

PERCEPTION OF PARENTS TOWARD SEXUALITY EDUCATION IN ILORIN METROPOLIS, KWARA STATE

BY

Shittu, Halimah I.B: Department of Nursing Sciences, Faculty of Clinical Sciences, University of Ilorin,
Ilorin, Nigeria

Onasoga Olayinka A.: Department of Nursing Sciences, Faculty of Clinical Sciences, University of Ilorin,
Ilorin, Nigeria; E-mail: yinka_onasoga@yahoo.com or onasoga.aa@unilorin.edu.ng

Shittu, Baqir M: Department of Nursing Sciences, Faculty of Clinical Sciences, University of Ilorin, Ilorin,
Nigeria; E-mail: halimah4gold@gmail.com or shittu.hib@unilorin.edu.ng

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Oyewumi, Funso C: Adéyemí University of Education, Ondo

Abstract

High prevalence of early sexual exposure among teenagers calls for urgent interventions such as sexuality education to children in schools to stem the trends. However, Nigerians are divided over giving of sexuality education to children in schools. A cross-sectional descriptive design was used; target population were parents in Ilorin metropolis (Ilorin East, South and West) Kwara State, Nigeria. Three hundred and eighty-five respondents were selected using multi-stage sampling technique, 19 items validated questionnaire was used for data collection. Data were analyzed using descriptive statistics in the form of frequencies percentages and means. The results revealed that majority of the parents want sexuality education to be taught at all level in secondary school. However, some parents believed that sexuality education should be introduced in primary school. Most of the respondents perceived sexuality education provision as the responsibility of parents, school and government at large. Most preferred person for sexuality education in school is health education teacher. It was recommended that, sexuality education should start from primary school through secondary school and Federal Ministry of Education should include comprehensive sexuality education curriculum in teacher/educator training programme.

Keywords: Parent, Perception, Sexuality and Education

Introduction

Nigerians are divided over giving of sexuality education to children in schools, survey in some South West states and Kwara state has revealed. High prevalence of early sexual exposure among students calls for urgent interventions to stem the trends; this will help to reduce the devastating negative psycho-social and health sequels (Durowade et al., 2017). Early sexual debut is said to be associated with unintended pregnancy which is frequently associated with significant social, psychological, relational, educational and economic burdens both for young people themselves and the next generation (Tucho et al., 2022; Ahinkorah et al., 2021; Tenkorang et al., 2021; Yazdkhasti et al., 2015). Parent have a moral duty to sex educates their children on danger of early sexual debut (Mwau, 2021).

Adolescent pregnancy and childbirth continue to be regarded as a significant contributor to maternal and child mortality as well as to cycles of compromised health and poverty. This is underpinned by socio-economic factors before and after pregnancy rather than the biological effects of young maternal age (Noori et al., 2022). Woog and Kågesten (2017) reported that adolescent girls in developing countries had an estimate of 777000 births with 58 percent of them taking place in Africa, 28 percent in Asia, and 14 percent in Latin America and the Caribbean. Furthermore, more than one-third of these births were unplanned and most of them took place in the context of marriage. According to UNICEF (2018) about one-third of the girls in low- and middle-income countries will most likely be married before age 18 and less than 10% of these girls will get married before they attain 15 years of age. This implies that over 12 million girls under the age of 18 become child brides annually (Malhotra & Elnakib, 2021; Yaya et al., 2019). Comprehensive sexuality education that addresses gender norms, human rights, and power within relationships, can help reduce child marriage and unplanned pregnancies by equipping young people with skills to navigate their sexualities and take control over their lives.

Centre for Disease Control (CDC, 2016), reported that young people are a key vulnerable group for sexually transmitted infections (STIs) and are more likely than any other age group to be diagnosed with a STI. For the individual, the psychological, social and physical ramifications of an STI can be significant and for governments STIs incur substantial economic costs. Research conducted in Kwara state on sexual activities and practice of abortion among adolescent by Babatunde et al., (2014) revealed that early introduction of sex education and use of contraception in schools will help to reduce teenage pregnancy and its consequences. Furthermore, Baku et al., (2018) stated that it is important for parents to discuss sexual topics with adolescents to prevent exposure to early sex, pregnancy, and sexually transmitted diseases. Although girls are more vulnerable than boys, both sexes need education on sexuality, and it will be much easier for such an education to be effective if parents get closer to their children and start discussions about sexuality issues with them at a younger age.

According to Esuabana (2017) sex in a modern generation like ours is a word whose meaning is perceived to be well understood by people of all classes, irrespective of age, gender or religious differences". However, there is a common perception among parents and older people who strongly resent talking to younger ones about sex (Pariera & Brody, 2018). Furthermore, traditionally, Nigerian parents believe that the best way to prevent sexual immorality among youths is by keeping them in complete ignorance of sexual issues (Esan & Bayajidda 2021). Esuabana (2017) stated that in Nigeria, not much has been formerly done either in school or society to be identified as a modern approach to sex education. As it was, children obeyed their parents 'instructions' and both boys and girls cherished chastity.

Esuabana (2017) revealed that parental perception of the teaching of sex education is significantly negative. Both male and female parents perceived that teaching sex education to adolescents' amount to encouraging immorality. The researcher was of opinion that parental strong resentment towards the teaching of sex education to adolescents in secondary school is as a result of the parental strong inclination to religion doctrines and cultural believes inherited from their gone parents. Bastien et al., (2011) stated that there should be mutual consent between parents and adolescents concerning sexuality discussions such that a dialogue may ensue rather than it being a unidirectional communication. It is significant for parents to talk with their adolescent children to break the tradition of silence of talking about sexuality. Therefore, the aim of this study is to assess general perception of parents about sexuality education, how it should be taught, and at what level/class; as well as whose responsibility is sexuality education of children in Kwara State schools.

Objectives of the Study

1. To assess general perception of parents about sexuality education to children
2. To assess perception of parent on the aspect of comprehensive sexuality education necessary in primary school
3. To assess perception of parent on the aspect of comprehensive sexuality education necessary in secondary school
4. To assess perception of parents about who to provide sexuality education in schools.

Research Question

1. What is the general perception of parents about sexuality education to children
2. What is perception of parent on the aspect of comprehensive sexuality education necessary in primary school
3. What is perception of parent on the aspect of comprehensive sexuality education necessary in secondary school
4. What is perception of parents about who to provide sexuality education in schools.

Methodology

A descriptive cross-sectional quantitative survey was employed to assess perception of sexuality education among parents in Ilorin metropolis. The study was carried out in Ilorin metropolis which is the state capital of Kwara in North central Nigeria. According to world population review (2019) Ilorin metropolis has population of 814,192. There are three local Governments in Ilorin Metropolis which are Ilorin East, South and West. The six settings used are Iponrin, Shofoluwe, Pipeline, IleAlaja, Ita-Alamu and Saw mill. A multi-stage sampling technique was used in recruiting a sample size of 385 parents from six communities in three LGAs in Ilorin

metropolis. The instrument used for data collection was pretested questionnaire which consists of five sections. Section A consists of seven questions and was designed to elicit information on socio demographic characteristics of the respondents, Section B consist of 4 subsections questions Liker scale used to elicit information. In subsection 1, eight questions on parents' general perception, at what level do parents think sex education should be taught in primary and secondary schools, and who is to be responsible for it. In subsections 2, nine questions were asked on aspect of curriculum parents feel is pertinent to be included in primary school curriculum, in subsection 3, nineteen questions were asked on aspect of curriculum parents feel is pertinent to be included in secondary school curriculum. Questions were group into key concepts of sexuality education which are, Human development, Relationship, Personal skill, Society and culture, Sexual behavior and sexual health. Subsection 4 was designed to elicit information on who should provide sex education information.

Face and content validity of the instrument was done by experts in the field of study while the reliability of the instrument was measured using Cronbach Alpha which showed a score of 0.82. This indicates that the questionnaire is reliable. Ethical Approval was obtained from ethical research committee of Kwara State Ministry of Health. Inform consent information form was giving to the participants prior to filling of the questionnaire. The study was made voluntary and participants were informed of their right to withdraw from the study. The confidentiality of the study participants was maintained and data generated was under the lock and key, under the custody of researcher. The data collected were compiled, inputed into computer using statistical product and service solution (SPSS) software version 26 and result were presented using descriptive statistics in the form of frequency table, percentages, mean and standard deviation

Results

Table 1: Socio Demographic characteristics of the respondent (n=385)

VARIABLE	Frequency	Percent	X	SD
Age				
20-30 (Years)	60	15.6	X=40.62	SD=8.951
31-40	153	39.7		
41-50	121	31.4		
51-60	46	11.9		
61-70	5	1.3		
Parental status				
Mother	261	67.8		
Father	117	30.4		
Guardian	7.	1.8		
Marital status				
Married	363	94.3		
Divorce	5	1.3		
Widow	12	3.1		
Separated	5.0	1.3		
No of children				
1-2	126	33	X=3.18	SD=1.365
3-4	205	53.		
5-6	48	12..		
>7	6	2.0		
Religion				
Christianity	165	42.9		
Islam	218	56.6		
Traditional	2	.5		

Education		
None	1	0.3
Primary	8	2.1
Secondary	52	13.5
Tertiary	324	84.2
Occupation		
Civil Servant	124	32.0
Teacher	105	27.0
Health Worker	46	12.0
Self Employed	26	7.0
Not Working	6	1.6
Retired	6	1.6
Factory Worker	43	11.2
Business Person	29	7.5

Table 1 described the socio demographic characteristics of the respondents. The result from the study showed that 153 (39.7%) were within the aged 31-40 years. Most of the respondents 261 (67.8%) were mothers, almost all of the respondents 363 (94.3%) were married. Most of the respondent 205 (53.2%) had 3-4 children, more than half 218 (56.6%) practiced Islam, majority 324 (84.2%) had attained tertiary level of education and 124 (32.2%) of the respondents were civil servants.

Research Question one: What is the general perception of parents about sexuality education

Table 2: Distribution of general perception of parents about sexuality education (n=385)

Variable	SA F (%)	A F (%)	UD F (%)	NA F (%)	SNA F (%)	Mean
Sex education to be taught at all level in primary school	142(36.9)	104(27.0)	19(4.9)	59(15.3)	61(15.8)	3.54
Taught At all level in secondary school	221(57.4)	129(35.5)	11(2.9)	14(3.6)	10(2.6)	4.52
Taught secretly	56(14.5)	82(21.3)	41(10.6)	91(23.6)	115(29.8)	2.67
Taught as a separate subject	131(34.0)	156(40.5)	47(12.2)	25(6.5)	26(6.8)	3.89
Taught along with other subjects in schools e.g. Biology	157(40.8)	157(40.8)	34(8.8)	25(6.5)	12(3.1)	4.23
Parent responsibility	191(49.6)	142(36.9)	20(5.2)	14(3.6)	18(4.7)	4.23
Government responsibility	156(40.5)	154(40.0)	38(9.9)	25(6.5)	12(3.1)	4.08
School responsibility	113(29.4)	165(42.9)	43(11.2)	33(8.6)	31(8.1)	3.87
Aggregate mean percentage	38.0	35.4	8.3	9.3	9.0	
Aggregate mean score	3.87					

SA=strongly agree =5. A=Agreed=4 UD=undecided =3 NA=Not Agree=2 SNA=strongly not agreed=1
Mean>3=Good perception. Mean<3=poor perception Aggregate Mean = 3.87 this shows that perception of parent about sexuality education is good

Table 2 shows that majority (63.9%) of the respondent agreed that sexuality education should be taught at all level in primary school majority (92.9%) also agreed that sexuality education should be taught in secondary school, more than half (54%) of respondent do not agree that sexuality education should be taught secretly, (81.6%) of the respondent agreed that sexuality education should be taught along with other subjects in school, almost all the respondent (86.9%) agreed that sexuality education is the parents responsibility, (80.5%) of respondent agreed that sexuality education is the government responsibility while 72.2% of respondent agreed that it is the school's responsibility.

Research Question two: What is perception of parent on the aspect of comprehensive sexuality education necessary in primary school

Table 3: Distribution of Parents view on the aspect of comprehensive sexuality education that they feel are pertinent for their children to learn in primary school (n=385)

Variable	SA	A	UD	NA	SNA	Mean
	F (%)	F (%)	F (%)	F (%)	F (%)	
Human Development	197(51.2)	143(37.1)	21(5.4)	14(3.6)	10(2.4)	4.26
Relationship	177(46.1)	135(35.1)	27(7.1)	26(6.6)	20(5.0)	4.10
Personal skill	224(58.2)	128(33.2)	20(5.2)	05(1.3)	08(2.1)	3.10
Society and culture	171(44.4)	156(40.5)	27(7.0)	19(4.9)	12(3.1)	4.18
Sexual behavior	184(47.6)	150(39.0)	17(4.4)	18(4.7)	16(4.2)	4.22
Aggregate percentage	50	37	6	4	3	
Aggregate mean score =	3.97					

SA=strongly agree =5. A=Agreed=4 UD=undecided =3 NA=Not Agree=2 SNA=strongly not agreed=1 Mean>3=Good perception. Mean<3=poor perception Aggregate Mean = 3.97 this shows that views of Parent About inclusion of Sexuality Education key concepts topics in primary school curriculum is good

Table 3 showed that majority of respondent 340 (88%) agreed that human development topics which include learning about body parts, body changes, identity, and transition to puberty should be included in primary school, majority 312.5(81.16%) agreed that topics related to relationships should be included in primary school, majority 352(91.4%) want Personal skills topics to be included in primary school curriculum and majority 334 (86.7%) wants sexual behavior topic to also be included.

Research Question three: What is perception of parent on the aspect of comprehensive sexuality education necessary in secondary school

Table 4: Distribution of Parents views on the aspect of comprehensive sexuality education that they feel are pertinent for their children to learn in secondary school. (n=385)

Variable	SA	A	UD	NA	SNA	Mean
	F (%)	F (%)	F (%)	F (%)	F (%)	
Human development	223(57.7)	135(35.1)	16(4.1)	6.0(1.2)	5.0(1.4)	4.50
Personal skill	202(52.4)	143(37.2)	23(6.0)	10(2.5)	7.0(1.8)	4.36
Society and culture	248(64.4)	122(31.7)	7.0(1.8)	2.0(0.5)	6.0(1.6)	4.57
Sexual health	194(50.3)	136(35.2)	24(6.3)	14(3.7)	17(4.5)	4.28
Sexual behavior	180(46.7)	141(36.5)	29(7.5)	18(4.7)	17(4.6)	4.14
Aggregate mean						
Percentage	54	35	5.0	3.0	3.0	21.85
Aggregate mean score	4.3					

SA=strongly agree =5. A=Agreed=4 UD=undecided =3 NA=Not Agree=2 SNA=Strongly not agreed=1 Mean>3=Good perception. Mean<3=poor perception Aggregate Mean = 3.97 this shows that views of Parent About aspect of Sexuality Education key concepts topics in secondary school curriculum is good.

Table 4 revealed that almost all the respondent 358 (93%) accepted the inclusion of Human developments topic in secondary school, majority of the respondents 345 (89.6%) accepted that topics related to Personal Skill should be included in secondary school, almost all the respondent 370 (96%) accepted that the topics related to Society and culture should be included in secondary school curriculum, most of respondents 329(85%) wish that Sexual health topics should be included in secondary school curriculum while most of the respondent 321 (83%) accepted that topic related to Sexual behavior should be part of sexuality education topic in secondary school.

Research Question four: What is perception of parents on who should provide Sexuality Education in Schools

Table 5: Opinion of Parents on who should provide Sexuality Education in Schools (n=385)

Variable	SA	A	UD	NA	SNA	Mean
	F (%)	F (%)	F (%)	F (%)	F (%)	
Health Education Teacher	196(50.9)	152(39.5)	15(3.9)	15(3.9)	7(1.8)	4.34
School Nurse	148(38.4)	180(46.8)	25(6.5)	20(5.2)	12(3.1)	4.12
School guidance and counseling	152(39.5)	179(46.5)	22(5.7)	14(3.6)	18(4.7)	3.66
Physical Education Teacher	105(27.3)	161(41.8)	40(10.4)	41(10.6)	38(9.9)	4.15
Biology Teacher	156(40.5)	178(46.2)	21(5.5)	14(3.6)	16(4.2)	4.02
Integrated Teacher	140(36.4)	179(46.5)	23(6.0)	20(5.2)	23(6.0)	4.14
Invited Personnel	165(42.9)	163(42.3)	24(6.2)	13(3.4)	20(5.20)	4.22
Invited Medical Doctor	173(44.9)	167(43.4)	19(4.9)	9(2.3)	17(4.4)	3.92
Invited parents	135(35.1)	169(43.9)	25(6.5)	26(6.8)	30(7.8)	3.67
Aggregate mean percentage	39.5	44.1	6.2	5.0	5.2	
Aggregate mean score=			4.07			

SA=strongly agree=5 A=Agreed=4 UD=undecided =3 NA==Not Agree =2 SNA=Strongly not agreed =1 Mean>3=Good perception. Mean<3=poor perception Aggregate Mean = 4.07 this shows that Perception of Parent About who should provide Sexuality Education concepts in primary and secondary school is good.

Table5 above showed that majority 348 (90.4%) of the respondents was of the opinion that health education Teacher should provide sexuality education in the school, followed by invited Medical doctor340 (88.3),followed by School Nurse(85.2%), followed by Invited personnel (85.2%) followed by Integrated science Teacher(82.9%) and followed by invited parents (79%)

Discussion

The findings from this study revealed that about 40% of the respondents were between 31-40 years and less than half of the respondents (31.4%) were aged between 41-50 years which is contrary to study done by Esohe and PeterInyang (2015) in which higher percentage were between ages 41-50. The study revealed that majority (67.8%) of the respondents were mothers which is in line with the findings of previous study which revealed that majority (57.3%) of respondents were females (Esobe & PeterInyang 2015).

The study also revealed that parent’s general view on sexuality education was good and majority of respondents want sex education to be taught at all level in secondary school. This is in line previous studies carried out in Ghana and Nigeria where higher percentage of the parents were of the view that sex education should start from the first year in secondary schools (Nyarko et al., 2014; Esohe & Peterlyang (2015). However, some parent’s belief sex education should be taught in Primary school. This may be as a result of the fact that development occurs faster than before and puberty tends to occur in primary school. The study also revealed that majority of respondents want sexuality related topics to be taught along with other subjects like biology, this may be in order to reduce work load on teacher and to prevent offering of too many subjects, this is contrary to the

findings of the study done by Mustapha et al., (2018) in Bauchi State where majority of parents and teachers considered sex education as inappropriate, as well as unacceptable type of education for the youth in the state due to socio-cultural beliefs and religious dogmatism, both parents and teachers were of the opinion that sex education should not be included in the senior secondary school curriculum.

Findings of this study show that majority of respondent support human development, personal skill, society and culture, sexual health, sexual behavior topics to be included in secondary school curriculum. This is in support of Esohe and PeterInyang (2015) study in which most of the parents agreed to the inclusion of all the aspects related to abstinence and delaying sex in sexuality education. Therefore, it can be implied from this study that the perception of parents about sexuality education aspect to be included in primary and secondary school curriculum is good.

The findings of this study revealed that parents had good perception about who should provide sexuality education in both primary and secondary school with an aggregate mean score of 4.07. Majority strongly agreed that health education teacher should provide sexuality education this is followed by invited medical doctor. This is contrary to the study of Esohe and PeterIyang (2015) in which majority of parent perceived guidance and counseling teacher to be the best followed by Health education Teacher. The findings from this study revealed that majority of parents agreed that the parents are in the best position to teach sex related issue to their child. This study is in agreement with study conducted in Ghana by Morawska et al., (2015) where mothers and aunties were mostly the main educators of children about sexuality issues. Furthermore, Ikenye & Oforbuike (2021) stated that sexual health information must be readily available to teens and delivered using both formal and informal means in which one of the informal means are the parents. Furthermore, Shams et al., (2017) stated that sexual health education for adolescent girls must be initiated by mothers at home.

Conclusion

Majority of Parents agreed that sexuality education should start in all level in secondary school while some people agreed that it should start in primary school level. Most parents agreed sexuality education is parents, governments and school responsibility. Majority were of opinion that sexuality education should be taught openly and along with other subject like biology. All aspect of sexuality education was found useful by parents and health education teacher were best preferred to teach sexuality education by the parents.

Recommendations

Based on the finding of this study, it was recommended that:-

1. Sexuality education should start from primary school and throughout secondary school.
2. In-service training should be organize for educators by ministry of education and pre service training in college of educations to those educators who will teach in both primary and secondary school and
3. Federal Ministry of Education should include comprehensive sexuality education curriculum to teacher/educator training programme.

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