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CULTURAL AND RELIGIOUS INFLUENCES ON THE EFFECTIVENESS OF SCHOOL-BASED SEXUALITY EDUCATION: EMPIRICAL EVIDENCE FROM EDO STATE, NIGERIA

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ABSTRACT

Cultural and religious environments play a powerful role in shaping how adolescents understand and respond to sexuality education, particularly in conservative settings. This study explored how cultural norms and religious beliefs influence the effectiveness of school-based sexuality education in Edo State, Nigeria, using empirical evidence from public secondary schools. A mixed-methods cross-sectional design was adopted, involving 412 students, 38 teachers, and 16 school administrators drawn from urban and semi-urban local government areas. Quantitative surveys examined students' knowledge acquisition, attitudes, and self-reported behavioural intentions, while qualitative interviews provided deeper insight into cultural acceptability, parental expectations, and faith-based influences on programme delivery. The findings show that sexuality education programmes perceived as consistent with local cultural values and religious teachings recorded higher levels of student engagement and better knowledge retention. Dominant Christian and traditional belief systems emphasised abstinence, moral discipline, and respect for authority, shaping both how teachers delivered content and how students received it. To minimise community resistance, teachers often adjusted their language and teaching strategies, focusing more on biological aspects of sexuality while avoiding sensitive topics such as contraception and sexual diversity. Although these adaptations improved programme acceptance, they also limited the scope of comprehensive sexual and reproductive health education. Gender norms emerged as an important mediating factor: Female students reported stricter social controls on participation and expression, which affected their classroom engagement and learning outcomes. Policy review further revealed that, despite the existence of national sexuality education guidelines, implementation at school level is heavily negotiated through parents, religious leaders, and community gatekeepers. Overall, the study concludes that the effectiveness of school-based sexuality education in Edo State depends on culturally responsive approaches that balance public health goals with community values. Strengthening teacher training in culturally sensitive facilitation, promoting dialogue with religious institutions, and developing context-specific implementation frameworks are essential for improving programme impact.

Keywords: Sexuality Education; Culture; Religion; Adolescents; Policy Implementation; Edo State; Nigeria

1. INTRODUCTION

School-based sexuality education is increasingly recognised as an important public health and educational strategy for helping adolescents develop the knowledge, skills, and attitudes needed to make informed decisions about their sexual and reproductive health. Across different contexts, well-designed programmes have been linked to stronger sexual health literacy, delayed sexual initiation, reduced risk-taking, and healthier gender relations (Adeshina, 2025; Balogun *et al.*, 2025; Oyeyemi, Akinlolu, & Awodola, 2025). Within school systems, sexuality education offers a structured and relatively inclusive way to reach young people at a time when they are navigating rapid physical, emotional, and social changes (Onukwugha *et al.*, 2020; van Zijl Drive & Cape, 2017). In Nigeria where adolescents make up a large share of the population schools are especially important because many families and communities may avoid open discussions about sexuality, leaving young people with limited, fragmented, or inaccurate information.

Even with its growing importance, the effectiveness of school-based sexuality education in Nigeria is shaped strongly by sociocultural expectations and religious beliefs. Nigeria is culturally diverse and deeply religious, and sexuality is often treated as a private, sensitive topic governed by norms of modesty, respect for elders, and moral discipline (Adeshina & Ndukwe, 2024; Isa, 2024; Joeaneke *et al.*, 2024; Olufemi *et al.*, 2024). These values influence how parents, community leaders, and teachers view sexuality education, and they often affect what is taught in classrooms. In many schools, teachers may feel pressured to focus on “safer” topics such as puberty and abstinence, while limiting discussion of contraception, consent, and sexual rights. This creates a noticeable gap between official policy intentions and the realities of classroom delivery (Adogu, 2015; Oluwaseyi, 2019).

Edo State provides a useful setting for examining these dynamics in detail. As a diverse and religiously plural state in southern Nigeria, Edo is predominantly Christian but also includes Muslim and traditional belief systems. Cultural traditions often emphasise family honour, clear gender roles, and social conformity factors that intersect with religious teachings to shape how adolescent sexuality is understood and discussed (Adenrele, 2015; Kadijat, 2015). Secondary schools therefore operate under layered accountability: teachers respond not only to education authorities, but also to parents, religious leaders, and community gatekeepers who influence what is considered acceptable.

Despite the importance of these influences, there is still limited state-level empirical evidence showing how culture and religion shape everyday sexuality education practice in Nigeria. Much of the literature remains focused on national policies and broad patterns, offering fewer insights into how teachers and students experience these pressures in specific locations. Understanding Edo State’s lived realities is therefore important for developing programmes that are both culturally responsive and educationally effective (Ajayi & Akanji, 2022; Isa, 2022).

Against this backdrop, this study examines how cultural norms and religious beliefs influence the effectiveness of school-based sexuality education in secondary schools in Edo State, Nigeria. By exploring how these forces shape curriculum delivery, teacher practices, and student engagement, the study contributes context-specific evidence that can guide policy, teacher support, and programme design in culturally and religiously diverse environments (Kunnuji, 2018; Shiffman *et al.*, 2018).

2.1 Methodology

This study used a cross-sectional, convergent mixed-methods design to generate empirical evidence on how cultural and religious contexts shape both the *perceived* and *measured* effectiveness of school-based sexuality education in Edo State, Nigeria. Quantitative surveys and school-level indicators were collected alongside qualitative interviews, focus group discussions, classroom observations, and a policy/document review. Bringing these strands together made it possible to triangulate findings and explain statistical patterns using participants lived experiences and the gatekeeping processes that influence what is taught and what is avoided.

The study was conducted in public secondary schools and surrounding communities across selected Local Government Areas (LGAs) in Edo State. A multi-stage sampling procedure was applied. First, three LGAs were purposively selected to reflect sociocultural diversity (urban, peri-urban, and rural). Next, twelve public secondary schools were randomly selected from official school lists. Participants were drawn from groups directly involved in sexuality education delivery and influence: in-school adolescents in senior secondary classes, sexuality education teachers, school administrators, parents, religious leaders, and education/health stakeholders linked to adolescent programming. From an a priori recruitment target of 520 eligible participants, informed consent/assent procedures were implemented, yielding a final enrolled sample of 472.

Quantitative data were collected using structured questionnaires administered to students ($n = 320$) and teachers ($n = 68$), supported by school record abstraction from all participating schools ($n = 12$). Student items captured sexuality education exposure, content recall, knowledge and misconceptions, perceived relevance, self-efficacy for protective decision-making, and perceived classroom safety for asking questions. Teacher measures assessed instructional confidence, topic avoidance, perceived community approval, perceived cultural/religious alignment pressures, and delivery fidelity. School records and programme logs were reviewed to confirm timetable allocation, curriculum coverage, teacher training history, and availability of approved teaching materials. All tools were pilot-tested in a comparable non-study school to improve clarity and cultural sensitivity, and reliability checks were applied to multi-item scales.

Qualitative data were generated through student focus group discussions (8 groups; $n = 64$), key informant interviews with teachers ($n = 12$) and principals ($n = 12$), and interviews with parents ($n = 16$), religious leaders ($n = 8$), and policymakers/health officers ($n = 6$). In addition, classroom observations ($n = 24$ sessions) documented pedagogical style, learner participation, gender dynamics, and instances where content was omitted, softened, or framed primarily through moral instruction.

Data management followed privacy-by-design procedures, including de-identification, secure storage, restricted access, and removal of direct identifiers before analysis. Quantitative analysis used descriptive statistics and multivariable regression to examine associations between cultural/religious constraint indicators (e.g., perceived community opposition, religious doctrine concerns, parental gatekeeping) and effectiveness outcomes (knowledge scores, perceived usefulness, engagement, and reported access to accurate information). For interpretability and pattern detection, a decision-tree classification model was also used to identify the strongest predictors of high versus low perceived effectiveness. Qualitative data were analyzed using reflexive thematic analysis, coding for cultural norms, religious doctrine influences, gender expectations, family/community gatekeeping, teacher moral positioning, and institutional

constraints shaping delivery. Policy/document analysis synthesized national and state guidance, school rules, and community-level norms influencing implementation.



Figure 1: Flowchart of the study methodology

Integration occurred through a convergence matrix and joint displays that compared quantitative outputs with qualitative themes to identify agreement, divergence, and the mechanisms explaining context-specific results. Trustworthiness was strengthened through triangulation across sources, audit trails, peer debriefing, and limited member checking (n = 10), while quantitative rigor was supported through tool piloting, fieldworker training, and consistency checks.

2.2 Cultural and Religious Context of Sexuality Education in Edo State

The cultural and religious environment surrounding sexuality education in Edo State is shaped by a tight weave of traditional values, faith commitments, and community expectations that strongly influence how adolescent sexuality is understood and what schools feel able to teach. Edo State's cultural diversity, strong communal relationships, and deep religious life provide important social foundations, but they also set clear boundaries around what is considered appropriate discussion in public spaces such as classrooms (Kunnuji, *et al.*, 2017; Mukoro, 2017).

From a cultural standpoint, many Edo communities place high value on respect for elders, family honour, and social conformity. Within this worldview, sexuality is often treated as a private matter, best addressed quietly within marriage or through informal socialization rather than open classroom dialogue. Because of this, school-based sexuality education can be viewed with suspicion, especially when adults worry that explicit information might undermine moral upbringing or encourage early experimentation. In practice, this expectation often pushes sexuality education toward messages about discipline, good character, and abstinence, while more detailed sexual and reproductive health content is treated as sensitive or “too much” for adolescents (Ogundipe, *et al.*, 2025; Okonkwo, *et al.*, 2025; Olaitan, *et al.*, 2025). The result is a learning environment where what is taught is shaped not only by curriculum documents, but also by what communities are willing to accept (Abidin, *et al.*, 2025; Egbosiuba, *et al.*, 2025; Oni, 2025; Sebukpor, *et al.*, 2025).

Gender norms are another powerful influence. Traditional expectations frequently place heavier moral responsibility on girls, emphasizing chastity, modesty, and obedience, and linking female behaviour to family reputation. Girls may therefore face greater restrictions around speaking openly, asking questions, or participating freely in discussions about sexuality. Boys, while still expected to show self-control and respectability, are often granted more social freedom. These gendered patterns can spill into the classroom, shaping how teachers frame lessons, which students feel safe to speak, and whose needs are prioritized. Over time, this can create uneven access to accurate information and reinforce the idea that sexuality education is mainly about “protecting girls,” rather than shared responsibility for healthy relationships and decision-making (Ajayi & Akanji, 2023; Isa, 2023; Oyeyemi & Kabirat, 2023; Awe, Akpan & Adekoya, 2017; Osabuohien, 2017).

Religious beliefs further strengthen and often legitimize these cultural expectations. Christianity is dominant in Edo State, with strong Catholic, Anglican, Pentecostal, and other Christian communities, alongside Islamic groups and traditional belief systems. Across these faith traditions, moral teachings commonly emphasize sexual purity, abstinence before marriage, fidelity, and the sanctity of family life. Because religious leaders are widely regarded as moral authorities, their views can heavily influence community reactions to sexuality education. As a result, programmes are frequently judged through a faith-based lens: content that aligns with doctrine is more readily accepted, while topics perceived as contradicting religious values may trigger resistance or pressure to modify delivery (Akpan, Awe & Idowu, 2019; Ogundipe, *et al.*, 2019).

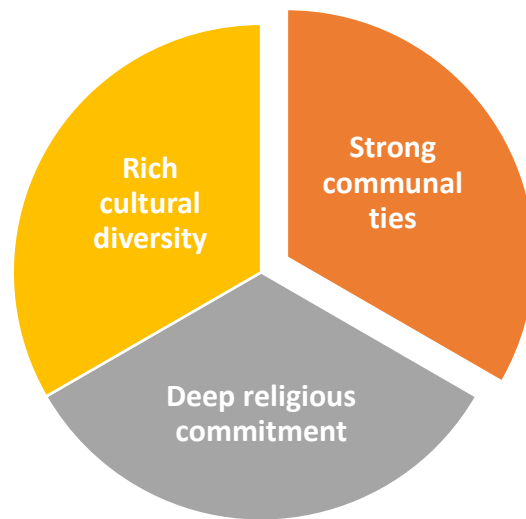


Figure 2: Contextual factors that collectively shape attitudes toward sexuality education in Edo State.

Faith-based schools have a strong influence on how sexuality education is interpreted and taught in Edo State. Many secondary schools are owned or supported by religious bodies, and these proprietors often guide what is emphasized, how lessons are framed, and which topics are considered acceptable. In such settings, sexuality education is commonly delivered as part of moral instruction, with priority given to abstinence, character formation, self-control, and obedience to faith teachings. This framing can make the programme more acceptable to parents and religious communities, but it also narrows the scope of classroom discussion. Topics such as contraception, sexual diversity, and reproductive rights may be avoided, softened, or taught indirectly to prevent perceived conflict with religious doctrine (Adeleke & Baidoo, 2022; Isa, 2022; Oyeyemi, 2022).

Even in public schools, religious norms frequently shape school culture. Morning assemblies, moral lessons, and the personal convictions of teachers and administrators often influence how sexuality education is delivered and how students are expected to behave during such lessons. In practice, this can mean that teachers choose “safe” content often puberty, hygiene, and abstinence messages while treating more controversial areas with caution. Where school leadership prioritizes moral reputation, teachers may be encouraged (directly or subtly) to keep sexuality education within conservative boundaries, regardless of what national guidelines recommend (Akinola, *et al.*, 2024; Bobie-Ansah, Olufemi & Agyekum, 2024; Ikese, *et al.*, 2024; Osabuohien, 2024).

Community expectations add another layer of pressure. Schools in Edo State do not operate in isolation; they are accountable to parents, community elders, and local opinion leaders who often see schools as guardians of shared values. Because sexuality is viewed as a sensitive subject, communities may pay closer attention to how it is taught, and teachers may worry about backlash, reputational damage, or even disciplinary consequences if they are seen as promoting ideas that conflict with community norms. In this kind of environment, many teachers choose caution over completeness, prioritizing peace and social approval rather than comprehensive coverage of sexual and reproductive health topics (Odezuligbo, Alade & Chukwurah, 2024; Oyeyemi, Orenuga & Adelokun, 2024; Taiwo, Akinbode & Uchenna, 2024).

Adolescents themselves are not immune to these forces. Many students bring cultural and religious expectations into the classroom, shaping how they respond when sexuality is discussed. Embarrassment, fear of judgment, and concern about being labelled “immoral” can reduce participation, discourage questions, and limit honest dialogue. For girls, the stigma around sexual knowledge can be even stronger, reinforcing silence and making it harder to benefit fully from classroom instruction. When students cannot ask questions safely, misinformation persists, and the effectiveness of sexuality education is weakened even when the content is well-intended (Ayobami, *et al.*, 2024; Davies, *et al.*, 2024; Eyo, *et al.*, 2024; Isa, 2024).

Instructional models play a central role in translating the principles of inclusive physical education into classroom practice, particularly in resource-constrained settings where material, infrastructural, and human capacities are limited. In such contexts, the effectiveness of inclusive physical education depends less on specialized equipment or segregated programs and more on flexible pedagogical approaches that can accommodate learner diversity within existing constraints. Among the most widely documented and theoretically grounded instructional models in the literature are adapted physical education, cooperative learning, peer-assisted instruction, and universal design for learning. Each model offers distinct yet complementary pathways for promoting participation, equity, and meaningful engagement among learners with diverse abilities (Akanji & Ajayi, 2022, Francis Onotole, *et al.*, 2022).

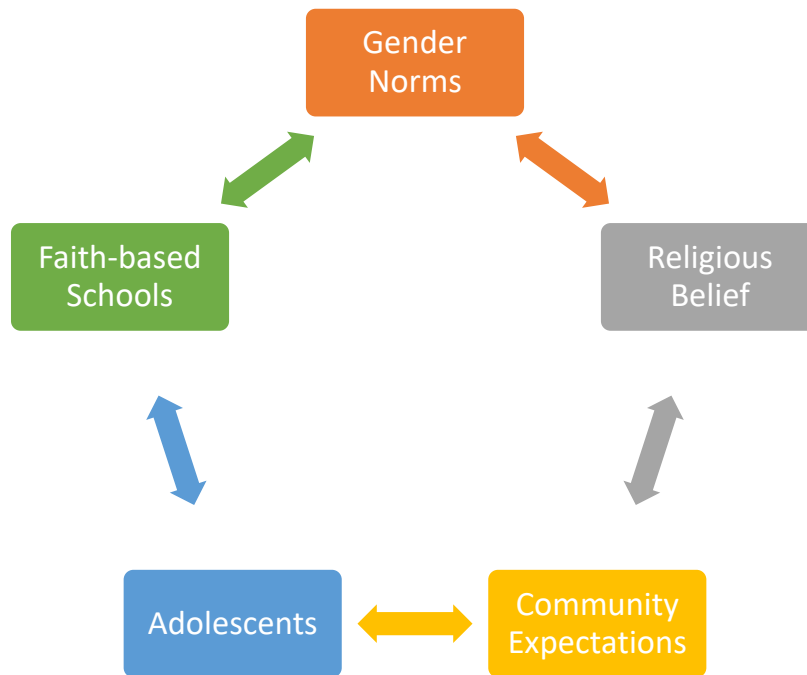


Figure 3: The cultural landscape influencing sexuality education in Edo State

Adapted physical education represents one of the earliest and most established instructional approaches to inclusion. Traditionally, adapted physical education involves modifying activities, rules, equipment, and instructional strategies to enable learners with disabilities to participate alongside their peers. In resource-constrained settings, adaptation often relies on low-cost, improvisational strategies rather than specialized apparatus. Teachers may alter task complexity,

reduce physical demands, adjust space, or modify performance expectations to align with individual capabilities (Awe, 2021, Halliday, 2021, Isa, 2021, Jimoh & Owolabi, 2021). Empirical evidence suggests that such contextual adaptations can significantly enhance participation and perceived competence among learners with disabilities, even in overcrowded classrooms. However, the effectiveness of adapted physical education in low-resource contexts is closely tied to teacher knowledge and creativity. Where teachers lack training or confidence in adaptation techniques, modifications may be inconsistent or overly simplistic, sometimes resulting in token participation rather than meaningful engagement.

While adapted physical education focuses primarily on individual-level modifications, cooperative learning shifts attention toward the social organization of instruction. Cooperative learning structures physical education activities around small, heterogeneous groups in which learners work together toward shared goals. Key elements include positive interdependence, individual accountability, face-to-face interaction, and the development of social skills. In resource-constrained settings, cooperative learning has particular relevance because it leverages peer support to offset limited teacher capacity and scarce resources (Babalola, *et al.*, 2024, Isa, 2024, Udensi, Akomolafe & Adeyemi, 2024). Research indicates that cooperative learning can foster social inclusion, reduce stigma, and enhance motivation for learners with disabilities, as success is defined collectively rather than solely by individual physical performance. Additionally, cooperative structures encourage mutual assistance, allowing learners with varying strengths to contribute in different ways (Afolabi, Ajayi & Olulaja, 2024, Ilemobayo, *et al.*, 2024, Selesi-Aina, *et al.*, 2024). However, the implementation of cooperative learning requires deliberate planning and classroom management skills. Without clear roles and expectations, group work may inadvertently reinforce exclusion if dominant learners control activities or if learners with disabilities are assigned passive roles.

2.3 Theoretical Perspectives on Culture, Religion, and Sexuality Education

Understanding whether school-based sexuality education “works” in a place like Edo State requires more than checking what students know after lessons. It also requires looking at the cultural and religious forces that shape what can be taught, how it is taught, and how students are allowed to respond. Sexuality education does not happen in isolation. It is delivered inside social systems where meanings about sex, morality, gender, and responsibility are already strongly defined. Sociocultural theory, moral regulation perspectives, and health-behavior models help explain how these forces interact inside secondary school classrooms and how they affect students’ learning and choices (Akinbode, *et al.*, 2024; Folorunso, *et al.*, 2024; Orenuga, Oyeyemi & Olufemi John, 2024).

Sociocultural theory, associated with Vygotsky, is useful because it explains learning as something shaped through interaction, language, and shared cultural values. In Edo State, sexuality education is filtered through community norms and faith-based expectations that influence what teachers emphasize and what students feel safe to ask. Teachers are not only instructors; they also act as cultural messengers, passing on both formal curriculum messages and informal ideas about gender roles, respectability, and “proper” behavior. From this perspective, effectiveness depends partly on how the curriculum fits within local meaning systems. When lessons appear to clash with dominant moral values, teachers and students may resist, soften, or reinterpret them, reducing learning impact. When the same lessons are framed using culturally acceptable ideas such as personal responsibility, self-respect, and future goals students may be more willing to engage and internalize

them (Ajayi & Akanji, 2021; Ejibenam, *et al.*, 2021; Osabuohien, Omotara & Watti, 2021; Akande, *et al.*, 2023; Akinbode, *et al.*, 2023; Chukwuemeka, Wegner & Damilola, 2023).

Sociocultural theory also draws attention to language and classroom discourse. In many Edo communities, sexuality is often discussed indirectly through euphemisms, warnings, or moral stories, reflecting discomfort with explicit sexual vocabulary. This shapes how teachers communicate and how students participate. Students learn not only from what is said, but also from what is avoided. If certain topics repeatedly trigger silence, embarrassment, or moral scolding, students may internalize shame or fear, and this can shut down honest questions and critical thinking. The theory therefore supports teaching approaches that respect local communication styles while gradually building safe, respectful spaces for clearer dialogue and reflection (Akanji & Ajayi, 2022; Francis Onotole, *et al.*, 2022).

Moral regulation frameworks add a second lens by showing how sexuality is treated as a domain that must be controlled to protect social order. In Edo State, moral regulation is visible in strong expectations around abstinence, sexual purity, obedience to elders, and conformity to gender norms. Religious doctrine, family honor, and community reputation work together as powerful systems of reward and punishment defining what is “acceptable,” what is “shameful,” and what must remain hidden. Within this frame, sexuality education is often expected to reinforce moral discipline rather than provide open, comprehensive discussion. As a result, topics like contraception, consent negotiation, or sexual diversity may be treated as dangerous, inappropriate, or morally subversive (Alli, *et al.*, 2025; Isa & Adeyemo, 2025; Odozor, *et al.*, 2025; Oni & Iloeje, 2025).

Using moral regulation theory also helps explain why many teachers and school leaders practice self-censorship even when national guidelines recommend broader coverage. They may adjust content, avoid certain words, or moralize lessons to prevent backlash from parents, clergy, and community leaders. Students also learn to regulate themselves avoiding questions, hiding curiosity, or conforming publicly even when privately confused. This lens is especially important for understanding gendered outcomes, because girls’ sexuality is often more tightly monitored and punished, meaning that girls may experience greater fear of stigma during lessons and fewer safe opportunities to participate fully (Awe, 2021; Halliday, 2021; Isa, 2021; Jimoh & Owolabi, 2021).

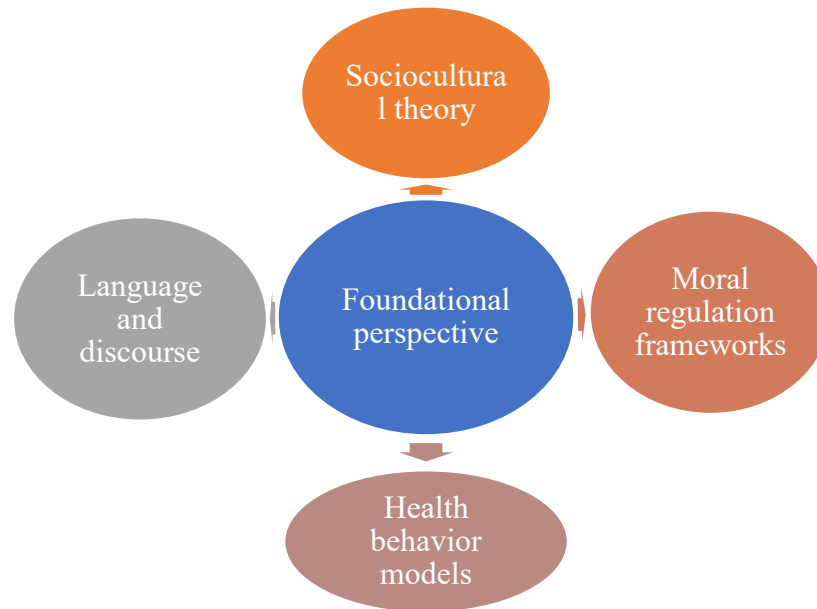


Figure 4: Foundational perspective for understanding sexuality education as a socially mediated learning process.

Health behavior models offer a complementary lens for understanding sexuality education because they explain how knowledge, perceptions, and social influences shape decision-making and everyday actions. Frameworks such as the Health Belief Model (HBM), the Theory of Planned Behavior (TPB), and Social Cognitive Theory (SCT) are widely used to design and evaluate sexuality education interventions, since they emphasize constructs including perceived susceptibility and severity, perceived benefits and barriers, social norms, self-efficacy, and behavioral intentions. In Edo State, however, these determinants are strongly filtered through sociocultural expectations and religious norms, which can reshape what adolescents interpret as “risk,” “consequence,” or “acceptable behavior” (Babalola, *et al.*, 2024; Isa, 2024; Udensi, Akomolafe & Adeyemi, 2024). For instance, religious teachings that define premarital sex as sinful may heighten adolescents’ perceived severity of moral consequences, yet they may not increase perceived susceptibility to health outcomes if sexual activity is denied, silenced, or treated as a taboo subject in family and school settings.

These models also clarify why sexuality education that relies mainly on moral injunctions often fails to translate into protective behavior. When students receive warnings without practical guidance, they may develop moral awareness without acquiring accurate knowledge of contraception, fertility, consent, or STI prevention, and they may lack the confidence to apply protective practices when faced with real-life pressure. In HBM terms, high perceived severity does not automatically produce action if perceived barriers remain overwhelming or if cues to action are absent. Similarly, adolescents may recognize that unprotected sex is risky but still feel unable to negotiate safer behavior because of fear of stigma, limited youth-friendly services, restricted access to information, or unequal gender power relations that weaken their perceived control (Afolabi, Ajayi & Olulaja, 2024; Ilemobayo, *et al.*, 2024; Selesi-Aina, *et al.*, 2024). Where open discussion is discouraged, self-efficacy one of the most important predictors of behavior change across these models can remain low even when factual knowledge improves.

Integrating health behavior models with sociocultural and moral regulation perspectives therefore strengthens theoretical explanations and improves intervention design. In TPB, subjective norms (what important others approve or disapprove) and perceived behavioral control (what adolescents believe they can realistically do) are central predictors of intention and behavior. In Edo State, these are directly shaped by parents, peers, teachers, religious leaders, and broader community expectations, meaning that sexuality education that ignores social approval structures may increase knowledge without shifting intentions or behavior. By contrast, programs that respectfully engage cultural and religious values while also teaching practical skills communication, refusal skills, negotiation, contraception literacy, and service navigation can strengthen self-efficacy and perceived control, making safer choices more feasible in daily life (Adeshina, 2021; Isa, Johnbull & Ovenseri, 2021; Wegner, Omine & Vincent, 2021). This framing reinforces the point that sexual health behavior is not purely individual; it is socially embedded, monitored, and regulated.

Taken together, sociocultural theory, moral regulation frameworks, and health behavior models provide a robust and balanced foundation for analyzing how culture and religion shape the effectiveness of school-based sexuality education in Edo State. Sociocultural theory highlights mediated learning and shared meaning-making; moral regulation foregrounds power, surveillance, and enforcement of norms; and health behavior models explain the pathway from awareness to intention and action through self-efficacy, norms, and perceived control (Adeoye, *et al.*, 2025; Olufemi, *et al.*, 2025; Wegner & Bassey, 2025). Using them in combination enables a more nuanced interpretation of why outcomes vary across schools and communities and supports the design of programs that are culturally sensitive, educationally credible, and more likely to improve adolescent sexual and reproductive health outcomes in Edo State and comparable contexts (Adewa, *et al.*, 2025; Jimoh & Omiyefa, 2025; Osunkanmibi, *et al.*, 2025).

2.4 Influence of Culture and Religion on Curriculum Content and Delivery

The influence of culture and religion on curriculum content and delivery is fundamental to understanding the effectiveness of school-based sexuality education in Edo State, Nigeria. Sexuality education curricula are not neutral or purely technical documents; they are shaped by prevailing cultural norms, religious doctrines, and community expectations that determine what adolescents are “allowed” to know and the manner in which such knowledge should be communicated. In Edo State, these influences are tightly woven into the schooling environment, affecting topic selection, teaching strategies, and classroom interaction in ways that directly shape students’ learning experiences and outcomes (Ajayi & Akanji, 2023; Halliday, 2023; Udensi, Akomolafe & Adeyemi, 2023).

Cultural and religious values strongly shape which topics are included in sexuality education curricula. In many Edo State secondary schools, content is filtered to align with ideals of modesty, moral discipline, and social respectability. Topics such as puberty, menstruation, hygiene, and basic reproduction are generally treated as acceptable because they can be framed as biological facts or health necessities. By contrast, issues such as contraception, sexual pleasure, sexual orientation, consent, and reproductive rights are often excluded, minimized, or presented in highly cautious terms. This selective inclusion reflects a widespread belief that explicit sexual information will encourage sexual experimentation or weaken moral standards, a view frequently reinforced by religious messages that prioritize abstinence, purity, and restraint (Adeleke & Olugbogi, 2025; Odezuligbo & Qin, 2025; Udensi, Akomolafe & Adeyemi, 2025). The result is often a curriculum that emphasizes moral instruction more strongly than comprehensive sexual and reproductive health education.

Gender norms further influence how curriculum content is framed and distributed across learners. Cultural expectations that place responsibility for sexual restraint primarily on girls often lead to curricular emphasis on female chastity, pregnancy avoidance, and the protection of “reputation.” Girls may be positioned as inherently vulnerable and in need of guidance and protection, while boys’ roles in sexual responsibility especially consent, shared accountability, and contraception may be less explicitly addressed. This imbalance reinforces unequal gender relations and narrows opportunities to discuss gender equity in meaningful ways. Religious narratives that idealize female purity and obedience can further legitimize such curricular patterns, making it difficult to introduce content that challenges traditional gender roles or confronts power dynamics in relationships (Adeoye, *et al.*, 2025; Jagun, Mbanugo & Jimoh, 2025; Olufemi, 2025).

Cultural and religious influences also shape how sexuality education is delivered, particularly through the teaching methods teachers consider safe and acceptable. In Edo State, sexuality education is frequently delivered through teacher-centered, lecture-based methods, which are perceived as less risky than participatory approaches. Cultural taboos surrounding open discussion of sexuality especially between adults and adolescents can make interactive strategies such as group discussion, role-play, or open question-and-answer sessions seem inappropriate or threatening. Teachers may worry that participatory methods will invite sensitive questions, expose them to criticism, or create classroom situations they cannot manage within prevailing moral expectations. Consequently, sexuality education may be delivered mainly as factual exposition or moral instruction, reducing student engagement and limiting opportunities for skills-based learning and reflection (Akinbode, *et al.*, 2023; Onibokun, *et al.*, 2023; Osabuohien, *et al.*, 2023).

Religious values often reinforce these pedagogical patterns by emphasizing authority, obedience, and moral guidance. In faith-influenced settings, teachers may frame sexuality lessons through religious narratives, using scriptural references or moral exhortations to reinforce abstinence and self-control. While this approach may increase acceptability within religious communities and align with institutional expectations, it can also restrict the range of discussion and discourage critical questioning. Students may be guided toward internalizing prescribed moral positions rather than developing practical competencies such as consent negotiation, communication skills, decision-making, and service-seeking behaviors. Classroom authority structures shaped by both cultural tradition and religious hierarchy can therefore constrain dialogical learning, even though dialogical learning is crucial for effective sexuality education (Asonze, *et al.*, 2024; Davies, *et al.*, 2024; Odezuligbo, 2024; Wegner, 2024).

Classroom discourse offers another window into how culture and religion shape sexuality education in Edo State. Sexual topics are often discussed indirectly through euphemisms, metaphors, and moralized language rather than clear, explicit terminology. This caution reflects broader societal discomfort and functions as a strategy for navigating taboo subjects without appearing indecent. However, indirect language can also obscure meaning, generate confusion, and leave room for misconceptions. Students may struggle to relate moralized or abstract messages to real-life situations, thereby weakening the practical usefulness of classroom instruction. The avoidance of direct discussion further limits learners’ willingness to seek clarification, express concerns, or share experiences, reinforcing silence and stigma around sexual health issues (Akande & Chukwunweike, 2023; Awe, *et al.*, 2023; Ogundipe, *et al.*, 2023).

Teachers’ personal beliefs formed through their own cultural and religious socialization also shape what is emphasized, skipped, or softened in classroom delivery. Even where curricula formally

include broader content, many teachers may experience internal conflict when required to teach topics they perceive as morally sensitive. Such conflict often results in self-censorship: teachers may gloss over certain sections, avoid specific terms, redirect discussions toward morality, or omit topics altogether. These practices produce significant variability in what students actually learn, meaning that access to accurate information may depend heavily on a teacher's comfort, training, and personal convictions rather than on curricular intentions (Ajayi & Akanji, 2022; John & Oyeyemi, 2022; Osabuohien, 2022).

Institutional culture within schools further mediates how cultural and religious forces shape sexuality education delivery. School administrators especially in religiously affiliated schools may provide explicit or implicit directives about what should be taught and how it should be presented. In many cases, maintaining community approval, protecting institutional moral reputation, and avoiding controversy become higher priorities than strict adherence to national curriculum standards. Teachers may be informally cautioned to "be careful" or to avoid sensitive topics, reinforcing conservative teaching choices. Even in public schools where curricula may appear more comprehensive on paper, the influence of religious assemblies, moral instruction sessions, and community oversight can still shape how sexuality education is enacted in practice (Adeshina, Adeleke & Ndukwe, 2025; Ngonso, *et al.*, 2025; Ogunmolu, *et al.*, 2025).

These curricular and pedagogical dynamics significantly affect student participation and engagement. Where cultural norms discourage open discussion of sexuality, students often adopt passive classroom roles, shaped by embarrassment, fear of judgment, and internalized expectations of modesty. Girls may face heightened scrutiny and stigma, which can discourage them from asking questions or participating actively. Such conditions weaken the effectiveness of sexuality education by limiting dialogue, reinforcing teacher-student power hierarchies, and restricting the kinds of learner-centered interactions required for meaningful attitude and behavior change (Aborode, *et al.*, 2025; Obioha Val, *et al.*, 2025; Opia, *et al.*, 2025).

At the same time, some evidence suggests that teachers develop adaptive strategies to work within cultural and religious constraints while still communicating key information. These strategies may include framing lessons around health risks, future aspirations, and family well-being; embedding sexuality content within subjects such as biology or civic education; or using hypothetical scenarios to discuss sensitive issues indirectly. While such adaptations can improve acceptability and reduce conflict, they may also dilute critical content if they overemphasize caution or avoid practical detail. The central challenge remains how to balance cultural responsiveness with adolescents' right to accurate, actionable sexual and reproductive health knowledge (Adeshina, 2023; Onyedikachi, *et al.*, 2023; Wegner & Ayansiji, 2023).

In sum, cultural and religious values profoundly shape both the content and delivery of school-based sexuality education in Edo State. They influence which topics are included, how lessons are taught, how language is used in classrooms, and how both teachers and students participate in the learning process. While these influences help explain resistance to comprehensive sexuality education, they also underscore the need for contextually grounded approaches that engage cultural and religious realities without undermining adolescents' access to accurate, meaningful, and practical sexual and reproductive health information. Understanding these dynamics is critical for interpreting empirical evidence on sexuality education effectiveness and for designing curricula and pedagogies that are both culturally sensitive and educationally sound (Akpan, *et al.*, 2017; Oni, *et al.*, 2018; Isa, 2020).

2.5 Teachers' and Students' Perceptions of Sexuality Education Effectiveness

Perceptions of sexuality education effectiveness among teachers and students in Edo State, Nigeria are shaped by the ongoing interaction between cultural norms, religious beliefs, and everyday school practices. These perceptions matter because they influence not only how sexuality education is delivered, but also how it is received, interpreted, and judged by the people most directly involved. Exploring both teachers' and students' perspectives therefore provides a clearer picture of whether school-based sexuality education is achieving its intended outcomes in knowledge acquisition, attitude formation, student engagement, and gender equity within secondary schools (Adeleke & Ajayi, 2023; Adeshina, Owolabi & Olasupo, 2023; Oyeyemi, 2023).

From the perspective of teachers, effectiveness is often defined more by moral outcomes than by comprehensive health knowledge or measurable behavior change. Many teachers in Edo State consider sexuality education successful when it reinforces abstinence, self-control, modesty, and respect for accepted social expectations. This approach reflects dominant cultural and religious frameworks that prioritize the moral regulation of adolescent sexuality. Teachers may interpret students' compliance, restraint, or even silence during lessons as evidence that instruction is "working," because such responses align with expectations of decorum and discipline. In this sense, effectiveness can become less about what students understand and more about whether students appear to conform to moral standards and avoid overt sexual discourse (Ajayi & Akanji, 2022; Leonard & Emmanuel, 2022).

Teachers' perceptions of knowledge outcomes are also shaped by their preparedness and comfort level in handling sensitive content. Many educators acknowledge that sexuality education helps students learn basic information about puberty, menstruation, hygiene, and biological reproduction. However, teachers often express uncertainty or reluctance when it comes to topics such as contraception, consent, sexually transmitted infections, or relationship negotiation. Even when such topics exist within curriculum documents, they may be avoided or treated superficially in classroom practice. Yet teachers may still rate the program as effective because the limited coverage aligns with cultural expectations of restraint and avoids conflict with parents, school leaders, or religious authorities. This reveals a key disconnect: what a program intends to achieve may differ sharply from what teachers consider "successful" within their social environment (Adeleke & Olajide, 2024; Awe, *et al.*, 2024; Davies, *et al.*, 2024).

Students' perceptions of knowledge outcomes often highlight the consequences of this disconnect. Many adolescents report that sexuality education provides partial information and leaves critical questions unanswered, especially around relationships, contraception, consent, and practical strategies for protection. While students may value puberty-related lessons, they commonly express dissatisfaction with the lack of direct, usable guidance for real-life situations. Cultural norms that discourage open discussion mean that students often do not ask questions or challenge omissions, even when they notice gaps. Instead, they may maintain outward compliance in class while privately seeking answers from peers, the internet, or other informal sources, which can increase exposure to misinformation and weaken the influence of school-based education (Akinbode & Taiwo, 2025; Lawal, *et al.*, 2025; Olufemi, *et al.*, 2025; Zimbe, *et al.*, 2025).

Attitudinal outcomes further reveal contrasting interpretations of effectiveness between teachers and students. Teachers may view sexuality education as effective when it instills fear of negative consequences such as pregnancy, infection, shame, or social disgrace. Fear-based instruction aligns

with moral narratives that emphasize deterrence through punishment, stigma, and caution. When students appear anxious, restrained, or fearful, teachers may interpret this as proof of attitude change. Yet students often experience such messaging as stigmatizing and emotionally burdensome. Rather than fostering healthy attitudes and informed decision-making, fear-based approaches can deepen shame, silence, and self-blame effects that are often stronger for girls, who already face heavier moral scrutiny in many social settings (Abdulkareem, *et al.*, 2023; Adeleke & Ajayi, 2023; Halliday, 2023).

Students' attitudes toward sexuality education are also influenced by the perceived relevance and credibility of classroom messages. When lessons present sexuality primarily as immoral, dangerous, or unmentionable, many students experience the content as disconnected from everyday realities. Adolescents who are already negotiating peer pressure, romantic relationships, or exposure to sexual media may see school instruction as unrealistic, judgmental, or incomplete. This mismatch can trigger emotional disengagement and reduce willingness to internalize lessons. Over time, students may conclude that sexuality education is not designed to support them, but to control or shame them, undermining both attitudinal change and trust in school-based guidance (Ogunyankinnu, *et al.*, 2022; Onibokun, *et al.*, 2022).

Classroom engagement provides another strong indicator of perceived effectiveness. Teachers frequently report low student participation during sexuality lessons, especially when topics are sensitive. From a teacher's standpoint, silence may be interpreted as respect, modesty, or attentiveness. Students, however, often describe silence as a coping strategy shaped by embarrassment, fear of being judged, or anxiety about being labeled immoral. Many students avoid eye contact, refrain from asking questions, or disengage mentally, especially when classmates might mock them or when teachers' tone implies moral judgment. This pattern limits interactive learning, reduces opportunities for clarification, and prevents the development of practical skills such as negotiation, communication, and help-seeking (Afolabi, Ajayi & Olulaja, 2024; Joeaneke, *et al.*, 2024; Olulaja, Afolabi & Ajayi, 2024).

Gendered experiences strongly shape perceptions of effectiveness and reveal how sexuality education can reproduce inequality. Teachers often emphasize girls' vulnerability to pregnancy and social consequences, and may therefore focus heavily on girls' behavior, morality, and responsibility for prevention. Teachers may see this as protective and effective. Yet girls frequently experience such instruction as restrictive and stigmatizing, reporting heightened scrutiny, fear of reputational damage, and reluctance to participate in discussions. These experiences can discourage girls from asking questions or seeking help, particularly when they need accurate information or support. Meanwhile, boys may receive less explicit instruction on consent, responsibility, emotional maturity, and shared accountability, reinforcing the idea that sexual consequences are primarily "girls' issues." Boys may then perceive sexuality education as irrelevant or unengaging, while cultural expectations that link masculinity to sexual experience can further weaken the impact of moralistic messaging (Akanke, *et al.*, 2023; Akinbode, Taiwo & Uchenna, 2023; Onotole, *et al.*, 2023; Akinbode, *et al.*, 2024; Isa, 2024; Olufemi, Anwansedo & Kangethe, 2024).

Religious beliefs also shape perceptions of effectiveness in complex ways for both teachers and students. Teachers may feel constrained by faith-based expectations and may equate effectiveness with alignment to religious norms rather than educational outcomes. Students from strongly religious families may experience tension when school messages conflict with religious teachings,

creating confusion about which authority to trust. For some learners, this conflict reduces engagement and can lead to dismissal of school-based sexuality education altogether, particularly when it is seen as contradicting faith values or family expectations (Adeshina & Poku, 2025; Obioha Val, *et al.*, 2025; Udensi, Vunnava & Durojaye, 2025).

Despite these constraints, both groups also identify conditions that improve perceived effectiveness. Teachers often report greater confidence when they feel supported by school leadership and when community stakeholders are less punitive about sensitive topics. Students report stronger engagement when lessons are respectful, realistic, and connected to their lived experiences, and when classrooms provide safe spaces for questions without ridicule or moral condemnation. These insights point to the value of context-sensitive strategies that acknowledge cultural and religious realities while still meeting adolescents' needs for accurate information, skills development, and supportive guidance (Babalola, *et al.*, 2024; Udensi, Akomolafe & Adeyemi, 2024).

Overall, teachers' and students' perceptions of sexuality education effectiveness in Edo State reflect powerful cultural and religious influences on how success is defined and experienced. Teachers often equate effectiveness with moral conformity and social order, while students tend to judge effectiveness by relevance, clarity, usefulness, and emotional safety. The persistence of knowledge gaps, disengagement, and gendered experiences suggests important limitations in current approaches. Understanding these perceptions is therefore essential for interpreting empirical findings and for designing sexuality education programs that are culturally acceptable while also genuinely effective in supporting adolescent sexual and reproductive health, agency, and well-being (Ajayi, *et al.*, 2024; Bamigbade, Adeshina & Kemisola, 2024; Taiwo & Akinbode, 2024).

2.6 Policy Frameworks, Community Gatekeeping, and Implementation Challenges

Policy frameworks, community gatekeeping, and implementation challenges collectively shape the effectiveness of school-based sexuality education in Edo State, Nigeria, and they help explain the enduring gap between what policy documents promise and what happens in everyday classrooms. At the national level, Nigeria has articulated formal commitments to adolescent sexual and reproductive health through education-oriented policies that recognize the importance of age-appropriate sexuality education in schools. These frameworks are often linked to public health and development priorities such as reducing teenage pregnancy, lowering rates of sexually transmitted infections, and preventing school dropout among adolescents (Adetunmbi, *et al.*, 2025; Oladejo, *et al.*, 2025; Tyokighir, *et al.*, 2025). Yet the movement from national policy intention to classroom reality is not automatic. In Edo State, this translation is filtered through local interpretations, sociocultural norms, and the influence of community actors who function as gatekeepers of morality and educational legitimacy (Ologun, *et al.*, 2025; Wegner & Bassej, 2025).

Within Edo State, policy alignment with national guidelines often exists in principle, but it is frequently expressed in cautious language that leaves room for flexible interpretation. This policy ambiguity gives schools broad discretion in how sexuality education is defined, framed, and delivered. Although flexibility is sometimes justified as a way of accommodating local context, it can also enable conservative implementation that prioritizes cultural and religious acceptability over educational completeness. In practice, policies may endorse sexuality education while permitting selective coverage of topics, limited instructional time, and minimal emphasis on skills-building. The lack of detailed operational guidelines, clear monitoring procedures, and

accountability structures further weakens enforcement, creating conditions in which sociocultural pressure can override policy intent without consequence (Adeoye, *et al.*, 2025; Akomea-Agyin, 2025; Jimoh, 2025; Oladejo, *et al.*, 2025).

Community gatekeeping is one of the strongest mediating forces between policy frameworks and classroom implementation. In many Edo State communities, parents, religious leaders, and elders exert substantial influence over school practices, especially on issues perceived as morally sensitive. Parents may view sexuality education less as a professional educational responsibility and more as a matter of family authority and religious instruction. As a result, they often demand oversight and express concern that school-based sexuality education could encourage sexual permissiveness, contradict cultural values, or weaken parental control over moral socialization. Given the social dependence of schools on community acceptance, teachers and administrators frequently adjust their approach to sexuality education to avoid complaints, reputational damage, or conflict, even where policies encourage broader content delivery (Ajayi & Akanji, 2022; Isa, 2022).

Religious leaders represent another powerful gatekeeping force shaping sexuality education in Edo State. Pastors, priests, imams, and traditional religious authorities shape public opinion and can legitimize or delegitimize school initiatives through sermons, community meetings, and influence over local decision-making. Where religious actors frame sexuality education as a threat to moral order, resistance often intensifies, and schools may be pressured to restrict content or abandon comprehensive approaches. Even when religious leaders take a more pragmatic stance supporting limited sexuality education framed around health protection and moral responsibility this support is typically conditional and confined to strict moral narratives such as abstinence, purity, and self-control. Consequently, the scope of sexuality education often becomes negotiated through moral authority rather than guided primarily by evidence-based public health and educational considerations (Adeleke, 2025; Adeshina, 2025; Dulo, Moses & Ezenwa, 2025; Taiwo, *et al.*, 2025).

These gatekeeping dynamics directly shape implementation fidelity, meaning the extent to which sexuality education is delivered as intended by policy and curriculum designers. One of the most significant fidelity challenges is teacher self-censorship. Even when curricula include comprehensive topics, teachers may omit or soften sensitive areas such as contraception, consent, sexually transmitted infections, sexual violence prevention, or rights-based discussions. This self-censorship is often informal, invisible, and undocumented, making it difficult for education authorities to detect or address. The result is significant variability across schools and classrooms: students may receive very different learning experiences even when they are officially taught under the same curriculum, producing inequitable access to accurate information and practical skills (Adeleke & Ajayi, 2024; Isa, 2024; Oboh, *et al.*, 2024; Olufemi, *et al.*, 2024; Umukoro, *et al.*, 2024).

Institutional constraints further compound implementation challenges, especially in resource-constrained school environments. Overcrowded classrooms, limited teaching time, shortages of trained educators, and weak access to instructional materials can all undermine effective sexuality education. In many cases, sexuality education is integrated into other subjects or given minimal space within timetables, sending a message that it is not a core priority. This marginalization is reinforced when sexuality education is excluded from high-stakes examinations, since both teachers and students tend to focus attention on examinable subjects. These structural conditions

interact with sociocultural and religious pressures, reducing the likelihood that sexuality education will be taught comprehensively and consistently, even where there is nominal institutional support (Akomea-Agyin & Asante, 2019; Awe, 2017; Osabuohien, 2019).

Policy coherence across sectors also affects implementation. While education policies may promote sexuality education, messages from other domains such as legal frameworks, religious affairs, and child protection may emphasize moral regulation or criminalize certain sexual behaviors. When these policy domains appear to conflict, schools and teachers may experience uncertainty about what is permissible, and community gatekeepers may feel empowered to challenge or reinterpret sexuality education content. This fragmentation weakens the authority of education policies and contributes to selective teaching, as educators attempt to avoid perceived legal, moral, or institutional risk (Akande, 2025; Oladejo, *et al.*, 2025; Wegner, Kenechukwu & Odoh, 2025).

School leadership plays a pivotal role in mediating policy and community dynamics. Principals and administrators often operate as intermediaries between education authorities and community stakeholders, and their personal beliefs and leadership styles can determine whether sexuality education is implemented with integrity or diluted for social harmony. In many cases, school leaders prioritize conflict avoidance, cautioning teachers to “be careful,” minimize sensitive topics, or frame lessons primarily as moral instruction. While such strategies may protect short-term relationships with parents and religious actors, they can undermine long-term health and educational objectives by reducing curriculum scope and weakening skills-based learning (Adeleke & Ajayi, 2024; Babalola, *et al.*, 2024; Davies, *et al.*, 2024; Egbemhenghe, *et al.*, 2024).

Even within these constraints, there is evidence that constructive engagement with gatekeepers can improve implementation outcomes. Schools that involve parents and religious leaders through consultations, sensitization sessions, and transparent communication can sometimes negotiate acceptable boundaries for sexuality education. When programs are framed around shared priorities protecting adolescents’ futures, preventing harm, supporting family stability, and reducing health risks resistance may soften and limited support may emerge. However, this kind of negotiation requires institutional backing, skilled facilitation, and clear policy support, which are often insufficiently available at the school level (Adeleke, Olugbogi & Abimbade, 2024; Ikese, *et al.*, 2024; Ojuade, *et al.*, 2024).

Weak monitoring and evaluation further sustain the policy–practice gap. Where education authorities lack resources, capacity, or political will to assess classroom-level delivery, deviations from curriculum standards often go unnoticed. Without systematic monitoring, best practices remain undocumented, implementation failures persist, and schools receive little feedback on how to improve. This weak feedback loop perpetuates variability across schools and contributes to uneven access to quality sexuality education, particularly for students in communities with stronger resistance (Ogunyankinnu, *et al.*, 2022; Oyeyemi, 2022).

In sum, the effectiveness of school-based sexuality education in Edo State is shaped by intertwined policy, community, and implementation dynamics. National and state frameworks create a formal foundation, but ambiguous directives, weak enforcement, and competing moral authorities often undermine consistent, comprehensive implementation. Parents and religious leaders act as powerful gatekeepers whose influence shapes acceptability, content boundaries, and instructional style (Adeshina, 2025; Okonkwo, *et al.*, 2025; Oyeyemi, Akinlolu & Awodola, 2025). These conditions constrain program fidelity and produce selective implementation and unequal learning

outcomes. Addressing these challenges requires clearer operational guidance, stronger monitoring mechanisms, sustained stakeholder engagement, and coordinated policy alignment that respects sociocultural realities while protecting adolescents' access to accurate, practical sexual and reproductive health education (Adeshina, Adeleke & Ndukwe, 2025; Udensi, Akomolafe & Adeyemi, 2025).

2.7 Conclusion and Implications for Practice, Policy, and Research

This study has shown that the effectiveness of school-based sexuality education in Edo State, Nigeria is deeply shaped by cultural and religious influences operating across individual, institutional, and community levels. Rather than functioning as a neutral health or educational intervention, sexuality education is experienced as a socially regulated practice embedded within moral expectations, gender norms, and faith-based values. Cultural norms that emphasize modesty, silence, and respect for authority, together with religious doctrines that prioritize abstinence and sexual purity, significantly shape curriculum content, pedagogical choices, classroom discourse, and stakeholder acceptance. The consequence is that sexuality education in many secondary schools remains selective, moralistic, and unevenly implemented, limiting its ability to provide adolescents with comprehensive, accurate, and empowering sexual and reproductive health information.

Several consistent patterns run through the findings. Teachers commonly define “effectiveness” in moral terms, valuing conformity, restraint, and the avoidance of controversy more than measurable outcomes related to knowledge, skills, or behavior change. Students, by contrast, often assess effectiveness through a practical lens, emphasizing relevance, clarity, and usefulness, and frequently identify gaps in information and limited space for meaningful engagement. Gendered experiences stand out sharply: girls are disproportionately burdened with messages of responsibility and restraint, while boys receive less explicit guidance on consent, shared accountability, and the emotional dimensions of relationships. Community gatekeeping by parents and religious leaders further mediates implementation by shaping what schools feel permitted to teach and how closely teachers adhere to curriculum expectations. Together, these intersecting dynamics help explain the persistent gap between policy intentions and classroom realities observed in Edo State.

The implications for practice are straightforward but demanding. Sexuality education cannot rely on one-size-fits-all models; it must be culturally responsive in ways that acknowledge local values while also protecting adolescents' right to accurate, actionable information. Teachers need sustained professional development that strengthens not only their technical content knowledge, but also their competence in navigating cultural sensitivity, facilitating difficult dialogue, and addressing gender norms constructively. Classrooms should be intentionally shaped into safe and respectful learning environments where students can ask questions without ridicule or stigma, with particular attention to the pressures and vulnerabilities experienced by girls. Practical adaptations such as framing lessons around health protection, life goals, mutual respect, and shared responsibility can increase acceptability without sacrificing educational integrity, but only if such strategies are carefully designed, adequately resourced, and monitored for fidelity.

Policy implications highlight the need for greater coherence, clarity, and accountability. National and state education policies should explicitly recognize the role of cultural and religious context and provide clear operational guidance that defines minimum content standards for sexuality education. Monitoring and support mechanisms must be strengthened to reduce variability across

schools and ensure that curricula are implemented with reasonable consistency. Engagement with parents and religious leaders should become institutionalized rather than informal and reactive, emphasizing dialogue, transparency, and shared goals around adolescent well-being. Policymakers must also address structural barriers limited instructional time, overcrowded classrooms, shortages of trained personnel, and the exclusion of sexuality education from assessment frameworks all of which signal low institutional priority and reduce implementation quality.

From a research standpoint, the study underscores the need for deeper, context-specific inquiry into how cultural and religious forces shape sexuality education outcomes over time. Future research would benefit from longitudinal and mixed-methods designs that examine not only perceptions but also longer-term effects on knowledge, attitudes, behaviors, and gender relations. More attention is also needed for groups that are often overlooked, including out-of-school adolescents and learners with disabilities, whose experiences and needs remain underrepresented in the literature. Comparative studies across Nigerian states and similar sociocultural settings would strengthen generalizability and clarify how local variation shapes program impact. Ultimately, advancing effective school-based sexuality education in Edo State requires an integrated approach that bridges cultural understanding, policy commitment, and sustained empirical research, ensuring that interventions are socially grounded while still capable of improving adolescents' sexual and reproductive health in meaningful and sustainable ways.

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