KNOWLEDGE AND PERCEPTION OF REPRODUCTIVE HEALTH EDUCATION AMONG PARENTS OF SECONDARY SCHOOL STUDENTS IN KADUNA STATE, NIGERIA

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The study was aimed at finding out about the Knowledge and perception of reproductive health education among Parents of Secondary School Students in Kaduna State. Survey research was used in the study. The population of the study comprised male and female parents in Kaduna state. Stratified and simple random sampling techniques were used. A questionnaire was developed by the researchers. It was validated and pilot tested for reliability with a 0.79r. The Pearson’s Product Moment Correlation Coefficient (PPMC), the two tailed t-test and Analysis of Variance (ANOVA) statistics were used to test the hypotheses at \( p<0.05 \) level of significance. A sample size of 381 parents served as respondents. The major finding of the study revealed that parents do not have sufficient knowledge of reproductive health education. The negative perception of parents’ hinder reproductive health education in schools. This is because parents lack understanding of the purpose, contents, and methodology of reproductive health instruction. Based on the research findings, it was recommended among others that, parents need to be educated about reproductive health education through the media, counseling, community health workers’ use of learners as change agents in their communities which can help to disabuse their minds on the negative perception they have.

Key Words: Reproductive Health Education, Knowledge and Perception

INTRODUCTION

The term reproductive health education encompasses education about all aspects of sexuality including information that deals with development in children and adults about family planning on reproduction, how to take decision about the needs of changing sex roles, sexual pleasures, dating, communication, and sexual orientation. Reproductive health education provides the learner the opportunity to have access to authentic information and knowledge about growth, development and related physiological process of male and female sex organ. Reproductive health education has a key role to play in preventing unwanted pregnancy, abortion, sexually transmitted infections such as gonorrhea, syphilis, herpes, staphylococcus, HIV/AIDS, and sexual assault such as rape. Even though those who provide reproductive health education have knowledge and perception of their own about reproductive health, it is important that the do not allow these perceptions to have negative effect on the delivery of their roles. For example, even if a person believes that young people should not have sexual intercourse until they...
are married, this does not imply withholding important information about safer sex and contraception. Reproductive health education is about developing secondary school students’ physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters related to reproductive system and its functions and process. It is also about developing secondary school students’ ability to take decisions on matters that will affect their entire life. It should include opportunities for young people to develop life skills including being able to communicate, listen, negotiate, ask for and identify sources for help, advice and assertion. Naturally, many parents and their children feel embarrassed talking about some aspects of sex and sexuality. Parents’ perception of reproductive health education has many positive effects on teens including helping them to protect their sexual health.

Reproductive health education is important in this context because educators and health care providers collaborate to provide positive knowledge of skill-based reproductive health education to strengthen the bond between parents and children in ensuring that young people acquire skills that they need to protect themselves. Parents’ knowledge and perception will play essential role in helping young people to make healthy responsible choices. If parents are properly educated, parent- child communication would have positive effects on secondary school students including helping them to protect them against early child bearing, abortion, sexually transmitted infections such as HIV/AIDS and sexual promiscuity such as homosexuality, rape amongst others. Almost everywhere in the world, reproductive health education program have faced serious implementation challenges that diminish the reach effectiveness. Lack of effective and learning/teaching materials on reproductive health education has been identified as one of the primary challenges. Other forms of challenges are disagreement between parents and Federal Government of Nigeria on the implementation of reproductive health education and the limited reach to out- of – school teenagers and other groups of marginalized young people. United Nations (2012) asserts that many young people in need of information and education are not enrolled in any educational
programmes, especially girls and women, who often drop out of school at an early age due to various social, cultural and economic factors. Another challenge is lack of teachers who possess the necessary knowledge and training to teach appropriate and correct information on reproductive health education. Additional barriers include opposition from cultural and religious leaders as well as the absence of inadequate linkages between reproductive health education and general health or other relevant services (United Nations, 2012). The needs and right of secondary school students in Kaduna State to reproductive health education have been perceived as immoral and unacceptable and as such it has been ignored by parents. Several workshops and seminars have been organized by both the government and partnering Non-Governmental Organizations that are in support of the need for reproductive health education curriculum in schools. The media such as radio, television, Newspapers and use of Education Information and Communication (EIC) are currently being sponsored by donor agencies to change the perception of parents and general public on the need to accept reproductive health education in Secondary Schools, In Kaduna State.

In Kaduna state where this investigation was conducted, it was observed that, educating children about sex is not a task that parents and other family members find easy. Many feel uncomfortable talking with children about the subject. Parents are reluctant to expose their lack of knowledge about anatomy, physiology, unwanted and unprotected sexual experiences. They may worry about how much information to give and at what age, based on the unfounded belief that the provision of this information will lead young people to experiment with sex (Focus on Young Adults, 2010). As such, when young adolescents of secondary school age do not get information from their parents they seek answers from peers, romantic films on television sets, in various cinema houses and “nudie” magazines, almanacs, calendars and the use handsets to watch pornographic films most of which are deliberately designed to misinform, and impress strongly damaging myths among youths. Lumuli and Edward (2008) argued that
sex and reproductive health education will empower youths with right information and understanding about their bodies and be responsible for whatever they are doing with their bodies if well designed and taught. Du Toit and Van (2000), suggested that when teens experience considerable parental support and feel connected to their parents, they are less likely to initiate sex at an early age and have sex less frequently. If parents monitor and supervise their teens appropriately, thy will teens have fewer sexual partners than if their parents do not monitor them. Furthermore parents and guardians are primary and important sources of reproductive health education for secondary school students. This is because secondary school students often look up to their families as one of the several preferred sources of sexual health information. Abbey (2001), observed that children are likely to copy their parents or other adults whom they love and respect. In the homes where the parents love each other and where children express their minds with mutual consideration and respect, they are likely to learn to render such love in return. If parents avoid the mention of sex, or consider it something “dirty” their children are likely to be short changed. At the other extreme, if parents use curse language in speaking of sexuality in the same way or when parents make light or irregular sexual conduct, it will not be surprising that the sex conduct of their children will reflect the parents’ attitudes.

In view of the foregoing, the study was conducted to find out the Knowledge and Perception among parents of secondary school students in Kaduna State of reproductive health education. Research questions and hypotheses were set to assist in addressing the problem of the study accordingly:

Research Questions:

1. What is the reproductive health education knowledge and perception among parents of secondary school students in Kaduna State?

2. What is the perception of male and female parents on the use of reproductive health education for secondary school students in Kaduna State?
3. What role does educational background of parents play in their knowledge and perception of reproductive health education for secondary school students in Kaduna State?

Research Hypotheses:

1. There is no significant relationship between parents of secondary school student’s knowledge of reproductive health education and their perception of sexual related activities in Kaduna state.
2. There is no significant difference between male and female parents of secondary school students in their perception of Reproductive Health Education among Secondary School Students in Kaduna State.
3. There is no significant difference among parents of different educational backgrounds in their opinions of reproductive health education in secondary schools in Kaduna state.

RESEARCH METHODS

In this investigation, the descriptive Survey research design was used. The survey research method permitted inference and generalization of the findings of this study to the population. The population of the study consisted of 381 male and female parents of secondary schools residing in Kaduna State. A purposive sampling technique was used to select the sample size from six (6) randomly selected Local Government Areas of Kaduna State. The instrument for data collection was a self-developed questionnaire tagged Respondents Reproductive Health Knowledge and Perception Questionnaire (RHEKPQ). To test the reliability of the instrument, the questionnaire forms were given to 30 parents who are not in the sampled area to fill the questionnaire. Split-half method involving even odd numbers and the Spearman Brown’s correlation coefficient statistical tool was used for analysis in which r value of 0.79 was recorded. This showed that, the instrument is reliable and was used for data collection.

The responses collected from the questionnaires were grouped under the variables under investigation. Descriptive statistics of frequencies and percentage were used to describe reproductive health education
Knowledge and Perception among parents of secondary school in Kaduna State, Nigeria. The Pearson Product Moment Correlation procedure was used for to test hypothesis 1. The two tail t-test was used in testing hypothesis 2 because of the two independent groups involved in the test as well as the quantitative measurement used in the instrument for the study while the one way analysis of variance was used to test the hypothesis 3. All the tests were carried out at $P \leq 0.05$ level of significance.

RESULTS

Table 1: Mean scores, standard deviation and standard error of respondents on knowledge and perception of reproductive health education among parents of secondary school students in Kaduna State Nigeria.

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of reproductive health education and other risks related to sexual activity</td>
<td>373</td>
<td>3.472</td>
<td>0.5192</td>
<td>0.02806</td>
</tr>
<tr>
<td>Parents perception on the prevention of unwanted pregnancy and other risks related to sexual activity</td>
<td>373</td>
<td>3.5327</td>
<td>0.60349</td>
<td>0.03125</td>
</tr>
<tr>
<td>Parents opinion of reproductive health education</td>
<td>373</td>
<td>3.4437</td>
<td>0.82337</td>
<td>0.04263</td>
</tr>
<tr>
<td>Parents perception on the inclusion of reproductive health education</td>
<td>373</td>
<td>3.5772</td>
<td>0.54192</td>
<td>0.02806</td>
</tr>
</tbody>
</table>

Table 1 above reveals that a mean score of 3.4 of the respondents’ Knowledge of reproductive health education and other risks related to sexual activity such as STIs/HIV/AIDS and abortion is below the level of 3.5 of agreement, this observation could be attributed to the negative response of parents’ knowledge of reproductive health education and other risk related sexual activity. A Mean score of 3.5
shows that parents’ perception of the inclusion of reproductive health education into secondary schools curriculum is relatively higher and tended to indicate that parents were of the view that sexuality education could be positive tool for the prevention of teenage pregnancy. A mean score of 3.5 of the respondents perception on the prevention of risks related sexual activity such as unwanted pregnancy is higher this indicates positive perception of the prevention of unwanted pregnancy and other risk related to sexual activity. This means that the respondents agree that knowledge on the various ways of unwanted pregnancy, abortion and other risks related sexual activity and prevention can be acquired through information on abstinence and in religious places.

A mean score of 3.4 of the respondents’ opinion of reproductive health education is below the mean. This indicates that parents’ opinion is negative. This implied that parents were not actually of the opinion that reproductive health education is key. These scores were further subjected to statistical tests to determine the significant effect they have on the behaviour modification for secondary school students in Kaduna State.

TEST OF HYPOTHESES

Hypothesis I: There is no significant relationship between parents’ knowledge of reproductive health education and their perception of sexual related activities in Kaduna state.

In the test of hypotheses, the scores in table 2 and table 3 were subjected to a test of relationship. This was necessary to establish possible relationship between the respondents’ knowledge of reproductive health education and their perception of sexual related activities and other risks associated with sexually transmitted infections among secondary school students in Kaduna State. The Pearson Product Moment Correlation procedure was used for the test as indicated in table 2.
Table: 2 Correlations between Knowledge and Perception of Parents towards Reproductive Health Education in Secondary Schools.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>DF</th>
<th>R</th>
<th>P</th>
<th>r-critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>3.4085</td>
<td>0.4724</td>
<td>0.02446</td>
<td>371</td>
<td>0.395</td>
<td>0.000</td>
<td>0.098</td>
</tr>
<tr>
<td>Perception</td>
<td>3.5772</td>
<td>0.54192</td>
<td>0.02806</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R (371) 0.098< 0.05

Note: SD = Standard Deviation, SE = Standard error, r = observed correlation coefficient, DF = Degree of freedom; P = observed level of significance.

The result in the table revealed that the knowledge of parents of secondary school students in Kaduna State, Nigeria is significantly related to their perception of reproductive health education. The observed correlation coefficient (0.395) is higher than the r-critical value of 0.098. The level of significance observed for the test is 0.000 (P<0.05). Therefore, the null hypothesis is rejected.

Hypothesis II: There is no significant difference between male and female parents of secondary schools students in their perception of Reproductive Health Education in Kaduna State Nigeria.

Sex of the respondents was classified in frequencies and percentages. This variable (sex) is the independent variable used here along the scores for the test of this hypothesis. The two tail t-test was used in the test because of the two independent groups involved in the test as well as the quantitative measurement used in the instrument for the study. The result is presented in table 3.
Table 3: Two tail t-test on parents attitude towards sexuality education in secondary schools

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>DF</th>
<th>R</th>
<th>P</th>
<th>r-critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.6064</td>
<td>0.50984</td>
<td>0.03362</td>
<td>371</td>
<td>1.318</td>
<td>0.188</td>
<td>1.96</td>
</tr>
<tr>
<td>Female</td>
<td>3.5304</td>
<td>0.58872</td>
<td>0.04923</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E (371) 1.96 < 0.005

The mean scores of the two groups (male and female) in the table are not significantly different from each other. The t-value (1.318) obtained in the test is lower than the t-critical value of 1.96. This means that the null hypothesis is upheld or accepted. An observation of Table 3 shows that there was no difference in male and female parents in the perception of reproductive health education among parents of secondary school students in Kaduna State, Nigeria.

Hypothesis III: There is no significant difference among parents of different educational backgrounds in their opinions of reproductive health education in secondary schools in Kaduna state.

The effect of Parents educational level on their opinion towards reproductive health education in secondary school was tested here. The level of education of the respondents was used here as the independent variable. The one way analysis of variance was used because of the multiple levels of the independent variable. The one way analysis of variance enables the comparison of the different levels of the respondents’ education. The analysis of variance model is presented in table 4.
Table 4: One-way analysis of variance on perception of Reproductive Health Education by level of education

<table>
<thead>
<tr>
<th>Sources</th>
<th>Degree of freedom</th>
<th>Sum of squares</th>
<th>Mean square</th>
<th>f/value</th>
<th>P</th>
<th>f-critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>4</td>
<td>0.803</td>
<td>0.201</td>
<td>0.294</td>
<td>0.882</td>
<td>2.37</td>
</tr>
<tr>
<td>Within groups</td>
<td>368</td>
<td>251.390</td>
<td>0.683</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>372</td>
<td>252.193</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Df (368) 1.96 > 0.05

The result of the test revealed that the respondents did not differ significantly in their perception by their educational qualifications. The observed f-value (0.294) is lower than the critical value of F (2.37) at a degree of freedom of 372 and at 0.05. The null hypothesis is therefore retained. This means that, the educational qualification of Parents did not have any significant influence on their opinion of reproductive health as a measure for reproductive health education in secondary schools in Kaduna state. The mean scores for the different levels of the respondents’ educational qualifications are presented in table 5.
The mean scores in table 5 are within the same range and this accounted for the no significant difference in perception observed in the test.

DISCUSSION

The major objective of this study was to find out knowledge and perception of reproductive health education among parents of secondary school students in Kaduna State, Nigeria. From the analysis of the data collected for the study. It was observed that parents’ level of knowledge and perception on reproductive health education and other risks related to sexual activity was not highly positive. This was observed in table 1 where the respondents were of the opinion that parents are unwilling or unable to provide complete and accurate information on reproductive health education. Parents feel shy discussing topics such as unwanted pregnancy and abortion issue with their secondary school students. They therefore prefer that secondary school students should be able to socialize with their teachers discussing reproductive health issues rather than with their parents. This finding is in line with Mathew (2004), who explained that there is an assumption on the part of parents that their adolescent children of secondary
school age should have their sexual health education from their schools instead of their homes. In another study of this nature, it was reported by Adamu (2009), that parents rather wish that either teachers in their respective secondary schools or some health personnel provide information on risks associated with sexual activity such as sexually transmitted infections including HIV/AIDS, unwanted pregnancy, and abortion.

Despite the fact that parents have high perception of reproductive health education for the prevention of risks related to sexual activity such as unwanted pregnancy and abortion, in Table 1, the respondents agreed that knowledge of various ways of preventing unwanted pregnancy and other risk sexual activity can be acquired through information on abstinence from sexual intercourse and by acquiring knowledge of STIs/HIV/AIDS, unwanted pregnancy, abortion prevention, and the use of condom. The respondents also agreed that parents can make the use of religious places like the churches and mosques to acquire knowledge of sexual risks related matters. This finding is in line with Adamu (2009), where it was reported that parents need to be enlightened on discussing with their children about the functions of the adolescent’s body, the implication of unprotected and careless sexual activity. This finding is however, contrary to the report by Berne and Patton (2000), who reported that parents do not believe that birth control should be promoted in schools. This finding is reflected of Winkler and Bdestein (2005), who explained that people providing sexuality education have attitudes and beliefs of their own about sex and sexuality.

But the respondents completely disagreed with the notion that parents’ knowledge of STIs/HIV/AIDS and other risks related to sexual activity could be beneficial to them in answering children questions before the children indulge in indiscriminate sexual acts. The respondents were also of the opinion that parents feel that the inclusion of reproductive health education in secondary schools and teaching the subject makes the children lose concentration on their subject. This is another indication that parents
were not really against reproductive health education. This is in line with Briggs (2010) who reported that some parents might have assumed that teachers are carrying the responsibility of teaching their children about sex, but unfortunately most teachers are not educationally and psychologically prepared to teach reproductive health education as a subject in school.

CONCLUSIONS:

On the basis of the findings, the following conclusions were drawn:

1. Parents do not have adequate knowledge of reproductive health education.
2. Male and female parents do not differ in their perception of reproductive health education.
3. The educational background of parents does not have effect on their knowledge and perception.
4. Parents do not impart reproductive health education to adolescents of secondary schools.
5. Parents generally have some perception of reproductive health education

RECOMMENDATIONS

Based on the conclusions of the study, the following recommendations were made to improve Knowledge and Perception of parents about reproductive health education in secondary school in Kaduna State.

1. Parents should be educated through non-formal education, such as campaigns and lectures through the mass media. They should also be educated and motivated about reproductive health education through intervention programs which focus on knowledge and skills to change their perception.
2. Parents are stakeholders of the reproductive health education of secondary students; as such they should be aware of the effects of appropriate communication with their secondary school
adolescents. It should be stressed for parents to place a high value on their teen’s education and to discuss family values and moral issues with them.


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United Nation (2012)