, E., Holland, D., Gaspard, A., & Luginaah, I. (2012). Evaluation of school- and community-based HIV prevention interventions with junior secondary school students in Edo State, Nigeria. African Journal of Reproductive Health, 16, 103–25.

Asekun-Olarinmoye, E.O., Dairo, M.D., Abodurin, O.L., & Asekun-Olarinmoye, I.O. (2012). Practice and content of sex education among adolescents in a family setting in rural southwest Nigeria. International Quarterly of Community Health Education. 32(1), 57–71. Doi: 10.2190/IQ.32.1.f. EBSCO: 22547497.

Ashimolowo, O.R., Ojebiyi, W.G., Adelakun, I.I., Odediran, O.F., Soetan, O.J., & Iskil-Ogunyomi, S.O. (2017). Causes and consequences of teenage pregnancy among rural youths in Ejigbo Local Government Area of Osun State, Nigeria. Scholarly Journal of Programs, Advocates for Youth. Retrieved on 21 December 2021.

Awusabo-Asare, K. Stillman M., Keogh, S., Doku, D.T., Kumi-Kyereme, A., Esia-Donkoh, K., Leong, E., Amo-Adjei, J., & Bankole, A. (2017). From Paper to Practice: Sexuality education policies and their implementation in Ghana. Guttmacher Center for Population Research Innovation and Dissemination.

Bahukhandi, S. (2017). Why schools need to start incorporating CSE in their curriculum #WhyCSE. https://feminisminindia.com/2017/08/31/schools-teachers-CSE/

Barr, E.M., Goldfarb, E.S., Russell, S., Seabert, D., Wallen, M., & Wilson, K.L. (2014). Improving sexuality education: The Development of teacher-preparation standards Journal of School Health, 84(6), 396–415.

Barrett, D., & Heale, R. (2020). What are Delphi studies? Evidence-Based Nursing, 23, 68–69.

Bartlett, M.S. (1954). A note on the multiplying factors for various chi square approximations. Journal of the Royal Statistical Society, 16 (Series B), 296–298.

Beauchamp, T.L., & Childress, J.F. (2012). Principles of biomedical ethics. Oxford University Press.

Beatrice, O.F. (2013). The effect of sex education on teenage pregnancy among secondary school students in Ibadan Metropolis. OSR Journal Of Humanities andSocial Science (IOSR-JHSS),17(4), 59–64. https://www.iosrjournals.org.

Bhandari, P. (2022). Multistage Sampling | Introductory Guide & Examples. Scribbr. Retrieved October 17, 2022, from https://www.scribbr.com/methodology/multistage-sampling/

Bhandari, P. (2020). Data collection | A step-by-step guide with methods and examples.

Blas, E., Koller, T., Magar, V., Thomas, R., Vogel, J., Schunemann, H.J., Garritty, C., & Abou-Setta. A. (2014). WHO library cataloguing-in-publication data WHO Handbook for Guideline Development. Peer Reviewed Evidence-based Medical World Health Organization, 1,179.

Boonstra, H.D. (2011). Advancing sexuality education in developing countries: Evidence and implications. Guttmacher Policy Review. 14(3)

Boyd, P.C. (2006). By the numbers: A sample size table. Quirks Marketing Research Review, 1(1), 30. http://research-advisors.com/tools/SampleSize.htm http://www.uga.edu/studentaffairs/assess/pdf/200708/Session_2/Writing%20Measurable%20and%20Meaningful%20Outcomes-%20Bresciani%20Article.pdf

Browne, E. (2015). Comprehensive sexuality education (GSDRC Helpdesk Research Report 1226). GSDRC, University of Birmingham.

Burns, N., & Grove, S.K. (2009). The practice of nursing research: conduct, critique and utilization. WB Saunders. Retrieved 22 August, 2015. http://crhrp.ucsf.edu/

Cassar, J. (2022). Sun, sea, and sex: A comparative study of sexuality education policies in Southern Europe. In M. Brown & M. Briguglio (Eds.), Social Welfare Issues in Southern Europe (pp. 140-159). London: Routledge

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A.J. (2014). The use of triangulation in qualitative research. Oncology Nursing Forum. 41(5) 545–547. doi: 10.1188/14.ONF.545-547. PMID: 25158659.

Chandra-Mouli, V., Lane, C. & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practice Global Health Science and Practice 3(3), 333–340.

Cheetham, N. (2015). Regional module for teacher training on comprehensive sexuality education for East and Southern Africa. UNESCO 2014–2021; p 343 Health Education

Chowdhury, I.A. (2015). Issue of quality in a qualitative research: An overview. Innovative Issues and Approaches in Social Sciences. 8, 142–162. 10.12959/issn.1855-0541.IIASS-2015-no1-art09.

Cleland, J., Ingham R., & Stone N. (2001). Asking young people about sexual and reproductive behaviours. World Health Organization (Ed.)

Coghlan, D., & Brydon-Miller, M. (2014). Transferability. SAGE Encyclopedia of action research. DOI: https://dx.doi.org/10.4135/9781446294406.n347

Collins. (2012). English Dictionary- Complete & Unabridged 2012 Digital Edition William Collins & Sons HarperCollins.

Costello, A., Maunsell, C, Cullen., C., & Bourke A. (2022). A systematic review of the provision of sexuality education to student teachers in initial teacher education. Frontiers in Education, 7,787966. doi: 10.3389/feduc.2022.787966

CSDE, CSH Guidelines. (2007). Guidelines for the Sexual Health Education Component of Comprehensive Health Education

Cookingham, L.M., & Ryan, G.L. (2019). The impact of social media on the sexual and social wellness of adolescents. Journal of Paediatric and Adolescent Gynaecology. DOI: 10.1016/jpag.2014.03.001

Costa, A.M.S.N., & Ferreira, A.L.A. (2012). Novas possibilidades methodologicas para o ensino-aprendizagemmediados pelas redes sociais Twitter e Facebook. Available from: http://revistapos.cruzeirodosul.edubr/index.php/rencima/article/viewFile/494/413

Costello, A., Maunsell, C., Cullen, C., & Bourke, A. (2022). A Systematic Review of the Provision of Sexuality Education to Student Teachers in Initial Teacher Education. Frontiers in Education. https://doi.org/10.3389/feduc.2022.787966

Creswell, J.W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches. (4th ed.). SAGE.

Creswell, J.W., & Plano-Clark, V.L. (2017). Designing and conducting mixed method research (3rd ed.). SAGE.

Cresswell, J.W., Plano-Clark, V. L., Gutmann, M.L., & Hanson, W.E. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie. (Eds.), Handbook of mixed methods in social and behavioural research. SAGE. pp.209–240

Crotty, M. (2003). The foundation of social research: Meaning and perspectives in the research process (3rd ed.). SAGE. p.10.

Daniel, F.S. (2016). Data analysis using SPSS: Visual step-by-step process. Manual One. Creative Force Publishing Company ISBN 978-0-9969873-9-4

Darroch. J., Woog, V., Bankole, A., & Ashford, L.S. (2016). Adding it up: Costs and benefits of meeting the contraceptives needs of adolescents. New York: Guttmacher Institute.

DBE (2019). Sexuality education in life skills scripted lesson plans grade 12 educator guide. Pretoria: Department of Basic Education;.

Demographic and Health Survey. (2018). Adolescent pregnancies and its implications on female child. healththink.org/adolescent

Devault, G. (2016). Establishing trustworthiness in qualitative research. https://www.thebalancesmb.com/establishing-trustworthiness-in-qualitative-research-2297042

Dlamini, N., Okoro, F., Ekhosuehi, U.O., Esiet, A., Lowik, A.J., & Metcalfe, K. (2012). Empowering teachers to change youth practices: Evaluating teacher delivery and responses to the FLHE programme in Edo State, Nigeria. Africa Journal of Reproductive Health, 16(2) 87–102.

Doody, O., & Doody, C.M. (2015). Conducting a pilot study: Case study of a novice researcher British Journal of Nursing, 24(21):1074–1078. doi: 10.12968/bjon.2015.24.21.1074

Edmonds, W.A. & Kennedy T.D. (2013). An applied reference guide to research designs: quantitative, qualitative and mixed methods. SAGE.

Edukugho, E. (2015, February 8). Teenage pregnancy: Anatomy of 'the number one killer of girls!'. Vanguard: Special Report. https://www.vanguardngr.com/2015/02/teenage-pregnancy-anatomy-number-one-killer-girls/

Elo, S., Kaariainen, M., Kanste, O., Polkki, T., Utriainen, K., & Kyngas, H. (2014). Qualitative content analysis: A focus on trustworthiness. SAGE Journals, 4(1). https://doi.org/10.1177/2158244014522633

Esohe, K.P., & Inyang, M.P. Parents perception of the teaching of sexual education in secondary schools in Nigeria. IJISET – International Journal of Innovative Science, Engineering & Technology, 2(1), January 2015. www.ijiset.com

Fain, J.A. (2009). Reading, understanding, and applying nursing research (3rd ed.). F.A. Davis.

Federal Ministry of Health, Nigeria (2009). Assessment report of the national response to young people's sexual and reproductive health in Nigeria. Federal Ministry of Health.

Feilzer, M.Y. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. Journal of Mixed Methods Research, 4(1), 6–16.

Finfgeld-Connett, D. (2010). Generalizability and transferability of meta-synthesis research findings. Journal of Advanced Nursing, Feb 66(2), 246–254.

Flores, D, Barroso, J. (2017). 21st century parent–child sex communication in the United States: A process review. The Journal of Sex Research 2017; 54(4–5),532–548. Retrieved from: https://doi.org/10.1080/00224499.2016.1267693.

Fonner, V.A., Armstrong, K.S., Kennedy, C.E., O'Reilly, K.R., & Sweat., M.D. (2014). School-based sex education and HIV prevention in low- and middle-income countries: A systematic review and meta-analysis. PLoS ONE, 9, e89692. doi:10.1371/journal. pone.0089692.

Fox, A.M., Himmelstein, G., Khalid, H., & Howell, E.A. (2019). Funding for abstinence-only education and adolescents pregnancy prevention: Does state ideology affect outcomes? American Journal of Public Health, 109(3), 497–504)

Francis, O. (2019). Population studies and RH Lecture 1: Meaning of population studies. StuDocu

Gabriel, K. (2016). Premarital sex and its menace among in-school youth: A case of secondary school students in Atiba Local Government Oyo, Nigeria. Retrieved 17 September 2016: https://www.slideshare.net/gentlekenny/premarital-sex-its-menace-among-in-school-youth-a-case-of-secondary-school-students-in-nigeria

Gallant, M., & Maticka-Tyndale, E. (2004). "School-Based HIV Prevention Programs for African Youth." Social Science & Medicine 58: 1337–1351.

Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., Yamdamsuren, B., Temmerman, M., Say, L., Tunçalp, Ö., Vogel, J.P., Souza, J.P., & Mori, R. (2014). Pregnancy and childbirth outcomes among adolescent mothers: A World Health Organization multicountry study. BJOG. An International Journal of Obstetrics and Gynaecology, 121(Suppl 1), 40–48. https://doi.org/10.1111/1471-0528.12630 PubMed PMID: 24641534.

GEM Report Team. (2019). Facing the facts: the case for comprehensive sexuality education, p.12.

Geoba.se: gazetteer (2021). The world at your fingertips. http://www.geoba.se/index.php

Gerrish, K., & Lacey, A. 2006. The research process in nursing. Blackwell.

Greensprings School (2019). Should sex education be taught in Nigerian schools? https://www.greenspringsschool.com/should-sex-education-be-taught-in-nigerian-schools/

Gregory, W., Reni, S., Thomas, J.M., & Kaneshiro, B. (2011). Factors affecting sex education in the school system. Journal of Pediatric and Adolescent Gynecology, 24, 142–146. 10.1016/j.jpag.2010.12.005.

Grove, S.K., Gray J.R., & Burns, N. (2015). Understanding nursing research: Building an evidence-based practice (6th ed.). Saunders.

Guba, E.G., & Lincoln, Y.S. (1989). Fourth generation evaluation. SAGE

Guttmacher Institute. (2012). Advancing sexuality education in developing countries: Evidence and implication. Retrieved from: https://www.guttmacher.org/gpr/2011/08/advancing-sexuality-education-developing-countries-evidence-and-implications

Haberland, N. (2012). Ensuring education benefits girls to the full: Synergies between education, gender equality, HIV and sexual and reproductive health. Gender equality, HIV and education. Good policy and practice in HIV and health education, United Nations Educational, Scientific and Cultural Organization, Booklet 7. pp. 17–23.

Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. Journal of Adolescent Health, 56 (2015), S15–S21.

Hall, J. (2013). Pragmatism, evidence, and mixed methods evaluation (Special Issue: Mixed methods and credibility of evidence in evaluation). New Directions for Evaluation, 13(8), 15–26.

Hall, R.F. (2013). Mixed Methods: In search of a paradigm. Conducting Research in a Changing and Challenging World, 71–78.

Harrison, J.S., Bosse, D.A., & Phillips, R.A. (2010). Managing for stakeholders, stakeholder utility functions, and competitive advantage. Strategic Management Journal, 31, 58–74. https://doi.org/10.1002/smj.801

Heather, D.B. (2011). Advancing sexuality education in developing countries: Evidence and implications. Guttmacher Policy Review Summer 14(3).

Heil, S.H., Jones, H.E., Arria, A., Kaltenbach, K., Coyle, M., Fischer, G., Stine, S., Selby, P., & Martin, P.R. (2011). Unintended pregnancy in opioid-abusing women. Journal of Substance Abuse Treatment, 40(2), 199–202. https://doi.org/10.1016/j.jsat.2010.08.011

Herbert, P.C., Henry, D., Sherwood-Laughlin, C.M., & Angermeier, L.K. (2014). Teacher and health service staff values regarding sexuality education in an urban school district in Indiana. Electronic Journal of Human Sexuality, 1.

HIV/STI Prevention 2011). Impact of sex education on knowledge and attitude of adolescent school children of Loni village. Journal of the Indian Medical Association, 109(11), 808–810.

Hollweck, T. (2015)., & Robert K. Yin.(2014). Case study research design and methods. SAGE. Canadian Journal of Program Evaluation, 30(1).

Holtzblatt, K., & Beyer, H. (2014). Contextual design evolved. Morgan & Claypool.

Honorene, J. (2017). Understanding the role of triangulation in research. Scholarly Research Journal for Interdisciplinary Studies, Impact Factor SJIF, 4(31), 91–95

House, S., Mahon, T., & Cavill, S. 2012. Menstrual hygiene matters: A resource for improving menstrual hygiene around the world. Reproductive Health Matters, 21(41), 257–259.

Huaynoca, S., Chandra-Mouli, V., Yaqub, Jr, N., & Denno, D.M. (2014). Scaling up comprehensive sexuality education in Nigeria: From national policy to nationwide

application, Sex Education, 14(2), 191-209. DOI: 10.1080/14681811.2013.856292 https://doi.org/10.1080/14681811.2013.856292

Huber, V.J., & Firmin, M.W. (2014). A history of sex education in the United States Since 1900. International Journal of Educational Reform, 23(1).

Hulley, S.B., Cummings, S.R., Browner, W.S., Grady, D.G., & Newman, T.B. (2013). Designing clinical research. An epidemiological approach. (2nd ed.) Lippincott Williams & Wilkins.

Ikeako, L.C., Ezegwui, H.U., Onwudiwe, E., & Ewereji, J.O. (2015). Attitude of expectant mothers on the use of ultrasound in pregnancy in a tertiary institution in south east of Nigeria. Annals of Medical and Health Science Research, 4, 949–953

IPPF (2010). Mandatory sex education for ten-year olds? Yours? 6 https://albertmohler.com/2010/02/10/mandatory-sex-education-for-ten-year-olds-yours

Izugbara, C. (2015). Socio-demographic risk factors for unintended pregnancy among unmarried adolescent Nigerian girls. South African Family Practice, 57(2), 121–125.

Jo, M.J., Lim, K.J, & Choi, E.J. (2018). Influencing factors of marital intimacy and sexual knowledge on parental efficacy of mothers with pre-schoolers on child sexual education. Journal of Korean Public Health Nursing, 2018, 32(2), 181–193.

Johnson, R.B., & Christensen, L. (2014). Educational research: Quantitative, qualitative, and mixed approaches. (5th ed.). SAGE.

Kaiser, H.F. (1970). A second-generation little Jiffy. Psychometrica, 35, 410–415.

Kaiser, H. F. (1974). An index of factorial simplicity. Psychometrica, 39, 31–36.

Kantor, L.M., Rolleri, L., & Kolios, K. (2014). Doug Kirby's contribution to the field of sex education Sex Education,14(5),473–480. DOI:10.1080/14681811.2014.881336

Kassahun, E.A., Gelagay, A.A., Muche, A.A., Dessie, A.A., & Kassie, B. A. (2019). Factors associated with early sexual initiation among preparatory and high school youths in

Woldia town, northeast Ethiopia: A cross-sectional study. BMC Public Health, 19(1), 1–18.

Keogh, S.C., Stillman, M., Awusabo-Asare, K., Sidze, E., Monzón, A.S., Motta, A., & Leong, E. (2018). Challenges to implementing national comprehensive sexuality education curricula in low-and middle-income countries: Case studies of Ghana, Kenya, Peru and Guatemala. PLoS One 13(7), e0200513. doi10.1371/journal.pone.0200513

Keeney, C.S., Hasson, F., & McKenna, H. (2011). The Delphi technique in nursing and health research. Blackwell.

Khan, A.R. (2016). Policy implementation: Some aspects and issues. Journal of Community Positive Practices, (3), 3–12.

Khu, B.Y., & Lee, J.A. (2015). The structural relationships among perceived parenting roles, teacher leadership, leaning motivation for leaning flow in elementary school students. Korean Journal of Youth Studies, 22(6),355–387.

Kiewit L. Online group wants new curriculum to make a #sexit. Mail and Guardian [serial online]. 2020 [cited 2021 May 31]; Available from: https://mg.co.za/article/2020-02-13-online-group-wants-new-curriculum-to-make-a-sexit/

Kigali HDI. (2019). Parent's knowledge, aptitudes and practices (KAP) towards sexuality education in secondary school in Rwanda. http://hdirwanda.org/wp-content/uploads/2019/01/CSE-Research_A4.pdf

Kirby, D. (2011). The impact of sex education on the sexual behaviour of young people. Population Division Expert Paper No. 2011/12, United Nations Department of Economic and Social Affairs.

Klindera, K., & Menderweld, J. (2021). Youth involvement in prevention programming, Advocates for Youth, Revised Ed., August 2001. Accessed on 14 December 2021 from: http://www.advocatesforyouth.org/publications/iag/involvement.htm

Kong, J. (2019). Methodology. In: Investigating the role of test methods in testing reading comprehension. Springer.

Kontula, O. (2010). The evolution of sex education and students' sexual knowledge in Finland in the 2000s. Sex Education,10(4) 373–386

Korstjens, I., & Moser, A. (2018). Part 4: Trustworthiness and publishing, European Journal of General Practice. Practical guidance to qualitative research. 24(1), 120–124, DOI: 10.1080/13814788.2017.1375092 https://doi.org/10.1080/13814788.2017.1375092

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 and Diagnostic Research : JCDR, 11(3), LC01. https://doi.org/10.7860/JCDR/2017/19290.9338

Kunnuji, M.O.N., Robinson, R.S., Shawar, Y.R., & Shiffman, J. (2017). Variable implementation of sexuality education in three Nigerian states. Studies in Family Planning, 48(4), 359–376. http:www.jstor.org/stable/26384487.

Langham, RY. (2015). What are the causes of teenage pregnancy? Retrieved from: www.Livestrong.com on 30 January 2015.

Lantos, H., Manlove, J., Wildsmith, E., Faccio, B., Guzman, L., & Moore, K. A. (2019). Parent-teen communication about sexual and reproductive health: Cohort differences by race/ethnicity and nativity. International Journal of Environmental Research and Public Health, 16(5), 833.

Leung, L (2015). Validity, reliability, and generalizability in qualitative research. Journal of Family Medicine and Primary Care, 2015 Jul–Sep; 4(3), 324–327. doi: 10.4103/2249-4863.161306 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4535087

Leung, H., Shek, D.T.L., Leung, E., & Shek E.Y.W. (2019). Development of contextually-relevant sexuality education: Lessons from a comprehensive review of adolescent sexuality education across cultures. International Journal of Environmental Research and Public Health, 16(4), 2019 Feb, PMC6406865

Lincoln, Y.S. & Guba, E.G. (1985). Naturalistic inquiry. SAGE.

Lindbergh, LD., & Maddow-Zimet, I. (2012). Consequences of sex education on teen and young adult sexual behaviors and outcomes. Journal of Adolescent Health. (4):332–338. Doi: 10.1016/j.jadohealth.2011.12.028. Epub 2012 Mar 7. PMID: 22999833.

Local Inspector of Education, Oyo East. (2016). Student list Records Oyo East LGA. Retrieved. August 2016

Loeber, O., Reuter, S., Apter, V.D., & Lazdane, P. (2010). Aspects of sexuality education in Europe – definitions, differences and developments. European Journal of Contraception & Reproductive Health Care,15(3),169–176. Doi:10.3109/13625181003797280. PMID 20465399. S2CID 21385752

Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A Perspective. The Qualitative Report, 18(33), 1–15. https://doi.org/10.46743/2160-3715/2013.1477)

Maemeko, E., Nkengbeza, D., & Chokomosi, T. (2018). The impact of teenage pregnancy on academic performance of Grade 7 learners at a school in the Zambezi region. Open Journal of Social Sciences, 6, 88–100. doi:10.4236/jss.2018.69006.

Majid, U. (2018). Research fundamentals: Study design, population, and sample size. Undergraduate Research in Natural and Clinical Science and Technology Journal, 2(1). https://urncst.com/index.php/urncst/article/view/16

Malmqvist, J., Hellberg., K & Möllås, G. (2019). Conducting the pilot study: A neglected part of the research process? Methodological findings supporting the importance of piloting in qualitative research studies. 25 September 2019. https://doi.org/10.1177/1609406919878341

Manohar, N., MacMillan, F., Steiner, G., & Arora, A. (2018). Recruitment of research participants. Handbook of research methods in health social sciences, 71–98. 10.1007/978-981-10-2779-6_75-1)

Maravilla, J.C., Betts, K.S., Couto e Cruz, C., & Alati, R. (2017). Factors influencing repeated teenage pregnancy: A review and meta-analysis, American Journal of Obstetrics and Gynecology. doi: 10.1016/j.ajog.2017.04.021.

Massaroli, A., Martini, J.E., Lino, M.M., Spenassato, D., & Massaroli, R. (2017). The Delphi method as a methodological framework for research in nursing http://dx.doi.org/10.1590/0104-07072017001110017

Mavedzenge, S.N., Doyle, A., Ross D. (2014) HIV prevention in young people in sub-Saharan Africa: A systematic review. Journal of Adolescent Health, 49(2011), 568–586.

Mavedzenge, S.N., Luecke, E., & Ross, D.A. (2014). Effective approaches for programming to reduce adolescent vulnerability to HIV infection, HIV risk, and HIV-related morbidity and mortality: A systematic review of systematic reviews. JAIDS Journal of Acquired Immune Deficiency Syndromes, 66, S154–S169.

McLoughlin, G., & C. Bouchat. (2013). Nigerian unity: In the balance. Army War College Press

McNamara, C. (2022). Overview of the field of organization development. https://managementhelp.org/organizationdevelopment/index.html

Melissa, F. (2012). Teenage pregnancy. http://wwerarly Symptoms of pregnancy. http://www.advocatesforyouth.org/publications/guide/

Michielsen, K., Chersich, M.F., Luchters S., de Koker, P., van Rossem, R., & Temmerman, M. (2010). Effectiveness of HIV prevention for youth in sub-Saharan Africa: Systematic review and meta-analysis of randomized and non-randomized trials. AIDS, 24,1193–1202

Miller, C.C., Burke, L.M., & Glick, W.H. (1998). Cognitive diversity among upper-echelon executives: Implications for strategic decision processes. https://doi.org/10.1002/(SICI)1097-0266(199801)19:1<39::AID-SMJ932>3.0.CO;2-A)

Moles, K. (2016). Religion and sexuality education in evidence-based approaches to sexuality education: A global perspective. Santa Clara University

Morgan, D.L. (2014a). Integrating qualitative and quantitative methods: A pragmatic approach. SAGE Publications: pp.55–56.

Morgan, D.L. (2014b). Pragmatism as a paradigm for social research. SAGE Publications:

Motta, A. Keogh S.C., Prada E., Nunez-Curto A., Konda, K., Stillman, M., &. Cáceres, C.F (2017). From paper to practice: Sexuality education policies and their implementation in Peru.https://www.guttmacher.org/sites/default/files/report_pdf/sexuality_education_policies_and_their_implementation_in_peru.pdf

Mukoma W, Flisher AJ. (2020). A systematic review of school-based HIV/AIDS preventionprogrammes in South Africa. In: Klepp K-I, Flisher AJ, Kaaya SF, editors. Promoting adolescent sexual and reproductive health in East and Southern Africa [homepage on the Internet]. Cape Town: HSRC Press; 2008 [cited 2020 Jan 22]. Available from: https://www.sexrightsafrica.net/wp-

NACA (National Agency for the Control of AIDS). (2012). Federal Republic of Nigeria. Global AIDS Response. Country Progress Report. NACA.

National Agency for the Control of AIDS (NACA) (2012). Country progress report for HIV/AIDS. Federal Republic of Nigeria Global AIDS response 2012: 1-42. Available at www.unaids.org/en/dataanalysis.

National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). Why it matters: Teen childbearing, education, and economic well-being. Retrieved from: http://thenationalcampaign.org/sites/default/files/resource-primary download/childbearing-education-economicwellbeing.pdf.

National Population Commission (NPC) [Nigeria] and ICF Macro. (2009). Nigeria Demographic and Health Survey (2008). Abuja, Nigeria: National Population Commission and ICF Macro.

National Population Commission (NPC) [Nigeria] and ICF International. (2014). Nigeria Demographic and Health Survey (2013). Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International

Nigeria Demographic and Health Survey. (2008). National Population Commission Federal Republic of Nigeria Abuja, Nigeria

Nigeria Demographic and Health Survey. (2013). National Population Commission Federal Republic of Nigeria ORC Macro Calverton, Maryland, USA.

A qualitative study was conducted to explore and describe perceived barriers to implementing CSE at three secondary schools in three LGAs in Oyo State. http://www.nigerianmuse.com/20100527092749zg/sections/pictures-maps-cartoons/maps-of-various-states-and-their-local-governments-in-nigeria/

Nwokocha E, Isiugo-Abanihe I, Omololu F, Isiugo-Abanihe U, Udegbe B. (2015). Implementation of family life and HIV/AIDS education in Nigerian schools: A qualitative study on scope, delivery and challenges. Afr J Reprod Health. 2015;19(2):63–78. 91. Walker JA. Mapping Early Marriage in West

Nwosu, U.M. (2017). Contemporary factors of teenage pregnancy in rural communities of Abia State., Nigeria. International Journal of Community Medicine, 588–592.

Nwozichi, C.U., Ayoade, O.T., Blavo, F., & Farotimi, A. (2015). Sociodemographic factors as predictors of sexual behaviour of secondary school students in Lagos State Nigeria. International Journal of Medicine and Public Health, 5(2), 152

Obiekea, P.O., Ovri, F.B., & Chukwuma, E.T C. (2013). Sexual education: an intervention and social adjustment programme for youths in secondary education in Nigeria. African Research Review, 7(1), 307–321.

Odebode, S. O. & Kolapo, O. A. 2016. Vulnerability of Teenage Girls to Pregnancy in Ibarapa Central Local Government Area, Oyo State, Nigeria. Journal of International Women's Studies,17(4), 9

Ogunlesi, T.A., Ayeni, V.A., Jagun, E.O., & Ogunfowora, O.B. (2013). Socio-clinical factors related to the perinatal outcome of teenage pregnancies in a Nigerian teaching hospital. Nigerian Journal of Paediatrics, 40(3), 290–294

Ojobaro, B. (2015).Tackling teenage pregnancy challenge through education. The eagle online.com.

Okereke, C.I. (2010). Assessing the prevalence and determinants of adolescents unintended pregnancy and induced abortion in Owerri, Nigeria. Journal of Biosocial Science, 619–632.

Okoroma, N.S. (2006) Educational policies and problems of implementation in Nigeria. Australian Journal of Adult Learning, 46(2)

Omo, B.M. (2011). Perception of the senior secondary school students about teaching of sex education in secondary schools in Kaduna State. (Masters' dissertation: Ahmadu Bello University Zaria) Available at: http://kubanni.abu.edu.ng:

Omole-Ohonsi, A., & Attah, R.A. (2010). Obstetric outcome of teenage pregnancy in Kano, North-Western Nigeria. West African Journal of Medicine, 29(5).

Onasoga, O.A. (2018). Challenges and barriers to adolescents' post-abortion care services: implications for reproductive health policy in Nigeria.

O'Neill, E. (2016). Religion and Sex: The politics of abstinence-only sex education. Berkeley Political Review. UC Berkeley's only nonpartisan political magazine.

Onongha, G.I. (2016). Perception of secondary school students on factors militating against the teaching of sex education in Calabar Metropolis, Cross River State, Nigeria. International Journal of Humanities and Social Science, 6(1)

Onukwugha, F.I., Magadi, M.A., Sarki, A.M., & Smith, L. (2020). Trends in and predictors of pregnancy termination among 15–24 year-old women in Nigeria: A multi-level analysis of demographic and health surveys 2003–2018. BMC Pregnancy Childbirth 20, 550. https://doi.org/10.1186/s12884-020-03164-8

Onwubuariri, M.I., & Kasso, T. (2019). Teenage pregnancy: Prevalence, pattern and predisposing factors in a tertiary hospital, southern Nigeria. Asian Journal of Medicine and Health. 17(3), 1-5. DOI: 10.9734/AJMAH/2019/v17i330165

Onyeka, I.N., Miettola, J., Ilika, A.L., & Vaskilampi, T. (2011). Unintended pregnancy and termination of studies among students in Anambra State, Nigeria: Are secondary schools playing their part? African Journal of Reproductive Health, 15(2).

Ordway D-M (2019). Sex education: why an abstinence-only approach is problematic? The journalist 'resource. Harvard Kennedy School, Shorenstein center on media, politics and public policy.

Orji, E.O., & Esimai, O.A., (2009). Introduction of sex education into Nigerian schools: The parents', teachers' and students' perspectives. Journal of Obstetrics and Gynaecology, 185–188.

Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N., & Hoagwood, K. (2015) Review purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Administration and Policy in Mental Health, 2015 Sep, 42(5):533–544.

Panchaud, C., Keogh, S. C., Stillman, M., Awusabo-Asare, K., Motta, A., Sidze, E., & Monzón, A.S. (2019). Towards comprehensive sexuality education: a comparative analysis of the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya and Guatemala. Sex Education,19(3), 277–296. DOI: 10.1080/14681811.2018.1533460

Patton, M.Q. (2002). Qualitative research & evaluation methods. (3rd ed.) SAGE Publications

Penangle (2021) Advocates for inclusion of sex education in school curriculum. Oyo Lawmaker. NEWS 10 Feb 2021.

Ping H. L. (2019) The rightful role of parents in sex education. Today Online. https://www.todayonline.com/voices/rightful-role-parents-sex-education

Planned Parenthood (2019). Court rules state can't exclude planned parenthood from state-approved sex education for Iowa youth. Planned Parenthood North Central States PPNCS. https://www.plannedparenthood.org/planned-parenthood-north-central-states/about-ppncs/media-relations/court-rules-state-cant-exclude-planned-parenthood-from-state-approved-sex-education-for-iowa-youth.

Polit, D.F. & Beck, C.T. (2012). Nursing research: Generating and assessing evidence for nursing practice. Lippincott Williams and Wilkins.

Polit, D. & Beck, C. (2017). Essentials of nursing research: Appraising evidence for nursing practice. Lippincott Williams & Wilkins.

Polit, D.F., & Beck, C.T. (2018). Essentials of nursing research. Appraising evidence for nursing practice (9th ed.). Wolters Kluwer Health.

Pound, P., Langford, R. & Campbell R. (2016). What do young people think about the school-based sex and relationship education?

Pound, P., Langford, R. & Campbell r. (2017). How should mandatory sex education be taught? BMJ, 2017;357:j1768 doi: 10.1136/bmj.j1768 (Published 2017 April 11)

Pound, P., Denford, S., Shucksmith, J., Tanton, C., Johnson, A. M., Owen, J., et al. (2017). What is best practice in sex and relationship education? a synthesis of evidence, including stakeholders' views. BMJ Open 7:14791. doi: 10.1136/bmjopen-2016-014791

Punch (2017). Why girls now reach puberty early? https://punchng.com/why-girls-now-reach-puberty-early/ 26 August 2017

Ranganathan P, Aggarwal R. (2018). Study designs: Part 1 – An overview and classification. Perspectives of Clinical Research, 9,184–186.

Reis, M., Ramiro, L., Gaspar de Matos, M., & Diniz, J.A. (2011). The effects of sex education in promoting sexual and reproductive health in Portuguese university students. Procedia - Social and Behavioral Sciences. 29(2011), 477–485.

Ritchie, J. & Spencer, L. (1994). Qualitative data analysis for applied policy research. In Bryman, A., & Burgess, R. (Eds.), Analyzing qualitative data. Routledge. pp.173–194.

Ross, D.A. (2010). Behavioural interventions to reduce HIV risk: What works? AIDS, 24, S4–S14.

Sadiya Q (2022). Teenage pregnancy and its consequences: Evidence from a South-eastern rural community of Nigeria Grace Ifunanya Anayochukwu Federal Capital Development Authority, Abuja, Nigeria. Journal of Social, Humanity, and Education (JSHE) ISSN 2746-623X, Vol 2, No 3, 2022, 245-267 https://doi.org/10.35912/jshe.v2i3.977

Salami, K.K., Ayegboyin, M., & Adedeji, I.A. (2014). Unmet social needs and teenage pregnancy in Ogbomosho, South Western Nigeria. African Health Sciences, 2014 Dec, 14(4), 959–966. doi: 10.4314/ahs.v14i4.27

Santelli, J.S., Kantor, L.M., Grilo, S.A., Speizer, I.S., Lindberg, L. D., Heitel, J., Schalet, A.T., Lyon, M.E., Mason-Jones, A.J., McGovern, Heck, C.T., Rogers, J., & Ott, M.A. (2017). Abstinence-only-until-marriage: An updated review of US policies and programs and their impact. Journal of Adolescent Health, 61(3), 273–280

Sawhill, I.V. (2001). What can be done to reduce teen pregnancy and out-of-wedlock births? Welfare Reform & Beyond Initiative, Brookings Institution.

Schoonenboom, J., & Johnson, R.B. (2017). How to construct a mixed methods research design. Kölner Zeitschrift für Soziologie und Sozialpsychologie, 69, 107–131. https://doi.org/10.1007/s11577-017-0454-1).

Sedgh, G., Bankole, A., Okonofua, F., Imarhiagbe, C., Hussain, R., & Wulf, D. (2009). Meeting young women's sexual and reproductive health needs in Nigeria. Guttmacher Institute.

Segen's Medical Dictionary. (2012). Farlex.

Sexuality Information and Education Council of the United States SIECUS (2012). National Sexuality Education Standards: Core content and skills, K-12 Available from: https://siecus.org/wp-content/uploads/2018/07/National-Sexuality-Education-Standards.pdf

Sexuality Information and Education Council of the United States (SIECUS). (2014). Sexuality Education in Mississippi: Progress in the Magnolia State. https://www.siecus.org/resources/sexuality-education-in-mississippi-progress-in-the-magnolia-state/

Sharma A., McCae E., Jai S., Gozalez A., Demissie, S., & Lee, A. (2021). Knowledge and attitudes towards contraceptives among adolescents and young adults. Contraception and Reproductive Medicine, 6(1), 1–6. DOI https://doi.org/10.1186/s40834-020- 00144-3\

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. Education for Information, 22, 63–75. https://doi.org/10.3233/EFI-2004-22201)

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.

Shiffman, J., Kunnuji, M., Shawar, Y.R., & Robinson, R.S. (2018). International norms and the politics of sexuality education in Nigeria. Global Health 14, 63. https://doi.org/10.1186/s12992-018-0377-2

Slominski, K.L. (2020). Teaching moral sex: A History of religion and sex education in the United States. Oxford University Press.

Speizer IS, Mandal M, Xiong K, et al. Methodology and baseline results from the evaluation of a sexuality education activity in Mpumalanga and KwaZulu-Natal, South Africa. AIDS Educ Prev. 2018;30(2):152–168. https://doi.org/10.1521/aeap.2018.30.2.152

Stanger-Hall, K.F. & Hall, D.W. (2011). Abstinence-only education and teen pregnancy rates: Why we need comprehensive sex education in the US PLoS One. 6(10), e24658. PMID: 22022362

Stevenson, A., & Lindberg, C.A (2010) New Oxford American Dictionary (3rd ed.) Oxford University Press. Print ISBN-13: 9780195392883.

Stella, A. (2019). Teenage pregnancy and its influence on secondary school education in Nigeria. British Journal of Education, 7 (11) 87–96.

Stickler, T., (2018). Health risk associated with pregnancy. healthline.com/health/pregnancy

Sule, H., Akor, J.A., Toluhi, O.J., Suleiman, R.O., & Ali, O.U. (2015). Impact of sex education in Kogi state, Nigeria. Journal of Education and Practice. 6, 34–41.

Tashakkori, A. & Teddlie, C. (Eds.), Handbook of mixed methods in social and behavioural research. SAGE. pp.209–240

Thabane, L., Ma, J., Chu, R., Cheng, J., Ismaila, A., Rios, L.P., Robson, R., Thabane, M., Giangregorio, M., & Goldsmith, C.H. (2010). A tutorial on pilot studies: The what, why and how. BMC Medical Research Methodology, 10, 1–10.

The Grove Foundation (2021). Reproductive Health, Rights & Justice program. https://Grovefoundation.org/program

The World Bank Annual Report (2020) Supporting Countries in Unprecedented Times. World Bank. https://openknowledge.worldbank.org/handle/10986/34406

The World Factbook (2018). Central Intelligence Agency Retrieved 10 April. www.cia.gov

Tripathi, M., & Sherchand, A. (2014). Outcome of teenage pregnancy. Journal of Universal College of Medical Sciences, 2(2), 11–14.

Turnbull, T., van Wersch, A., & van Schaik, P. (2008). A review of parental involvement in sex education: The role for effective communication in British families. Health Education Journal, 67(3), 182–195.

Ubajaka, C., Adogu, P., Ilika, C., & Ilika, A. (2014). Perception of abortion and abortion laws by lawyers in Anambra State Nigeria. International Journal of Clinical Medicine, 5, 695–703.

UBEC. (2012). Universal Basic Education Commission: Education for all is the responsibility of all. UBEC. Available at http://ubeconline.com/

Udegbe, B.I., Fayehun, F., Isiugo-Abanihe, U.C., Nwagwu, W., Isiugo-Abanihe, I., & Nwokocha, E. (2015). Evaluation of the Implementation of Family Life and HIV Education Programme in Nigeria. African Journal of Reproductive Health. 19(2), 79

UK Essays. (2018). Epistemological and ontological research. Retrieved from: https://www.ukessays.com/psychologicalepistemological-and-ontological-assumption-psychology-essayphp?vref=1

UNAIDS/WHO. (2009). Human Sciences Research Council on behalf of the Department of Basic Education, with support from UNICEF. Available from: http://www.advocatesforyouth.org/topics issues/abstinence only/757?

United Nations. (2014) Fourth World Conference on Women, Platform for Action. Available from: http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf. Accessed 11 August 2014.

UNESCO. (2009). International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators. UNESCO. http://unesdoc.unesco.org/images/0018/001832/183281e.pdf (Accessed 3 May 2017).

UNESCO (United Nations Educational, Scientific and Cultural Organisation).(2010). Levels of success. Case studies of sexuality education programmes. UNESCO.

UNESCO. (2012). Comprehensive sexuality education: The challenges and opportunities of scaling up. UNESCO.

UNESCO. (2013) Bangkok. Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific. Available at: http://unesdoc.unesco.org/images/0021/002150/215091e.pdf. Accessed 15 January 2013.

UNESCO. (2015). Emerging evidence, lessons and practice in comprehensive sexuality education: A global review. p.33 UNESCO.

UNESCO. (2016). International technical guidance on sexuality education: An evidence-informed approach ISBN:978-92-3-100259-5

UNESCO. (2017) International technical guidance on sexuality education. pp.16–17.

UNESCO. (2018). International technical guidance on sexuality education: an evidence-informed approach. (PDF). p.16. ISBN 978-92-3-100259-5.

UNESCO. (2018) International technical guidance on sexuality education [homepage on the Internet]. UNESCO, (cited 2020 Jan 10); p. 1–139. Available from: http://unesdoc.unesco.org/images/0026/002607/260770e.pdf

UNESCO. (2019). The journey towards comprehensive sexuality education: Global status report. https://en.unesco.org/gem-report/node/2791 (Accessed October 2020)

UNESCO Digital library. (2019). Facing the facts: the case for comprehensive sexuality education. Global Education Monitoring Report Team [809] 1ED/GEM/MRT/2019/PP/39

UNFPA. (2014). Operational guidance for comprehensive sexuality education: A focus on human rights and gender. UNFPA.

UNFPA. (2015a). The evaluation of comprehensive sexuality education programmes: A focus on the gender and empowerment outcomes. UNFPA.

UNFPA. (2015b). Girlhood, not motherhood: Preventing adolescent pregnancy. UNFPA.

UNFPA. (2016). United Nations Population Fund comprehensive sexuality education. UNFPA United Nations. http://www.unfpa.org/comprehensive-sexuality-education

UNFPA (2017). Advancing comprehensive sexuality education to achieve the 2030 agenda for sustainable development. United Nations Population Fund

UNFPA (2020). International technical and programmatic guidance on out-of-school comprehensive sexuality education: An evidence-informed approach for non-formal, out-of-school programmes.

UNFPA/CEDOS. (2020). Awareness and attitudes of teachers and parents to comprehensive sexuality education.

UNICEF (2013). Why the world needs to get serious about adolescents: A view from UNICEF-Journal of Research on Adolescence, 2013 - Wiley Online Library.

USAID. (2009). The Safe Schools Program. Available at: http://pdf.usaid.gov/pdf_docs/pdacp103.pdf. Accessed 19 May 2014. http://www.thenationalcampaign.org/resources/pdf/pubs/whatworks09.pdf

Van den Broeck, J., Sandøy, I.F., & Brestoff, J.R. (2013). The recruitment, sampling, and enrolment plan. In Epidemiology: Principles and practical guidelines. Springer. pp.171–196.

Waterman, A.S. (2013). The humanistic psychology-positive psychology divide: Contrasts in philosophical foundations. American Psychologist, 68, 124–133.Journal of Obstetrics & Gynaecology, 118(11), 1402–1403.

World Bank. (2015a). Adolescent fertility rate (births per 1,000 women ages 15–19) http://data.worldbank.org/indicator/SP.ADO.TFRT.

World Bank. (2015b). World development indicators. Nigeria States Health Investment Project Appraisal Document.

World Bank (2022). The social and educational consequences of adolescents childbearing

WHO. (2009). Federal Ministry of Health, Nigeria. Assessment report of the national response to young people's sexual and reproductive health in Nigeria. Federal Ministry of Health.

WHO. (2011). Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries, World Health Organization.

WHO. (2012a). Adolescent Pregnancy Fact Sheet. Retrieved 14 June 2013.

WHO. (2012b). WHO Handbook for guideline development. http://apps.who.int/iris/bitstream/10665/75146/1/9789241548441_eng.pdf Accessed 1 Mar 2018.

WHO. (2014). Adolescent pregnancy. World Health Organizations. Available from: http://www.who.int/mediacentre/factsheets/fs364/en/

WHO. (2017a). Adolescents: Health risks and solutions. Available from: http://www.who.int/mediacentre/factsheets/fs345/en/

WHO (2017b). Adolescent pregnancy (PDF).p.5.ISBN 978-9241591454. Retrieved 28 July.

WHO. (2020). Adolescent pregnancy. https://www.who.int/news-room/factsheet, 31 January 2020

WHO Regional Office for Europe, and BZgA (2017). Training Matters: A Framework of Core Competencies for Sexuality Educators. Cologne: Federal Centre for Health Education.

World Population Prospects. (2019). The 2019 Revision (Medium fertility variant)

Yeo, K.-J., & Shih, H.L. (2020). A systematic review of parental attitude and preferences towards implementation of sexuality education. International Journal Of Evaluation and Research in education (IJERE). 9(4), 971 doi: 10. 11591/ijere.v9i4. 20877

Zulu, J.M., Blystad, A., Haaland, M.E.S., Michelo, C., Haukanes, H., & Moland, K. M. (2019). Why teach sexuality education in school? Teacher discretion in implementing comprehensive sexuality education in rural Zambia. International Journal of Equity Health, 18, 116.

APPENDIX I: QUESTIONNAIRE

Section A: Demographic details of Learners.

Instruction: Please respond to each item by marking (√ or x) one box per row.

No	Items	Response	Code
1	Gender	Male Female	1 2
2	Age	13 to 15 16 to 18 19 years or above	1 2 3
3	Religion	1.Pentecostal 2.Orthodox 3.Adventist 4.Moslem 5.Traditionalist 6.Others (please specify--)	1 2 3 4 5 6
4	Where do you get information about sex?	1.At school 2.In the internet 3.Hospital 4.Home 5.Peers 6.Others specify	1 2 3 4 5 6
5	When was sex education first imparted on you?	1.Before primary 2. primary 3.Junior secondary 4.Senior Secondary	1 2 3 4
6	Who taught you sex education?	1.Teachers 2.Parent 3.Social 4.workers 5.Doctors 6.Nurses	1 2 3 4 5 6
7	Who do you find to clarify your doubt about sex education?	1.Friends/siblings 2.Teachers 3.Parents 4.Social workers 5.Doctors 6. Nurses	1 2 3 4 5 6

SECTION B: Questions on Knowledge of learners on implementation of comprehensive sexuality education policy. (Objective 1a)

The following questions ask about knowledge of the students on comprehensive sexuality education. Please respond to each item by marking (√ or x) one box per row. Learners may choose more than one options as relevance to them.

No	1tems	Response	Code
8	Have you ever obtained information about comprehensive sexuality education from the following social network sites?		
a.	Facebook	a. Yes b. No	1 2
b.	Twitter	a. Yes b. No	1 2
c.	WhatsApp	a. Yes b. No	1 2
d.	BBM	a. Yes b. No	1 2
E	Instagram	a. Yes b. No	1 2
F	Others (specify----------)	a. Yes b. No	1 2
9.	Do you ever attend any school classes on contraceptives or abstinence?	a. Yes b. No	1 2
10.	If Yes to question 9 Do you think there should be more classes on these topics or were the number about right?	a. More b. Less c. About right	1 2 3
11.	Do you know about contraceptives?	a. Yes b. No	1 2
12.	Should women take contraceptive pills every day?	a. Yes b. No	1 2

13.	Should women have contraceptive injection every 2 or 3 months?	a. Yes b. No	1 2.
14.	Can women take pills soon after intercourse?	a. Yes b. No	1 2
15.	Do you know about condom as a means of protection?	a. Yes b. No	1 2
16.	Have you ever seen a condom?	a. Yes b. No	1 2
17.	Can a man put a rubber device on his penis before intercourse?	a. Yes b. No	1 2
18.	Can a woman insert rubber in her vagina?	a. Yes b. No	1 2
19.	Have you or a partner ever use a condom?	a. Yes b. No	1 2
20.	Have you ever experienced a condom split or breakage during intercourse?	a. Yes b. No	1 2
21.	A man can pull out of a woman before climax.	a. Yes b. No	1 2
22.	A couple can avoid sex on days when pregnancy is most likely to occur.	a. Yes b. No	1 2

SECTION C: Questions on Attitude of learners on implementation of comprehensive sexuality education policy (Objective 1a) Interpretation: 1=Strongly agree (SA); 2=Agree (A); 3=Neutral (N); 4=Disagree (D); 5=Strongly disagree (SD). The following questions ask about attitude of the students on prevention of teenage pregnancy. Please respond to each item by marking (√ or x) one box per row.

S/N	Item	Strongly Agree (SA)	Agree (A)	Neutral (N)	Disagree (D)	Strongly Disagree (SD)
23.	Sexuality education is not given enough emphasis in schools					
24.	Sexuality education is an important aspect of one's life					
25.	Sexuality education is not a waste of time					
26.	Sexuality education is overemphasised in the community					
27.	Parents should not be involved in sexuality education					
28.	Sexuality education helps learners make informed decisions about sexual behaviour					
29.	It is all right for teenagers to have sexual intercourse before they're married if they are in love					
30.	Having sexual intercourse is something only married couples should do.					
31.	Teenage pregnancy is a serious issue					
32.	Quality information is given to learners regarding sexuality					
33.	Sexuality is not something to be discussed with teenagers					

34.	Having sexual intercourse should be viewed as just a normal and expected part of teenage dating relationships.					
35.	It is a hassle to use condoms					
36.	The idea of using a condom doesn't appeal to me					
37.	With condoms, you can't really 'give yourself over' to your partner.					
38.	People who do not want to have sexual intercourse should have the right to say "No."					
39.	Generally, I am in favour of using condoms.					
40.	Using condoms interrupts sex play					
41.	''Safer sex'' reduces the mental pleasure of sex.					
42.	Condoms interferes with romance					
43.	The proper use of condom can enhance pleasure					
44.	Condoms are irritating					
45.	The risks of AIDS and other sexually transmitted diseases is reasonable enough for teenagers to avoid sexual intercourse before they are married.					
46.	I think 'safer' sex would get boring fast					
47.	It is against my values to have sexual intercourse while I am an unmarried teenagers.					

Questionnaire determining the knowledge of teachers towards implementation of sexuality education policy (Objective 1b)

Section A: Demographic details of Teachers

Instruction: Please respond to each item by marking (√ or x) one box per row

No	1tem	Response	Code
1.	Gender	. Male Female	1 2
2.	What is your age?	a. 25 -35years c. b.36 – 45years46-55 years d. 56 -60years	1 2 3 4.
3.	What is your religion?	a. Pentecostal b. Orthodox c. Adventist d. Moslem e. Traditionalist f. Others (please specify)----------	1 2 3 4 5 6
4.	What is your marital status?	a. Single	1
		b. Married	2
		c. Separated	3
		d. Divorced	4
		e. Widowed	5

SECTION B: Questionnaire on determining knowledge of teachers towards implementation of sexuality education policy (Objective 1b) **Please respond to each item by marking (√ or x) one box per row**

S/No	Items	Response	Code
6.	I need additional training on how to teach and incorporate the emotional aspect of human sexuality.	a. Yes b. No	1 2
7.	I need additional training on sexuality of adolescents	a. Yes b. No	1 2
8.	Teachers need to help adolescents develop skills in getting along with members of the opposite sex	c. Yes d. No	1 2
9.	Teachers need to discuss the role of the family in personal growth and development	a Yes b. No	1 2
10.	Adolescents should be thought about sexuality	a. Yes b. No	1 2
11.	I will not be comfortable teaching a class concerning sexuality	a. Yes b. No	1 2
12,	Teachers need to help adolescents understand their responsibilities to self, family and friends	a. Yes b. No	1 2
13.	The contents of the curriculum for sexuality education are difficult to teach	a. Yes b. No	1 2

SECTION C

Questionnaire on determining attitude of teachers towards implementation of comprehensive sexuality education policy (Objective 1b) Interpretation: 1=Strongly agree (SA); 2=Agree (A); 3=Neutral (N); 4=Disagree (D); 5=Strongly disagree (SD)

No	Item	Strongly Agree(SA)	Agree (A)	Neutral (N)	Disagree (D)	Strongly Disagree (SD)
14.	With all the information in the media, school sex education is no longer necessary.					
15.	My religion does not permit me to teach sexuality education in the school					
16.	The content of sex education should include abstinence -only and abstinence -plus based on mental maturation of students.					
17.	Sex education supposed to start as early as 9 years of age.					
18.	The content of sex education at early age of 9 years should include abstinence – only.					
19.	School sex education is very important for children and youth.					
20.	School sex education promotes earlier sexual involvement.					
21.	Sexuality is learned through life experiences and not in school.					
22.	Only biology teachers should provide sex education.					
23.	School sex education should be Obligatory.					
24	Sex education is an effective way to prevent abortion.					

25	Sex education should be provided by parents not by school.					
26	All teachers are responsible for sex education					
27	Young person should learn about sexuality from their own experiences.					
28	I would be embarrassed to teach about sexuality to my learners					
29	Learners should be discouraged from asking sexuality-related questions.					
30	Teachers who have strong religious beliefs about sexuality should teach those to their learners					

Questionnaire on determining the knowledge of parents towards implementation of sexuality education policy (Objective 1c)

Section A: Demographic Details of Parents

Instruction: Please respond to each item by marking (√ or x) one box per row

No	1tem	Response	Code
1.	Gender	. Male Female	1 2

2.	What is your age?	a. 25 -35years b.36 – 45years c. 46-55 years d. 56 -60years	1 2 3 4.
3.	What is your religion?	a. Pentecostal b. Orthodox c. Adventist d. Moslem e. Traditionalist f. Others please specify	1 2 3 4 5 6
4.	What is your marital status?	a. Single b. Married c. Separated d. Divorced e. Widowed	1 2 3 4 5
5.	What is your level of education?	a. Middle school certificate	1
		b. GCE 'O'	2
		c. A Level	3
		d. Diploma	4
		e.Advanced diploma	5
		e. Degree	6
		f. Masters	7
		g. PhD	8

SECTION B: Knowledge of parents on implementation of Comprehensive Sexuality Education Policy (Objective 1c). Please respond to each item by marking (√ or x) one box per row

S/N	ITEMS	Response	Code
6.	Sex education delay sexual debut (initiation) among school going students	a. Yes b. No	1 2
7.	Sex education increases awareness about HIV/AIDS among the youth	a. Yes b. No	1 2
8.	Sex education promotes condom use	a. Yes b. No	1 2
9.	Parents are expected to train their children on sexuality education	a. Yes b. No	1 2
10.	Sex education is not appropriate for secondary school students	a. Yes b. No	1 2
11.	Sex education prevents teenage pregnancy	a. Yes b. No	1 2
12.	The following are effective birth control methods: abstinence	a. Yes b. No	1 2
13.	Condoms	a. Yes b. No	1 2
14.	Oral contraceptives	a. Yes b. No	1 2
15.	Injectable contraceptives	a. Yes b. No	1 2
16.	Intra-uterine contraceptive device	a. Yes b No	1 2
17.	Using a condom at the same time as another form of contraceptive prevent both sexuality transmitted diseases and pregnancy	a. Yes b. No	1 2
18.	Pregnancy can result from a girl's first sexual intercourse	a. Yes b. No	1 2

SECTION C: Attitudes of parents on implementation of Comprehensive Sexuality Education Policy (Objective 1c) Please read each of the following statements carefully. Then tick (√) for each, whether you Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), or Strongly Disagree (SD).

S/N	Items	Strongly Agree SA	Agree A	Neutral N	Disagree D	Strongly Disagree SD
19.	Teaching of sex education is Something I always wanted to encourage.					
20.	Teaching of sex education is an important form of social service.					
21	Teaching of sex education is interesting because it deals with reality of life.					
22.	Teaching of sex education is good because it enlightens children about facts of life.					
23.	It encourages exploring the body.					
24.	Teaching of sex education is dull.					
25.	It promotes immoral behaviour.					
26.	Teaching of sex education is good because it gives a person the opportunity to correct misconception about the subject matter.					
27.	Teaching of sex education provides opportunity for proper counselling.					
28.	The teaching of sex education exposes student to immorality.					
29.	Teaching of sex education may not promote waywardness.					
30.	I am indifferent to the teaching of sex education to secondary school students.					
31.	It allows student to understand their body better.					
32.	Exposure of student to sex education will lead to experimentation.					
33.	Teaching of sex education may encourage spread of HIV/ AIDS.					
34.	Teaching of sex education to secondary school student should be discouraged.					
35.	My negative attitude to the teaching of sex education is because it is left in the hands of young teachers.					

36.	My attitude to its teaching is because of my own experience.					
37.	Teaching of sex education will be acceptable to me if female teachers can teach female students.					
38.	My attitude is a dictate of my belief.					
39.	Sex education should focus on safe sex.					
40.	Sex education should teach abstinence from sex.					
41	I will appreciate its teaching if handled by professionals.					

APPENDIX II: INTERVIEW GUIDE

TEACHERS' PERCEPTIONS ABOUT TEENAGE PREGNANCY

Interview Guide for exploring the perception of teachers regarding teenage pregnancy (objective 2 a).

Name of interviewee: ---------- Name of interviewer----------

Date of interview: ---------- Venue----------Time----------

8. How do you perceive teenage pregnancy in your school? Probe further to ask in details on how teenage pregnancy can be prevented in secondary schools',
9. What do you think must be done to improve teaching on prevention of teenage pregnancy?
10. What are your views on factors influencing teenage pregnancy in secondary schools?

APPENDIX III: INTERVIEW GUIDE: LEARNERS' PERCEPTIONS ABOUT TEENAGE PREGNANCY

Interview Guide for participants on the perception of learners regarding teenage pregnancy (Objective 2b)

1. **Name of interviewee: ---------- Age Range---------- Name of interviewer----------**
2. **Date of interview: ----------Venue----------Time----------**

1. Can you please tell me your perception on teenage pregnancy? Probe further to ask on learner's view on prevention of teenage pregnancy? Probe on how teenage pregnancy can be prevented.

2. Can you please tell me your view on prevention of teenage pregnancy? Probe on how teenage pregnancy can be prevented.

3. Explain how comprehensive sexuality education has affected you in term of prevention of teenage pregnancy? Probe How?

APPENDIX IV: INTERVIEW GUIDE: BARRIERS TO CSE AMONG GIRLS

Interview guide for exploring the perceived barriers of implementing CSE among girls at secondary school (Objective 3a).

Name of interviewee: ---------- Name of interviewer----------

Date of interview: ---------- Venue----------Time----------

1. What are the main barriers in implementing CSE policy? Probe how? Explain more?
2. Can you please tell me your view on barriers to prevention of teenage pregnancy in school? Probe further to ask on the impact that teenage pregnancy has on the academic goal and career.
3. In your opinion how do you feel when receiving lecture on sexuality education? Probe further to have their understanding of the concept of comprehensive sexuality education.
4. Can you explain any barriers that may affect CSE policy implementation? Probe How? What types of barriers?
5. Please can you tell me if comprehensive sexuality education is important as a subject in secondary school? Probe How?

APPENDIX V: INTERVIEW GUIDE: BARRIERS TO CSE AMONG TEACHERS

Interview guide for exploring the perceived barriers of implementing CSE among teachers (Objective 3b).

Name of interviewee: ---------- Name of interviewer----------

Date of interview: ---------- Venue----------Time----------

1. As a teacher explain your views on barriers of implementing CSE. What is your understanding of the concept of sexuality education?
2. As a teacher explain your views on barriers to your knowledge of preventing pregnancy in schools? Probe
3. How is the government policy affected the teaching of sexuality education in secondary schools?
4. How is the current curriculum of sexuality education affected your teaching style of the subject?

APPENDIX VI: INTERVIEW GUIDE: PARENTS' ATTITUDES AND BARRIERS TO CSE

Interviewing Guide for exploration and description of parental attitudes and perceived barriers to implementation of CSE policy (Objective 3)

1. Name of interviewee: ---------- Name of interviewer----------
2. Date of interview: ---------- Venue----------Time---------
3. Could you please explain your understanding of the concept of comprehensive sexuality education? The probing questions follow for each answer given by the participant to elicit for more detail information and understanding
4. What are the norms and beliefs about comprehensive sexuality education in your community? Probe
5. As a parent explain your view towards implementation of comprehensive sexuality education policy among secondary school learners. (Probe on agree or disagree with CSE policy implementation for secondary school students).
6. Explain your involvement in teaching of comprehensive sexuality education to your teenage children at home? Probe How?
7. What can you say about their reactions when discussing comprehensive sexuality education with them?
8. Can you explain the impact which government policy on comprehensive sexuality education can have on prevention of teenage pregnancy?
9. Can you explain any barriers that may affect CSE policy implementation? Probe How? What types of barriers?

APPENDIX VII: DELPHI TECHNIQUE QUESTIONS:

(Objective 5). To develop strategy for implementation of comprehensive sexuality education policy in preventing teenage pregnancy.

This aspect of questions were asked from the stakeholders like the Commissioner for Education or his representative, Curriculum developer, Chairmen of LGAs, Local inspectors of Education in LGAs, Principals of the school, teachers, learners and Chairman of PTA (The Key Informant for PTA representing all the three local government. The questions that will be asked will depend on the results from the survey study and qualitative study.

The responses were summarised and collated while some irrelevant material were removed and common view points are noted in order to reach consensus

Finally, agree and disagree checklist were given to the participants to reach the consensus for approval of the strategy to be used for implementation and maintenance of the comprehensive sexuality education for secondary school learner in Oyo LGAs of Oyo State

OPEN ENDED QUESTIONS: ROUND ONE

1. What is your opinion of the draft strategy on the prevention of teenage pregnancy and implementation of comprehensive sexuality education policy?

2. What is your opinion on the draft strategy on how government can provide additional training for teachers to teach CSE and incorporate the emotional aspect of human sexuality?

3. What is your opinion of the draft strategy on how learners' can develop a positive attitude towards implementation of CSE policy?

4. Looking at the draft strategy can you suggest what should be the roles of Parents in the implementation of CSE policy?

5. What is your view on the draft strategy on the part how parental collaboration and discussion with the principal will improve the modality of CSE policy implementation?

6. Looking at the draft strategy, explain your view on how government provision of sufficient teachers or counsellors will improve implementation of CSE policy?

7. Referring to the draft strategy, describe your opinion on how government's provision of instructional materials to teach CSE and proper monitoring of the policy will improve implementation of CSE policy?

8. The draft strategy suggest early inclusion of CSE, what is your view on early inclusion of sexuality education and moral talk as a subject in secondary school?

9. The draft strategy promote the creation of CSE centers for learners, what is your opinion on creation of CSE centers for learners for training and enlightenment on sexuality education?

10. The strategy suggest making CSE compulsory subject, explain how does making CSE a compulsory and a separate subject improve implementation of CSE policy in secondary schools?

11. Referring to the draft strategy, explain your opinion on how government motivation or provision of incentives for the teachers will improve the implementation of CSE policy?

12. The draft strategy suggest separation of CSE subject from the rest of the core subjects, explain what your opinion is on how separation of CSE subject from other curriculum will improve implementation of the CSE policy?

APPENDIX VIII: INFORMATION SHEET FOR LEARNERS, TEACHERS AND PARENTS

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9346, Fax: 27 21-959 2679

E-mail: 3569289**@myuwc.ac.za**

Project Title: Developing strategy to improve the implementation of comprehensive sexuality education policy in Oyo state secondary schools in Nigeria

What is this study about?

This is a research project being conducted by Mrs Makinde Olufemi Yinyinola at the University of the Western Cape. We are inviting you to participate in this research project because your contribution is valuable in understanding the implementation of the comprehensive sexuality education policy in preventing teenage pregnancy in Oyo State secondary schools Nigeria. The purpose of this research project is developing an strategy for implementation of the CSE policy to prevent teen age pregnancy at secondary schools, in three LGAs in Oyo State Nigeria. **What will I be asked to do if I agree to participate?**

You will be asked to fill the questionnaire and/or you may also be interviewed to provide information about the study. You will be asked to complete an anonymous questionnaire consisting of 3 Sections. The sections will cover knowledge and attitude you may have about implementation of comprehensive sexuality education

policy in preventing teenage pregnancy. The study will take place in the classrooms after school hours. The questionnaire will take approximately 30 minutes to complete. Once you have completed the questionnaire you will need to return it in the self-sealing envelope, to the researcher. You may be one of the selected respondents to be interviewed about perceived barriers of implementation of CSE policy in the school.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, the surveys are anonymous and will not contain information that may personally identify you, such as name. A code will be placed on the survey and other collected data, through the use of an identification key, the researcher will be able to link your survey to your identity; and only the researcher will have access to the identification key.

To ensure your confidentiality, all information obtained during the data collection process is kept confidential and cannot be linked to the participants' identity. Participant names mentioned during the interview will not be used when transcribing the interviews; it will be indicated by using participant A or B etc. The information will be entered into a computer that will be password protected and can only be accessed by the researcher and supervisor. No unauthorised access to the data will be allowed. Tape recorded interviews will be kept safe under lock and key in a cupboard until the research report is completed and be disposed off according to the protocol of UWC after five years. Participants will be assured that their identities will be maintained anonymous during the dissemination of the findings and publications. If

we write a report or article about this research project, your identity will remain protected.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimize such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Due to the sensitive nature of disclosing related information on sexuality education, you may be reminded of experiences that may be upsetting. In this regard, should you require counselling after completion of the questionnaire, you will be referred to the prearranged counselling services**.** Participants will be informed of any potential risk they might face in participating in the study. The services of a psychologist or a counsellor will be sought to manage participants who may develop emotion stress. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about consequences of non-implementation of CSE policy. The outcome of this study is expected to be a valuable tool in guiding learners on how to prevent teenage pregnancy through CSE policy implementation. The results of the study will provide relevant information to parents and teachers to understand the need to implement the approved CSE policy in the schools. The results of this study will also inform the policymakers on a clearer picture of how CSE policy is implemented.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. Participation in the research is not a course requirement.

What if I have questions?

This research is being conducted by ***Makinde Olufemi Yinyinola*** School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact ***Makinde Olufemi Yinyinola*** at: **08060053753 or 3569289@myuwc.ac.za. University of the Western Cape School of Nursing.** Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. J. Chipps

Acting Director: School of Nursing

University of the Western Cape Private Bag X17 Bellville 7535 jchipps@uwc.ac.za

Prof A. Rhoda

Dean of the Faculty of Community and

Health Sciences Private Bag X17 Bellville 7535

University of the Western Cape

APPENDIX IX**: CONSENT FORM -** TEACHERS AND **PARENTS**

Private Bag X17, Bellville 7535 chs-deansoffice@uwc.ac.za

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9346, Fax: 27 21-959 2679

E-mail: 3569289**@myuwc.ac.za**

Title of Research Project: **Developing strategy to improve the implementation of comprehensive sexuality education policy in Oyo state secondary schools in Nigeria**

The study has been described to me in language that I understand. I will be asked to fill the questionnaire and/or you may also be interviewed to provide information about the study. The information collected from me during the interview will be audio-taped. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……

Participant's signature …….

Date……

APPENDIX X: ASSENT FORM FOR LEARNERS

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9346, Fax: 27 21-959 2679

E-mail: 3569289**@myuwc.ac.za**

ASSENT FORM

Title of Research Project: **Developing strategy to improve the implementation of comprehensive sexuality education policy in Oyo state secondary schools in Nigeria**

The study has been described to me in language that I understand. I will be asked to fill the questionnaire and/or you may also be interviewed to provide information about the study. The information collected from me during the interview will be audio-taped. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. My parent also agrees that I should participate in this study. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……

Participant's signature …….

Date……

APPENDIX XI: RESEARCH ETHICS CLEARANCE

OFFICE OF THE DIRECTOR: RESEARCH AND INNOVATION DIVISION

Private Bag X17,

Bellville 7535 South Africa

T: +27 21 959 2988/2948

F: +27 21 959 3170 E: research-ethics@uwc.ac.za

www.uwc.ac.za

09 February 2018

Mrs O Makinde

School of Nursing

Faculty of Community and Health Sciences

Ethics Reference Number: HS17/10/15

Project Title: Developing strategy to improve the implementation of comprehensive sexuality education policy in Oyo state secondary schools in Nigeria.

Approval Period: 08 February 2018 – 8 February 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above-mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias

Research Ethics Committee Officer

University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

APPENDIX XII: ETHICS/PERMISSION FROM NIGERIA

OFFICE OF THE HEAD OF SERVICE

GOVERNOR'S OFFICE, IBADAN
Oyo State of Nigeria
☎ 02-8103721

Your Ref. No......
All Communications should be addressed to the Head of Service quoting
Our Ref. No. MPS.80/Vol.XXX1X/66

7th November, 2016

The Permanent Secretary,
Teaching Service Commission,
Secretariat,
Ibadan.

Attention: Director (Admin. & Supplies)

RE: PERMISSION TO COLLECT DATA

I have the directives to inform you that His Honour, the Head of Service, has graciously approved the request the following students, to collect relevant data to conduct academic research work as tabulated.

S/No	NAME	INSTITUTION	RESEARCH WORK TITLE
1.	Makinde Olufemi Yinyinola	University of Western Cape, South Africa	Implementation of Sexuality Education Policy for Secondary Schools Students in Oyo State
2.	Thomas Akinbayo Adigun	Babcock University, Ilishan - Remo	Motivational Factors, Library Resources Utilization and Academic Performance of Students in Public Secondary Schools in Oyo State.
3.	Oyerinde Oyebola Olajumoke	University of Ilorin	Influence of Home Variables on Academic Performance of Social Studies Students in Junior Secondary Schools in Ogbomosho, Oyo State.
4.	Ojuge Livian E. Folorunsho	University of Ibadan	Bureaucratic Structure and Employee's Performance among Civil Servants in Oyo State.
5.	Ambali Khadijat Adejoke	University of Ibadan	Request for the Analysis of Mock and WAEC results

2. Kindly assist the five (5) numbers students accordingly.
3. With kindest regards.

Modupe Adesina (Mrs)
Director (Manpower Development/
Management Planning Services)
for: Head of Service

OYO STATE
TEACHING SERVICE

POST PRIMARY SCHOOLS
COMMISSION

OYO ZONAL OFFICE,
Opp. Ajayi Crowther University
Main Gate, Oyo

Your Ref. No.....
All communications on this matter should be addressed to the Chairman Teaching Service Commission quoting:

Our Ref. No.....

14th Dec. 20 17

TO ALL PRINCIPALS OF SCHOOLS

You are hereby notified that the bearer has gotten approval from the Headquarter to be allowed to conduct his/her academic research work with your assistance.

Kindly give him/her the needed assistance.

Thank you.

04/12/17

Odebunmi, O.T.
Director (General Service)
Director
(General Service)
TESCOM ZONAL OFFICE
OYO

APPENDIX XIII: EDITING CERTIFICATE

To Whom It May Concern
School of Nursing
University of the Western Cape

Editing of a Doctoral Thesis

I, Marietjie Alfreda Woods, hereby certify that I have completed the editing and correction of the doctoral thesis: **Developing strategy to improve the implementation of comprehensive sexuality education policy in Oyo State secondary school in Nigeria** by **Makinde Olufemi Yinyinola** submitted in fulfilment of the requirements of the degree **Philosophiae Doctor in Nursing in the School of Nursing, University of the Western Cape.**

It is believed that the thesis meets with the grammatical and linguistic requirements for a document of this nature.

Name of Editor: Marietjie Alfreda Woods

Qualifications: BA (Hons) (Wits)

Copy-editing and Proofreading (UCT)

Accredited Text Editor (English) (Professional Editors' Guild)

Signature:

Contact Number: 083 312 6310

Email address: rickywoods604@gmail.com

Date Issued: 12 May 2022

APPENDIX XIV: EXPLORATORY FACTOR ANALYSES

Pearson Correlation Coefficients among the original 25 items (N=137, List wise)

		C23	C24	C25	C26	C27	C28	C29	C30	C31	C32	C33	C34	C35
C23	Sexuality educa tion is not given enough emphasis in schools	1												
C24	Sexuality education is an important aspect of one's life	.258**	1											
C25	Sexuality education is not a waste of time	-.366**	-.370**	1										
C26	Sexuality education is over emphasised in the community	-.182*	-.176*	.325**	1									
C27	Parents should not be involved in sexuality educa Tion	-0.076	.204*	-0.089	0.000	1								
C28	Sexuality education helps learners make informed decisions about sexual behaviour	0.053	.356**	-.295**	-.204*	.290**	1							
C29	It is all right for teenagers to have sexual intercourse before they're married if they are in love	-.182*	0.008	0.032	0.142	.445**	0.103	1						
C30	Having sexual inter course is some thing only married couples should do.	0.120	.207*	-.228**	0.100	0.162	0.132	.247**	1					
C31	Teen age preg nancy is a serious issue	0.163	.251**	-.221**	-0.148	0.120	.180*	0.049	.237**	1				
C32	Quality infor mation is given to learners regarding sexuality	-.192*	-0.078	.331**	0.073	0.019	0.006	-0.005	-0.053	-0.043	1			
C33	Sexuality is not some thing to be discussed with teenagers	0.039	-0.125	-0.042	0.041	-0.041	0.091	0.131	-0.042	0.019	-0.083	1		
C34	Having sexual inter course should be viewed as just a normal and expec ted part of teenage dating	0.095	0.112	-0.122	0.032	.382**	0.126	.416**	.226**	0.126	-0.048	0.163	1	

C35	It is a hassle to use condoms	0.020	-0.010	0.148	0.154	.250**	0.041	0.109	-0.124	0.050	0.016	0.026	0.063	1
C36	The idea of using a condom doesn't appeal to me	-0.021	-0.094	0.022	0.010	0.112	-0.071	-0.017	-0.148	0.116	0.105	0.057	0.020	348**
C37	With condoms you can't really 'give yourself over' to your partner	0.031	0.088	-0.035	-0.077	-0.052	-0.100	-0.083	0.074	0.023	-0.010	-.222**	-.235**	-0.117
C38	People who do not want to have sexual intercourse should have the right to say 'No'.	0.103	.214*	-.297**	-0.063	.192*	.234**	.207*	.299**	.386**	-0.011	-0.135	.213*	0.040
C39	Generally, I am in favour of using condoms.	0.083	0.090	0.024	0.013	-.374**	-0.082	-.446**	-0.149	-0.040	-0.061	-0.144	-.462**	-.307**
C40	Using condoms interrupts sex play.	-0.126	-0.109	-0.030	-0.053	0.093	0.006	0.081	-0.148	-0.071	-0.086	0.072	.245**	0.051
C41	'Safer sex' reduces the mental pleasure of sex.	-0.163	-0.132	.211*	.250**	.195*	-0.133	.273**	0.025	-0.078	0.012	0.015	0.146	.276**
C42	Condoms interfere with romance	-.272**	-.199*	.278**	.221**	0.095	-0.118	0.078	0.109	-.207*	0.036	.193*	0.133	0.081
C43	The proper use of condoms can enhance pleasure.	.178*	.359**	-.193*	-0.150	-0.042	.205*	-0.162	-.182*	0.111	-0.151	-0.070	-0.129	-0.063
C44	Condoms are irritating.	-0.026	-0.131	0.079	0.148	.183*	0.030	0.141	0.054	-0.040	-0.016	.394**	.283**	.205*
C45	The risks of AIDS and other sexually transmitted diseases is reason able enough for teenagers to avoid sexual inter course before they are married.	-0.125	-.394**	.174*	0.017	-.387**	-.252**	-.238**	-.306**	-0.046	0.118	0.086	-0.164	-0.028
C46	I think 'safer' sex would get boring fast.	-0.134	-0.127	0.116	0.084	.169*	-0.123	.217*	0.007	-.176*	0.162	0.124	0.061	0.011
C47	It is against my values to have sexual inter course while I am an unmarried teenager.	0.147	.270**	-.298**	-0.106	.232**	.310**	0.134	.260**	.299**	-0.097	0.056	.295**	-0.099

		C36	C37	C38	C39	C40	C41	C42	C43	C44	C45	C46	C47
C36	The idea of using a condom doesn't appeal to me.	1											
C37	With condoms, you can't really 'give yourself over' to your partner.	-0.044	1										
C38	People who do not want to have sexual intercourse should have the right to say "No."	-0.027	0.013	1									
C39	Generally, I am in favour of using condoms.	-0.057	.196*	-.277**	1								
C40	Using condoms interrupts sex play.	.239**	-.177*	-0.087	-.179*	1							
C41	''Safer sex'' reduces the mental pleasure of sex.	0.168	-.179*	-0.043	-.350**	.253**	1						
C42	Condoms interferes with romance.	0.029	-0.147	-0.161	-0.151	0.026	0.152	1					
C43	The proper use of condom can enhance pleasure.	-0.050	.200*	0.082	0.132	-0.025	-.276**	-.277**	1				
C44	Condoms are irritating.	0.057	-.324**	-.210*	-.338**	0.146	.336**	.464**	-.235**	1			
C45	The risks of AIDS and other sexually transmitted diseases is reasonable enough for teenagers to avoid sexual intercourse before they are married.	.336**	-0.126	-.422**	0.068	.263**	0.063	0.066	-0.070	0.143	1		
C46	I think 'safer' sex would get boring fast.	-0.014	-0.099	-.196*	-.172*	0.030	.209*	.368**	-0.117	.354**	0.030	1	
C47	It is against my values to have sexual intercourse while I am an unmarried teenagers.	-.170*	0.051	.251**	-0.112	0.078	-0.135	-0.035	0.111	0.014	-.210*	0.006	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

APPENDIX XV: POPULATION AND SAMPLES

Estimation of Population and Sampled Teachers, Learners and parents at 6 sampled senior secondary schools in three LGAs of Oyo Township.

S/N	Name of the 6 Selected senior secondary schools from population of 12 SSSs in 3 LGAs in Oyo	Population of Grade-12 learners for 12 SSSs Classes **N =768 for learners** **N=768 for parents** **N=192 for Teachers**	Sample Size of Grade 12 learners for 6 SSSs classes **n=137** learners **n=136** parents **n= 60** teachers
1	Durbar Grammar School Durbar Oyo East LGA	64 16 64	23 10 23
2	Abiodun Atiba Memorial Secondary School Oyo East LGA	64 16 64	23 10 23
3	Isale Oyo Community Grammar School Oyo Atiba LGA	64 16 64	23 10 23
4	Comm. Sec. School (Senior. 2), Oke-Olola, Atiba LGA	64 16 64	23 10 23
5	A. U. D. Gramm. School (Senior. I), Opapa, Oyo West LGA	64 16 64	23 10 23
6	Ojongbodu Grammar School Senior Oyo West LGA	64 16 64	23 10 23
	Total	**N=768 for learners N=768 for parents** **N=192 for teachers**	**n=137 learners** **n=136 parents** **n=60 teachers**