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Family Life Education Experiences and Expectations of Secondary School Girls in Akure, Ondo State, Nigeria

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Abstract: *There are more people between the ages of 10 and 19 in Africa than any other age group. Adolescent sexual and reproductive health remains a serious public health concern in Africa; where, child marriage, adolescent childbearing, HIV transmission, and limited coverage of modern contraception are frequent. Family life education (FLE) is one of Nigeria's strategies towards promoting reproductive rights and health of the people. The purpose of this research was to examine the perspective of secondary school girls in Akure, Nigeria, on their family life education and experiences. The research followed a descriptive cross-sectional design. A total of 270 senior secondary school girls selected through a multistage sampling technique participated in the study. A tool previously used for a study on mother-adolescent daughter sexuality communication pattern was adapted for data collection. The results revealed the mean age of the girls as 14.2 years and almost all the girls have heard about FLE issues. The most reportedly heard about were those related to human development (98.3%); while, the least were those related to sexual health (87%). Most (43.8%) of the FLE issues were heard from the mothers; 16.7% from teachers, 14.1% from friends, 12% from the media, 5.7% from fathers, 5.5% from religious leaders, and only 2.2% from health providers. Majority (58.5%) of the respondents opined that it is a mother's responsibility to talk to her children about sexuality and reproductive health. Only Mothers and Health providers seemed to have provided less information than perceived as their responsibilities by the girls. Statistical difference between the source of FLE issues and the girls' perception of whose responsibility it was, was significant at p 0.0014. Implication of the findings for nursing is the need to further empower nurses through pre-service and in-service training on adolescent sexuality communication for effective adolescent friendly services, and to effectively support mothers on their roles as sexuality communicator to their daughters.*

Keywords: adolescent sexuality, family life education, girls, reproductive health.

INTRODUCTION

There are 1.2 billion adolescents worldwide (WHO, 2023) and nearly 90% of them are living in low- and middle-income countries (UNICEF, 2023); including Nigeria. Sexually transmitted infections

(STIs) and unplanned pregnancies are two of the many health problems that can arise when adolescents engage in risky sexual behaviour too soon (Olofinbiyi et al., 2023; Ogunjobi et al., 2023; Rashid & Mwale, 2016). In 2015, maternal health disorders were the primary cause of death among teenage girls and young women (de Castro, et al., 2018); and unlike in other age groups, AIDS-related deaths are not decreasing among adolescents (UNICEF, 2023). Adolescent Fertility Rate (AFR) for women ages 15 to 19 was estimated as 44 per 1000 births, with rates being significantly higher in low-income nations (97 per 1000) than in high-income countries (19 per 1000); while in Nigeria, it was as high as 102 per 1000 in 2021 (World Bank, 2021). According to research, using data from 56 countries, young women from economically disadvantaged backgrounds (those with an annual income of less than $15,000) have a threefold increased risk of becoming pregnant, a fivefold increased risk of dying from complications of pregnancy, and a significantly increased risk of dying from any cause as children (Tripathi, 2021).

Family Life Education (FLE) and Sexuality Education are often used interchangeably. They both aim to help young people develop physically, socially, emotionally, and morally, so that, they can deal with developmental processes like adolescence, puberty, and ageing; and have better family lives as a result (Kullabs, 2019). Sexuality education provides people with high-quality training on a wide range of issues relating to sex and sexuality; which includes, the development of an understanding of one's own sexual identity, values, and beliefs, as well as the acquisition of practical knowledge and skills for interpersonal relationships and personal sexual health. Adolescents are exposed to numerous sources of sexuality education, including the media, religious groups, schools, family, classmates, and other relationship networks. As a relatively new concept, FLE is open to a wide range of interpretations and misunderstandings; for some, it is synonymous with family planning, while for others, it is simply another term for sex education (Owlcation, 2022). Due to a lack of sexual experiences and unfulfilled expectations, adolescents may be tempted to engage in sexually risky behaviours (Rashid & Mwale, 2016). Rashid and Mwale (2016) found that sexuality education was failing to have a positive effect on the behaviour of school-aged children because of cultural and personal variables that ran counter to the very idea of such instruction. Adolescent females are especially vulnerable to sexually transmitted infections, unwanted pregnancies, and other problems associated with sexual and reproductive health when they engage in risky practices. Sexuality education, if accepted and implemented effectively, is expected to be a useful tool for helping at-risk populations, especially young people (NPC, 2015). It is capable of providing adolescents with adequate sex education to not only help them to delay sexual initiation but also equip them with information on the prevention of STI/HIV and other sexually-related issues; thus, having a positive effect on the young ones and the society as a whole.

The study was aimed at examining the FLE experiences and expectations of secondary school girls in Akure, Ondo State Nigeria. The research questions raised for the study included: What are the FLE experiences of secondary school girls in Akure? What are the expectations of secondary school girls in Akure with respect to FLE? and, Who are the significant people to adolescents in relation to FLE?

RESEARCH METHOD

A cross-sectional descriptive research design was used. The population for the study was made up of female secondary school students in Akure, Ondo State, Southwest Nigeria. The two girls-only secondary schools in Akure [Fiwasaye Girls' Grammar School (FGGS), Akure and St. Louis Girls' Grammar School (SLGGS)] were purposively selected. The Taro Yamane formula was used for

sample size calculation and a total of 270 school girls in the senior classes in both schools were proportionately selected randomly; and they voluntarily participated in the study. The instrument for data collection was adapted from the tool used by Akin-Otiko (1998) in the study on Mother-Adolescent Daughter Sexuality Communication Patterns: Implications for promoting intra-family sexuality communication. It was made up of the following three sections: Section A - Demographic characteristics of the students, Section B - FLE experiences of the students and Section C - FLE expectations of the students. The face and content validity of the instrument was assessed and reviewed by experts in tests and measurements, and family life education. Data was collected in both schools over a period of two weeks with the help of two trained research assistants to ensure proper explanation of each item in the instrument to the students.

Ethical Considerations

Ethical approval to conduct the study was obtained from the Research Ethics Committee of the University of Medical Sciences Ondo, with number NUS160630, effective from 18/10/2021 to 21/04/2022**.** Permission to conduct the study in each of the Girls' Schools were obtained from the School Principals. Each student gave informed voluntary consent to participate in the study; no special parental consent was required in view of the fact that the content of the instrument was based on the approved FLE curriculum for Junior Secondary School pupils in Nigeria. Confidentiality was assured and the completed research instruments and the data were duly protected.

RESULTS

Socio-demographic data of respondents

Majority (248; 91.9%) of the girls were in the first and second years of senior secondary school; while, only 22 (8.9%) were at the third (final) year. Almost two-thirds (172; 63.7%) were aged 13-15 years; 38 (14.1%) aged 10-12 years, 57 (21.1%) aged 16-18 years, and only one was above eighteen years; the mean age was 14.2 years. Most of the mothers (254; 94%) and fathers (252; 93.3%) were said to be traders, civil servants, artisans or farmers; with more mothers (44.5%) than fathers (35.7%) being traders, more fathers (21.4%) than mothers (12.2) being artisans, and equal number (6; 2.4%) farmers. Majority of the girls (225; 83.3%) were of the Yoruba tribe followed by 40 (14.8%) from the Igbo tribe and 4 (1.5%) Hausa. Girls living with both parents were 221 (81.9%), 42 (15.6%) lived with either the father or the mother, while 5 (1.9%) lived with guardians. Predominantly, the participants were Christians (238; 88.1%), followed by Muslims (29; 10.7%). Majority of the respondents 97 (35.9%) attained menarche between 10-12 years, followed by 78 (28.9%) who started menstruating after age 15 years, 72 (26.7%) started between 13-15 years, and 23 (8.5%) before age 10 years. Nine (3.3%) of the participants indicated that they were sexually active and the age of sexual initiation was 10-15 years. Six of the nine had 1-2 sexual partners, two had 3-4 partners and one had more than 4 partners. Four of the nine sexually active participants used contraceptives; while, the remaining five did not.

Respondents' Family Life Education Experiences

Research question 1: **What are the FLE experiences of secondary school girls in Akure?**

Most of the participants had heard about FLE issues before; particularly, issues related to Human development, personal skills, and society and culture. The least heard about were issues on sexual health (Figure 1).

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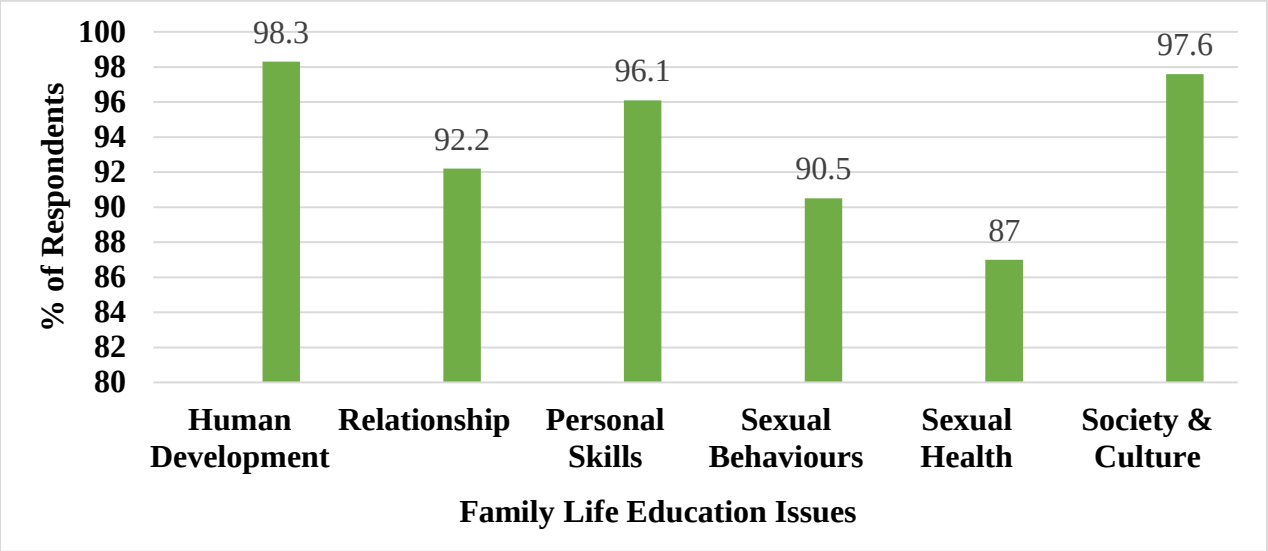


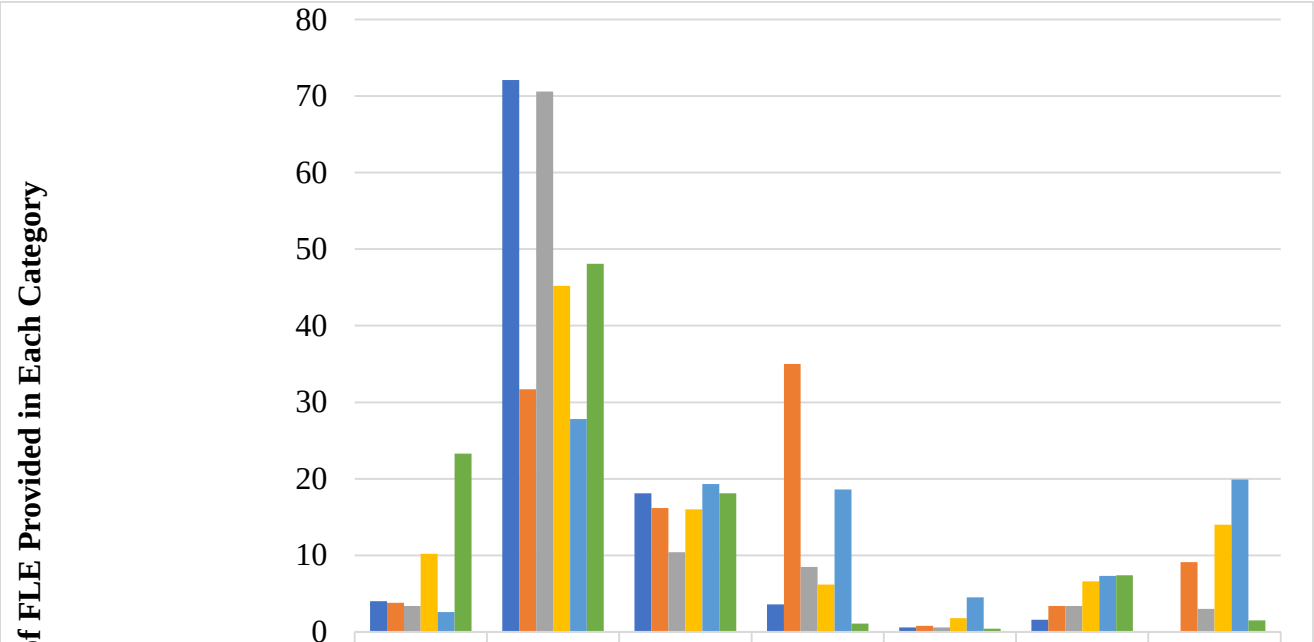
Figure 1: Grouped FLE issues the girls had heard about before

Table 1 shows the disaggregated responses under each of the six categories of FLE issues in Figure 1. While 90% or more of the girls had heard about most of the FLE issues, pre-marital sex, under Sexual Behaviours, and all the issues under Sexual Health were the least discussed (Table 1).

Table 1: FLE issues respondents had heard about in each FLE category

FLE issues in six categories	Yes (%)	No (%)
1. Human development		
a. Body changes (puberty)	267 (98.9)	3 (1.1)
b. First menstruation	265 (98.1)	5 (1.9)
c. Monthly menstruation	264 (97.8)	6 (2.2)
2. Relationship		
a. Love	245 (90.7)	25 (9.3)
b. Going to parties	247 (91.5)	22 (8.1)
c. Receiving gifts from men	242 (90.0)	27 (10)
d. How to resist peer pressure	248 (92.5)	20 (7.5)
3. Personal skills		
a. Cleanliness	254 (94.4)	15 (5.6)
b. Dressing	259 (96.3)	10 (3.7)
c. Hair styles	257 (95.2)	12 (4.4)
d. Make up	264 (98.5)	4 (1.5)
4. Sexual behaviors		
a. Pre-marital sex	234 (87.6)	33 (12.4)
b. Marriage and life time commitments	242 (90.6)	25 (9.4)
c. When to marry	242 (92.0)	21 (8.0)
d. Who to marry	243 (91.0)	24 (9.0)
e. Pregnancy	242 (91.0)	24 (9.0)

f. Childbirth	241 (90.6)	25 (9.4)
g. Family life	238 (90.2)	26 (9.8)
h. Parenting	242 (91.0)	24 (9.0)
5. Sexual health		
a. Boyfriend	239 (89.8)	27 (10.2)
b. Abstinence	230 (86.8)	35 (13.2)
c. Sexual intercourse	222 (85.1)	39 (14.9)
d. One sexual partner	226 (85.9)	37 (14.1)
e. Teenage pregnancy	230 (87.1)	34 (12.9)
f. Abortion	226 (85.6)	38 (14.4)
g. STIS/AIDS	222 (84.7)	40 (15.3)
h. Contraception	221 (84.7)	40 (15.3)
i. Rape	232 (87.5)	33 (12.5)
j. Pornography	225 (85.2)	39 (14.8)
6. Society & culture		
a. Your role in the family	263 (98.1)	5 (1.9)
b. Studies/choice of career	259 (97.0)	8 (3.0)



	Father	Mother	Teacher	Friends	Health Provider	Religious leader	Media
Human Development	4	72.1	18.1	3.6	0.6	1.6	0
Relationship	3.8	31.7	16.2	35	0.8	3.4	9.1
Personal Skills	3.4	70.6	10.4	8.5	0.6	3.4	3
Sexual Behaviours	10.2	45.2	16	6.2	1.8	6.6	14
Sexual Health	2.6	27.8	19.3	18.6	4.5	7.3	19.9
Society & Culture	23.3	48.1	18.1	1.1	0.4	7.4	1.5

Figure 2: Respondents' sources of information on FLE issues and percentage of information

Fathers, Mothers, Teachers, Friends, Health Providers, Religious leaders and the Media were all identified by the participants as having provided them with some information on FLE issues. Figure 2 shows categories and percentages of FLE issues discussed by the various sources identified. Aggregated however, a total of 43.8% of all the FLE information were provided by mothers, followed by 16.7% by teachers, 14.1% by friends, 12% by the media, 5.7% by fathers, 5.5% by religious leaders, and 2.2% by health providers.

What stimulates FLE discussions between the participants and their sources of FLE (parents, teachers, media, health provider, friends, etc.), included school programs, news about the experiences of other girls, questions asked by the girls, television or radio programs. Discussions prompted by nothing in particular was the least; while, those prompted by school programs, experiences of other girls, and questions by the participants were the highest (Figure 3).

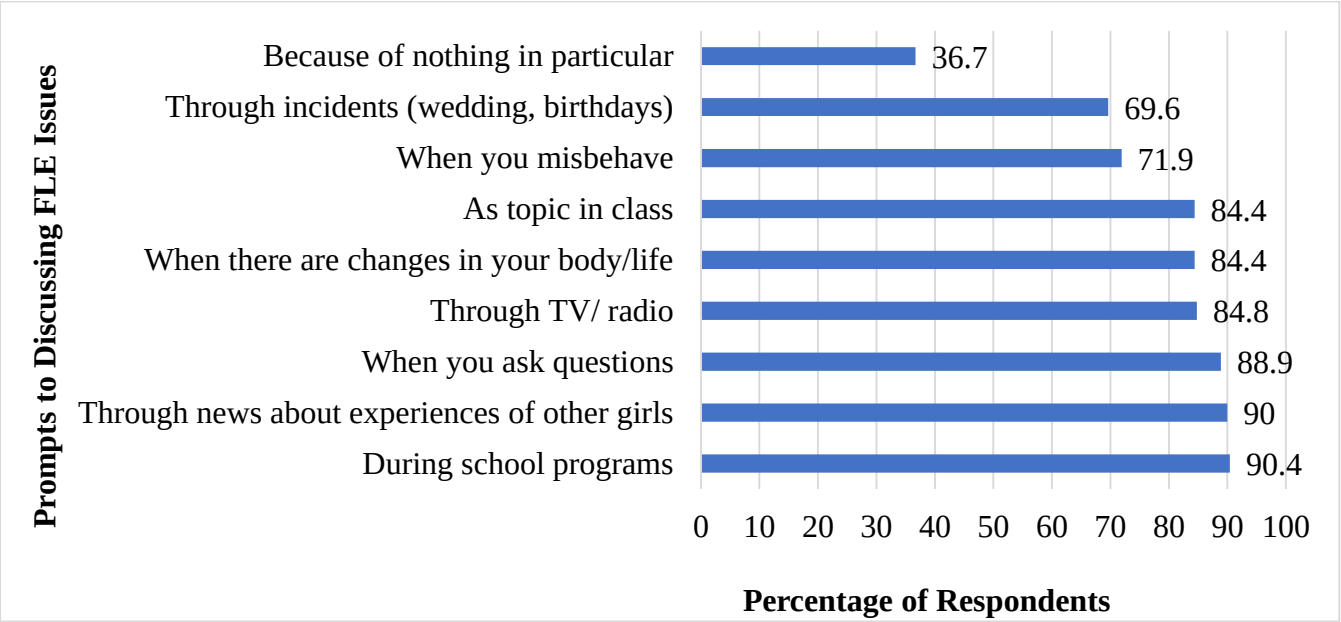


Figure 3: Prompts to discussing FLE issues in descending order (n=270 multiple responses)

Almost two-thirds (177, 65.6%) of the participants were not aware of health facility providing help for girls with challenges related to sexuality issues. To 169 (62.6%) of the girls, discussing FLE issues was either difficult or very difficult. The issues most wished was never discussed was sexual intercourse (172, 63.7%); however, 202 (74.8%) of them opined that FLE had effect on them and one of the effects of FLE on majority (70.4%) of the participants included delay in initiation of sexual activities (Table 2).

Table 2: Respondents' perception of their family life education (FLE) experiences

Item	Frequency(n=270)	Percentage (%)
Are you aware of any health center providing help for girls who have challenges with FLE issues?		
Yes	93	34.4
No	177	65.6
How difficult do you find discussing family life issues?		
Very difficult	49	18.1
Difficult	120	44.5
Not difficult	101	37.4
Issues on reproductive health that you wished were never shared with you		
Sexual intercourse	172	63.7
Marriage	2	0.7
Contraception e.g. condoms	96	35.6
The FLE you had has helped you delay initiation of sexual activities		
Yes	190	70.4
No	80	29.6
The FLE you had encouraged you to use contraceptives		
Yes	54	20.0
No	216	80.0
The FLE you had encouraged you to be more sexually active		
Yes	52	19.3
No	218	80.7
The FLE you had, had no effect on you		
Yes	68	25.2
No	202	74.8

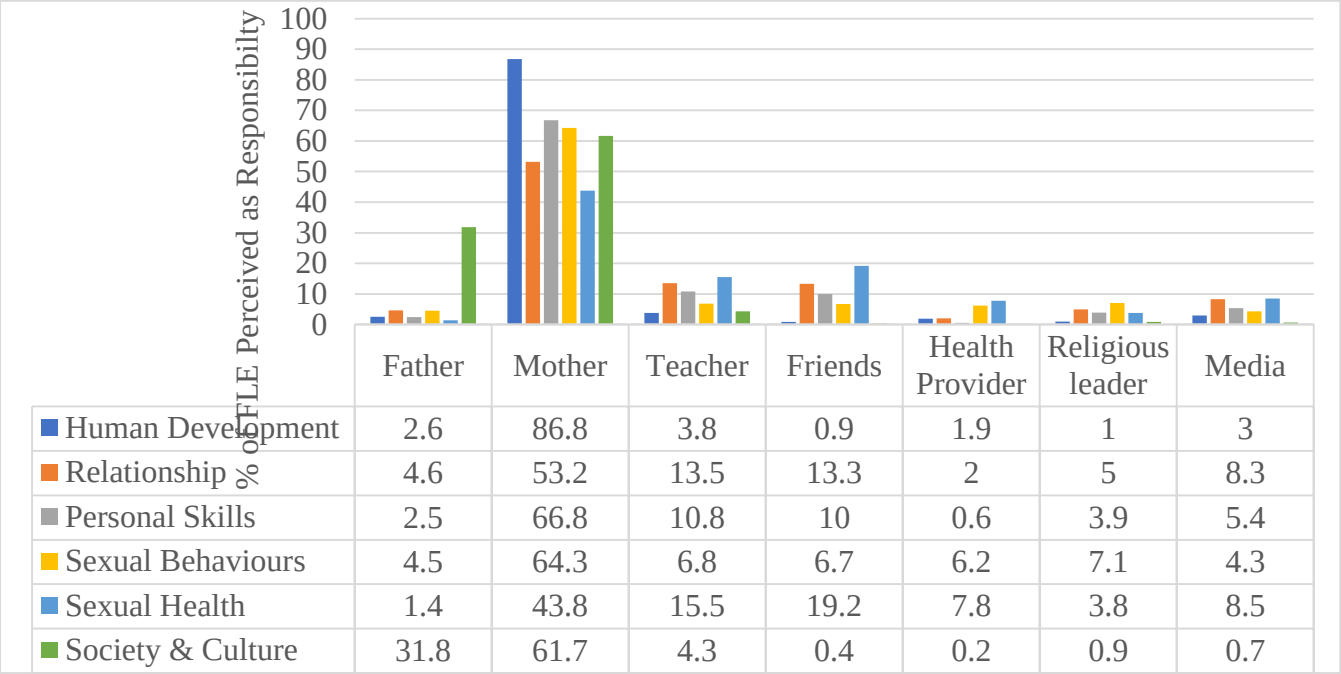
Respondents' Family Life Education Expectations

Research question 2: What are the expectations of secondary school girls in Akure with respect to FLE?

Respondents' perception on whose responsibility it is to provide FLE to girls

Mothers were indicated as having the responsibility of providing most FLE in all the categories as shown in Figure 4.

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	Father	Mother	Teacher	Friends	Health Provider	Religious leader	Media
Human Development	2.6	86.8	3.8	0.9	1.9	1	3
Relationship	4.6	53.2	13.5	13.3	2	5	8.3
Personal Skills	2.5	66.8	10.8	10	0.6	3.9	5.4
Sexual Behaviours	4.5	64.3	6.8	6.7	6.2	7.1	4.3
Sexual Health	1.4	43.8	15.5	19.2	7.8	3.8	8.5
Society & Culture	31.8	61.7	4.3	0.4	0.2	0.9	0.7

Figure 4: Respondents' perception on whose responsibility it is to provide specific FLE

The results further showed that the respondents expected more from the Mothers and the Health Providers; while, the other sources provided more than the girls perceived as their responsibilities with respect to FLE (Figure 5). Statistical difference between the source of FLE issues and the girls perception of whose responsibility it was, was significant at p-0.0014.

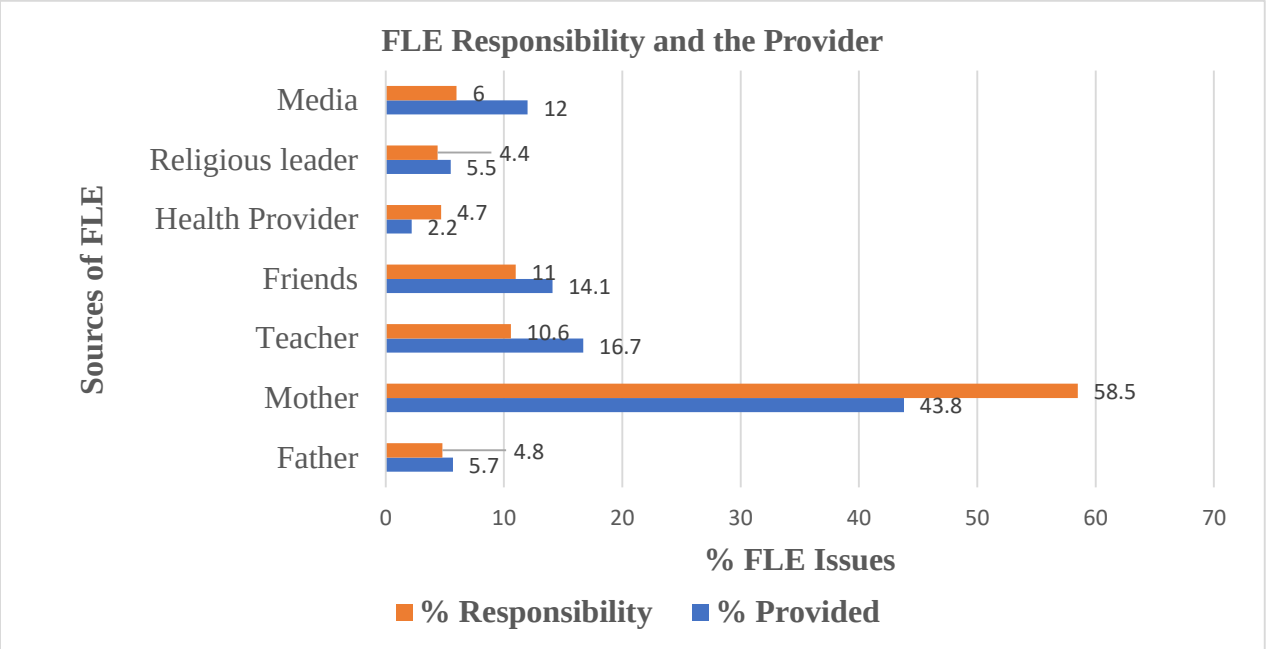


Figure 5: Percentage of FLE issues indicated as received from the various sources against percentage perceived as their responsibility

Respondents' perceived reasons why the sources discussed FLE issues with them

Responses of the students to why the sources provided them with information on FLE issues were summarized into ten major reasons (Table 3). Genuine love and concern for the future of the girls and being employed to do it were the highest (94.4%); while, the least was being of the same gender and features (73%).

Table 3: Perceived sources' reasons for discussing FLE issues with respondents

SN	Perceived reasons	Frequencies (%)
1.	Has genuine love and concern for your future	255 (94.4)
2.	He/she is employed to do it	255 (94.4)
3.	He/she can tell you the truth	248 (91.9)
4.	It is his/her duty	247 (91.5)
5.	Experienced and knows better	245 (90.7)
6.	He/she is a professional	245 (90.7)
7.	Owns/gave birth to you	237 (87.8)
8.	Interacts freely with you	231 (85.6)
9.	Provides for your other needs	231 (85.6)
10.	They are of the same sex and features with you	197 (73)

Research question 3: Who are the significant people to adolescents in relation to FLE?

Each of the respondents indicated the significant persons to her in relation to FLE as: The Mother (67; 24.8%); Teacher (60; 22.2%), Counsellor (53; 19.6%); Friends (40; 14.8%); Father (28; 10.4%); and Siblings (22; (8.1%). Issues of particular interest, indicated by some of the respondents in response to an open-ended question, included: Love, Relationship, Contraceptive, Menstruation and FLE in general.

DISCUSSION

Socio-demographic data of respondents

Participants in this study were adolescents and similar to those in a previous study where majority of the respondents were between age 14–17 (Ademuyiwa et al., 2023). The girls in this study being predominantly Yoruba, Christians and living with both parents could be related to the geo-cultural environment of the study setting.

Respondents' Family Life Education Experiences

Similar to the good knowledge of sex education among adolescents documented by Ademuyiwa et al. (2023), most of the participants had heard about FLE issues before; particularly, issues related to human development, personal skills, and society and culture. From before 1980s when fewer girls were aware of, or discussed sexuality (Asuzu et. al., 1989; Hurlock,1973), through 1990s when more discussed the issues (Kiragu, 1995; Akin-Otiko, 1998), increasing number of adolescent girls now discuss more sexuality issues. The girls in this study were in the senior secondary school classes and might have been exposed to different subjects with elements of FLE in the country's FLE curriculum (NERDC, 2003). Ademuyiwa et al., (2023) also observed that knowledge of sex education increased with the participants' classes. It is pertinent to note, however, that majority of the girls still find

discussing FLE issues difficult or very difficult. In the open-ended responses, what some of the girls wished were never discussed with them were mentioned by others as what they wanted more discussions on. There is therefore the need for creativity in making discussion sessions individualized, audience / context specific (Thurmana et al., 2020) and age related (Osadolor et al., 2022) for effectiveness. About two-thirds of the participants indicated lack of awareness of centres providing help for girls who have challenges with FLE issues. Friendly help centres with skilled adults and peers should be readily available in schools, worship places, health facilities and in the communities to provide needed support.

Although for decades, early sexuality communication has been encouraged (Howard, 1988); yet, menarche prompted mothers and daughters sexuality communication in the past (Akin-Otiko, 1998). Considering the variations in age at menarche, relying on attainment of menarche as a prompter for sexuality education in this generation would be too late. This study revealed more prompters, however, spontaneous discussions prompted by nothing in particular was the least; while, those prompted by school programs, experiences of other girls, and questions by the participants were the highest. Advocates of family life health education (FLHE) programmes utilize both reactive and proactive strategies and make concessions and compromises to promote acceptance (Adebayo et al., 2022). In view of the very young age of sexual initiation among the very few sexually active girls in this study, their poor use of contraceptives, and multiple sexual partners, proactive strategies are more strongly encouraged. Studies indicated that the nature of adolescents' relationship with their parents, and cultural norms, influence sincerity and depth of sexuality education by parents and caregivers (Thurmana et al., 2020). Spontaneous discussions prompted by nothing in particular; but from a sense of duty should start early. Based on findings from other studies, authors have also expressed the opinion that parents should start sexuality communication early (Adetokunbo et al., 2022; Ipinnimo et al., 2025).

The testimony of majority of the participants who indicated one of the effects FLE on them as delay in initiation of sexual activities aligns with the expectations of the sexuality education adopted in Nigeria (NPC, 2015). Adebayo et al.. (2022), also affirmed that comprehensive sexuality education enhanced development of adolescents' sexuality behaviours and empowered them to defend themselves against peer pressure.

Respondents' Family Life Education Expectations

Mothers were expected by the girls to be responsible for most FLE, and the study revealed their mothers provided more FLE information than the other sources; however, the girls expected more from their mothers and teachers than they received. Although Adetokunbo et al., (2022) observed that parents have high knowledge of adolescent sexuality education; Ipinnimo et al., (2025) reported limited parental participation in adolescents' sexuality education. According to Ademuyiwa et al., (2023), both mothers and teachers still need to be intentional about improving the attitude of school girls towards sex education..Parents need to be supported to deliver the required sexuality education to adolescents (Ipinnimo et al., 2025). Similarly, teachers who had previously been reported as unprepared, unwilling or uncomfortable discussing some sexuality issues in the classroom (Adebayo et al., 2022), require capacity building programs to enable them execute their FLE responsibilities as expected by the girls.

Significant people to adolescents in relation to FLE

Counsellor and Siblings which were not listed among the options of sources of FLE information on the data collection instrument were mentioned by the girls as significant to their FLE experiences. Friedman et al., (2019) documented siblings' contribution to adolescent sexual attitudes and behavior. Many sexuality education capacity development programmes for adolescent influencers usually focus on parents and teachers. It is therefore important that with the findings from this study and others, process of selection of participants for such programmes should disaggregate subject teachers and counsellors, peers and siblings, to ensure that the significant people to adolescents are included.

CONCLUSION

The study revealed increasing awareness of FLE issues among young girls. Although the sources of FLE were diverse, mothers were the major source of FLE and the respondents opined that it is the mothers' responsibility. Genuine love and concern for the future of the girls; as well as, being employed to do it, were the highest of the students' responses to why the FLE sources discussed FLE issues with them. It is therefore essential that mothers, teachers, counselors and siblings be included in capacity building activities aimed at impactful FLE delivery to young girls.

Implication for Nursing

Implication of the findings for nursing is the need to further empower nurses through pre-service and in-service training on adolescent sexuality communication for effective adolescent friendly services, and to effectively support mothers on their roles as sexuality communicator to their daughters. Public health nurses and school nurses should collaborate with subject teachers and school counsellors for friendly, context-relevant and effective delivery of the content of the Family Life and HIV Education (FLHE) Curriculum in schools.

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